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SOMERSET COUNTY COUNCIL



**REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE YEAR

**1958**

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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  
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

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

The Report gives the statistical details which are required by the Ministry of Health, and it covers the many services now provided by your County Health Department.

There is today a tendency to give special prominence to the services dealing with personal hygiene, but the older and basic services of environmental hygiene retain their great importance, and the whole structure of modern Public Health work still depends on their continued and proper development.

I am happy to report to you that generally the health standards of the people of Somerset, and particularly of the County's children, continue on a high and satisfactory level.

In the many phases of work for which I am responsible, the Department has been greatly assisted by much voluntary help given by organisations and individuals, and for all this I am most grateful.

Under increasing pressure, the members of your Staff of all grades have given cheerful and efficient help, and I consider, in addition, that the relations of your Department with all the other bodies associated with the practice of medicine in Somerset have continued to be smooth and mutually helpful.

I am,  
Yours faithfully,

J. F. DAVIDSON,

County Medical Officer of Health.

County Hall,  
Taunton.

July, 1959.



## 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:*

JOAN D. PEDEN, B.Sc., F.R.I.C.

*County Health Inspector:*

C. E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

*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., F.C.C.S.

*County Nursing Officer:*

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

*Home Help Organiser:*

Miss L. C. E. CHALK

**AREA STAFF:**

P. P. FOX, M.B., Ch.B., D.P.H. *Area Medical Officer and Divisional School Medical Officer, Yeovil Area (also Medical Officer of Health, Yeovil Borough and Yeovil Rural District).*

D. MCGOWAN, M.B., Ch.B., D.P.H. *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).*

\* L. FAY, M.D., D.P.H. *Area Medical Officer and Divisional School Medical Officer, Taunton Area (also Medical Officer of Health, Taunton Borough).*

R. H. G. H. DENHAM, M.D., D.P.H. *Assistant County Medical Officer, Bathavon Area (also Medical Officer of Health, Frome Urban and Rural, Bathavon Rural, Keynsham Urban).*

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

A. M. MCCALL, M.R.C.S., L.R.C.P., D.P.H. *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 (1958): 496,900.

Live Births: 7,539. Live birth rate per 1,000 population: 15.17

Still-births: 157. Still-births rate per 1,000 live and still-births: 20.40

Total live and still-births: 7,696

Infant Deaths: 157.

Infant Mortality rate per 1,000 live births — total: 20.82

Infant Mortality rate per 1,000 live births — legitimate: 20.71

Infant Mortality rate per 1,000 live births — illegitimate: 24.29

Neo-Natal Mortality rate per 1,000 live births: 14.5

Illegitimate live births per cent of total live births: 3.28

Maternal deaths (including abortion): 2

Maternal Mortality rate per 1,000 live and still-births: 0.26

Among the chief causes of death were heart diseases (2,538), cancer and other forms of malignant disease (1,003), bronchitis and pneumonia (403), and motor vehicle and other accidents (179).

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 7,539, which gives a rate of 15.17 per thousand population as compared with 14.87 for 1957. As will be noted from Table V, the birth rate for England and Wales for 1958 was 16.4, 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 15.32.

**DEATHS.** The death rate at 12.57 is slightly higher than for the previous year (12.46). The rate for England and Wales is 11.7 and to compare the Somerset figures with the country's rate it has to be adjusted in the same way as the birth rate. After adjustment the comparable Somerset rate is 10.56.



## PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table VI gives details of notified cases of infectious disease and their distribution, with comparative figures for the previous year. As regards measles it will be seen that the figure has varied little from the previous year. Again we have had no cases of diphtheria. Whooping cough notifications total 918, compared with 1,346 in 1957.

**POLIOMYELITIS.** The confirmed cases were 32 compared with 107 for 1957. The incidence was of a general character and no special precautions were necessary. A report on the vaccination scheme is given later in this report.

**VENEREAL DISEASE.** The usual table is given below showing the number of new cases and attendances at various centres in the County during 1958.

	NEW CASES			Increase or Decrease during 1958	ATTENDANCES			Increase or Decrease during 1958
	1956	1957	1958		1956	1957	1958	
Bath... ..	13(20)	13(12)	7(19)	- 6 (+ 7)	275	100	112	+ 12
Bridgwater ...	12(23)	0(14)	5(18)	+ 5 (+ 4)	75	41	71	+ 30
Bristol ... ..	12(57)	24(71)	12(56)	-12 (-15)	670	567	204	-363
Taunton ... ..	5(29)	6(30)	5(19)	- 1 (-11)	358	235	177	- 58
Weston-super-Mare	7 (27)	9(22)	14(20)	+ 5 (- 2)	178	218	187	- 31
Yeovil ... ..	5(39)	3 (27)	4(20)	+ 1 (- 7)	149	133	132	- 1
All Clinics ...	54(195)	55(176)	47(152)	- 8 (-24)	1,705	1,294	883	-411

The figures shown in brackets are the numbers of new cases suffering from "other conditions" and conditions remaining undiagnosed at 31st December, 1958.



## 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 with real advantages to the blind.

Eight Home Teachers, one of whom is blind, were employed by the County Association during 1958. There were 25 home workers and one workshop employee under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1958, 1,184 persons (473 male and 711 female) in the County were registered as blind — this is 22 less than in 1957, when the number was 1,206, but I do not think there is any significance in this slight drop. In addition there were 174 persons registered as being partially sighted.

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 173 forms B.D.8 received during the year shows the following:—

### FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(i) Number of cases registered during the year in respect of which para. 7(c) of forms B.D.8 recommends:—		Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	...	35	12	0	65
(b) Treatment (Medical, surgical or optical) ...		31	6	0	24
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment					
	... ..	17	6	0	18



## OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year ...	...	5
(ii) Number of cases in which:—		
(a) Vision lost ...	...	Nil
(b) Vision impaired ...	...	Nil
(c) Treatment continuing at end of year ...	...	Nil

In the 18 cases of Glaucoma (of whom 6 are partially sighted) 1 refused treatment, 1 — whose eye condition was too advanced — died. 3 had received no treatment previously and 1, although operation successful, the eye condition was too advanced to permit visual improvement.

Again no cases of blindness from retrolental fibroplasia were registered during the year.



## NATIONAL HEALTH SERVICE ACTS

### CARE OF MOTHERS AND YOUNG CHILDREN

The practice of the ante-natal patient attending her own doctor for maternity medical services has continued and the local Health Authority ante-natal clinics now are mainly centres for taking of blood for examination, for medical examination of the occasional patient who refuses to see her own doctor, and for a limited amount of intermediate supervision and parentcraft teaching by the midwife. We find, however, that teaching is carried out more successfully at separate sessions. This transfer of ante-natal care from the clinic to the patient's doctor is the foreseen, right, and logical development. In rural and small urban areas 68 doctors or doctor-partnerships arrange to see their ante-natal patients, with the midwife in attendance, either at special sessions in their surgery or at the patient's home. This co-operation in ante-natal care is most valuable with the doctor and midwife working as a team. In a few instances similar arrangements exist in the larger towns but with many doctors in one area it would not be possible to provide a midwife for each ante-natal clinic. In addition as an experiment, it was arranged in Bridgwater that at the Mary Stanley Maternity Home each doctor who so wished should be allocated a specified time for seeing his patients, whether the confinement was to be domiciliary or institutional. This has proved a popular arrangement with the 12 doctors who take part and appears to be working satisfactorily.

Parentcraft teaching has been extended not only in the homes but also in classes at which ante-natal exercises and relaxation are taught. Co-operation between hospital and local authority staff in this field has added to their value. Such classes are held at Taunton, Bridgwater, Weston-super-Mare, Yeovil, Glastonbury, Shepton Mallet, Crewkerne, Frome, Wincanton, Bishops Lydeard, Minehead, Radstock and Watchet. In addition by the end of 1958, 17 individual midwives had attended a Parentcraft Group teaching and Relaxation Course.

Great advances have been made in the numbers of blood tests for ante-natal patients and whereas five years ago many women were confined who had had neither blood grouping nor haemoglobin tests, it is known that of the confinements which actually took place in Somerset during 1958, at least 87% of the mothers had had their blood group ascertained.

The special blood clinics at Bridgwater, Chard, Crewkerne and



Glastonbury continue to be used freely and at Yeovil and Taunton ante-natal clinics many blood tests are made, those at Weston-super-Mare being dealt with at the Hospital. In 1952 attendances at the Local Authority blood clinics were 658 and in 1958 they were 1,808.

Good co-operation continues to be maintained between maternity units and the Local Health Authority. Midwives who have shared in the ante-natal care of patients booked for delivery in hospital send their ante-natal notes to the unit, and most maternity units send notes of the condition of the mother and baby on discharge. In the case of early return home telephone contact is made with the district midwife to ensure that adequate follow-up and nursing care are continued as necessary.

The Local Health Authority continues to act as agents for the Regional Hospital Board in dealing with applications for admission to a maternity unit for confinement. After dealing with priorities, if further beds are available these are allocated to non-priority applicants. Of the total births in 1958, 70% occurred in institutions and 30% in the patient's own home.

#### UNMARRIED MOTHERS

Arrangements have been continued by which Somerset Moral Welfare Association investigates referred cases and gives invaluable help in solving the many problems connected with illegitimacy. Where the unmarried expectant mother is driven from her home, temporary shelter and employment may be found, and through the Health Department arrangements are made for the confinement. Postnatally suitable employment with or without the infant may be arranged and Moral Welfare workers, trained to deal with these problems, devote much time and energy in trying to assess a wise method of rehabilitation. They deal with problems which are beyond the scope of the statutory services, and I wish to record my appreciation of their help.

The Local Health Authority hostel at Braeside, Chard, has continued to prove very useful in providing accommodation during the ante and post-natal periods. The period spent in the hostel caring for the baby enables the unmarried mother to reach a firm decision as to her wishes for the infant, and it happens frequently that whereas in the ante-natal period adoption was considered to be the only possibility, the mother decides that she wishes to keep and maintain her infant. Where adoption is desired the help of the Children's Department is sought and suitable placings are arranged.

In 1958, 19 girls were admitted to Braeside during the ante-natal

period and 16 mothers and babies post-natally. Of these, 11 infants went for adoption, and 5 returned home with the mother.

Where special circumstances make it desirable for the unmarried mother to go out of the county, the Local Health Authority helps with her maintenance in Out-County Hostels. I must acknowledge with gratitude the generosity of the Westfield Trust which has made very considerable financial grants for the prolonged moral training of suitable applicants.

The illegitimate births in Somerset in 1958 were 247 or 3.28% of the total. 108 cases were referred to Moral Welfare Workers.

#### MATERNAL MORTALITY

In 1958, 2 maternal deaths occurred, both after admission to hospital, one from pulmonary embolism, and one from toxæmia of pregnancy.

The figures over the past six years are shown below for purposes of comparison:—

1953	1954	1955	1956	1957	1958
2	2	6	8	4	2

#### STILL-BIRTHS

Although the Somerset still-birth rate for 1958 shows a slight increase over the previous year, it is again well below the national figure. The figures for the past three years are given below:—

	Total births	Still-births	Still-birth rate for Somerset	Still-birth rate for England and Wales
1956	7,264	179	24.6	23.0
1957	7,518	148	19.7	22.5
1958	7,696	157	20.4	21.6

#### BIRTH CONTROL

There are now four clinics in Somerset, arranged by the Family Planning Association, at Bridgwater, Weston-super-Mare, Glastonbury and Yeovil.



The Local Health Authority is responsible for payment of the fee for those patients who are referred for medical reasons, as it is for the payment to the approved doctors in other areas who give similar advice to patients unable to attend a Family Planning Clinic.

THE NEO-NATAL MORTALITY RATE of 14.5 per 1,000 live births demonstrates the fact that loss of life is greatest in the first few weeks of life (109 out of 157 deaths) while of these 109, 87 occurred in the first week.

THE PERINATAL MORTALITY RATE, recently devised to concentrate attention on deaths about the time of birth, is a useful measure of progress in reducing this loss of life. This year it has been possible to calculate it on figures provided by the Registrar-General. The figures for previous years were based on first week deaths — cases known to the Health Department — with the unavoidable slight discrepancy due to deaths outside the county which were not reported here. They are however given for comparison.

PERINATAL MORTALITY RATE (deaths under one week and stillbirths per 1,000 total births)

1956	1957	1958
35.8	32.1	31.7

#### INFANT MORTALITY

	1954	1955	1956	1957	1958
Somerset ... ..	22.6	20.7	20.2	18.9	20.8
England and Wales	25.5	24.9	23.8	23.1	22.5

The infant mortality rate which gives some measure of the efficiency of the services provided for the care of mothers and young children shows a slight increase over the previous year's figure, but is well below the national average. Of the 157 infant deaths occurring in Somerset during 1958, reports were received on 151 and an analysis of causes is shown below:—

	Total	Neo-natal	Over 1 month
Prematurity ... ..	44	44	—
Atelectasis ... ..	10	10	—
Haemolytic Disease of Newborn...	1	1	—
Congenital Abnormality ... ..	43	23	20
Respiratory Infection ... ..	21	6	15
Birth Injury ... ..	10	9	1
Asphyxia and Inhalation Pneumonia	2	1	1
Other causes ... ..	20	11	9
	151	105	46

As in previous years prematurity continues to be the most common cause of infant deaths, and over the years there is comparatively little reduction in this figure. The main cause of premature birth is toxæmia of pregnancy which continues to be a source of anxiety and which does not tend to decrease in spite of intensified efforts to improve ante-natal care, the teaching of correct diet during pregnancy, and wherever possible admission to hospital not only for the delivery of premature infants, but of the toxæmic mother during the ante-natal period.

#### PREMATURE INFANTS

The total number of premature births in Somerset for the past four years is:—

	Total number of premature births	% of Total live births	Born in hospital	Born at home and admitted to hospital	Born at home nursed at home
1955	419	6.0	326	33	60
1956	424	6.0	332	30	62
1957	466	6.3	369	32	65
1958	429	5.7	348	23	58

The Area Nursing Officers, each of whom has had special training in the care of premature infants, continue to follow the progress of premature infants born at home, till satisfied with their progress. Special equipment for the home care of premature babies is available at three centres in the county and can be made available immediately on request. While it is useful to have this, it is loaned only occasionally.



## CHILD WELFARE CENTRES

In 1948 there were 66 Child Welfare Centres in the county. A review of the distribution of the child population showed that additional centres were required and in 1952 the number had been increased to 95, and at the end of 1958 to 124, of which 19 are Health Visitor clinics with no doctor in attendance. The reason for this latter development is that since 1948 medical advice and immunisation are available free of direct cost to all who require them, but there are many rural areas where mothers welcome, and benefit by, the periodic meeting as a group with the nurse or health visitor, which affords a valuable opportunity for advice of a non-medical nature and for educational work. This discussion of their problems not only with the nursing and health visiting staff, but with each other, is both useful and greatly appreciated.

Of the clinics attended by doctors, 52 are staffed by general practitioners and 53 by Assistant County Medical Officers. Each clinic is organised by a voluntary Committee with the help of the nursing sister or health visitor of the area, and as in previous years I wish to record my own indebtedness, and that of the County Council, for the very ready help which is given voluntarily in this sphere, and which contributes so materially to the usefulness and happy atmosphere of the clinics.

It has been possible to arrange alternative and more satisfactory premises for a number of the clinics, but there still remain many which are held in premises which leave much to be desired, and the good work done in these reflects all the more credit on those concerned.

The health visitors and nurses undertake much educational work either in the form of small group talks or as individual teaching, and increasing use has been made of film strips and of sound films as a basis for discussion and these prove very popular with the mothers.

The Mothers' Clubs at Bridgwater and at Porlock have continued to function and are lively organisations keenly interested in all aspects of health, and their evening meetings are useful media for health propaganda and discussion. A recently formed club has been arranged at Stogumber and no doubt will be popular and useful.

Total attendances during 1948 (July — December)	38,386
1952	73,147
1958	74,171



## DAY NURSERIES

The Day Nurseries at Taunton, Bridgwater and Keynsham have continued as previously; admissions are arranged by a local committee, priority being given after consideration of the needs of the child. The majority of places are occupied by children in priority categories and the remaining places are filled by non-priority applicants.

The use of the day nurseries in caring for children during the temporary illness or incapacity of the mother has avoided the removal of many children to foster homes or children's homes. Frequently the father or other relative can cope during the evenings and weekends and is grateful for the care of the Day Nursery during his working hours.

Each of the Nurseries has from time to time undertaken the care of children handicapped in various ways, examples being: a child suffering from cerebral palsy who was too much for her mother to manage without a break; a deaf child whose mother found it difficult to persuade her to use her hearing aid; and a child handicapped mentally, becoming too much of a burden for the mother to cope with without help, but unwilling for institutional care and too young to attend a training centre. In each case the easing of the burden has relieved the parents of some of the strain and has enabled them to care for their child without the nervous tension which can be so destructive of family harmony.

## PROBLEM FAMILIES

Co-ordinating Committees continued to meet in the area in which the problem family lives and are attended by representatives of the Children's Department, the Health Department, Education Department, N.S.P.C.C. and representatives of any other social agencies which may know the case. Discussion of every aspect of the problem takes place and a decision is made as to the best method of trying to secure some improvement. This is not an easy matter. The parents of the problem family are almost invariably of low intelligence, with little stability or sense of responsibility and no great desire to better their way of living. Constant propping and boosting are necessary, and are very time-consuming, and frequently show little result, and the same cases continue year after year. The break-up of the family, however, is no doubt prevented in some instances and the drastic action of removal of the children is considered only where the danger line has been reached.

Many border line families are kept under special review by our



health visitors, periodic reports being called for, and the condition of the children so kept vividly in the mind of the supervisory staff. The Children's Officer is informed of these families who are under special observation, but takes no action unless conditions deteriorate to "problem" level.

