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SOMERSET COUNTY COUNCIL

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# REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR

## 1959

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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-third Annual Report on the Public Health Services of Somerset.

The general state of public health in the County, and particularly in the County's children, continues at a high and very satisfactory standard.

While the Report gives the statistical details required by the Ministry of Health, we have tried to make it a human document covering the many and varied services for which the Local Health Authority is responsible.

Despite the extent of official services as we know them today, the amount and value of voluntary help in Somerset from all sources is immense, and we are all grateful to both organisations and individuals alike for the assistance which they give us.

The Staff of the Department continue to give loyal and efficient service to all our affairs, and, in this, we are helped by the ready co-operation of the other Departments of the County Council.

On a personal note, I think I can say that our relations with the many other bodies having charge of medical affairs in the County and Region, and with the individual medical practitioners, are uniformly good and constant, and in this way, much valuable work is jointly carried out in the interests of the people of Somerset.

I am,
Yours faithfully,

J. F. DAVIDSON,

County Medical Officer
of Health.

County Hall,
Taunton.

August, 1960.

# 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 Maternal and Child Welfare:*
B. MARY THOMPSON, M.D., D.P.H.
*Assistant Medical Officer for Maternal and Child Welfare*
W. MARGARET BOND, M.B.B.S., D.C.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 (1959): 500,400.

Live Births –

Number: 7,636. Rate per 1,000 population: 15.26.

Illegitimate Live Births per cent of total live births: 3.91.

Stillbirths –

Number: 155. Rate per 1,000 live and still births: 19.89.

Total Live and Still Births: 7,791.

Infant Deaths (deaths under 1 year): 143.

Infant Mortality Rates –

Total infant deaths per 1,000 total live births: 18.73.

Legitimate infant deaths per 1,000 legitimate live births: 18.94.

Illegitimate infant deaths per 1,000 illegitimate live births: 13.37.

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births): 13.49.

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births): 11.66.

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births): 31.32.

Maternal Mortality (including abortion) –

Number of deaths: 3. Rate per 1,000 total live and still births: 0.385.

Among the chief causes of death were heart diseases (2,354), cancer and other forms of malignant disease (972), bronchitis and pneumonia (459), and motor vehicle and other accidents (182).

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 7,636, which gives a rate of 15.26 per thousand population as compared with 15.17 for 1958. As will be noted from Table V, the birth rate for England and Wales for 1959 was 16.5, 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 16.13.

DEATHS. The death rate at 12.55 is slightly lower than for the previous year (12.57). The rate for England and Wales is 11.6, 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 10.79.

## 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 increased from the previous year. Again we have had no cases of diphtheria. Whooping cough notifications total 402, compared with 918 in 1958.

POLIOMYELITIS. The confirmed cases were 10 compared with 32 for 1958. 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 1959.

| | NEW CASES | | | Increase or Decrease during 1959 | ATTENDANCES | | | Increase or Decrease during 1959 |
|---|---|---|---|---|---|---|---|---|
| | 1957 | 1958 | 1959 | | 1957 | 1958 | 1959 | |
| Bath ... | 13 (12) | 7 (19) | 3(16) | - 4 (-3) | 100 | 112 | 74 | - 38 |
| Bridgwater ... | 0 (14) | 5 (18) | 1(23) | - 4 (+5) | 41 | 71 | 48 | - 23 |
| Bristol ... | 24 (71) | 12 (56) | 21(80) | + 9 (+24) | 567 | 204 | 258 | + 54 |
| Taunton ... | 6 (30) | 5 (19) | 3(22) | - 2 (+3) | 235 | 177 | 91 | - 86 |
| Weston-s-Mare | 9 (22) | 14 (20) | 5(18) | - 9 (-2) | 218 | 187 | 145 | - 42 |
| Yeovil ... | 3 (27) | 4 (20) | 2(20) | - 2 (-) | 133 | 132 | 81 | - 51 |
| All Clinics ... | 55(176) | 47(152) | 35(179) | -12 (+27) | 1,294 | 883 | 697 | - 186 |

The figures shown in brackets are the numbers of new cases suffering from "other conditions" and conditions remaining undiagnosed at 31st December, 1959.

# 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 1959. There were 28 home workers and 2 workshop employees under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1959, 1,203 persons (482 male and 721 female) in the County were registered as blind – this is an increase of 19 over 1958. In addition, there were 180 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 165 forms B.D.8. received during the year shows the following:–

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

| | Cataract | Glaucoma | Retrolental Fibroplasia | Others |
|---|---|---|---|---|
| (i) Number of cases registered during the year in respect of which para. 7(c) of forms B.D.8 recommends:– | | | | |
| (a) No treatment ... | 31 | 20 | 0 | 77 |
| (b) Treatment (medical, surgical or optical) | 19 | 4 | 0 | 14 |
| (ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ... ... | 9 Treated<br>3 Refused<br>2 Died<br>5 Too frail | 4 | 0 | 10 Treated<br>1 Refused<br>2 Died<br>1 Too ill |

In the 4 cases of Glaucoma (i)(b), 3 are receiving treatment (but two are in very poor health) and 1 was transferred to Register of Partially Sighted.

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

## OPHTHALMIA NEONATORUM

| | | |
|---|---|---|
| (i) | Total number of cases notified during the year ... ... | 3 |
| (ii) | Number of cases in which:– | |
| | (a) Vision lost ... ... ... ... ... ... ... | Nil |
| | (b) Vision impaired ... ... ... ... ... ... | Nil |
| | (c) Treatment continuing at end of year ... ... ... | Nil |

# NATIONAL HEALTH SERVICE ACTS

## CARE OF MOTHERS AND YOUNG CHILDREN

### INTRODUCTION

The growth of the County population, year by year, makes increasing demands on the personal health services, but the distribution of need shows variations as the age groups change. The proportion of elderly persons continues to rise and now the falling birth rate of the past few years is beginning to reverse and, as the "post-war bulge" leaves school and embarks on parenthood, will gain increasing momentum. These factors in the next few years are bound to make increased demands on the domiciliary services provided in the County.

Generally, the co-operation between the hospital services and the domiciliary services is very good, and excellent personal relationships exist. It is, however, necessary to point out one blemish in our mutual affairs; this concerns the discharge of patients from hospital without sufficient prior notice and instruction to those, general practioner and district nurse in particular, who will have the responsibility for their care and treatment in their own homes. This fault must be overcome, and steps are being taken to deal with it.

TOTAL BIRTHS (7,791). In spite of impressions to the contrary this number shows little change and only exceeds that for 1958 by 95. Rather unexpectedly the number of domiciliary births has increased and the proportion of domiciliary confinements has risen to 30.8 per cent (previously 30 per cent).

Out-county hospital births have risen from 874 to 883 so the County hospitals actually dealt with fourteen fewer births than last year.

LIVE BIRTHS (7,636). The County rate of 15.26 compares with last year's 15.17 and the national rate of 16.5.

STILLBIRTHS (155) again show a slight decrease with two fewer than last year and a drop in the rate from 20.4 to 19.89. County domiciliary and institutional cases decreased but those in out-county hospitals rose by 15. The rate is still well below the national one of 21.0.

An enquiry is carried out into all cases recorded and the findings are summarised and circulated to interested persons.

The proposed legislation to extend to England and Wales the Scottish practice of certification will help to make this information more comprehensive in future, which in turn should assist to guide the attack on the causes of loss of life.

INFANT DEATHS (143). The number of children dying in the first year of life has long been considered an index of the social development of a community. The decrease over the years in most countries has been in those conditions encouraged by over-crowding and mal-nourishment, such as infections of the lungs and digestive system.

The remaining cause with a strong correlation with social conditions – prematurity – has unfortunately responded less well. The onset of premature labour is commoner in the malnourished and less well-cared for sections of the community, and the survivors of these babies would be far fewer if it were not for the special services for their care. Research is still needed to reduce this loss of life and that due to congenital defects, which form the hard core of foetal loss, unchanging through the years, but assuming greater importance as other causes respond to progress. Advances in surgery have made it possible to increase survival in certain congenital heart conditions and abnormalities of the trachea and intestines with sufficiently early diagnosis, but prevention of development of congenital defects would make a substantial contribution in dealing with these matters.

Study of statistics of the countries with outstandingly low rates such as the Netherlands and Scandinavia, with 80% domiciliary and 100% hospital confinements respectively, suggest that good midwifery rather than place of delivery is the important factor and if more attention could be given here to this, with still more effort to reduce the effect of toxaemia of pregnancy on mother and child, our own figures might show a correspondingly satisfactory fall. Hospital infections must be taken into account now as extra risks to offset the safety of delivery in an institution equipped to deal with all emergencies.

Somerset's figure of 19.89 is well below the national rate of 22.0, due in part, no doubt, to the fact that rural areas on average have a better record than large towns. The striking preponderance in deaths in the first week shows again that the premature group merits our close attention.

The rates for deaths in the first month (neo-natal), and in the first week, (given this year for the first time), are 13.49 and 11.46 – comparing favourably again with those for England and Wales of 15.8 and 13.5.

The usual enquiry into infant deaths in the county gives the following main causes in the 132 cases investigated. The comparable figures for 1958 are given in brackets.

| Cause | Neo-natal | Over 1 month | Total |
|---|---|---|---|
| Prematurity ... ... ... ... | 54 (44) | – (–) | 54 (44) |
| Birth Injury ... ... ... ... | 9 (9) | – (1) | 9 (10) |
| Atelectasis and Pulmonary Syndrome | 7 (10) | – (–) | 7 (10) |
| Asphyxia and Inhalation Pneumonia ... | 2 (1) | 1 (1) | 3 (2) |
| Respiratory Infection ... ... ... | 6 (6) | 7 (15) | 13 (21) |
| Congenital Abnormality ... ... | 16 (23) | 15 (20) | 31 (43) |
| Gastro-enteritis ... ... ... | – (–) | 2 (–) | 2 (–) |
| Encephalitis ... ... ... ... | – (–) | 2 (–) | 2 (–) |
| Encephalitis and gastro-enteritis ... | – (–) | 1 (–) | 1 (–) |
| Other ... ... ... ... ... | 2 (12) | 8 (9) | 10 (21) |
| | 96 (105) | 36 (46) | 132 (151) |
| No reports available ... ... ... | 7 | 4 | 11 (6) |

PERINATAL MORTALITY RATES measure the loss of life around the day of birth and their usefulness is becoming more generally appreciated since the national enquiry last year – of which the results are still awaited. The County figure prior to 1958 was calculated but since then the Registrar General's figure has given us an accurate picture which continues to improve (from 31.7 to 31.3 compared with national figures of 35.1 and 34.2).