#### DENTAL CARE - REPORT OF THE CHIEF DENTAL OFFICER

It is with great regret that I have to report no improvement in the staffing position during the year. 1958 started with 11 whole-time and 5 part-time dental officers, making the equivalent of 13  $\frac{2}{11}$  whole-time, and ended with 12 whole-time and 3 part-time, giving the equivalent of 13  $\frac{1}{11}$  dental officers. The authorised establishment is 20. The continuing general shortage of dentists in the country as a whole, the much greater financial attractions of general practice, and the ease with which a practice may now be established, combine to make a serious obstacle to recruitment to the Local Authority Dental Service. This state of affairs has continued more or less for ten years now, and the resulting lack of dental treatment has had very unfortunate consequences. The general practitioners of Somerset have helped considerably in some areas, but this help extends only to those children whose parents are enlightened enough to seek out treatment themselves. It does not affect the majority of the children, nor does it affect the obligations of the local authority to provide our Dental Service in which the principle of prevention is the main purpose.

With regard to the facilities for dental treatment in Somerset, clinics have been provided in the main towns, but in some rural areas treatment has had to be done by the dental officer taking portable equipment with him to the school or nearby temporary accommodation, such as a Village Hall. It is at best a make-do arrangement, and although the dental officers use much ingenuity in setting up these temporary clinics it is never a satisfactory arrangement. Because of this, it has been agreed to provide mobile dental clinics in some areas. Two have been in use during the last year, and the experience of using these mobile dental clinics has shown that they are a highly valuable and much appreciated improvement on the facilities provided by our dental service, and their use has demonstrated the need to supply further mobile clinics in those areas where dental officers and patients are still having to make do in improvised accommodation in schools and parish halls, and with limited types of portable equipment.

The new dental laboratory at Musgrove Park was opened during the year. These premises are planned for their purpose and accommodate

the whole of the dental technical staff. They contain up-to-date equipment and enable the staff to maintain their high standard of work, under first-class conditions.

The facilities provided by the laboratory serve the requirements of the school dental service, mainly for orthodontic appliances and partial dentures, and of the maternity dental service for dentures. A certain amount of work is also undertaken for the Regional Hospital Board, and includes the more complicated types of dental appliances such as obturators and splints.

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	Treated	Made dentally fit
Expectant and Nursing Mothers ... ..	166	149	147	123
Children under Five	377	339	333	193

(b) Forms of dental treatment provided:

	Scaling and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Radio-graphs
Expectant and Nursing Mothers	39	248	8	—	461	58	24
Children under Five	—	237	86	—	663	239	3

Dentures provided by the County Dental Laboratory:

Complete	45
Partial	36
	<u>81</u>

The number of sessions given to this service by the County Dental Officers totalled 163.



## DISTRIBUTION OF WELFARE FOODS

Since June, 1954, when the Ministry of Food transferred the responsibility for the distribution of welfare foods to local health authorities, some paid helpers have been employed, but by far the greater portion of this work is done voluntarily by shop-keepers, private householders and members of the W.V.S., and I am grateful for the sustained help from these sources. There are now 216 centres in the county, 71 of this number being distribution points at maternity and child welfare centres.

The amounts of welfare foods issued during 1956, 1957 and 1958 were as follows:—

	National Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamins A. & D. (packets) for expectant mothers	Orange Juice (bottles)
1956	169,034	55,645	23,115	364,083
1957	142,731	50,387	23,383	395,164
1958	116,600	32,752	23,527	249,432

A substantial fall in issues of orange juice is shown. This is the result of the Minister of Health's decision, effective from 1st November, 1957, that Welfare orange juice should no longer be available for children following their second birthday. The price factor is, I believe, the reason for a diminishing demand in respect of Welfare milk. The charge for a 20 ounce tin was increased from 10½d. to 2s. 4d. from 6th April, 1957. The considerable drop in issues of cod liver oil would seem to reflect a growing reluctance on the part of mothers to encourage their children to accept this compound. A new compound with a lower Vitamin D content was introduced by the Ministry at the beginning of the year but I do not think that has any bearing on issues made.

## MIDWIFERY AND HOME NURSING

During the year, there has been little change in the County Council's general policy of combined nursing, midwifery and health visiting, with or without school work, and at the end of 1958 the district nursing staff consisted of 238 permanent and part-time relief staff as shown below:

	On permanent District	Part-time relief staff
Queen's Nurse Midwives with H.V. Certificate	104	1
Queen's Nurse Midwives	50	6
S.R.N., S.C.M.	14	7
S.E.A.N., S.C.M.	13	9
Queen's District Nurses (including 3 male nurses)	9	1
S.C.M.	1	2
S.E.A.N.	—	4
S.R.N.	3	11
S.R.N., S.C.M. with H.V. Cert.	1	1
S.R.N. with H.V. Certificate	1	—
	196	42

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

The day to day supervision of the Midwifery and Home Nursing Services continues to be undertaken by the Senior Medical Officer for Maternity and Child Welfare, the County Nursing Officer, her Deputy, and three Area Nursing Officers who give invaluable help in their areas, and in addition to bearing the brunt of the day to day problems, in many instances fill the gaps caused by lack of staff and undertake many nursing duties themselves. The administrative staff also devote much time to health education and teaching, and give talks often illustrated with films shown with the aid of the film projector given by the County Nursing Association to many kinds of organisations, including parentcraft classes, parent-teacher associations, etc. Lectures on the social aspects of disease are given to the student nurses in the training hospitals throughout Somerset.

## MIDWIFERY

The number of midwives employed in domiciliary practice at the end of 1958 was 196, a slight reduction as compared with the previous



year, but the number of deliveries attended by these midwives during the year increased from 2,263 to 2,322. The number of deliveries attended by midwives in institutions in Somerset also slightly increased.

For the purposes of the Midwives Acts the medical supervisor of midwives is the Senior Medical Officer for Maternity and Child Welfare, and the non-medical supervision of midwives is carried out by the County Nursing Officer and her deputy. In addition to visits to the domiciliary midwives, visits are paid to each of 15 maternity units at regular intervals for the inspection of records and to advise on general procedure and on qualifications of staff.

In 1958, the number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions before the fourteenth day was 1,020, which shows a very considerable increase over previous years. Medical aid was summoned by midwives in 489 domiciliary cases and 530 institutional cases, also a slight increase.

Institutional confinements in this County during 1958 were 70% of the total, and it is interesting to note that the recommendation of the Cranbrook Report is that there should be sufficient hospital maternity beds to provide for a national average of 70% of all confinements.

There is very close liaison between the hospital and domiciliary midwifery staff, and information about patients is made freely available.

In view of recent medical opinion about neo-natal cold injury, we have issued a number of low-reading clinical thermometers and room thermometers, to county midwives, and shall extend this practice still further in the future.

At the end of 1958, there were 190 domiciliary midwives qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives Board, and 146 Minnitt machines were in use. During 1958, midwives in domiciliary practice administered gas and air in 1,935 cases and pethedine in 1,225. No further extension has taken place in the use of trilene, which during the year was used at three centres in 55 cases. Gas and air and also trilene is given in a number of doctors' cases.

The issue of portable oxygen apparatus has been extended to domiciliary midwives for resuscitation of new born infants, and 65 resuscitators are now in use in the County. We hope that in the near future all midwives will be supplied with this apparatus.



## HOME NURSING

This service is closely integrated with the Home Help service and there is generally a high degree of co-ordination between our staffs and the hospitals and the medical practitioners, whilst close liaison exists between the Nurses and Health Visitors.

Of a total of 373,036 visits paid by Home Nurses during 1958, (a) 63% were to 8,414 patients who were 65 years of age or over at the time of the first visit, and (b) a total of 250,719 visits was paid to 3,136 patients who came into the category of having more than 24 visits during the year, the average being 80. Many of these cases have visits twice daily over a very long period and this work is physically very heavy, demanding great patience on the part of the Home Nurses. The proportion of visits per patient gives some indication of the great demands on the staff for nursing these long term cases, and the recent films and demonstrations on modern methods of lifting should do much to ease the physical strain of this work.

There is no doubt in my mind that the Home Nursing Service materially helps to prevent a heavier burden being thrown on more expensive residential and hospital services, and the prevention or delay of infirmities and the contribution which the Service makes by helping old people to continue to live in their own homes is something that cannot be measured in terms of happiness or money.

For many years the District Nurses have cared for the feet of the elderly and bedridden, and this is still being done, but in many cases more highly skilled attention than they can give is required. Some voluntary organisations to a limited degree are providing this service from which great comfort has been derived.

We are very grateful to the British Red Cross Society and the St. John Ambulance Brigade for their ready help and co-operation in supplying with the utmost speed medical comforts of all kinds when urgently needed. As will be seen from the table below, there are medical loan depots throughout the County, and whilst the equipment carried varies with each depot, the co-operation of the depot holders and their help to the nursing staff reaches a high standard of efficiency. Without the help of the St. John Ambulance Brigade and the British Red Cross Society in supplying nursing equipment, patients could not be discharged so speedily to their own homes, and their service does its part with other domiciliary services in relieving the pressure on more expensive residential and hospital beds.



	Depots	No. of patients assisted	No. of articles loaned
British Red Cross Society	63	1,805	3,701
St. John Ambulance Brigade	30	1,652	3,458

I would like to record that the British Red Cross Society, the St. John Ambulance Brigade, the Women's Voluntary Service and other voluntary organisations give great help in countless other ways to the aged and infirm.

Considerable attention has been given lately to the problem of the lifting of invalid and often helpless bed patients, and we have in use a limited but increasing number of mechanical devices which are proving to be very beneficial, not only to the patients, but to the relatives who have no one to help other than the nurse.

One of the Area Nursing Officers is taking over this work which is very specialised, as each separate individual requires careful consideration and assessment in order that the most suitable aid can be given. As these hoists are very costly the financial aspect has to be borne in mind and only the most suitable equipment purchased.

There is also close consultation with the Welfare Services Department in the provision of special mechanical aids. Where nursing is required, their provision is regarded as the responsibility of the Health Department whether the incapacity is temporary or permanent. In cases of permanent incapacity where no nursing is required, the responsibility is that of the Welfare Services Committee.

The number of sick children requiring home nursing has shown a decrease as compared with 1957, a total of 9,205 visits being paid by home nurses in their homes to 1,722 children under the age of five years in 1958 as compared with 10,831 in 1957.

Of the district staff employed, 171 have had district training and Male Nurses continue to be employed in Bridgwater, Weston-super-Mare and Yeovil.



## TRAINING

Post-graduate training is our greatest hope and standby in the very real problem of staffing the Nursing Services and the County Council has recognized this by the training grants they have made. I am firmly of the opinion that if we neglected the training schemes which the County Nursing Association and Mrs. Hurle so wisely instituted in Somerset our staffing would be severely handicapped for the future.

As from the 1st January, 1958, the Central Midwives Board has made it compulsory that a practising midwife shall take a post graduate course every five years and during 1958, 52 of our staff attended approved courses. In Somerset we have not waited for compulsory action and during the past five years, 162 of our midwives have attended post-certificate courses, so that the coming years should be easier. Of the County domiciliary midwives 21 are approved as teachers, and 16 pupils from the Mary Stanley Home, Bridgwater, and 14 from Musgrove Park Hospital, Taunton, completed their district training as part of the Part II Midwifery Scheme with which the County Council are associated with the Taunton and Bridgwater Hospital Management Committees. No doubt the three months spent on the rural district gives them an insight into the nature of District work and in some instances is an inducement to take up this branch of nursing.

Queen's District Training is considered to be of the greatest importance in maintaining the efficiency of the domiciliary nursing service and 6 nurses have completed the training in the past year. In Somerset, we are continuing to use the four months course for students with certain special qualifications and the six months course for State Registered Nurses without special qualifications.

The lecture course which is now regarded as the annual event for midwives, nurses and health visitors was held at Taunton in May. Apart from the wide variety of the lectures, the nursing staff have the opportunity of meeting and discussion with their colleagues, which we regard as of equal importance.

Central and area meetings of nursing staff are held throughout the year at which County policy and nursing problems are discussed.

During the year, we have received our usual quota of British and foreign students and we hope to have given them some insight into the working of the Nursing Services. Administrators and students under the auspices of the World Health Organization have come from Denmark, Hong Kong and Jamaica, as well as many British students from the Royal College of Nursing and the Queen's Institute.



## HOUSING ACCOMMODATION

At the end of 1958, the County Council owned 29 houses (including the Taunton and Weston-super-Mare Nurses' Homes) and rented 63 houses for the occupation of the district nursing staff. During the year, a bungalow for the District Nurse has been erected by the County Council at Curry Rivel and houses (which were previously rented) have been purchased at Winsford and Glastonbury. The County Council has authorised the erection of houses or bungalows at Milborne Port, Kingston St. Mary, Wedmore, Bridgwater, Norton St. Philip, Pitminster and Evercreech and it is hoped that sites will be purchased and houses completed very shortly.

In view of past delays and difficulties which have been experienced in acquiring sites, the Midwifery and Nursing Services Sub-Committee has agreed that in six areas where nurses have made their own private housing arrangements and are within sight of their retirement, a search should be made for suitable sites now in advance of requirements.

## TRANSPORT

Our policy in the past has been for the County Council to provide cars for the use of the District Nurse/Midwives and at the end of the year, the County Council had a fleet of 162 cars for this purpose. In addition there have always been a limited number of nurses owning their own cars. Recently more nurses when applying for posts have asked whether an allowance is made for the use of their own cars, and with this in mind the County Council agreed to some relaxation of the general policy of providing County Council cars and has at present authorised 45 allowances to Nurses using their own cars. Earlier in this report, mention has been made of the equipment which the Nurses are required to carry and I do not think that there is now any room for doubt that a motor car is an essential part of a District Nurse's and Midwives' equipment whether in rural or urban areas.

## HEALTH VISITING

As in previous years, our policy of employing full time health visitors in the urban areas on health visiting and school work, and district nurses/midwives/health visitors on combined work in the rural areas has continued. During the year, full time health visitors have been appointed at Keynsham and Clevedon where considerable increases in population have taken place. Progress has been made towards our ultimate aim of a fully qualified health visiting staff as is shown in the table below:—

	Full time Health Visitors	District Nursing Staff undertaking Health Visitors duties :	
		With H.V. Certificate	Without H.V. Certificate
1948	25	29	130
1952	32	68	89
1954	30	87	74
1956	28	101	49
1958	31	108	47

Health Visitor scholarships were awarded during the year to County staff and to suitable external applicants. Hitherto successful candidates have taken a six months course at either Bristol or Oxford, but in view of their comprehensive nature it would appear that courses at all Schools in future will be of nine months duration, which with holiday breaks will mean that candidates will be away from Somerset for almost a year. Nevertheless we regard the time spent on these Courses as very well spent.

The rôle of the Health Visitor as a key worker in the social field is increasingly recognised and in no sphere is she more valuable than in dealing with the problems of the elderly, solitary and infirm as well as with the problem families. Close co-operation exists between the Home Nurses, Midwives and the Health Visitors, and liaison between the general practitioners and the full time Health Visitors is steadily increasing. The Health Visitor is in a position to assess the needs of the elderly who can be referred to the care of the Nurse or one of the appropriate voluntary organisations who do such excellent work in caring for old people, and who can provide a service beyond the capacity of statutory officers.

During 1958, 7,515 families or households were visited by the full time Health Visitors and 21,834 by District Nurse/Midwives/Health Visitors. During the year, the full time Health Visitors visited 8,081 chil-



dren under the age of five, and the District Nurse/Midwives/Health Visitors visited 27,290 children.

Details of visits paid during 1958 by the Health Visiting staff are given below :—

	Full-time Health Visitors	District Nurse/ Midwives/ Health Visitors
Ante and Post-natal Children:	256	18,072
Under 1 year of age	13,638	59,997
1 — 2 years of age	7,639	31,749
2 — 5 years of age	12,564	45,816
Other visits, including special visits, infectious diseases, care of old people, hospital aftercare, etc.	2,742	18,933
Tuberculous households	6,442	—

The whole-time tuberculosis visitors paid 3,918 visits to tuberculous households.

#### SCHOOL NURSING

The school work of the Health Visitors and District Nurses has increased during the year, owing to the schemes of poliomyelitis and B.C.G. vaccination.

The number of school medical and hygiene inspections by the Health Visitors and District Nurses during 1958 shows little change from the previous year, and out of a total of over 104,000 children examined, only 264 were found to be infested. The extremely low figure of 2.5 per 1,000 recorded last year is thus maintained.

## HOME HELP SERVICE

This Service, started in an experimental way in July, 1948, has developed into an essential component of the Health Service in this county. While some efforts to provide domestic help for home confinements had been made prior to 1948, it cannot be said that a service was actually in being. The inauguration of a Domestic Help Service, or, as we prefer to call it, a Home Help Service, as required by the Ministry under Section 29 of the National Health Services Act, 1948, was therefore regarded not only as an experiment but as an experiment with an extremely problematic future.

Our friends of the Women's Voluntary Services accepted the task of inaugurating the service in this county, some, perhaps, in a spirit of doubt, some of hope, but all with enthusiasm. Once the initial start was accomplished, its rapid growth showed how greatly it was needed. By the end of the year help had already been sent to 427 households, and at the end of 1949 help was being sent to 495 households weekly. This figure has increased year by year and in December, 1958, had risen to 1,649 weekly, with a total of 3,107 households having received help during the year.

As the work of administration and organisation increased the W.V.S. gradually relinquished their charge to official area organisers, but many, to our lasting gain, have remained to help us with the day to day running of the service, more particularly in the outlying districts and smaller towns of the county. Their number has been added to year by year by other able and willing voluntary workers, while new members of the W.V.S. have replaced many of those who helped us initially.