THE MATERNAL MORTALITY RATE 3.8 this year, is the same as the national one. Actually four mothers died – one following an abortion, which makes the inclusive rate higher – but one mother succumbed to a condition already present because of her pregnancy. Three of the cases died in hospital and one at home. One death was due to toxaemia of pregnancy.

THE ILLEGITIMATE BIRTH RATE (3.91% of the live births) has shown a relatively large increase this year compared with the national rise, but is still well below the national rate (5.1%). The size of the problem can be visualised, however, in terms of the 303 illegitimate births recorded as occurring to County mothers compared with 247 last year. These figures given by the Registrar General may be an understatement since girls from area may have their babies at addresses outside the County.

"PREMATURE" BABIES – (classified as such by birth weight which does not necessarily indicate maturity) numbered 539 compared with 511 in 1958. The percentage of these live-born showed only a slight increase from 5.7% to 5.9%. It is not possible – until details of deaths from local registrars give the accurate age at death – to calculate the premature perinatal rate, but the loss of life from stillbirth and first month deaths can be compared, as can the percentage of survivors among the small babies (live and stillborn) and these figures show a satisfactory improvement again.

| Year | Premature live births | Premature still-births | 1st day deaths | Deaths 1 – 28 days | Total of deaths | Loss of life before 1 month | Rates per 1,000 total premature births | Percentage of survivors at 28 days |
|---|---|---|---|---|---|---|---|---|
| 1958 | 429 | 82 | 42 | 18 | 60 | 142 | 278 | 72.2 |
| 1959 | 468 | 71 | 46 | 10 | 56 | 127 | 236 | 76.4 |

The weight of the baby at birth is classified into one of four groups :–

(a) 3 lb. 4 oz. or less
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.

The table below shows for 1958 and 1959 the proportion in each group, which remains fairly constant, and the survival rates which show improvements.

| | 1958 Weight Group | | | | 1959 Weight Group | | | |
|---|---|---|---|---|---|---|---|---|
| Prematures | a | b | c | d | a | b | c | d |
| Distribution in live born babies | % 10.5 | % 19.3 | % 19.3 | % 50.8 | % 11.8 | % 19.7 | % 18.8 | % 49.7 |
| Survival up to 28 days | 37.7 | 81.9 | 85.6 | 97.8 | 47.3 | 86.9 | 90.9 | 97.0 |

ANTE-NATAL CARE

Ante-natal care in most rural and some urban areas has for some long time now been a midwife/general practitioner undertaking and their joint clinics have served both hospital and home booked cases. No County premises are used for this purpose but the clinic at the Mary Stanley Home, Bridgwater, mentioned last year, is working well. The midwives attendances on twelve doctors do however occupy a great deal of time and this is the chief disadvantage of extending the idea to other large towns. The County ante-natal clinics still operating are very largely blood taking clinics with medical examination of the occasional patient referred by her general practitioner or, rarely, without a doctor booked. Domiciliary midwives run clinics at the same or separate times as an alternative to visiting patients booked for home delivery for examination in their own homes, so the domiciliary midwife gets to know her mothers well

The hospital midwife on the other hand is often unlikely to see her patient beforehand since few general practitioner units have an ante-natal clinic although some now invite the expectant mother to call in and see the unit and meet the staff. The use of a record card carried by the patient – agreed in principle in the Bath and Bristol Clinical areas – has few disadvantages which cannot be overcome, while its chief value would be in providing a continuous record of ante-natal progress which is very likely to be available to the attendants at the confinement. It should incidentally reduce over-examination by two groups working independently and also help in the care of mothers moving about in this period, such as the unmarried mother going to hostel or mother and baby home. Some large maternity hospitals distant from the patient's home area already insist that every one has a card.

Immediate follow-up of defaulters from ante-natal clinics depends on accurate records, and should be simplest in a hospital fully equipped with clerical staff. A letter of reminder, however, while simple and often employed is unrealistic since it assumes the patient was well and an appointment for the following week may leave a developing toxaemia undiagnosed too long. The obvious course of asking the family doctor or midwife to visit, examine and remind about another appointment is still not generally enough used. In the past year measures introduced following discussions with the staff of St. Martin's Hospital in Bath has, it is hoped, improved the surveillance of cases booked there so that ante-natal supervision at hospital or home is assured. In the domiciliary field there is the same need for co-operation and an agreed frequency of examination by doctor and midwife in normal cases so that none escapes supervision. More education of patients (or their husbands) in the need for this care is still required.

Another field for education in which doctor, midwife and health visitor can share is the question of ante-natal blood tests. The circular on the prevention of toxaemia advocated testing twice in all normal cases – at booking and again at 32–34 weeks. The first tests will discover conditions needing treatment such as syphilis or anaemia, or act as a reminder of the need for further investigation such as a later check on antibodies in Rhesus-negative women. Any anaemic patient should also be retested to assess her response to treatment.

Although figures collected suggest that in 92% of the 6,848 births occurring in the county (compared with 87% in 1958) blood tests were carried out, in fact it appears, from following up cases found to be severely anaemic on arrival in hospital, that many patients only have one test in their first pregnancy, and that routine haemoglobin estimation requires to be extended. The importance of the Rhesus group is more generally recognised and is reflected in the lack of deaths from haemolytic disease in the cases reported (among the 155 stillbirths there were 4 deaths from this, but they were probably unavoidable in our present state of knowledge). Attendance at the five County clinics at Yeovil, Crewkerne, Bridgwater, Chard and Glastonbury rose from 1,808 to 1,939 and although Taunton was reduced to a fortnightly session from a weekly session this was largely because of the drop in medical examinations. Hospital pathological clinics in some areas carry the full responsibility of testing mothers referred by doctors, but are not always easily accessible. Rural practitioners in many instances provide this service for their patients in their own surgeries. The only advantage of attending hospital is that routine chest X-ray can be carried out at the same time. The Adrian report has emphasised the relative safety of this procedure if a large film (not M.M.R.) is used and pointed out the need for it still as a practical preventive measure in the detection of early tuberculosis or other conditions which pregnancy might exacerbate.

The extent of acceptance of routine dental examination and necessary treatment for expectant mothers has not been assessed, but the help given by the County dental service is limited by lack of staff. Poliomyelitis inoculation is the latest service offered to expectant mothers, but the take-up has been disappointing in some areas and the Ministry of Health is anxious for it to be improved.

The biggest extension this year has been in parentcraft classes usually in association with ante-natal exercises (or relaxation). Fourteen midwives have attended courses this year to help them in organising these, and they are held in midwives' homes, in village halls, in clinics and in hospitals. Wherever possible they are a co-operatively planned effort by midwife,

health visitor, and physiotherapist with each playing her part, and hospitals have been given details so that patients from a distance can be referred to their nearest centre. Midwives and physiotherapists together can best explain the place of relaxation, drugs and gas and air or trilene in the normal delivery.

General practitioners generally find these classes of value and gladly refer their patients, but are less prepared to participate. Perhaps with their help expectant fathers might be assisted too, since the classes for them are fewer. Emotional, as well as physical, preparation is very important for the mother, (and no less so for the father) if the environment is to be favourable for the coming child. The increasing proportion of marriages of youngsters under 21 (33.6 girls in 1957 compared with 16.4 in 1938 and 9.4 boys compared with 3.4) means the psychological and financial adjustments consequent on the baby's arrival have to be made by people less mature and experienced in marriage, whose need for some guidance may be correspondingly greater. Many marriages weather this phase successfully, but some succumb to the strain which might have been avoided by adequate preparation. Priority foods, iron tablets and vitamins are less likely to be "forgotten" if the need for them is understood and obtaining the mother's intelligent co-operation in attending regularly for ante-natal care and carrying out the doctor's instructions is our best way of reducing the number of defaulters. If mothers know a little about signs of toxaemia, they are less likely to be anxious if they read the entries on their record cards and they trust their attendants who explain matters to them.

## PLACE OF CONFINEMENT

No-one is very clear what principally influences public opinion in this choice — either finance or fear, fathers or fashion, family commitments or the success or failure of a previous attendant. Certainly it is common to find many mothers prefer their second at home after the first in hospital and undoubtedly there is still much public expectation that the first baby should be born there, just as there is resistance on the part of mothers with large families to accept that their risks are higher and justify a hospital booking. The Registrar General summarises for each area the place of birth related to age and parity (although for the latter classification he ignores any previous pregnancy not terminating in a live birth).

His figures for 1958 for Somerset show that 40% of births are first ones by this definition and that 2,612 of these births (including 66 stillbirths) took place in hospital, while 304 (including 5 stillbirths) occurred at home. 20 of these 304 mothers were aged 35 or more, although primiparity over the age of 28 is usually an automatic reason for booking. If in fact these women have had previous pregnancies which were unsuccessful, the reasons for hospital booking are more compelling. It seems from this that the right primiparae are not occupying the beds.

The County proportion of hospital births is already at the recommended level (69.2% this year) but if the selection could be further improved the available beds would be better used. With centralised booking for most of the beds, a reasonably uniform standard on medical grounds can be maintained in agreement with the obstetricians also booking these cases, while social applications are all investigated by midwives and centrally assessed. The different standard is in the recommendation of doctor or midwife to the patient and here only joint discussion and an agreed policy to apply in an area or the whole county will change the pattern of booking to that more obstetrically desirable. It might also reduce emergency admissions due to unpromising cases being booked for home, or a unit without the appropriate facilities. Beds in a hospital have few advantages over those at home unless additional services are available there, or can be brought there when the need for them is anticipated.