The work of these voluntary workers has not only lightened the load of the Area Organisers, but has enabled the service to be run at less cost than would otherwise be possible. The continued friendship of these willing helpers has also brought much help to the organisers in their work, and this is a very good instance of how much can be gained by co-operation between the voluntary and statutory worker.

The newly appointed organisers and clerks in the area offices found themselves immersed in a new type of work full of unexpected problems. General Practitioners, District Nurses and Hospital Almoners in their turn had to learn the design of the service and the degree of help they might expect. Much also had to be learned on the clerical side; the most helpful form of time sheet, the right and fair rate of assessment, and fair working conditions for the Home Helps employed. As the years have passed these problems have been gradually overcome. We are fortunate



in retaining organisers and clerks who have been working in the service since its early years and who have learned much by hard work and experience, and this knowledge they are able to pass on to the now much needed trainees and assistants.

The women working as Home Helps are, in the main, women with traditions of efficient, simple home-making and service to the sick and infirm, who have learned that there are many benefits to be derived from their work, but not entirely in the worldly sense. Doctors, Nurses and Almoners now regard the service as a source from which prompt, reliable help will be forthcoming in times of need. The public know the service by good reputation and few hesitate to avail themselves of its help in times of emergency, and a strict eye is kept on the ever-present few who would seek to abuse the service.

During the past ten years, the pattern of help has changed considerably. Bookings for home confinements, 929 in 1950, dropped to 309 in 1957, and in 1958 have shown their first small increase, from 309 to 323.

In the early years help was frequently sent, often with some difficulty, to serious and infectious cases of tuberculosis. The number of these cases has decreased year by year, and an infectious case needing help at home is now almost unknown.

The number of children deprived of their mother's care through illness or death also dropped suddenly when the care of children in foster homes rather than residential homes and nurseries became the policy of the County Council. We estimate, however, that an average number of 25 children are cared for by Home Helps weekly who would be in the care of the local authority were it not for the Home Help Service.

On the other hand, Home Helps are now dealing more frequently with such of the mentally sick who are reasonably safe and happy in their own homes. It is expected that this side of the Home Helps' work, which calls for much patience, understanding, and not a little imagination, will increase still further in the near future.

Emergency calls are frequent during the period of an epidemic and during the latter part of the winter, but are not perhaps as frequent as in the past when casual female labour was less easily obtained.

In common with other Home Help Services throughout the country our main commitment is now the care of the aged and infirm in their own



homes. Here, in spite of the introduction in March, 1958, of a minimum charge of 5/- weekly to all users of the service, the number of the aged helped during 1958 exceeded that of 1957 by no less than 313. These cases are frequently of long duration and some few have received help, with slowly increasing weekly hours, for the past ten years. The increasing expectancy of physical life does not always, sadly enough, extend to the mental life of the elderly, and senility is an ever-increasing problem. It is a healthy sign that many elderly people who have accepted accommodation in chronic hospitals are now being sent home to be cared for by Home Helps at least temporarily. A survey taken during June, 1958, showed that no less than 538 aged and chronic sick would be forced to accept institutional care without this domiciliary help.

A word here about the aptly named "Problem" family may not come amiss. I am aware that many authorities send help to these often insoluble problems on an instructional basis, hoping thereby to aid the mentally retarded, the slattern, and the inefficient, and that in a few instances some lasting improvement has been achieved. It must, however, be allowed that this process of reformation and reclamation is one of long duration and therefore a considerable expense to the community, an expense which is frequently not justified by results. It is difficult also for a wise and efficient woman who is willing to do any menial or unpleasant task for one who is aged, infirm or mentally sick, to be patient with one of her own sex, often her junior in years, who has chosen the easy way of life. After giving this matter some consideration it is now our policy in this county to help these families on the same basis as we help any other members of the community, that is, when the mother is absent, genuinely sick or in frail health mentally or physically, thus husbanding our somewhat limited resources for those more deserving members of the public who are in real need through sickness or infirmity.

In spite of the increase in the number of households attended weekly (from 494 in 1949 to 1,649 in 1958) the number of Home Helps, the majority of whom are now part-time workers, has increased only from 410 in 1949 to 620 in 1958. This is due partly to the change-over from maternity cases (where longer hours are normally needed) to the aged and infirm, and also to the better planning of the Home Helps' working hours.

The number of visits paid by organisers and assistants during 1958 was 12,921, against 12,033 in 1957.

The Home Help Service remains, as it should remain, an essential ancillary to the more skilled health and welfare services. None the less we are proud of its progress and reputation.



## HOME HELP SERVICE

	Old Age (over 65)	Chronic Sick (under 65)	T.E.	Post- oper- ation	Mater- nity	Post and pre- natal	Emer- gency illness	Family help	Others	Total		Total for year	
										1958	1957	1958	1957
Weston-super-Mare Ceased Continued	168 (112) 319 (298)	34 (29) 60 (71)	1 (6) 4 (5)	30 (36) 11 (5)	59 (52) — (3)	18 (25) 6 (5)	30 (42) 4 (3)	7 (10) — (1)	16 (25) 7 (8)	363 (337) 411 (399)		774	(736)
Midsomer Norton Ceased Continued	117 (89) 356 (311)	42 (33) 44 (60)	1 (2) 3 (4)	11 (7) 2 (1)	62 (42) 2 (1)	20 (19) 5 (1)	8 (4) — (2)	2 (4) 2 (—)	— (5) — (—)	273 (205) 414 (380)		687	(585)
Wells Ceased Continued	33 (26) 65 (58)	2 (4) 3 (10)	— (2) — (—)	1 (5) — (—)	15 (18) 1 (1)	5 (2) — (—)	4 (2) — (1)	— (2) — (1)	9 (4) 6 (—)	69 (65) 75 (80)		144 831	(145) (730)
Bridgwater Ceased Continued	89 (64) 233 (190)	20 (20) 51 (61)	5 (3) 3 (7)	7 (12) 3 (2)	56 (70) — (—)	11 (9) 3 (4)	18 (23) 4 (1)	7 (4) 1 (1)	3 (1) 4 (—)	216 (206) 302 (266)		518	(472)
Yeovil Ceased Continued	101 (62) 201 (189)	14 (14) 25 (31)	1 (4) 3 (3)	3 (22) — (—)	56 (52) — (—)	14 (14) 6 (3)	22 (29) 3 (—)	1 (3) 1 (1)	1 (3) — (3)	213 (203) 239 (230)		452	(433)
Taunton Ceased Continued	131 (94) 168 (165)	37 (43) 31 (37)	3 (3) 1 (5)	25 (13) 3 (3)	70 (68) 2 (2)	21 (37) — (2)	21 (28) 2 (3)	9 (4) 1 (—)	17 (9) — (4)	334 (299) 208 (221)		542	(520)
	1,981 (1,668)	363 (413)	25 (44)	96 (106)	323 (309)	109 (121)	116 (138)	31 (31)	63 (62)	Total 1957			(2,891)
										Total 1958	3,117		

Maternity Cancellations: Weston 20 (13); Midsomer Norton & Wells 7 (17); Bridgwater 16 (11); Yeovil 13 (13); Taunton 15 (7).

Continuing for over  
12 months:

Totals:  
1958 1,163  
1957 549

Weston 248 Midsomer Norton 312 Wells 68  
(380)

Yeovil 193 Taunton 131

Bridgwater 211

Weston 13 Midsomer Norton 41 Wells —

Continuing for over  
6 months:

1958 123  
1957 117

Yeovil 13 Taunton 28

Bridgwater 28

Weston 13 Midsomer Norton 41 Wells —

## VACCINATION AND IMMUNISATION

### DIPHTHERIA IMMUNISATION

The table shows that 6,130 children, all ages, received primary injections in 1958, and a further 3,561 received reinforcing injections.

Of the 'under-fives', 5,661 received primary immunisation and this figure compared with the total births of the previous year gives a percentage of 77.

The corresponding percentages for the previous years are:—

1957	4,552	64%
1956	5,375	77%
1955	5,552	80%
1954	6,425	91%

There were no cases of diphtheria reported.

### SMALLPOX VACCINATION

The figures for the primary vaccination of 'under-fives' show an increase, there being a total of 3,863 as compared with 3,135 in 1957.

This represents 52 per cent of the live births of 1957.

### WHOOPING COUGH VACCINATION

Following the report of the Medical Research Council's Committee on Whooping Cough vaccine, the Minister of Health recommended all local health authorities to offer vaccination against whooping cough as part of their arrangements under Section 26 of the Act.

During the year 5,178 children completed a primary course of vaccination either with plain whooping cough vaccine or with whooping cough vaccine in combination with other prophylactics.



## POLIOMYELITIS VACCINATION

The Government's decision to import and issue Salk vaccine of Canadian and American manufacture, tested and licensed for use in the country of origin but not tested in this country, was announced in Parliament by the Minister of Health on 1st May. In consequence larger quantities of vaccine became available, but parents who had already registered their children were given the opportunity of refusing this vaccine if they preferred to wait until either British-tested Salk vaccine or British manufactured vaccine became available.

During September, 1958, the offer of vaccination was extended to persons born in the years 1933-1942, and a third injection was recommended. This change meant that all persons up to the age of 25 years, except children under six months, became entitled to vaccination. There were 43,092 children in the 1943-1958 age groups and 248 young persons vaccinated during the year with two injections. In the priority groups, 799 expectant mothers, 303 doctors and members of their families, and 140 ambulance staff and members of their families received protection.

## DIPHTHERIA IMMUNISATION, 1958

District	Total primary immunisations, 1958			Total reinforcements 1958	Total live births 1957
	Under 1 yr	1-4 yrs	5-14 yrs		
<b>RURAL</b>					
Axbridge ... ..	170	102	43	216	388
Bathavon ... ..	158	67	8	216	330
Bridgwater ... ..	151	62	30	145	327
Chard ... ..	84	38	15	189	160
Clutton ... ..	123	54	1	123	257
Dulverton ... ..	42	13	—	43	66
Frome ... ..	93	38	10	91	192
Langport ... ..	118	34	—	54	200
Long Ashton ... ..	195	80	21	161	356
Shepton Mallet ... ..	58	17	5	39	148
Taunton ... ..	165	62	14	146	355
Wellington... ..	51	36	2	54	112
Wells ... ..	85	40	12	78	156
Williton ... ..	128	53	2	130	181
Wincanton ... ..	146	49	5	95	249
Yeovil ... ..	256	57	23	145	391
Totals ... ..	2,023	802	191	1,925	3,868
<b>URBAN</b>					
Bridgwater ... ..	286	76	14	46	393
Burnham ... ..	94	9	2	22	135
Chard ... ..	39	24	23	77	87
Clevedon ... ..	113	20	—	19	124
Crewkerne ... ..	53	7	4	37	54
Frome ... ..	62	33	13	42	165
Glastonbury ... ..	78	7	—	12	91
Ilminster... ..	19	10	11	67	47
Keynsham ... ..	126	45	1	224	252
Minehead ... ..	29	16	1	56	67
Norton Radstock... ..	121	22	20	104	212
Portishead ... ..	76	40	15	17	109
Shepton Mallet ... ..	47	19	2	17	93
Street ... ..	58	17	—	32	102
Taunton ... ..	230	141	54	167	436
Watchet ... ..	32	10	3	17	41
Wellington ... ..	41	24	19	101	105
Wells ... ..	50	12	2	32	75
Weston-super-Mare	278	88	47	350	531
Yeovil ... ..	262	122	47	197	383
Totals ... ..	2,094	742	278	1,636	3,502
County Totals	4,117	1,544	469	3,561	7,370



## SMALLPOX VACCINATION

Number of persons vaccinated (or re-vaccinated) in the year ended  
31st December, 1958

Age groups:—			Under 1		1		2 to 4		5 to 14		15 or over		Totals .	
RURAL DISTRICTS			P	R	P	R	P	R	P	R	P	R	P	R
Axbridge	...	...	150	—	8	2	10	2	9	11	8	19	185	34
Bathavon	...	...	72	—	5	—	10	1	6	—	5	12	98	13
Bridgwater	...	...	97	—	12	—	7	2	4	4	10	11	130	17
Chard	...	...	107	—	5	—	3	—	7	—	4	4	126	4
Clutton	...	...	58	—	10	—	3	—	6	2	4	1	81	3
Dulverton	...	...	23	—	4	—	5	—	2	—	4	5	38	5
Frome	...	...	75	—	9	—	7	—	2	—	—	4	93	4
Langport	...	...	105	—	6	—	4	—	3	1	4	20	122	21
Long Ashton	...	...	164	—	15	—	12	1	8	6	6	12	205	19
Shepton Mallet	...	...	66	—	—	—	1	—	—	—	2	11	69	11
Taunton	...	...	145	—	5	—	11	1	14	1	—	4	175	6
Wellington	...	...	73	—	2	—	1	—	3	—	7	2	86	2
Wells	...	...	50	—	7	—	1	1	—	—	—	4	58	5
Williton	...	...	122	—	10	—	7	1	2	3	7	12	148	16
Wincanton	...	...	154	—	10	—	2	—	5	4	6	19	177	23
Yeovil	...	...	277	—	16	—	9	1	10	3	1	31	313	35
Totals	...	...	1,738	—	124	2	93	10	81	35	68	171	2,104	218
URBAN DISTRICTS														
Bridgwater	...	...	92	—	11	—	6	—	9	1	9	6	127	7
Burnham	...	...	65	—	6	—	1	—	8	2	7	21	87	23
Chard	...	...	55	—	2	—	6	—	6	1	1	—	70	1
Clevedon	...	...	96	—	2	—	3	—	5	1	1	14	107	15
Crewkerne	...	...	38	—	2	—	—	—	—	2	—	5	40	7
Frome	...	...	73	—	3	—	1	—	2	—	—	—	79	—
Glastonbury	...	...	49	—	1	—	—	—	—	—	—	—	50	—
Ilminster	...	...	47	—	—	—	3	—	2	—	1	—	53	—
Keynsham	...	...	168	—	11	—	6	—	5	1	7	3	197	4
Minehead	...	...	60	—	4	—	4	—	2	2	1	—	71	2
Norton Radstock	...	...	65	—	10	—	—	—	2	—	3	4	80	4
Portishead	...	...	72	—	3	—	13	—	9	—	4	8	101	8
Shepton Mallet	...	...	14	—	—	—	1	—	2	1	—	3	17	4
Street	...	...	21	—	2	—	2	—	2	—	3	3	30	3
Taunton	...	...	218	—	22	—	10	—	13	2	8	11	271	13
Watchet	...	...	19	—	—	—	1	—	—	—	1	1	21	1
Wellington	...	...	47	—	2	—	1	—	3	4	6	21	59	25
Wells	...	...	48	—	3	—	3	—	1	—	—	4	55	4
Weston-super-Mare	...	...	198	—	15	—	2	—	9	3	6	18	230	21
Yeovil	...	...	268	—	29	—	4	1	7	5	8	28	316	34
Totals	...	...	1,713	—	128	—	67	1	87	25	66	150	2,061	176
County Totals	...	...	3,451	—	252	2	160	11	168	60	134	321	4,165	394

P — Primary Vaccination.

R — Re-vaccination

# WHOOPING COUGH IMMUNISATION

Number of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1958

District	Under 1	1	2	3	4	5 to 14	Totals
<b>RURAL DISTRICTS</b>							
Axbridge ...	204	66	17	5	1	7	300
Bathavon ...	144	36	4	4	2	5	195
Bridgwater ...	120	39	1	2	3	3	168
Chard ...	74	21	4	2	2	1	104
Clutton ...	87	36	4	4	1	2	134
Dulverton ...	45	11	—	1	—	—	57
Frome ...	58	24	2	3	—	3	90
Langport ...	114	27	1	2	—	—	144
Long Ashton ...	183	58	3	4	2	3	253
Shepton Mallet	56	10	1	—	1	2	70
Taunton ...	138	50	5	1	1	—	195
Wellington ...	49	30	3	1	1	2	86
Wells ...	61	18	1	—	—	—	80
Williton ...	105	25	16	5	2	1	154
Wincanton ...	120	15	1	—	—	2	138
Yeovil ...	254	33	8	7	4	7	313
Totals ...	1,812	499	71	41	20	38	2,481
<b>URBAN DISTRICTS</b>							
Bridgwater ...	267	52	6	4	3	5	337
Burnham ...	98	20	—	—	—	2	120
Chard ...	62	14	4	2	—	1	83
Clevedon ...	99	16	2	2	—	—	119
Crewkerne ...	55	7	—	—	—	—	62
Frome ...	35	18	—	—	—	—	53
Glastonbury ...	76	5	2	—	—	—	83
Ilminster ...	19	7	—	—	—	—	26
Keynsham ...	72	43	3	1	—	—	119
Minehead ...	24	22	1	—	—	—	47
Norton Radstock	109	16	2	1	—	—	128
Portishead ...	91	28	4	3	—	2	128
Shepton Mallet	32	12	—	—	—	—	44
Street ...	72	13	—	—	—	—	85
Taunton ...	205	145	19	4	3	7	383
Watchet ...	31	3	6	—	—	3	43
Wellington ...	41	21	3	1	1	1	68
Wells ...	34	6	1	—	—	—	41
Weston-super-Mare	300	50	5	4	2	1	362
Yeovil ...	262	87	7	5	1	4	366
Totals ...	1,984	585	65	27	10	26	2,697
County Totals	3,796	1,084	136	68	30	64	5,178



## POLIOMYELITIS VACCINATION

Number of persons who received a course of primary vaccination (two injections) and number of persons who received a third (reinforcing) injection during the year 1958

Born in year:—	Young persons	Children	Other Groups			No. of persons (all groups) who received a third (reinforcing) injection
	1933—42	1943—58	Expectant mothers	Doctors & families	Ambulance staff & families	
RURAL DISTRICTS						
Axbridge ...	10	1,794	50	6	—	4
Bathavon ...	9	1,194	22	14	—	12
Bridgwater ...	11	2,044	36	15	1	7
Chard ...	5	851	11	—	2	—
Clutton ...	1	1,297	14	9	—	2
Dulverton ...	1	187	4	—	—	2
Frome ...	—	500	5	2	2	—
Langport ...	17	1,492	32	2	—	20
Long Ashton ...	14	2,109	30	16	—	3
Shepton Mallet	4	807	1	3	—	6
Taunton ...	12	1,317	19	11	7	11
Wellington ...	3	643	11	5	5	1
Wells ...	—	751	19	3	—	—
Williton ...	1	1,008	18	12	—	5
Wincanton ...	4	1,629	16	4	—	10
Yeovil ...	20	2,760	76	9	1	16
Totals ...	112	20,383	364	111	18	99
URBAN DISTRICTS						
Bridgwater ...	10	2,482	15	26	—	1
Burnham ...	22	1,282	31	13	—	1
Chard ...	2	382	11	5	—	—
Clevedon ...	1	1,057	12	12	17	4
Crewkerne ...	4	425	4	4	—	—
Frome ...	1	660	6	3	1	1
Glastonbury ...	—	462	12	—	5	—
Ilminster ...	2	201	3	2	2	—
Keynsham ...	—	1,295	21	4	5	13
Minehead ...	1	433	3	1	11	3
Norton-Radstock	17	1,292	11	7	12	—
Portishead ...	2	625	5	7	6	15
Shepton Mallet	5	455	4	8	1	—
Street ...	4	834	12	—	5	—
Taunton ...	13	2,982	57	33	12	17
Watchet ...	1	225	2	1	—	—
Wellington ...	5	577	15	5	5	11
Wells ...	3	715	10	5	—	—
Weston-super-Mare	26	2,765	65	27	25	52
Yeovil ...	17	3,560	136	29	15	49
Totals ...	136	22,709	435	192	122	167
County Totals	248	43,092	799	303	140	266

## AMBULANCE SERVICE

## GENERAL

Last year I was able to report that the calls on the Ambulance Service for the year had shown a slight decrease on the previous year. The Ministry of Health report for 1957 also suggested that demands might be levelling off. I am sorry that this trend has not been our experience during 1958. In fact, there were more demands than ever, and as a result new problems have had to be faced. As will be seen from the table which follows, in 1958 the Service carried 16,375 more patients than in 1957, an increase of over 10%. The mileage has not increased in the same proportion, however, and the average distance travelled per patient has dropped from 8.16 to 7.82 miles.