No-one has yet successfully defined the criterion of 'normality' for booking in general practitioner units. Beds for ante-natal rest for multiple pregnancy or toxaemia are usually sited in the obstetric unit with services and personnel available to cope with any emergency. However, it is not easy to persuade a mother with early toxaemia, but whose home conditions preclude rest there, to travel many miles and remain in the central unit perhaps for weeks during which her relatives cannot visit so often. The practice is well-established in many general practitioner units of taking in booked cases for ante-natal rest if they need it at this stage, for transfer to the central unit if no improvement takes place. With agreement between general practitioner and obstetrician about the indication for transfer such a practice helps to encourage early prompt treatment, but at present if only applies if a bed is not wanted for a case in labour. The allocation of a fixed proportion of beds — outside the number for which bookings are made — would make the service generally available all the time.

It must be remembered when planning accommodation that toxaemia – like the birth rate – has a seasonal fluctuation. At present it seems to be assumed that births – including emergencies – occur at a steady rate throughout the year with the consequence that at peak periods crises of accommodation occur. It is often stated that it is reasonable to discharge cases early for domiciliary nursing at these times – no regard having been taken of the fact that the same peak is probably affecting home deliveries.

Earlier discharge is becoming the fashion but prior consultation and notification is not unfortunately so common, and cases are still sent home for nursing under unsuitable conditions. The domiciliary midwives who (under the National Health Service Act have to attend till the 14th day), visited 1,071 cases of early discharge notified to them (out of 5,339 hospital cases) which is a further increase on the 1,020 in 1958 and does not include those notified late. The greatest need for the mother returning home early is adequate help in the home – and this is the biggest lack in these cases. Too early acceptance of full domestic responsibility militates against continued breast feeding and a satisfactory recovery in the mothers. Earlier discharge also means a quicker turn-over and more intensive work for the hospital midwives and a responsibility for the domiciliary midwife which is rarely rewarding unless she is also the health visitor continuing with the case. There seems no logic in the suggestion that the puerperium for hospital midwives should be 10 days and for domiciliary midwives and doctors fourteen. The patient is after all the same regardless of the place of delivery. The selection of cases for early discharge is assisted by home reports being made available to hospitals in the last few weeks before delivery. This will provide a check on the cases which, at the time of her initial visit, the midwife feels have unsatisfactory homes to receive a young baby, and who she will have advised at that time about seeking to improve them.

This year beds for non-priority bookings had to be restricted in the Autumn and none have been allocated since because they were fully booked with needy cases. A booking rate of 2 per bed per month now used by some units means that more cases are accepted, but with a small number of beds, unless births are well-spaced, overcrowding and early discharge are inevitable and carry risks of infection.

Home delivery may under the circumstances become more popular, with continuous care from known and trusted attendants for the full puerperum. Even with the best selection, however, emergencies may occur and obstetric specialists may be far distant. An adequate and speedy "flying squad" is essential, and some doctors have provided their own equipment

for emergency resuscitation or can obtain it from a local hospital, while the midwife carries an oxygen sparklet resuscitator. The collection of premature babies from home is now safely and easily accomplished throughout the county since a portable oxygen incubator was provided for the South Somerset area from funds collected in memory of Dr. Isabel Gordon. In the case of patients being transferred from home to hospital in emergency by ambulance it is sometimes not realised that a suitably qualified and equipped escort is essential – otherwise it is safer to call the flying squad to them at home. Midwives do not accompany cases unless they are already in attendance or are called by the doctor, but skilled help may be needed en route for the mother having a haemorrhage or the premature baby and no amount of speeding by a dedicated ambulance service with radio to call for emergency help may compensate for the lack of it.

## ATTENDANCE AT CONFINEMENT

Staffing both in hospital and domiciliary services, continues to give rise to anxiety, particularly in the small maternity units so essential in extensive rural areas. If during the replanning of training of pupil midwives and of medical students, use could be made of the clinical experience in these units, both might benefit and the unit midwives would have the stimulation of training others. At present experience in the abnormal is gained rather at the expense of the normal, although this will be the field of practice of all but a few.

The doctor/midwife partnership is well established and in home cases last year only 50 had no doctor booked and in 9 of these a doctor was called for the confinement. The third partner in the home – the home help – is giving more assistance than previously as the report in that section indicates. Periodic review of the home confinement grant should help more towards the cost of this and remove finance as a reason for hospital booking. Prepayment for confinement cases has not proved such a popular innovation as was hoped.