	Patients	Mileage	Average Distance travelled per patient
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
1958			
Ambulances ...	50,421	448,567	8.90
Sitting-case Ambulances	60,671	463,725	7.64
Cars ...	46,999	352,439	7.50
Totals — Service Vehicles	158,091	1,264,731	8.00
Hospital Car Service	8,121	33,019	4.10
Private Hire ...	1,395	6,688	4.80
All vehicles ...	167,607	1,304,438	7.82

Minor road improvements have been made throughout the County and the new relief road has been opened at Bridgwater. Whilst these have helped the position, the density of traffic during the holiday period still presents many problems in Ambulance Control and the use of radio plays a very important part in these circumstances.



The Agency arrangements with the St. John Ambulance Brigade and the British Red Cross Society have continued. In October, however, the British Red Cross Society gave notice to terminate their agreement with the County Council on the 31st March, 1959. I would like to record my appreciation of the co-operation and help which has always been so readily forthcoming from the County Director of the British Red Cross Society and his staff, and I am sure that this co-operation will continue in any matters which may arise during or after the changeover.

The Service has now been running for ten years. Demands have increased beyond all expectations and in the interests of efficiency and economy many changes have had to take place. With the termination of the Agency arrangements with the British Red Cross Society it is desirable that the future organisation of the whole Service should receive consideration, and a special investigating Sub-Committee has been appointed.

The friendly relations existing between the Ambulance and the other two emergency Services — Police and Fire — continue, and there is the fullest possible co-operation between the three Services.

## STAFF

In my last report I wrote that the effective amount of voluntary assistance had in some places dropped to the point where it was necessary to provide cover by paid staff. This trend continues and cover by paid staff has had to be arranged also at the Bridgwater and Glastonbury Stations. Nevertheless, I would say that we appreciate greatly voluntary help where it is available, and we would continue to welcome this assistance.

To meet the changing circumstances the authorised establishment of operational staff has been increased by 7 driver/attendants (Bridgwater and Glastonbury 2 each, Frome, Minehead and Shepton Mallet 1 each).

The establishment of paid full-time personnel at Ambulance Stations at 31st December was as follows:—

Ambulance Station	Station Officers	Senior Drivers	Driver/Attendants
<b>SOMERSET COUNTY COUNCIL</b>			
Paulton ... ..	—	—	1
Winscombe ... ..	—	—	1
<b>ST. JOHN AMBULANCE BRIGADE</b>			
Bridgwater ... ..	—	1	5
Clevedon ... ..	—	2	6
Frome ... ..	—	—	2
Glastonbury ... ..	—	1	7
Minehead ... ..	1	—	6
Norton-Radstock ... ..	—	1	5
Portishead ... ..	—	—	3
Wellington ... ..	—	—	1
Wells ... ..	—	—	1
Weston-super-Mare ... ..	1	2	13
<b>BRITISH RED CROSS SOCIETY</b>			
Castle Cary ... ..	—	1	3
Ilminster ... ..	—	1	2
Shepton Mallet ... ..	—	1	5
Taunton ... ..	1	4	14
Yeovil ... ..	—	2	7
Totals — All Stations	3	16	82

## VEHICLES

During the year the following new vehicles have been brought into service:—

- 2 large dual-purpose ambulances (4/5 stretcher capacity) on the Karrier chassis for use at the Portishead and Taunton Stations.
- 1 Ambulance on the Austin A/152 chassis for use at the Minehead Station.
- 2 Small Bedford dual/purpose ambulances for use at the Glastonbury and Clevedon Stations.
- 1 Small Ford Thames' dual-purpose ambulance for use at the Shepton Mallet Station.
- 1 Morris Cowley car for use at the Weston-super-Mare Station.

Two Austin Welfarer ambulances and three cars withdrawn from



service were sold. It has been necessary, however, to increase the vehicle establishment by the addition of one ambulance and one car so that at the 31st December the total was 80 vehicles distributed as follows :—

Ambulance Station	Ambulances	Small dual purpose sitting case ambulances	Cars	Totals
<b>SOMERSET COUNTY COUNCIL</b>				
Paulton ... ..	—	1	—	1
Winscombe ... ..	—	1	—	1
	—	2	—	2
<b>ST. JOHN AMBULANCE BRIGADE</b>				
Bridgwater ... ..	2	1	1	4
Chard ... ..	1	—	—	1
Cheddar ... ..	2	—	—	2
Clevedon ... ..	2	2	1	5
Frome ... ..	1	—	—	1
Glastonbury ... ..	2	2	1	5
Highbridge ... ..	2	—	—	2
Minehead ... ..	2	1	2	5
Radstock ... ..	3	—	1	4
Portishead ... ..	2	1	—	3
Timsbury ... ..	1	—	—	1
Wedmore ... ..	1	—	—	1
Wellington ... ..	—	1	—	1
Wells ... ..	1	—	—	1
Weston-super-Mare ...	5	3	3	11
	27	11	9	47
<b>BRITISH RED CROSS SOCIETY</b>				
Castle Cary ... ..	1	2	—	3
Ilminster ... ..	2	1	—	3
Shepton Mallet ... ..	1	2	1	4
Taunton ... ..	5	3	1	9
Yeovil ... ..	4	2	1	7
	13	10	3	26
Reserve ... ..	4	—	1	5
Grand Total ... ..	44	23	13	80

Greater use is being made of dual-purpose ambulances which though designed primarily for the conveyance of stretcher or sitting patients, can be easily adapted to convey either category of patient or a combination of both. Under increasing pressure this facility proved

invaluable in routine and emergency removals. Economies are produced alongside an improvement in efficiency.

The Karrier ambulances with the large cabs continue to prove themselves, and during the year the fleet has been strengthened by the addition of two such vehicles. Two more are on order. One of these ambulances can frequently perform the work of two traditional type vehicles, e.g. when sitting and stretcher patients are travelling or when a slightly infectious patient has to travel to the same hospital centre as non-infectious patients. By the use of a specially adapted stretcher one recumbent patient can travel in comfort in the cab of the vehicle, or alternatively five sitting patients.

The large ambulances and the dual-purpose vehicles which have been brought into service during the last five years or so have been of a design better suited to the needs of the Service under to-day's organisation. The cost of these vehicles is high whereas any ambulance has a low sale value when withdrawn from service. With a view to ensuring that the life of both types of ambulance shall be about ten years it has been agreed that for a trial period at some stage between four and six years life, or 80,000 and 120,000 miles, dependent upon condition, a complete mechanical overhaul with particular attention to suspension, brakes and steering will be carried out prior to returning the vehicle to the body-builders for a complete overhaul of both bodywork and fittings. It is thought that this may add two years to the vehicles' useful life.

#### HOSPITAL CAR AND HIRE SERVICES

As will be seen from the statistics given earlier, the Hospital Car Service continues to perform a very useful function. The use of Hire Services, however, continues to diminish.

#### RAIL TRAVEL

The policy of using British Railways for the conveyance of both stretcher and sitting cases on long distances continues, and from the reports received it is abundantly clear that this means of travel is to the patient's benefit. On one occasion, for the conveyance of a seriously ill case of poliomyelitis in an iron lung, arrangements were made with British Railways for the use of one of their hospital coaches which enabled an otherwise difficult journey from Bristol to Liverpool to be completed



without incident. Unfortunately, in the modernisation of the railways many branch lines are being equipped with small diesel coaches which have no facility for the conveyance of stretcher patients. Rail travel will, therefore, at some future stage be restricted to conveyance from one main station to another. Somerset, fortunately, is well served with main line stations and few difficulties are likely to arise at this end.

The following table shows the number of cases and mileage involved in the conveyance of patients by rail. The figures for the year 1957 are shown for comparison. The Service continues to receive the fullest possible co-operation from the staff of British Railways, and we are again indebted to the Nursing members of the St. John Ambulance Brigade and the British Red Cross Society for their willing help in escort duties. I would also like to pay tribute to the help and co-operation received from other ambulance services throughout the country.

	Stretcher		Sitting		Total	
	Cases	Mileage	Cases	Mileage	Cases	Mileage
1957	210	23,158	518	44,486	728	67,644
1958	185	19,552	524	44,248	709	63,800

Total equivalent road mileage:—

1957 — approximately 135,000.

1958 — approximately 128,000.

## CONTROL

Improvements in the control organisation have been made during the year. "999" emergency calls have now been centralised in the Glastonbury Group and the Control there is now manned on a 24-hour basis. The control of the Service in the County is now shared by the controls at Taunton, Weston-super-Mare, Glastonbury and Yeovil, to which points alone "999" emergency calls are connected. In each place one telephone is reserved for incoming emergency calls.

The radio network has been improved as follows:—

At Taunton the extension of premises has resulted in raising the height of the aerial and thereby the area of cover of the standby transmitter has been improved.

At Weston-super-Mare the standby transmitter has been moved to higher ground at Weston Woods where the aerial is now mounted on the water tower. The range has been considerably increased so that disruptions during the breakdown of the Charterhouse transmitter are now almost non-existent.

The three Controls at Taunton, Weston-super-Mare and Glastonbury with their radio systems are now manned on a 24-hour basis, but the radio installation at Yeovil remains unmanned at night.

Six mobile equipments were added, making a total of 65 vehicles equipped with radio at 31st December, as follows:—

Stations	Ambulances	Small Dual/purpose Sitting Case Ambulances	Cars	Total
British Red Cross Society	12	10	3	25
St John Ambulance Brigade	20	10	8	38
Somerset County Council	—	2	—	2
Totals	32	22	11	65

## PREMISES

The continued use of unsuitable accommodation raises problems and adds to the difficulties of control. There is, however, hope that during 1959 the new Station and Control will be provided at Glastonbury. During 1958 the extension of the Ambulance Station at Taunton, together with the provision of new accommodation for the Group Control has been completed. All vehicles at Taunton are now satisfactorily garaged under cover.

At Castle Cary the accommodation of the flat has been increased by the provision of a bedroom over part of the garage.

New accommodation is necessary at Weston-super-Mare and it is hoped that soon a new Station will be built at Drove Road on a piece of land adjoining the hospital.

The St. John Headquarters at Bridgwater are located in a clearance area and will therefore be demolished in the near future. These premises house only one ambulance and there is a definite need for an Ambulance Station. It is hoped that a suitable site can be found.



## SMOKING AND LUNG CANCER

During the year a Circular was received from the Ministry of Health urging local health authorities to give publicity to the relationship between smoking and lung cancer so that everyone might know the risks involved in smoking. The Health Committee accepted the view that some further local information should be given in a limited way but expressed doubts on the value of widespread publicity particularly as this question had already had frequent mention in the national press. Local publicity was therefore carried out with the help of district councils who co-operated in the display of selected posters. It was, however, agreed that the greatest effort was needed to ensure that young people do not acquire the smoking habit, and with this in mind a leaflet has been issued to every school leaver.

## PREVENTION, CARE AND AFTER-CARE

### TUBERCULOSIS

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

### NOTIFICATIONS

These show an increase of 24 compared with the year 1957, due almost entirely to the rise in the new cases diagnosed in two areas of the County. These variations are likely to continue for a considerable time in spite of the general steady reduction in the incidence of tuberculosis in the County as a whole.

### PARTICULARS OF PULMONARY CASES NOTIFIED

Year	New cases notified	Transfers from other Authorities	Total	Contacts seen
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
1958	216	79	295	1,583

## TUBERCULOSIS NOTIFICATIONS, 1958, BY AGE GROUPS

Age Groups	New cases (excluding transfers from other Authorities)			
	Pulmonary		Non-Pulmonary	
	M	F	M	F
0 - 1	1	—	—	—
2 - 5	2	3	—	2
5 - 10	1	—	3	2
10 - 15	—	3	1	1
15 - 20	12	12	2	3
20 - 25	14	15	2	1
25 - 35	23	21	—	4
35 - 45	20	17	—	5
45 - 55	23	6	1	3
55 - 65	18	4	—	1
65 and over	14	7	1	—
Totals	128	88	10	22

## POST MORTEM NOTIFICATIONS

There were 12 cases of tuberculosis during 1958 which were not formally notified before death. These cases were in two categories as follows:—

## (1) Diagnosed after Post Mortem examination

1 male (pulmonary case) age 32

2 female (pulmonary cases) ages 42 and 76

## (2) Diagnosed on a doctor's certificate

Pulmonary

4 male (ages 61, 62, 65, 66)

1 female (age 11 months)

Non-pulmonary

3 male (ages 2½, 45, 59)

1 female (age 31)

## CHEST HOSPITALS

**QUANTOCK CHEST HOSPITAL** The total bed complement has remained at 75 (43 male and 32 female), fifteen of the male beds being in chalets outside the main building. At the 31st December, 1958, 16 male and 15 female beds in the main building were unoccupied. In addition 14 chalet beds were not in use.

The average occupancy for the year was 41 as compared with 48 for 1957.



Admissions for the year:	Men 55.	Women 61.	Total 116
Discharges for the year:	Men 65.	Women 58.	Total 123
Deaths during the year:	Men 2.	Women 0.	Total 2

TAUNTON CHEST HOSPITAL The bed complement reserved for tuberculous patients remains at 26 (male 14, female 12).

The average occupancy for the year was 18, and, at 31st December, 1958, 5 beds (4 male and 1 female) were unoccupied.

Admissions for the year:	Men 24	Women 22	Total 46
Discharges for the year:	Men 18.	Women 19	Total 37
Deaths during the year:	Men 3.	Women 0	Total 3

TAUNTON AND SOMERSET HOSPITAL (CONSERVATORS WARD) The bed complement of this ward reserved for tuberculous male patients remained at 17 until the end of August, 1958. From this date the ward was closed to T.B. patients and is now used for the investigation and treatment of non-tuberculous chest diseases and orthopaedic patients.

The average daily occupancy during the period January to August was 12.

Admissions for the year:	32
Discharges for the year:	40
Deaths during the year:	0

OTHER HOSPITALS. The number of T.B. patients admitted to other hospitals during the year was 124. As in Taunton, so elsewhere, it is found possible to reduce the number of beds reserved for T.B. patients.

## CHEST CLINICS

The new cases seen at the chest clinics numbered 6,592 and were classified as follows:—

### Pulmonary Tuberculosis

T.E. Negative ... ..	98	
T.B. Positive, stage 1...	19	
T.B. Positive, stage 2...	43	
T.B. Positive, stage 3 ...	18	178
	<hr/>	<hr/>
Carried forward		178

Carried forward 178

## Non-Pulmonary Tuberculosis

Abdominal ...	...	2	
Other organs...	...	3	
Peripheral glands	...	6	11
Not tuberculous	...	...	6,389
Diagnosis not complete on 31st December, 1958	...	...	14
			<u>6,592</u>

Chest Clinic attendances have been as follows :—

	1956	1957	1958
Bath (County) ...	1,142	1,122	1,208
Bridgwater ...	4,770	4,791	5,339
Bristol ...	824	514	522
Chard ...	933	1,084	1,006
Clevedon ...	113	553	535
Minehead ...	1,168	1,267	1,106
Radstock ...	762	838	804
Shepton Mallet ...	471	482	549
Taunton ...	7,592	8,378	7,784
Weston-super-Mare...	5,604	5,556	4,784
Yeovil ...	3,006	2,882	3,058
Frome ...	173	235	401
Totals ...	26,558	27,702	27,096

As will be seen these have remained fairly steady. There has, however, been a substantial decrease in the number of patients attending for refill treatment, but this reduction has been offset by the increased number of patients sent for investigation of chest complaints, a large proportion of which prove to be non-tuberculous.