## CO-OPERATION AND CO-ORDINATION

Meetings of those responsible for the organisation of services may produce agreed general principles, but only discussions with those giving the service are likely to ensure full acceptance of them, when the local problems can be seen in perspective by doctor and midwife and solved in co-operation. Such liaison meetings can judge results by statistics re-

lating to their area, and clinical discussion groups can best interpret these and even initiate research by the pooling of individual observations. My annual reports give statistics for the whole county of stillbirths, infant and maternal deaths and prematurity, but it may be that these reports are not technical enough for the professional groups reading them or not interesting enough for the lay readers. They would however provide a yardstick against which to measure area variations and the community experience, as distinct from the localised and selected groups dealt with by hospitals. If we look with interest at the figures of each other, a joint report might contribute much to general knowledge.

## UNMARRIED MOTHERS AND ILLEGITIMATE PREGNANCIES

The rise in the County illegitimate live birth rate has already been mentioned and 303 illegitimate babies were born in 1959 compared with 247 in 1958.

The satisfactory point in this year's figures is the very low illegitimate infant mortality rate (13.37%) which by one of those strange quirks is this year well below the legitimate rate (18.94), while last year it showed its normal excess at 24.29 compared with 20.71. Illegitimacy usually carries a much greater hazard of prematurity (double the legitimate rate) while the neo-natal death rate of these illegitimate premature babies can be as much as 50% higher than the legitimate one.

The medical aim of special services for this group of mothers is to reduce these hazards by providing adequate shelter, food and antenatal care, while the associated welfare services help those who, in spite of all the welfare state has to offer, are still often in desperate need of support and guidance in their unwanted predicament. These mothers are more often from the groups of society where there is family rejection because of the disgrace involved and reconciliation is one of the most valuable aids to her recovery.

The problems of the married woman expecting an illegitimate child are now increasingly common and even more complicated and the assistance of the trained and experienced social workers of the County voluntary association continues to be valuable.

Shelter away from home is often still needed, perhaps because the girl has had to leave home, or to give her an opportunity to work out her problem in a secure environment away from family stresses. Braeside Hostel has this year been more fully committed in accepting 29 cases, (18 ante-natal and 11 post-natal) compared with last year's 23. Seven mothers were assisted with fees in out-county homes compared with 2, in 1958, while others have been helped generously by the Westfield Trust, where particular circumstances made a longer stay or special help necessary, and this continued assistance is gratefully acknowledged.

No unmarried mothers died because of their pregnancy, but four babies were stillborn. More mothers than previously now seem to elect to keep their babies, usually with help from the family or with marriage planned, but those who wish to place them for adoption are put in touch with the appropriate agency – usually the County Children's Department.

## BIRTH CONTROL

The Family Planning Association has opened a clinic this year at Minehead and now maintains five centres in the County, the others being Bridgwater, Weston-super-Mare, Glastonbury and Yeovil. Two of these, at Glastonbury and Minehead, have been financed from the Lady Denman Memorial Fund which was established to help centres in rural areas with smaller populations. These clinics help with all family planning problems from sub-fertility to family spacing and assist the County Council in giving birth control advice to couples needing it on medical grounds – a service provided in the remaining areas by approved doctors. A growing association with marriage guidance organisations is encouraged at Weston by the Marriage Guidance Counsellor who is available at clinic sessions for consultations.

## CHILD WELFARE CENTRES, HEALTH VISITORS' CENTRES AND MOTHERS' CLUBS

These centres are all for the ultimate benefit of children since they offer access for parents to consultations and discussions. At the child welfare centres, in addition to facilities for weighing and consultation with the Health Visitor, a doctor is available at some or all of

the sessions for regular medical examination and consultation on children's development. In the past few years the increasing number of immunisations given to children has added to the work of the doctor, sometimes making additional medical sessions necessary, and unfortunately tending to occupy time previously used for consultation. The prime purpose of the centre as an educational institution must be kept before us, or else it will become solely an immunisation clinic which incidentally sells food and weighs babies. Some of the child welfare centres are already in effect health visitor centres with a doctor attending periodically for a course of inoculations, since there is no time for consultations as well.

The advisory function is still seen in the health visitor centres – but the advantage of the doctor's attendance is missed and the teamwork of health visitor and doctor so invaluable in health education in the centre is lost. Excellent work, however, is done in these (usually) smaller centres of population and a new centre was opened this year at Marksbury.

Both groups of clinics are very dependent for their successful functioning on the devoted help of voluntary workers with a spirit of service which brings them to their appointed sessions whatever the weather may be – perhaps because they know they are familiar friendly faces to the mothers and children attending – some of them now having served two generations. The members of the voluntary committees bring the interest of good housewives to the centre and can do so much to make the most unpromising premises appear clean, comfortable and welcoming; they steer the new arrival round the course and modify the 'Surgery' atmosphere that might otherwise exist in the mothers' minds when they go to see doctor and nurse, so that the clinic really does become an advice centre for mothers and children.

Premises in many cases are still below the desirable standards of convenience, hygiene and comfort but changes are made whenever opportunity offers, although this may add considerably to the cost. The number of Child Welfare Centres open is 124. Total attendances increased by nearly 1,500 although the 2 – 5 group showed a reduced number of visits. Mothers are gradually accepting the fact that toddlers do not need monthly weighing or even attendance, but that spaced visits to to the clinic give a better picture of progress through the ups and downs of early childhood. "Birthday" examinations of all children over two are an excellent innovation in operation in many clinics now, and this regular examination up to school age offers more opportunity of reducing the surprisingly high number of children still entering school with previously undetected defects who might well have benefited from earlier treatment.