## MASS RADIOGRAPHY

Year	Numbers examined		Active cases found	Active cases per thousand examined		
	Male	Female		Male	Female	Total
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
1958	20,779	14,396	30	0.82	0.90	0.85



In addition to the above there were 194 cases, (126 male and 68 female) with inactive tuberculosis.

#### TUBERCULOSIS DEATH RATES

The death rate for the year was 0.066 compared with 0.067 in 1957.

### MENTAL HEALTH SERVICES

#### ADMINISTRATION

The Mental Health Sub-Committee have delegated to them all the powers of the Health Committee under the Lunacy, Mental Treatment and Mental Deficiency Acts, as amended by the National Health Service Acts. The Cases Committee deals with the ascertainment, care and training or discharge, as the case may be, of patients in need of supervision, care or control under the Mental Deficiency Acts, and each of the 7 Training Centres for Mentally Handicapped Pupils, to which reference is made later in this report, has a Committee whose members are drawn from the various statutory and voluntary organisations locally. These Committees are concerned with the management of the Centres and make recommendations to the Mental Health Sub-Committee through my departmental officers.

#### MENTAL DEFICIENCY

A total of 98 cases were reported to the Local Health Authority during the year ended 31st December, 1958. Of these, 58 were reported by the County Education Committee as being incapable of receiving education at school or as needing supervision on leaving school. During the year 76 persons were placed under supervision, 3 under guardianship and 107 persons were discharged from supervision.

The following statement refers to ascertained mental defectives on the register of the Local Health Authority as at 31st December, 1958, and illustrates the over-all position:—

Somerset Population 496,900. (Ascertained Mental Defective population 2,140.)

	Under age 16		Aged 16 and over		Total
	M	F	M	F	
1 In Mental Deficiency Hospitals (including licensed patients)	75	40	432	446	993
2. In places of Safety ...	—	—	1	—	1
3. In State Institutions...	—	—	24	13	37
4. Awaiting admission ...	5	1	2	4	12
5. Under Guardianship...	7	2	71	69	149
6. Under Supervision (Statutory and Voluntary) ...	139	90	381	338	948
Total...	226	133	911	870	2,140

Total Columns (1)–(4) as per 1,000 2.1 (1,043)

Total Columns (5)–(6) as per 1,000 2.2 (1,097)

Total expressed as rate per thousand 4.3

The following summarises the visits paid by Mental Welfare Officers under the Mental Deficiency Acts during 1958:—

Guardianship Cases	Patients on Licence	Statutory Supervision	Other M.D. work	Total Visits
1,147	145	2,356	1,959	5,607

A review of cases of all patients who are under Guardianship has been undertaken in accordance with Ministry of Health Circular 2/58. Recommendations have been made to the Board of Control as to the discharge of Orders in those cases in which it is considered that voluntary supervision would be sufficient. In carrying out the review special reports were called for and special consideration given to those cases in which no financial assistance is given by the Local Health Authority and also where the patients are self-supporting so as to make the continuation of the statutory guardianship arrangements unnecessary. At the same time it was recognised that in the cases of most patients it would be desirable to continue to keep in touch by way of voluntary supervision so as to be able to give advice and assist at any time if this should be required.

Various factors which might indicate the advisability of continuing the Guardianship Orders in respect of certain patients were noted, for example:—



- (a) Patients under the age of 16 years for whom maintenance grants are made by the Local Health Authority.
- (b) Patients who have no relatives able to provide a home for them.
- (c) Patients of low mental grade who may need hospital care in due course, particularly if the parents or other relatives are aged or are in poor health and not likely to be able to continue to look after them indefinitely.
- (d) Where continuation of the statutory guardianship is desired by the guardians, having regard to the responsibility which also devolves upon the Local Health Authority in such cases.
- (e) Patients under care of persons other than relatives.
- (f) Patients in respect of whom the Local Health Authority considers it necessary from time to time to supplement the National Assistance allowance by the provision of clothing, footwear, bedding, etc. and by making grants for other approved purposes.
- (g) Patients placed under guardianship by Order of a Court.

Reports were accordingly submitted on all guardianship patients to the Cases Committee, including those supervised on behalf of other Local Health Authorities, and any patient in respect of whom a medical recommendation was indicated, was visited personally by the Senior Medical Officer for Mental Health Services, before a decision was made as to the recommendation to the Board of Control.

One hundred and eighty-nine cases were reviewed and the Orders in respect of 32 patients were discharged by the Board of Control following the necessary recommendations.

The review in no way affects the statutory reconsideration of cases carried out by the Visitors at the appropriate intervals, and in this connection visits have been paid to 31 patients and reports furnished to the Board of Control with a view to the continuation of the Orders in these cases.

#### LICENSED PATIENTS

During the year the Local Health Authority have accepted responsibility for the supervision of patients on licence from 34 Hospitals and Institutions.

## TRAINING CENTRES

The following table shows the number of pupils and outworkers under instruction at the 31st December, 1958 :—

Centre	Places	Registered Pupils	Outworkers	Total	Waiting List
Bridgwater	32	40	—	40	2
Coxley ...	30	28	—	28	2
Lopen ...	20	18	—	18	—
Radstock ...	50	34	7	41	7
Taunton ...	32	31	8	39	3
Weston-super-Mare ...	30	32	5	37	8
Yeovil ...	32	35	—	35	—
Bath (Bath L.H.A.)	—	6	—	6	—
Bristol (Bristol L.H.A.)	—	—	—	—	1
Totals ...	226	224	20	244	23

Of the 244 in-pupils and out-workers, 159 were under 16 years of age.

By the 31st December, 1958, two new Training Centres, each with accommodation for 50 pupils, had been completed and were due to be opened at the beginning of the Spring Term, 1959. Plans for a similar unit at Glastonbury were approved by the Ministry of Health and the contract for the building was let. This Centre, which will replace the existing Centre at Coxley, near Wells, should be ready for occupation by the Autumn, 1959.

At their meeting in May, the Mental Health Sub-Committee appointed an *ad hoc* Committee to consider and report on the question of the appointment of additional teaching staff at Training Centres, including male staff to cope with the problem of men in the older age groups. A schedule showing the position at that time regarding pupils and staff at all the Centres is shown below.

Having regard to the opening of the new Centres at Radstock and Weston-super-Mare early in 1959, and at Glastonbury later in that year, consideration was given to the expansion of the service which would naturally attend these developments, and at the same time consideration was given to the desirability of extending the premises at Bridgwater, Taunton and Yeovil, all of which it was thought should be well forward in the financial year 1959/60.



Broadly, the position as regards pupils attending our Centres is that those reaching school leaving age are not withdrawn and provision has been made for their training and supervision in planning the new Centres. On the other hand, the admission of younger children (of pre-school age, i.e. 3 – 5 years) is being actively encouraged, so that habit training can be carried out from an earlier age.

Thus the pattern of future training centres will show three distinct streams of activity:—

- (a) the under-fives and very young mentally handicapped children:
- (b) children of ordinary school age, i.e. 5 – 16 years:
- (c) pupils over 16 years of age of both sexes.

As to (c) no difficulty arises with female pupils who are trained in domestic crafts and duties, but the male pupils cannot be adequately supervised by female staff, except in relatively small numbers.

The Ministry of Health advocates a staff/pupil ratio of 1 staff to 10 pupils, and in practice this has been, and is considered to be, a reasonably safe guide to requirements. Thus the additional staff requirements are related to the ratio of 1 : 10 as stated.

Although the Sub-Committee were generally satisfied that the existing Centres are located in the most convenient places in the County, having regard to concentration of pupils and potential pupils, and transport convenience, it was thought that consideration should be given as to the optimum size of Centres and whether, rather than making other extensions of existing Centres beyond those at present proposed, further new Centres should be built having regard to the geographical location of pupils, many of whom had to be transported fairly long distances from their homes to the Centres. The Committee particularly had in mind the Minehead and West Somerset and the North Somerset areas the nearest Centres being Bridgwater, Taunton and Weston-super-Mare respectively.

## TRAINING CENTRE STAFF

Centre	Head Teacher	Assistants	Domestic Helpers	Escorts	Caretaker	Total
Bridgwater	1(W)	3(W)	—	2(P)	1(P)	4(W) 3(P)
Lopen	1(W)	2(W)	—	—	1(P)	3(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)	1(P)	3(W) 4(P)
Taunton	1(W)	3(W)	—	—	1(P)	4(W) 1(P)
Weston-super-Mare	1(W)	2(W)	1(P)	4(P)	1(P)	3(W) 6(P)
Yeovil	1(W)	2(W)	—	2(P)	1(P)	3(W) 3(P)
Total	7(W)	15(W)	3(P)	11(P)	6(P)	42

W — Whole-time staff

P — Part-time staff

## LUNACY AND MENTAL TREATMENT

The following summarises the cases 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, 1958:—

Certified Cases	Voluntary Cases	Temporary Cases	Sections 20, 21 & 11 Lunacy Act	Total Admissions	Other Action	Total
172	555	26	261	1,014	1,863	2,877

## STAFF AND ADMINISTRATION

During the year proposals were approved by the Minister of Health for the division of the County into four areas, each of which would be staffed by up to four Mental Welfare field staff as follows:—



Districts included in Area	Mental Welfare Officer	Area Offices
<b>1. NORTH-EASTERN AREA</b> The Boroughs of Glastonbury and Wells; the Urban Districts of Frome, Keynsham, Norton-Radstock, Shepton Mallet and Street; the Rural Districts of Bathavon, Clutton, Frome, Shepton Mallet and Wells; in the rural district of Axbridge, the parishes of Axbridge and Cheddar	Superintendent and 3 Mental Welfare Officers (1 part-time)	Cheddar, Bath and Frome
<b>2. NORTH-WESTERN AREA</b> The Borough of 'Weston-super-Mare; the Urban Districts of Burnham-on-Sea, Clevedon and Portishead; the Rural Districts of Axbridge (except Axbridge and Cheddar) and Long Ashton	3 Mental Welfare Officers (including one who retires September, 1959) 1 trainee vacancy	Weston-super-Mare and Congresbury
<b>3. SOUTH-SOMERSET AREA</b> The Boroughs of Chard and Yeovil; the Urban Districts of Crewkerne and Ilminster; the Rural Districts of Chard, Langport, Wincanton and Yeovil	2 Mental Welfare Officers 2 trainee Mental Welfare Officers	Yeovil, Ilminster and Taunton
<b>4. WEST SOMERSET AREA</b> The Boroughs of Bridgwater and Taunton; the Urban Districts of Minehead, Watchet and Wellington; the Rural Districts of Bridgwater, Dulverton, Taunton, Wellington and Williton	2 Mental Welfare Officers 2 Assistant Mental Welfare Officers	Taunton and Bridgwater

In each area there is one female Mental Welfare Officer or Assistant Mental Welfare Officer whose duties include social work with female mental defectives.

The personnel allocation is subject to adjustment in the light of experience having regard to alteration and adjustments in case loads.

Other than the change noted above and changes arising upon the proposals for augmenting the staff at Training Centres, the staffing position in the Mental Health Services remains substantially as indicated in my Annual Report for the year 1957.

#### GENERAL

Once again I should like to take the opportunity of thanking all those persons in Somerset who have assisted the Mental Health Services,

particularly the Somerset Association for Mental Welfare, the General Medical Practitioners, the Education Authority and the Medical and Administrative staff of the various Mental and Mental Deficiency Hospitals. I also acknowledge with gratitude the special consideration which has been given to Mental Health work by Magistrates when called upon to act as Judicial Authorities, the Police in cases in which patients become involved in criminal proceedings and officers of the Somerset Probation Service whose help has always been readily available.

## WATER SUPPLIES

During the year the water supply position has remained generally satisfactory throughout most of the County. A rather wet Summer eased the supply position in Districts usually affected by drought.

The County Council approved schemes for the provision or augmentation of water supplies for several Rural Districts at an estimated cost of over £436,686 (details shown on page 60).

Work on many of the schemes previously approved proceeded steadily and the availability of a mains water supply is now a reality in most parishes, although there are still many isolated parts of the County which cannot be supplied.

Works worthy of note carried out during the year are as follows:—

### BOROUGHES AND URBAN DISTRICTS

FROME, Chlorination was increased. The Director of the Public Health Laboratory is assisting with an examination of water supplies as part of a survey of the supply in the District.

GLASTONBURY. Emergency filtration plant was hired and installed at Edgarley Reservoir for three months during 1958 to filter water taken from this source.



MINEHEAD. A link main was provided between Broadwood and Longwood at Staunton Reservoir at an estimated cost of £1,616 and a link up between Alcombe and Turnhill Lea Reservoir.

NORTON-RADSTOCK. In order to remedy contamination which has occurred in the past a new chlorinating plant was installed at Chilcompton.

TAUNTON. Only minor extensions were carried out during the year. Restrictions were imposed during the Summer months on the use of hose pipes. It is anticipated that a commencement will be made on the impounding of water at the Clatworthy Reservoir during the latter part of 1959. As a matter of interest, the total amount of treated water put into the supply during 1958 for all purposes was 687,378,000 gallons. Of this quantity 383,557,000 gallons were extracted from the River Otter (this represents 59% of the total consumption) and the remainder was collected from catchment areas upon which a total of 38.63 inches of rainfall was recorded. This figure was 3.38 inches above the average.

WESTON-SUPER-MARE. Apart from several small extensions to Housing Estates the only major works carried out during the year comprised the provision of new treatment works at Banwell at an estimated cost of £80,000. The quality of raw water from Banwell Spring showed the usual fluctuations but treated water was always found to be satisfactory. It was found necessary to augment the Banwell Spring supply from the Weston Well on several occasions between July and September.

## RURAL DISTRICTS

AXBRIDGE. Shortages which have occurred for a great number of years were at last overcome by the provision of a new main supply at Berrow and Brean.

BATHAVON. Private supplies at Burnett and Northstoke have, for some years, been most unsatisfactory but with the provision of a main supply by the West Gloucestershire Water Company in these villages the difficulties have now been surmounted. A shortage of water at Upper Swainswick was experienced and arrangements have been made with the Bath Corporation to extend their mains to serve this village.

BRIDGWATER. Extensions or improvements carried out during the year included the provision of linking mains at Pightly, Spaxton, a new booster at Coultings and link mains from Downend to Pawlett and Catcott Main Road to Kingston Inn.



CLUTTON. Work on the provision of a distribution scheme for the Mendip Hills Area is still proceeding. Supplies from the Pitts Farm, East Harptree, Springs were unreliable during the year and it was necessary to carry out minor remedial works.

DULVERTON. At Skilgate a new reservoir was constructed and an additional spring supply taken in and connected into the existing main. A scheme for the augmentation of supplies to Dulverton, Brushford and Exebridge by pumping from the River Barle has been approved by the Ministry and, in fact, work has been commenced and was well advanced at the end of the year. The supply serving Dulverton and Brushford, which is subject to plumbo-solvent action, is treated at source. Other smaller supplies receive limestone treatment.

FROME. Stage II of the West Regional Water Supply Scheme was completed at an estimated cost of £70,000.

LANGPORT. Only three small extensions were carried out during the year, namely, at Charlton Mackrell, Hambridge and Huish Episcopi. Low pressures have occurred in the higher parts of the Western Parishes due to inadequate main sizes. In view of the "regrouping programme" it is most unlikely that work will be proceeded with to increase the size of these mains.

LONG ASHTON. An extension of the Bristol Waterworks Company's main to the West Hill Area in the Parish of Wraxall, under guarantee, was completed at an estimated cost of £4,978. Following unsatisfactory bacteriological samples at the Winford Orthopaedic Hospital Borehole a chlorinating plant was installed.

SHEPTON MALLET. Extension of the main from Dean to East Cranmore for the purpose of providing a wholesome supply to Allhallows School and other adjoining properties. Untreated water supplies from the Council's source to the hamlet of Parbrook, in the Parish of West Bradley, have proved to be subject to seasonal contamination. As, however, this is surface pollution it has not been found practicable to chlorinate the supply.

TAUNTON. The provision of a main supply to serve Rowford, Cheddon Fitzpaine. A chlorinating plant has now been installed for the Thurbear supply.

WELLINGTON. The South-Western Parishes Scheme, covering Ashbrittle, Stawley, Sampford Arundel, Wellington Without, Langford Budville and Thorne St. Margaret, estimated to cost £120,000, was nearing



completion at the end of the year. Arrangements for the leasing of the Chorwell Supply to serve the greater part of the village of Nynhead were also completed.

**WELLS** Works completed during the year in connection with the Comprehensive Water Supply Scheme included main laying from Street to Butleigh and a connection to the Street mains at Bleadney to serve the booster station at this point and a reservoir at Yarley Hill. New mains serving Henton, Bleadney, Yarley and Worth were provided, also a connection to the existing main at Wookey. Link mains were provided from Wookey connecting with existing mains at Coxley and from the Council's trunk main at Westbury to supply Rodney Stoke. There was also a small extension of the Coxley mains towards Polsham and a connection was made to the existing distribution mains at Draycott.

**WILLITON.** Work in connection with the Clatworthy Scheme for this area was continued during the year. That so far completed concerns the laying of a trunk main from Clatworthy to Stogumber, Crowcombe, Bicknoller, Holford, West Quantoxhead, East Quantoxhead, Kilve, Stringston and Stogursey. Other works completed comprised the laying of a main to improve supplies in the Cutcombe and West Hawkwell area and a small extension at Stolford. Shortages occurred in Porlock during June, July and August. Supplies were restricted during this period.