The general appeal of the centres is best demonstrated by the figures which show that 14,027 children (40% of the mid-year estimated population of 35,700 under five) visited at least once, compared with 12,818 last year (37%). The small units of population without enough children to form a centre may attend a nearby one using transport provided, but some never have an opportunity. In these cases many of the rural health visitors have a gathering in their own houses, perhaps to weigh babies or issue welfare foods where topics of importance can be discussed. Figures for these are not included in the above totals.

Mothers ( or parents) clubs which meet in the evenings and are the equivalent of parent-teacher organisations, offer fathers an opportunity of meeting the health visitor too, and give parents a social and educational evening out together about once a month. To function effectively, however, a sitter-in service is needed – otherwise husbands have to undertake this to free their wives. Regular meetings are now held in eight centres in the county, but many more clubs could start to follow on from parentcraft groups now fairly generally established for expectant mothers and fathers. The doctor and health visitor do not themselves organise these clubs but can give technical advice to the committee of elected members.

Health education in these fields is a matter of discussing the multitude of questions which arise in dealing with children – and this is best done in small groups following a talk, demonstration or film – with an interested audience. This pooling of experiences is most valuable since we sometimes learn more from our successes or mistakes, and those of others, than by following slavishly one of the sets of rules which may have been given us in periodicals or by broadcasting or television. The flood of information from these sources now makes it more important than ever for parents to keep their heads and their common sense when perhaps at least two conflicting views are presented as the only method of practice. Health education has to aim more at giving the facts on which wise decisions can be based – since parents may otherwise distrust and ignore whatever statements are made.

## DAY NURSERIES AND CHILD MINDERS

The pattern of daily care outside the home, established during the war to free mothers for industry, does not now have official support, since it is felt the needs of the child are more important. However, the

day nurseries started then have an essential peace-time function helping homes where for some reason mother's care is not available, and these 'priority classes' are grateful for the County Day Nurseries still open in Bridgwater, Keynsham and Taunton. Use is also made of nurseries provided by other authorities in Bristol and Bath. It is not always realised that day nurseries are open throughout the year and for long hours and that the staff carry a heavy load of responsibility in deputising for absent parents in these periods – unlike the nursery school which is open only in term-time for a short day and does not do more than start the child's education by supplementing the normal home background and teaching for the child fortunate enough to have these. A new applicant for help in these days of smaller families and isolation on housing estates is the only child who needs some preparation for the company and big world of school – but until nursery schools are provided the day nursery is the only way of helping them.

Private ventures, either nursery schools or day nurseries are operating successfully in several parts of the County, after receiving official approval, and do much to meet the need of both groups of children mentioned. With the help of these services it may be possible for a child to be kept at home during the illness or following the loss of a parent – rather than entering residential care, which entails perhaps separation from brothers and sisters and family background. Parents with children presenting special problems may often be helped by their part-time attendance at centres, while the difficult or unhappy child may settle well in the company of others in a secure environment, when with his mother alone there was increasing tension. The skilled handling by the staff helps the child – and their advice can assist the parents in learning ways to overcome some of the difficulties of development which seem insuperable in a home.

Daily minders caring for less than two children can also be registered with the County Council but no extension of this has been envisaged. Applicants making enquiries are advised about the essential needs – such as safe rooms, clean food and adequate care for any child.

## GROUPS NEEDING SPECIAL CARE

Certain groups or individuals in the population need special care because of physical or mental ill-health, disability or social maladjustment. The help given varies in type and in the length of time for which it is given, but it is in addition to the general services available to the whole community. Examples of this are the services for the tuberculous, the

mentally handicapped and disturbed, the physically disabled and the unmarried mother. Specialist workers in these fields are aware of the particular needs of the group and how they can best be met, but again their service is additional to the basic health visiting services where mothers or young children are involved and co-ordination of the two groups of helpers is essential for the optimum assistance to be available and accepted.

The 'specialist' can make the health visitor aware of the particular needs of each group and ways in which help can be given and the appropriate time for requesting it and with co-ordinated visiting an integrated service will ensue.

This type of planning is particularly important for two groups in the maternal and child welfare field – the handicapped child or parents and the so-called "problem family".

THE HANDICAPPED CHILD has three essential needs – early diagnosis of his disability, a plan for its treatment which will be phased according to his growth, health and background and with due regard for his education and eventual employment, and the understanding help of his parents and family and others in his environment. A central record is kept of children in these groups with a progress record, and guidance is given to the health visitor if necessary, or specialist advice sought at the appropriate time.