**WINCANTON.** New reservoirs at Bratton Seymour and Corton Ridge, Corton Denham, and the Maperton Booster have been completed during the year. Also completed are the mains from Bratton Seymour to Yarlington, Osborne to Templecombe, Charlton Horethorne to Bratton Seymour and Wheatsheaf, Corton Denham to South Cadbury. The effect of the provision of these mains is that a supply is now available in Corton Denham and South Cadbury. North Cadbury will be served in 1959. In all these parishes the private supplies have recently proved insufficient to meet the full demand. An extension has been laid to serve Woodside and Rats Castle, Sparkford. Work is also in progress on the Sigwells Reservoir, Corton Denham Booster and the mains to North Cadbury, Castle Cary to Alford, Lovington to North Barrow, Penselwood to Redlynch and Redlynch to Bruton. The water supply position, both as to quality and quantity, has been generally satisfactory, although a few unsatisfactory results have been obtained, notably in the Bruton, Milborne Port and Sparkford systems. The unsatisfactory results of the Bruton supply were attributed to a breakdown in the chlorination plant which has now been replaced. The Milborne Port supply is still under investigation but chlorination appears to be desirable. The Sparkford supply has now been abandoned. Only a few shortages were reported and these were mainly centred in the north-western area and were caused by inadequate storage or distribution rather



than actual shortages of water at source. The supplies liable to plumbosolvent action are at Bruton, South Brewham and Charlton Musgrove and, to a lesser extent, Penselwood. At Charlton Musgrove the water is passed over magnesite but the efficiency of this treatment is variable. A liming plant is available for use at Penselwood. No treatment is undertaken at Brewham.

YEOVIL. Work completed included the laying of 6" and 4" mains at East and West Chinnock and a 9" main at Marston Magna.

Inquiries and Investigations instituted by the Ministry of Housing and Local Government were held into five water supply schemes during the year. The County Health Inspector attended to state the County Council's views on each scheme.

#### REGROUPING OF WATER UNDERTAKINGS

A further circular issued by the Ministry of Housing and Local Government in July, 1958, again drew the attention of water undertakers to the urgency of regrouping in view of the growing demand for water from domestic, industrial and agricultural consumers. So far as Somerset is concerned considerable progress is being made in the northern part of the County and although only one water undertaking was taken over during the year five will probably be absorbed during 1959 and a further five in 1960. In the western part of the County negotiations have been held up pending the observations of the Minister of Housing and Local Government concerning the Districts to be included in this area. Discussions have also taken place between representatives of the area designated the "Wessex Plains Area". It is probable that a Board comprising certain parts of Dorset and South Somerset will ultimately be established.

#### THE WATER ACT, 1958

This Act which came into force on the 1st September, 1958, is primarily designed to assist statutory water undertakers in times of drought. Very briefly, it empowers the Minister of Housing and Local Government to make Orders enabling water undertakers to obtain additional supplies of water for a limited period when faced with serious shortages.

#### THE TAUNTON CORPORATION WATER (NO. 2) ORDER, 1958

This Order empowers the Taunton Corporation to extract water, not exceeding 2,500,000 gallons per day, from the River Otter, subject to certain conditions. Until such time as water from the Corporation's Clat-



worthy source is available (probably early 1960) the necessity for taking water from the River Otter to meet current needs will continue.

#### THE BATH CORPORATION WATER ORDER, 1958

Under this Order certain parishes within the Bathavon Rural District Council's water undertaking were transferred to Bath City.

#### THE EAST DEVON WATER (COTLEY) ORDER

By this Order the limits of supply of the East Devon Water Board will be extended into the parishes of Wambrook and Chard, at present served by the Cotley Estate Private Supply.

#### THE BRIDGWATER CORPORATION WATER ORDER, 1959

In order to augment the supply to the District Council's existing reservoirs during dry spells it is proposed to construct a reservoir at Hawkrige, on the Spaxton Stream, with a capacity of 190,000,000 gallons.

Samples of raw and treated water submitted for bacteriological and chemical examination numbered 2,368 and 196 respectively.

The following figures refer to samples taken from well water supplies and submitted to the Laboratories for examination:—

	Boroughs and Urbans		Rurals	
	No. taken	Satisfactory	No. taken	Satisfactory
Bacteriological	23	17	324	131
Chemical	—	—	1	1

Details concerning the substitution of piped supplies for well water and other sources of supply are as follows:—

	Boroughs and Urbans	Rurals	Total
(a) Well Water	1	235	236
(b) Private source	—	44	44
(c) Other	10	28	38
			<u>318</u>
Wells closed during year	2	30	32

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.
Bridgwater	Long Term Proposals - Stage I; Catcott extension ... ..	2,100	0	0
Chard	Purchase of additional submersible pump and motor ... ..	615	0	0
Dulverton	Brompton Regis - Relaying of main ...	479	10	0
Dulverton	Dulverton, Brushford and Exebridge - Augmentation of supply ... ..	3,750	0	0
Frome	Blatchbridge and Woodlands area - Bagg's Bridge extension ... ..	925	0	0
Frome	West Regional Scheme - Stage II ... ..	1,720	0	0
Long Ashton	Winford - Strode and Plaisters Green extensions ... ..	5,340	0	0
Taunton	West Monkton - Monkton Heathfield extension ... ..	300	0	0
Wellington	Northern and Central Parishes Supply ...	215,700	0	0
Wells	Comprehensive Scheme - Stage II - (a) Butleigh to Butleigh Wootton ...	1,290	0	0
	(b) Rodney Stoke extension ... ..	10,572	0	0
	(c) Wookey extension ... ..	4,300	0	0
Williton	Clatworthy Reservoir Scheme - Contract No. 3 - Stogursey to West Quantoxhead main ... ..	59,300	0	0
Williton	Clatworthy Supply to Central Parishes - Old Cleeve main ... ..	4,775	0	0
Williton	Clatworthy Reservoir Scheme - Contract No. 4 - Reservoir at Farrington Hill ...	48,912	3	2
Williton	Crowcombe Heathfield - Extension to Roebuck Gate ... ..	2,856	0	0
Williton	Improvement of supply - Porlock ...	6,246	18	3
Williton	Stogursey - Cockwood extension ... ..	550	0	0
Williton	Stogursey - Stolford extension ... ..	850	0	0
Wincanton	Development of Water Undertaking - Bratton Seymour to Yarlinton link main ...	4,400	0	0
Wincanton	Development of Water Undertaking - Contract No. 12 - Castle Cary to Alford main and reservoir at Castle Cary; Contract No. 13 - Lovington to North Barrow main ...	31,505	0	0
Wincanton	Development of Water Undertaking - Contract No. 14 - Pen Ridge reservoir to Bruton and reservoir at Redlynch ...	26,340	0	0
Wincanton	Woodside Farm, Sparkford, and Castle View Farm, North Cadbury, extensions ...	1,860	0	0
Yeovil	Sutton Bingham Reservoir - Purchase of land	2,000	0	0
		£436,686	11	5



Schemes approved prior to 1958 but costs and/or proposals revised and re-submitted:—

Rural District	Scheme	Revised Cost (as submitted)		
		£	s	d
Clutton Taunton	Eastern Parishes Augmentation Scheme	58,292	0	0
	Cheddon Fitzpaine — Rowford extension ... ..	2,650	0	0
Wellington	South Western Parishes Scheme ...	120,740	0	0
Wincanton	Development of Water Undertaking...	435,000	0	0

## SEWAGE DISPOSAL

During the greater part of the year financial restrictions on capital expenditure on sewerage and sewage disposal works were imposed. Nevertheless, many Authorities went ahead preparing schemes so that work could proceed at the earliest opportunity. In November a relaxation of the financial restrictions was announced and it is anticipated that during 1959 considerable progress will be made on the construction of the many schemes proposed. During the year the County Council approved schemes estimated to cost £144,331.

It is pleasing to record that after many years delay work commenced on the sewerage and sewage disposal scheme for Paulton and, after previously refusing to grant aid the scheme, the Ministry of Housing and Local Government have now made an annual grant of £2,500. The Langport sewerage and sewage disposal scheme has also reached the stage of going to tender and it is anticipated that work will start on this early in 1959.

The provision of main drainage facilities in a Rural County such as this becomes increasingly expensive as the more "rural" villages are dealt with. It is not uncommon now to find schemes being submitted which are estimated to cost over £300 per property. As there is no revenue likely to accrue from such facilities the financial position is not a happy one for a Rural Authority who may find themselves unable to obtain grant aid

under the Rural Water Supplies and Sewerage Act, 1944, because the scheme has not been necessitated by the provision or augmentation of piped water supplies as required by the Act. Nevertheless, the need for main drainage must be accepted on both public health and amenity grounds wherever it is reasonably practicable to provide such facilities.

The progress made during the year in the various Districts is as follows:—

#### BOROUGH AND URBAN DISTRICTS

**CREWKERNE.** The modernisation of the eastern outfall sewage disposal works and sewerage system is now in progress. The estimated cost of this work is £66,000.

**FROME.** Work in connection with the improvement of the existing disposal works is at present in hand.

**GLASTONBURY.** The new sewage and trade effluent disposal plant at Mill Lane, Glastonbury, came into operation in July, 1958, for domestic waste and in October for the reception of trade waste.

**ILMINSTER.** Work was commenced on the provision of a new sewage disposal works, the cost of which is estimated at £35,000.

**NORTON-RADSTOCK.** The laying of a new sewer at Thicketmead, Midsomer Norton, at a cost of £8,000, has now been completed.

**PORTISHEAD.** Work completed during the year or still in progress comprised the laying of small sewer extensions in the lower portion of Portishead and the dragging and cleaning of sewers in the same area.

**STREET.** Partial reconstruction of the sewage disposal works was commenced during the year. This work is being done out of revenue and will be carried out over a period of six years. The cost is estimated at £20,000.

**WATCHET.** A scheme which comprises the connecting of existing outfalls and the making of one sea outfall is at present in progress.

**WELLS.** The laying of a 6" sewer for a distance of 1,050 yards was completed during the year. The construction of new sewage disposal works is in progress.

**WESTON-SUPER-MARE.** The first stage of the main drainage scheme referred to in previous reports is now in progress. This is estimated to cost £265,000.



## RURAL DISTRICTS

**AXBRIDGE.** An extension of the sewer at Sandford Batch, commenced in 1957, has now been completed. Work in connection with sewerage part of the village of Kewstoke and the provision of a small length of sewer at New Road, Cheddar, is at present in progress. With regard to the scheme of sewerage and sewage disposal for Congresbury, tenders have been invited and the cost of the work, based on a provisionally accepted tender, is £53,669.

**BATHAVON.** A sewer to serve the Meadgate area of Camerton and improvements to the treatment works were carried out during the year at a cost of £3,390. A scheme of sewerage and sewage disposal for the parish of Freshford is in progress. This is estimated to cost £19,000.

**BRIDGWATER.** A new pumping station at Puriton was brought into operation during the year and new sewers laid. Provision is made in the Council's scheme of improvements for the sewerage of the Pawlett area; tenders have been received.

**CHARD.** A 6" sewer extension at Back Street, Winsham, was completed during the year. Several schemes are envisaged and will include works of sewerage and sewage disposal for Hinton St. George, Lopen and Seavington, Donyatt and Broadway and Horton and improvements to the Tatworth, Merriott and Misterton disposal works. The total cost of this work is estimated at £137,800.

**CLUTTON.** Work on the scheme of sewerage and sewage disposal for Paulton has now been commenced, the tender figure for this being £102,295. The scheme of sewerage and sewage disposal for the Chew Magna and Bishop Sutton area has been submitted to the County Council and is still under consideration.

**FROME.** The sewerage and sewage disposal scheme covering part of the village of Mells was still in progress at the end of the year; this is estimated to cost £45,000. It is anticipated that new works and sewers will be provided in Nunney during 1959.

**LANGPORT.** It is anticipated that the scheme of sewerage for Langport and Huish Episcopi will be commenced early in 1959. The provisionally accepted tender figure for this scheme is £178,730. The provision of storm water relief works at Curry Rivel has now been approved by the County Council and a scheme for the modernisation of the works at Kingsbury Episcopi has been submitted to the Ministry of Housing and Local Government. The cost of these improvements is estimated at £12,836.



**LONG ASHTON.** The Kingshill portion of the scheme of sewerage and sewage disposal for Nailsea (Stage II) was completed, also the enlargement and improvement of the Long Ashton trunk sewer between the village and the Bristol City boundary. Work is in progress on the sewerage and sewage disposal schemes for Clapton-in-Gordano, Portbury, Easton-in-Gordano and Stage II of the Flax Bourton scheme. Included in the District Council's future proposals are works in connection with Stage III of the sewerage and sewage disposal scheme for the major part of Nailsea, also Stage IV which is concerned with the drainage of the south-eastern part of the District. It is also proposed to provide a surface water sewer for the Kingshill and Back Lane area. This is estimated to cost £20,510. In order to cope with increased development the works at Backwell are to be enlarged and improved. The sewerage and sewage disposal scheme for the Winford and Felton areas has been submitted to the County Council and is still under consideration. This is to be a joint scheme with the Clutton Rural District Council with works situated at Chew Magna. The estimated cost of this is £105,960.

**SHEPTON MALLETT.** Tenders have now been received and approved by the Ministry of Housing and Local Government in connection with a scheme for Gurney Slade. It is anticipated that work will commence early in 1959. The estimated cost is £23,000. Following a Ministry Inquiry held in August, 1958, it was decided that the part of the scheme relating to the surface water sewers at Evercreech could now proceed. The cost of this work, based on a provisionally accepted tender, is £2,250. Surveys are to be carried out in the villages of Pilton and Ditchet to ascertain the needs and priority of each.

**TAUNTON.** Future proposals include the provision of sewerage and sewage disposal for the parishes of Creech St. Michael, Ruishton, Trull and Stoke St. Gregory.

**WELLINGTON.** The schemes for the provision of new sewers and disposal works at Nynhead and West Buckland village were completed and together cost £16,000. The provision of new works and sewers at Langford Budville at an estimated cost of £9,000 is still in progress.

**WELLS.** The system of new sewers and the construction of sewage disposal works at Meare was completed during the year at an estimated cost of £16,000.

**WILLITON.** Work commenced in 1957, on the provision of an outfall sewer at Blue Anchor and a sewerage scheme for Crowcombe has now been completed at a cost of £26,000 and £14,000 respectively. The combined scheme for the provision of sewers for the Roadwater, Washford and



Watchet area commenced during the year. This is estimated to cost £42,000.

**WINCANTON** Future proposals include the reconstruction and major repairs to the Bruton sewage disposal works. Tenders were invited and that accepted amounted to £17,500. This scheme has received the approval of the Ministry of Housing and Local Government. A new sewerage scheme for North Cadbury, estimated to cost £10,000, is also proposed.

Eleven Ministry Inquiries and Investigations were held during the year into works of sewerage and sewage disposal. The County Health Inspector attended and put forward the County Council's views on each scheme.

The Minister of Housing and Local Government informed the Yeovil Rural District Council that, as the Martock, Montacute and Stoke-under-Ham scheme did not satisfy the proviso regarding the provision of piped water supplies and further, in the Minister's opinion, the scheme was primarily required to replace existing works in the area, which no longer performed the function for which they were designed, he was not prepared to assist in this instance. The estimated cost of this scheme is £48,500 and in the absence of a Ministry grant the cost falls equally between the County Council and the Yeovil Rural District Council. In view of the Minister's refusal to give grant aid it was decided to support the Rural District Council in any steps they may take to request him to reconsider his decision.

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	Peasedown St John — Southern Scheme — Braysdown Lane area ... ..	9,700	0	0
Chard	Broadway and Horton Sewerage and Sew- age Disposal ... ..	33,400	0	0
Chard	Donyatt Sewerage and Sewage Disposal	14,600	0	0
Chard	Seavington St Michael, Seavington St. Mary, Lopen and Hinton St George Sewerage and Sewage Disposal ...	54,900	0	0
Chard	Tatworth Sewerage and Sewage Disposal	12,800	0	0
Langport	Curry Rivel — Storm water relief sewer	4,084	0	0
Langport	Kingsbury Episcopi Sewage Disposal Works	12,837	0	0
Williton	Porlock Weir Sewerage ... ..	2,010	10	0
		£144,331	10	0

Schemes approved prior to 1958 but costs and/or proposals revised and re-submitted:—

Rural District	Scheme	Revised Cost (as submitted)		
		£	s	d
Axbridge	Kewstoke Sewerage and Sewage Disposal	3,873	0	0
Long Ashton	Portbury and Easton-in-Gordano Sewerage and Sewage Disposal ... ..	42,165	0	0
Shepton Mallet	Evercreech — Stoney Stratton Sewerage and Sewage Disposal ... ..	3,350	0	0
Wellington	Langford Budville Sewerage and Sewage Disposal ... ..	9,240	0	0
Wellington	West Buckland Sewerage and Sewage Disposal ... ..	6,050	0	0
Wells	Meare Sewerage and Sewage Disposal	15,953	0	0
Wells	Walton Sewerage and Sewage Disposal	21,525	0	0
Williton	Blue Anchor Sewerage and Sewage Disposal ... ..	29,193	3	7
Williton	Extension of sewer at Watchet Hill ...	1,413	0	0
Williton	Roadwater, Washford and Watchet Sewerage and Sewage Disposal ...	27,300	0	0
Wincanton	Bruton Sewage Disposal Works ...	17,500	0	0
Yeovil	East and West Coker Sewerage and Sewage Disposal ... ..	65,574	6	10
Yeovil	Ilchester — Extension of sewer to The Mead ... ..	3,150	0	0

## HOUSING

In my Report last year I drew attention to the Housing Act of 1957 which was primarily a consolidating Act and which generally followed the arrangement of the Act of 1936. The financial provisions, excluded from the 1957 Act, have now been incorporated in the Housing (Financial Provisions) Act of 1958. This new Act has far reaching implications and not only affects Local Authorities but also other public bodies. The Acts of 1936 and 1952 have been repealed.

Houses erected to replace those in Slum Clearance Areas and for other purposes numbered 932, approximately half the number built during 1957. Those erected by private enterprise numbered 1,674, an increase of 99 compared with the preceding year.



The total number of applicants for Council houses as at the 31st December, 1958, was 9,729, which is more than 900 less than a year ago. It is anticipated that the housing programme for 1959, plus those already under construction, will provide over 3,000 houses. Only 21 Council houses were purchased by tenants during the year.

Information concerning Clearance Areas, unfit properties, etc. is provided in the following table:—

	Action during year						Rent Act, 1957	
	Clearance Areas		Houses demolished under Section 17 of Housing Act, 1957	Temporary dwellings demolished	Houses declared unfit under Section 9 of Housing Act, 1957	Unfit houses occupied under licence	Certificates of Disrepair	
	Houses included in Clearance Areas; Orders still to be made	Houses demolished under Section 42 of Housing Act, 1957					Number of applications received	Number of Certificates issued
Boroughs and Urbans	701	145	146	1	155	7	106	68
Rurals	62	44	210	41	184	4	43	17
Totals	763	189	356	42	339	11	149	85

IMPROVEMENT GRANTS. The number of applications for grant aid under the Housing Acts, 1949 to 1957, was 586, of which 505 were approved. The Improvement Grant Scheme does offer considerable assistance to many landlords and others who, but for this grant, would be unable to carry out improvements. It is therefore surprising that more people are not taking advantage of these facilities.

## SANITARY CIRCUMSTANCES

### CLOSET ACCOMMODATION

It is difficult to assess with any accuracy the number of conversions from pail and other types of closet to a water carriage system as some Authorities do not record such changes. However, from the information provided it would seem that the average conversion figure is about 450 annually.

### CESSPOOL EMPTYING

In the majority of Districts cesspool emptying is a private arrangement between owners/occupiers and contractors. Only five Authorities are responsible for this service and the charge is levied either on a flat rate basis, per load, or on the size of the cesspool.

### SCHOOL SANITATION

The restriction on capital expenditure imposed by the Ministry of Education was somewhat relaxed and the £1,000 previously allocated for sanitary improvements was increased to £4,000 and later to £8,000. There are still seventeen major conversion schemes outstanding but most of these projects are dependent on the provision of either mains water or sewers. In five cases there is a possibility that the schools will be closed. A more comprehensive report on this subject is set out in my School Annual Report.

### HOUSE REFUSE

	Removed by		Number of vehicles employed
	Direct Labour	Contract	
Boroughs and Urbans	20	—	44
Rurals ...	11	5	36

### TRADE WASTE

Thirteen Borough and Urban and three Rural Authorities operate a scheme for the collection of trade waste. The methods of collection vary considerably, as do the charges for this service.

### REFUSE DISPOSAL

The position in the County is as follows:—



	Boroughs and Urbans	Rurals
Controlled tipping	19	17
Semi-controlled tipping	1	10
Uncontrolled tips	2	5
Incineration method	4	1

### CAMPING SITES

From information provided there would now appear to be 165 licensed camping sites in the County of either a permanent or seasonal nature, three more than in 1957. The maximum number of vans allowed per acre varies considerably, dependent upon the type of land, provision of suitable waste disposal arrangements and, so very important on caravan sites, the adequacy of drinking water.

### SWIMMING BATHS

A further five school training pools were completed during the year, bringing the total for the County up to eleven. I have previously mentioned that the construction of these pools depends largely on the assistance provided by parents, pupils and the teaching staff. They are all to be congratulated on their willingness to co-operate. It is understood that a further fourteen pools are either under construction or proposed.

Details concerning all types of swimming baths known to us are set out in the following table:—

	Number of Baths				Water used			Treatment				Samples taken			
	Local Authority	Private Enterprise	Schools		Main	Sea	Other	Recirculation	Filtration	Chlorination		Bacteriological	Residual		
			Somerset County Council	Other						Automatic	Hand		Less than 0.2	0.2 to 0.5	More than 0.5
Boroughs & Urbans	11	3	8	6	23	5	—	14	14	14	15	102	42	222	73
Rurals	—	8	3	10	11	—	10	6	8	7	13	14	13	74	3

## SUPERVISION OVER THE FOOD SUPPLY

### SLAUGHTER-HOUSES AND MEAT INSPECTION

During the year there has been a great deal of slaughter-house legislation introduced. The more important provisions are as follows:—

THE SLAUGHTER-HOUSES ACT, 1958. The purpose of this Act was to amend certain provisions of the Food and Drugs Act, 1955, relating to slaughter-houses and knackers yards, particularly with regard to the licensing of such premises and the safety, health and welfare of persons employed therein.

THE SLAUGHTER-HOUSES (MEAT INSPECTION GRANT) REGULATIONS, 1958. The Minister of Agriculture, Fisheries and Food, in introducing these Regulations, has accepted, for the first time, that the expense of meat inspection in excess of a District's normal requirements should not fall on that particular Authority by reason of the fact that wholesale butchers operate in the area. The method of calculating the grant is somewhat complicated but it does assist the Authority who are obliged to engage extra Public Health Inspectors to perform meat inspection duties.



THE SLAUGHTER-HOUSES (HYGIENE) REGULATIONS, 1958. These Regulations are designed to secure the observance of sanitary and cleanly conditions in connection with the construction and operation of slaughter-houses and the handling of meat in such premises. Legislation of this nature is long overdue and is welcomed by all Public Health Officers.

THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1958. These Regulations re-enact previous Regulations concerning the slaughter of animals. One of the main new provisions is the requirement concerning the compulsory use of stunning pens.

Information concerning the number of slaughter-houses in the County is as follows:—

	Slaughter-houses/Abattoirs in operation owned or leased by Local Authorities	Private Slaughter-houses		Bacon Factories	Knackers Yards
		Licensed	Operating		
Boroughs & Urbans	4	31	28	5	1
Rurals	—	79	74	2	7
Totals	4	110	102	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 ...	50,431	52,334	135,791	247,374	485,930
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned	687	278	368	677	2,010
Carcasses of which some part or organ was condemn- ed ... ..	12,331	477	6,309	10,226	29,343
<i>Tuberculosis only</i>					
Whole carcasses condemned	760	12	—	239	1,011
Carcasses of which some part or organ was condemn- ed ... ..	7,372	7	—	19,204	26,583

(continued)

	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
<i>Cysticercosis</i>					
Carcases of which some part or organ was con- demned ... ..	191	—	—	—	191
Carcases submitted to treatment by refrigera- tion ... ..	199	—	—	—	199
Generalised and/or totally condemned ...	4	1	—	—	5

The quantity of meat condemned during the year at slaughter-houses and bacon factories, where recorded, amounted to 1,311,163 lbs., well over twice that condemned in 1957. The amount affected with tuberculosis totalled 633,493 lbs. and that by cysticercosis 9,618 lbs. With regard to meat condemned for tuberculosis (well over double that for the preceding year), this was due to the slaughter of reactors through the introduction of compulsory testing of cattle — see report under “Eradication and Attested Areas”. Although a complete record is not available of the number of cattle slaughtered compulsorily, the size of the problem can be appreciated when it is realised that at three slaughter-houses alone over 3,000 reactors were handled.

#### FOOD HYGIENE

Every effort is made to maintain a high standard of food hygiene in the School Meals Service and the comparative freedom from outbreaks of food poisoning amongst school children over the past few years speaks well for the work done to achieve this record. In order to keep kitchen staffs on “their toes” the importance of clean food handling has been emphasized by showing Food Hygiene Films to workers in the School Meals Service. During the year the following films were shown at Radstock, Keynsham and Yatton when canteen staffs from the surrounding areas, numbering approximately 300, were brought in to see the films:—

“By Whose Hand”

“Keep It Clean”

“Another Case of Food Poisoning”

In conjunction with the School Meals Organiser, the County Health Inspector and his staff arranged these Film Shows and attended each one to deal with the many questions which the audience raised. It is hoped to arrange further Shows in the coming year.



With regard to catering establishments and other food handlers, the general impression is that they have been most co-operative and various works have been executed to bring premises up to the requirements of the Food Hygiene Regulations. In the majority of cases Informal Notices have been served with satisfactory results and, so far as is known, there was only one case where legal proceedings were found necessary.

#### DESIGNATED MILK (RAW)

MILK PRODUCERS AND PRODUCER-RETAILERS. I am indebted to the Divisional Executive Officer of the County Agricultural Executive Committee for providing the following figures :—

	As at 31.12.58
Number of Registered Producers in County ...	6,783
Number licensed to produce "Tuberculin Tested" Milk	5,039 (74.3%)
Registered and licensed Producer-Retailers :—	
Number of Producer-Retailers of "Tuberculin Tested" Milk ... ..	350
Retail Licences issued where cans only are used	30
Reduction in registered producers over past twelve months	170

#### PASTEURISED AND STERILISED MILK

	Pasteurised	Sterilised
Number of plants licensed to pasteurise as at 1st January, 1958	22	1
Ceased processing during year	1	—

As will be seen from the following figures the sampling record for 1958 was most satisfactory and indicates that standards are constantly improving. Once again there were no phosphatase failures where H.T.S.T. plants are installed.

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

Details of samples taken were as follows :—

	Number of samples taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised :—			
Bulk ...	58	58	—
Bottled ...	1,662	1,646	0.96
	1,720	1,704	0.93
Sterilised ... ..	46	46	—

(continued)

	Pasteurised
(1) Number failing Phosphatase test ...	6
(2) Number failing Methylene Blue test ...	8
(3) Number failing both tests, (1) and (2) ...	2

## MILK LICENCES AND REGULATIONS

Licences issued by Local Authorities during the year:—

	Boroughs and Urbans	Rurals	Total
Registered Distributors ... ..	196	269	465
Registered Dairy Premises (other than Dairy Farms) ...	97	100	197
Licensed Dealers of Designated Milk	169	207	376
Supplementary Licences issued ...	61	137	198

Samples taken by Public Health Inspectors from premises registered as above numbered 507 — "Tuberculin Tested" 260, Pasteurised 228 and Sterilised 19.

## EMPTY CLEANSED BOTTLES

569 bottles were collected from licensed premises for advisory purposes during the year. This is a service greatly appreciated by the Dairy Trade and based on the results obtained enables them to take remedial measures should it be found that their bottle washing machines are not functioning efficiently.

The difficulties with which the majority of Dairies are faced in isolating or detecting the occasional faulty bottle or foreign bodies within a bottle have been mentioned only too frequently. The milk bottle is often used as a convenient receptacle for various domestic articles and fluids. It is true to say that such misuse varies with the locality, type of trade and season but, very roughly, one bottle in every hundred is returned to the Dairy in a bad condition and one in every thousand has to be destroyed. If it is assumed that the industry delivers 30,000,000 bottles of milk each day and the average cost per bottle is fourpence, the loss to the trade is considerable and amounts to something like £180,000 per annum. The majority of Dairies are still dependent on the human element for "spotting" those bottles which are visibly contaminated and although mechanical detectors are now a reality they are a most expensive item of equipment and none have so far been installed in any Dairy in this County.



## SPECIFIED AREAS

As I reported last year there is still one part of the County which remains "unspecified". The areas concerned are as follows:—

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

It is anticipated that these Districts will be scheduled during 1959.

No legal proceedings were taken against people found to be making unauthorized sales of milk as in all cases following a warning such sales ceased.

A special check on the type of milk available at camping sites was made as from past experience it was discovered that during the holiday season occasional sales of non-designated milk were made.

The sale of milk in cans, which is authorized by the Ministry of Agriculture, Fisheries and Food, has proved extremely helpful in those parts of the County which are not adequately covered by the larger dairies. The number so licensed is few and before authorization is given by the Executive Committee each case is considered and visits paid by the staff to check on methods of production, etc. Such licences are only issued where six or less customers are involved.

## ERADICATION AND ATTESTED AREAS

The past year has been a very important one so far as the elimination of bovine tuberculosis is concerned.

Free testing of all bovine stock in Somerset, which had been in progress since March, 1956, was terminated at the end of February, 1958. During this period farmers were permitted to dispose of all their reactors in the normal way. On 1st March, 1958, Somerset became an Eradication Area and compulsory testing came into operation when any reactors found were sent for slaughter. With effect from the 1st October the Eradication Area Order was replaced by the Tuberculosis (Southern England Attested Area) Order, 1958. An Order of this kind is made only when it is

The Veterinary Officer of the Ministry of Agriculture, Fisheries and Food has very kindly prepared some interesting information in connection with Eradication and Attested Areas. It would seem that up to March, 1958, the free testing period, reactors slaughtered numbered 807; after this date to the end of the year 8,872 cattle were slaughtered compulsorily. Other figures provided are as follows:—

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BIOLOGICAL SAMPLING

With the progress made under the "Attested Scheme" (see report on page 75) there has been a corresponding reduction in the number of biological samples taken. Of those submitted for examination none was found to contain active tubercle.

Samples taken on behalf of the Minister of Health for bacteriological examination from the one remaining hospital farm numbered twenty-one. In addition, four were examined for biological purposes with negative results.

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## MILK-IN-SCHOOLS SCHEME

The dairy trade have a heavy responsibility in endeavouring to supply milk that is free from pathogenic organisms and foreign matter and in every respect wholesome. Our suppliers have discharged this responsibility in a very satisfactory manner. There is, however, no room for complacency and it is only by the frequent sampling and regular supervision carried out by the County Health Inspector and his staff and the willing co-operation of the dairy trade that such high standards are maintained.

Details concerning the number of children taking milk, etc., are set out below:—

Type of School (1)	Total number of each type (2)	Types of milk supplied to Schools (October, 1958), with percentages			
		Past (3)	% (4)	T.T. (5)	% (6)
Primary ... ..	430	426	99.07	4	0.93
Secondary Modern ...	49	48	97.96	1	2.04
Secondary Grammar ...	19	19	100.0	—	—
Secondary Technical	3	3	100.0	—	—
Nursery ... ..	2	2	100.0	—	—
Totals ...	503	498	99.0	5	1.0
Non-maintained ...	127	127	100.0	—	—

Type of School (1)	Number of Registered Children (2)	Children taking milk		Quantity of milk consumed — in one-third pints — 17th October, 1958			
		Number (3)	% (4)	Past (5)	% (6)	T.T. (7)	% (8)
Primary ...	40,905	36,319	88.80 (85.51)	36,283	99.9	36	0.1
Secondary Modern	20,917	12,925	61.79 (55.13)	12,817	99.16	108	0.84
Secondary Grammar	6,895	3,773	54.72 (53.56)	3,773	100.0	—	—
Secondary Technical ...	404	241	59.65 (65.76)	241	100.0	—	—
Nursery ...	79	79	100.0 (100.0)	79	100.0	—	—
Totals ...	69,200	53,337	77.08 (74.45)	53,193	99.73	144	0.27
Non-maintained	(Number present) 13,634	11,589	85.0 (83.3)	11,589	100.0	—	—

Note: The figures in brackets denote the percentage of children taking milk as at October, 1957

#### SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL ESTABLISHMENTS

**SCHOOLS.** Samples collected during the year numbered 775, viz., Pasteurised 694 and "Tuberculin Tested" 81. Only 15 failures were recorded, the majority being for Keeping Quality.

In addition to the above bacteriological examinations, the County Analyst examined 561 and 554 samples for fats and solids-not-fat respectively. In 13 cases the presumptive legal standard of 3% fats was not reached and 2 samples were below 8.5% solids-not-fat. Only one of these was from milk supplied by a large dairy concern, the remainder being from small "Tuberculin Tested" producers.

**SCHOOL KITCHENS.** As further Self-Contained Canteens are installed the need for School Kitchens diminishes and at the end of the year there were 19 operating. Bulk samples are taken at frequent intervals and of the 138 examined only 2 failures were recorded.

**SELF-CONTAINED CANTEENS.** 436 samples, of which 14 failed the appropriate tests, were collected from self-contained canteens during the year.



RESIDENTIAL NURSERIES, DAY NURSERIES AND CHILDREN'S HOMES. Occasional visits are paid to these Homes and Nurseries in order to take samples for bacteriological examination. Of the 170 submitted to the laboratories for test 3 proved unsatisfactory.

MENTAL HEALTH TRAINING CENTRES AND COUNTY COUNCIL HOMES AND INSTITUTIONS. Samples taken from these establishments during the year numbered 26; only 1 failed to satisfy the required test.

Wherever failures occurred investigations were carried out in an endeavour to trace the cause.

## ICE CREAM

	Boroughs & Urbans	Rurals	Total
Premises Registered for Manufacture and Retail ... ..	245	10	255
Premises Registered for Manufacture only ... ..	4	1	5
Premises Registered for Retail only	935	882	1,817
	1,184	893	1,077

The under-mentioned 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	713	94.5	132	97.0	845	94.9
Cold Mix	37	89.2	42	100.0	79	94.9
Totals	750	94.3	174	97.7	924	94.9

## SMOKE ABATEMENT

Since the introduction of the Clean Air Act, 1956, much publicity has been given to the prevention of air pollution. In Somerset, being rural in character, it is most unlikely that many Authorities will consider making Smoke Control Orders. The effect of such an Order is to prohibit the emission of smoke from chimneys in the area. The establishment of smoke control areas will obviously be gradual and will, to a large extent, depend upon public support and their understanding of the problems involved. Other factors which will contribute to the success, or otherwise, of the scheme are the rate at which appliances can be converted or replaced, the availability of smokeless fuels and the speed with which Local Authorities are able to formulate and carry through their plans.



TABLE I

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1958.

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 ... ..	27	1	—	—	—	5	12	8	1
Tuberculosis, other ... ..	6	—	1	—	—	2	2	1	—
Syphilitic disease ... ..	4	—	—	—	—	—	1	2	1
Diphtheria ... ..	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	2	1	1	—	—	—	—	—	—
Meningococcal infections ... ..	1	1	—	—	—	—	—	—	—
Acute Poliomyelitis ... ..	1	—	—	—	1	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	11	1	—	1	—	1	3	2	3
Malignant neoplasm, stomach ... ..	160	—	—	—	—	3	39	59	59
Malignant neoplasm, lung, bronchus...	174	—	—	—	—	1	91	51	31
Malignant neoplasm, breast ... ..	105	—	—	—	—	12	46	23	24
Malignant neoplasm, uterus ... ..	49	—	—	—	—	7	16	16	10
Other malignant and lymphatic neoplasm ... ..	515	—	1	3	6	21	142	157	185
Leukaemia, aleukaemia ... ..	26	—	1	3	1	5	9	3	4
Diabetes ... ..	38	—	—	1	—	2	5	14	16
Vascular lesions of nervous system...	1,015	—	—	—	1	6	164	275	569
Coronary disease, angina ... ..	1,021	—	—	—	—	12	237	325	447
Hypertension with heart disease ... ..	131	—	—	—	—	2	20	45	64
Other heart disease ... ..	1,076	1	—	—	1	10	94	189	781
Other circulatory disease ... ..	310	—	—	—	—	15	39	78	178
Influenza ... ..	27	1	—	—	—	—	11	4	11
Pneumonia ... ..	192	16	5	—	2	3	27	39	100
Bronchitis ... ..	211	3	—	—	1	2	41	61	103
Other disease of respiratory system..	85	2	—	—	—	3	25	29	26
Ulcer of stomach and duodenum ... ..	58	—	—	—	—	—	16	19	23
Gastritis, enteritis and diarrhoea ... ..	28	2	2	1	1	3	7	3	9
Nephritis and nephrosis ... ..	44	—	—	1	1	3	14	13	12
Hyperplasia of prostate ... ..	53	—	—	—	—	—	5	11	37
Pregnancy, Childbirth, abortion ... ..	3	—	—	—	—	3	—	—	—
Congenital malformations ... ..	58	42	2	2	1	4	6	1	—
Other defined and ill-defined diseases	587	83	6	3	9	22	78	83	303
Motor vehicle accidents ... ..	72	—	4	1	15	12	23	13	4
All other accidents ... ..	107	2	1	—	6	9	22	21	46
Suicide ... ..	48	—	—	1	1	8	22	11	5
Homicide and operations of war ... ..	2	—	—	—	2	—	—	—	—
All causes ... ..	6,247	156	24	17	49	176	1,217	1,556	3,052



TABLE II  
CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1958  
URBAN DISTRICTS

Causes of Death	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minchhead	Norton-Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	TOTAL Urban Districts	COUNTY TOTAL
Tuberculosis, respiratory ...	3	1	—	—	—	2	—	—	1	—	2	—	—	2	3	1	—	1	3	2	21	2
Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	3	—
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Meningococcal infections ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	4	1
Malignant neoplasm, stomach ...	6	3	3	2	1	4	1	1	4	2	4	—	1	—	8	1	1	1	17	12	72	16
Malignant neoplasm, lung, bronchus ...	13	3	2	3	1	2	—	1	5	5	2	1	5	1	14	1	2	—	21	5	87	17
Malignant neoplasm, breast ...	4	4	2	3	1	2	1	—	3	4	6	2	1	2	7	—	—	—	18	4	64	10
Malignant neoplasm, uterus ...	1	1	1	1	—	1	—	—	1	—	2	—	1	1	3	—	1	—	6	3	23	—
Other malignant and lymphatic neoplasms ...	14	11	5	9	7	13	1	2	12	19	10	8	6	8	37	4	13	9	48	27	263	55
Leukaemia, aleukaemia ...	—	1	—	—	—	1	—	—	1	—	—	—	—	1	1	—	1	1	1	—	8	—
Diabetes ...	5	1	—	1	1	—	—	—	1	3	—	—	—	—	7	—	—	1	2	2	24	—
Vascular lesions of nervous system ...	48	20	7	26	10	21	14	15	32	21	15	16	8	14	65	3	17	24	107	44	527	1,000
Coronary disease, angina ...	31	15	9	35	8	28	7	3	35	19	24	14	6	15	69	7	14	13	148	42	542	1,000
Hypertension with heart disease ...	10	2	1	1	1	1	1	1	4	1	2	—	—	—	6	—	1	3	18	6	59	11
Other heart disease ...	73	14	11	28	8	34	17	8	12	17	19	4	23	6	90	6	14	7	124	64	579	1,000
Other circulatory disease ...	11	12	2	6	1	9	2	—	5	2	13	1	2	5	17	2	4	4	31	18	147	3
Influenza ...	5	1	—	—	—	1	—	—	—	2	1	—	1	—	1	—	—	—	1	—	13	—
Pneumonia ...	9	5	4	5	2	7	—	—	2	2	6	6	1	1	15	1	2	3	18	6	95	1
Bronchitis ...	10	2	1	2	1	4	2	1	3	6	3	1	1	—	22	2	5	2	20	13	101	2
Other disease of respiratory system ...	3	1	—	1	—	1	1	—	—	1	13	—	—	3	—	—	2	1	9	2	38	—
Ulcer of stomach and duodenum ...	7	1	—	2	—	3	1	—	1	—	1	1	1	—	2	2	2	1	4	2	31	—
Gastritis, enteritis and diarrhoea ...	3	1	1	1	—	—	—	—	—	—	1	—	2	1	3	—	1	1	1	—	16	—
Nephritis and nephrosis ...	1	—	1	—	—	1	1	—	2	1	1	—	—	—	7	—	—	1	3	2	21	—
Hyperplasia of prostate ...	5	2	1	2	—	—	—	1	1	1	2	—	—	1	4	—	—	2	5	1	28	—
Pregnancy, Childbirth and abortion ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
Congenital malformations ...	1	1	—	—	—	3	1	—	1	1	2	1	1	—	5	—	1	—	2	5	25	—
Other defined and ill-defined diseases ...	26	7	15	12	5	14	5	2	11	11	5	7	2	6	23	5	9	35	49	26	275	—
Motor vehicle accidents ...	3	5	2	—	—	1	1	—	—	1	1	—	1	3	2	—	1	2	9	3	35	—
All other accidents ...	3	3	2	3	2	2	2	1	1	1	2	—	—	—	6	1	1	1	12	9	52	—
Suicide ...	3	2	1	—	2	1	—	1	1	1	2	2	—	4	1	—	3	1	4	3	32	—
Homicide and operations of war ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
All Causes ...	301	119	71	143	51	157	58	37	139	121	142	64	63	75	419	37	95	115	682	303	3,192	6,000



**TABLE III**  
**CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1958**  
**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 ...	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	6
Tuberculosis, other ...	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	3
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	3
Diphtheria... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	1	—	1	1	—	—	—	—	—	2	—	—	—	—	2	7
Malignant neoplasm, stomach	9	9	3	6	5	2	7	3	4	3	6	3	3	6	15	4	88
Malignant neoplasm, lung, bronchus ... ..	5	10	7	6	9	—	—	6	9	6	5	1	4	5	5	9	87
Malignant neoplasm, breast	4	4	4	2	2	2	1	1	4	1	7	—	—	3	2	4	41
Malignant neoplasm, uterus	3	4	2	2	2	—	4	—	1	—	1	—	2	—	2	3	26
Other malignant and lymphatic neoplasms ...	26	18	13	12	18	3	15	14	32	5	20	7	10	8	25	26	252
Leukaemia, aleukaemia ...	2	1	1	1	—	—	2	1	1	1	1	—	2	1	3	1	18
Diabetes ... ..	1	3	2	—	—	1	—	3	—	—	—	1	—	2	—	1	14
Vascular lesions of nervous system ...	61	27	33	34	27	5	21	28	43	21	49	17	21	26	38	37	488
Coronary disease, angina ...	57	33	38	15	38	4	11	21	72	16	51	9	18	24	35	37	479
Hypertension with heart disease ... ..	9	2	8	2	5	3	4	3	11	5	8	2	—	—	6	4	72
Other heart disease ...	63	36	26	18	39	9	28	20	54	22	41	17	32	31	24	37	497
Other circulatory disease ...	12	12	13	9	10	5	7	8	16	4	16	7	6	8	17	13	163
Influenza ... ..	2	1	2	2	1	—	1	1	—	1	1	—	—	—	1	1	14
Pneumonia ... ..	8	9	9	3	3	—	4	5	10	3	16	3	11	3	4	6	97
Bronchitis ... ..	11	10	11	1	4	1	5	9	11	4	11	5	4	10	5	8	110
Other disease of respiratory system ...	6	6	4	1	7	—	4	2	3	1	1	2	5	1	2	2	47
Ulcer of stomach and duodenum ... ..	6	1	1	2	1	1	—	3	4	2	—	—	1	2	2	1	27
Gastritis, enteritis and diarrhoea ... ..	1	2	1	1	1	—	—	2	2	—	—	—	—	—	1	1	12
Nephritis and nephrosis ...	3	3	1	—	1	—	3	1	2	—	5	—	2	—	1	1	23
Hyperplasia of prostate ...	4	2	—	—	2	1	1	1	2	1	3	1	2	3	1	1	25
Pregnancy, Childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Congenital malformations ...	1	3	6	2	—	—	1	—	4	—	2	2	1	1	5	5	33
Other defined and ill-defined diseases ... ..	20	19	18	14	33	5	11	15	17	11	47	10	15	34	25	18	312
Motor vehicle accidents ...	5	4	7	1	2	—	1	—	4	1	4	—	1	1	1	5	37
All other accidents ... ..	5	5	2	2	3	2	3	2	6	—	5	1	3	4	6	6	55
Suicide ... ..	2	2	—	1	1	1	—	2	2	1	—	—	—	—	2	2	16
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
All Causes ... ..	328	228	214	139	217	45	134	151	314	109	304	90	145	174	228	235	3,055

TABLE IV

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 ...	394	301	11	24,890	15.83	15.04	12.09	12.09	10.88
Burnham ...	130	119	—	9,710	13.38	15.12	12.26	9.07	0.00
Chard ...	72	71	3	5,390	13.36	13.36	13.17	10.54	41.66
Clevedon...	148	143	—	9,770	15.15	18.03	14.64	9.07	0.00
Crewkerne ...	48	51	—	3,970	12.09	12.81	12.85	11.30	0.00
Frome ...	182	157	4	11,300	16.11	17.56	13.90	10.84	21.97
Glastonbury ...	84	58	1	5,370	15.64	14.88	10.80	9.83	11.90
Ilminster ...	42	37	1	2,570	16.34	16.34	14.40	12.53	23.81
Keynsham ...	321	139	3	13,590	23.62	21.02	10.23	9.82	9.34
Minehead ...	75	121	1	7,450	10.07	11.48	16.24	10.07	13.33
Norton-Radstock	188	142	5	12,370	15.19	15.80	11.48	11.59	26.59
Portishead ...	115	64	6	5,600	20.54	20.95	11.43	10.74	52.18
Shepton Mallet...	72	63	1	5,250	13.71	13.98	12.00	10.80	13.89
Street ...	94	75	2	6,300	14.92	14.77	11.90	10.95	21.28
Taunton ...	475	419	5	35,850	13.56	13.42	11.96	9.93	10.53
Watchet ...	39	37	2	2,570	15.17	16.03	14.39	13.10	51.29
Wellington ...	90	95	1	7,420	12.13	13.34	12.80	10.37	11.11
Wells ...	99	115	2	6,260	15.81	16.92	18.37	10.65	20.20
Weston-super-Mare	560	682	12	40,800	13.73	15.51	16.72	12.02	21.43
Yeovil ...	326	303	9	23,870	13.66	13.93	12.69	11.29	27.61
Total of Urban Districts	3,554	3,192	69	240,300	14.84	15.43	13.33	10.80	19.41



TABLE V

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 ... ..	429	328	5	29,510	14.54	16.43	11.11	9.44	11.65
Bathavon ... ..	328	228	8	19,750	16.61	17.44	11.54	10.50	24.39
Bridgwater ... ..	348	214	10	19,990	17.41	18.80	10.70	9.73	28.73
Chard ... ..	150	139	5	12,350	12.15	13.00	11.26	10.47	33.33
Clutton ... ..	270	217	4	18,060	15.09	15.69	12.13	11.16	14.81
Dulverton... ..	63	45	1	4,440	14.19	16.17	10.13	9.83	15.87
Frome ... ..	156	134	6	10,570	14.76	14.90	12.68	11.92	38.46
Langport ... ..	199	151	4	12,890	15.44	16.83	11.71	9.95	20.10
Long Ashton ... ..	377	314	9	24,540	15.36	17.20	12.79	11.77	23.85
Shepton Mallet....	177	109	1	10,180	17.10	19.15	10.53	8.84	5.60
Taunton ... ..	308	304	7	20,670	14.33	16.62	14.15	9.90	22.70
Wellington ... ..	160	90	4	8,040	19.90	22.69	11.19	9.86	25.00
Wells ... ..	185	145	3	10,220	18.10	20.81	14.19	7.24	16.21
Williton ... ..	187	174	2	13,350	14.00	17.36	13.03	9.64	10.70
Wincanton ... ..	267	228	10	17,500	15.26	16.94	13.03	9.90	37.40
Yeovil ... ..	381	235	9	24,540	15.53	16.46	9.58	10.54	23.62
Total of Rural Districts	3,986	3,055	88	256,600	15.48	17.03	11.87	10.21	22.08
Administrative County	7,539	6,247	157	496,900	15.17	15.32	12.57	10.56	20.82
England and Wales 1958	—	—	—	—	16.4	—	11.7	—	22.5

TABLE VI

## NOTIFICATION OF INFECTIOUS DISEASES

	Measles	Scarlet Fever	Puerperal Pyrexia	Meningococcal Infection	Dysentery	Whooping Cough	Pneumonia	Poliomyelitis	Erysipelas	Food Poisoning	Tuberculosis Pulmonary	Tuberculosis Non-Pulmonary
URBAN DISTRICTS												
Bridgwater ...	13	22	8	1	—	108	2	1	2	—	36	1
Burnham ...	246	15	—	—	2	26	5	13	1	2	5	—
Chard ...	73	2	—	—	—	15	2	—	—	—	1	—
Clevedon ...	13	2	9	—	1	30	11	—	1	—	4	1
Crewkerne ...	84	—	—	—	—	—	—	—	—	—	1	—
Frome ...	64	3	—	—	—	—	1	—	—	—	4	—
Glastonbury ...	4	—	—	—	—	3	1	—	—	—	—	—
Ilminster ...	7	—	—	—	—	—	2	—	—	—	—	—
Keynsham ...	28	3	1	—	—	2	4	—	—	—	5	—
Minehead ...	6	7	—	—	—	—	—	—	2	—	3	—
Norton-Radstock ...	108	10	1	1	—	54	9	1	3	—	5	1
Portishead ...	—	—	—	—	—	—	5	—	—	1	2	—
Shepton Mallet ...	76	—	2	—	—	10	1	1	—	—	5	—
Street ...	1	1	—	—	—	3	1	—	—	—	4	1
Taunton ...	364	12	10	—	—	32	6	—	2	—	17	5
Watchet ...	145	—	—	—	—	—	—	—	—	—	2	—
Wellington ...	10	3	—	—	—	21	1	—	—	—	2	—
Wells ...	4	—	4	—	—	11	—	—	—	—	7	—
Weston-super-Mare	567	9	7	—	2	140	3	—	1	7	30	1
Yeovil ...	420	—	5	—	1	7	—	—	2	1	7	2
RURAL DISTRICTS												
Axbridge ...	203	22	1	—	—	69	26	1	2	3	16	2
Bathavon ...	311	6	—	1	10	21	20	6	4	4	7	2
Bridgwater ...	25	23	3	—	—	65	9	2	—	—	7	2
Chard ...	91	4	1	—	—	7	2	1	—	1	3	—
Clutton ...	260	7	2	2	—	66	15	1	1	1	6	—
Dulverton ...	31	—	—	—	—	10	7	—	—	—	—	—
Frome ...	161	—	—	—	—	7	12	—	—	—	3	1
Langport ...	76	1	1	—	2	74	7	—	—	—	3	1
Long Ashton ...	153	17	1	1	3	26	26	—	2	2	8	1
Shepton Mallet ...	88	2	2	—	—	10	5	2	—	2	1	—
Taunton ...	296	12	2	—	1	8	3	—	10	4	5	4
Wellington ...	38	—	—	—	—	29	3	1	1	—	1	—
Wells ...	17	9	5	—	—	36	—	—	6	—	4	1
Williton ...	108	—	—	—	—	5	2	—	—	—	3	—
Wincanton ...	123	10	2	—	—	9	22	2	—	—	1	3
Yeovil ...	158	6	2	—	—	14	10	—	2	—	8	3
Urban Districts ...	2,233	89	47	2	6	462	54	16	14	11	140	12
Rural Districts ...	2,139	119	22	4	16	456	169	16	28	17	76	20
Administrative County	4,372	208	69	6	22	918	223	32	42	28	216	32
Comparative figures for 1957 ...	4,806	183	69	10	67	1,346	311	107	60	58	192	39

Enteric and Paratyphoid Fever — Yeovil Borough : 1

Typhoid Fever — Yeovil Borough: 1; Shepton Mallet Rural: 1

Ophthalmia Neonatorum — Weston-super-Mare Borough: 1; Taunton Rural: 2; Shepton Mallet Rural: 1

Acute Encephalitis — Taunton Rural: 1; Taunton Borough: 1; Clutton Rural: 1

Abortus Fever — Clutton Rural: 1