Early referral to the school medical service is essential in all cases where special educational treatment may be required and the whole aim of this part of the service is to ensure that, as far as possible, (as with normal children) the child enters school with the least possible disability, so that he can benefit as fully as possible from this next phase of his development. One group at present not benefiting equally with the others is the maladjusted child, and here more understanding of the disturbed child will have to be gained through co-operation with the child guidance service to enable effective help to be given. Knowledge of further advances in medicine or surgery is essential in ensuring that new treatments are utilised as soon as they are accepted. In the social field, the support of parents includes helping them to visit centres caring for children disabled as theirs is, or encouraging the formation of parents' groups thus ensuring that their intelligent co-operation is gained in all proposals affecting the child's welfare.

In its widest sense a child may be handicapped by such misfortunes as the lack of a parent through death, illegitimacy, or divorce, or a parent who is disabled or mentally ill or socially incompetent. Consideration should be given to planning a service with these needs in mind rather than dealing with the effects of such misfortune in the child guidance clinic and juvenile court later on when much of the damage has been done.

THE HANDICAPPED PARENT is commonly either physically disabled, epileptic, or mentally disturbed, but the mentally sub-normal or socially incompetent come in this group too. They need help for themselves and because of their handicap, for the other members of the family. Co-operation with other social agencies, the family doctor and the hospital, is usually necessary and long term help is often needed until the children become independent.

THE PROBLEM FAMILY is a group needing special supervision, sometimes for one of the reasons already given, but usually because of their failure to conform to the social pattern of their neighbourhood. Such lack of conformity is exhibited in irregular marital relationships, failure to be a competent or regular school attender or wage-earner, unplanned spending, and a general unconcern for the morrow and the probable consequences of their anti-social actions. The seeds of such behaviour have often been sown during the parents' own childhood, or it has developed because of some inferiority, but society metes out punishment, blame and (rarely) encouragement as they progress unsteadily through life. In many instances a number of closely spaced pregnancies upsets the precarious stability of a mother's competence, and thus the home, and often the marriage, suffers and at the best improvement comes as the children enter school if the family can be nursed through the early years.

If impending breakdown can be anticipated in this way a specialist social worker in the Children's Department can give extra guidance and support. In these and the large majority of cases, however, the health visitor usually continues as the day-to-day family visitor and confidante – exercising her functions of health education and social first aid. Because of her close relationship based on voluntary acceptance of her services she is often in a position to achieve most, although she may not be aware

of her success until the passage of many years enables the results to be seen.

When training of domestically inept mothers in residential institutions is thought to be practicable, the Health Department pays for their stay while the Children's Department pays for the children who accompany her. In some cases training in the mother's own home can be given by a home help – but the family's acceptance of the position is less easy to achieve and without safeguard the help may become a domestic assistant, freeing the mother from her responsibilities. In other households permanent support is really needed until the family is again socially reliable but such a provision is costly, and commits the already overburdened home help service to a long term case. If the results can be justified in providing a happy and adequate home for the children it is worth consideration, but in many the best interests of the children of such parents are served by their temporary or permanent removal from home – costly though such an alternative may be.

DENTAL CARE

The average child enters school with five teeth decayed, missing or filled, and often with faulty habits of dental hygiene. These are defects, albeit considered as minor which might be considerably affected by intensive health education – both of the expectant mother and the mother of a young child whose teeth are beginning to appear. The dental section offers help by providing educational material and speakers – which if generally seen, heard and understood might do much to reduce the need for the scarce treatment services – at present often employed in repairing the child's first set of teeth until the permanent dentition erupts. This is a challenge in the field of physical care which we have still to meet. The Chief Dental Officer reports as follows :–

It is with great regret that I have again to report no improvement in the staffing position during the year. We started with 12 whole-time and three part-time dental officers, giving the equivalent of just over 13 whole-time dental officers, and ended with 11 whole-time and three part-time, or the equivalent of just over 12 whole-time dental officers. This is a net loss of about one dental officer – in other words those joining the staff hardly kept pace with those leaving.

We continue to advertise frequently, and get some response, but candidates who are suitable for the exacting and careful work required

from our dental officers are not common enough. Those in the younger age groups, whom we need so much, find greater attractions (usually financial) in other forms of dentistry. Nevertheless, we persist with determination and optimism, to try to attract recruits by any means of inducement available.

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 ... ... | 171 | 155 | 147 | 118 |
| Children under Five ... | 348 | 302 | 275 | 132 |

(b) Forms of dental treatment provided:

| | Scaling and Gum Treatment | Fillings | Silver Nitrate Treatment | Crowns or Inlays | Extractions | General Anaesthetics | Radiographs |
|---|---|---|---|---|---|---|---|
| Expectant and Nursing mothers | 40 | 247 | 6 | — | 455 | 71 | 15 |
| Children under Five | — | 271 | 22 | — | 533 | 173 | 1 |

Dentures provided by the County Dental Laboratory:

| | |
|---|---|
| Complete | 43 |
| Partial | 41 |
| | 84 |

The number of sessions given to this service by the County Dental Officers totalled 158.

## DISTRIBUTION OF WELFARE FOODS

There has been no change in arrangements for the distribution of welfare foods; voluntary help continues to be our main support in this work. At the end of the year there were 212 centres from which welfare foods were issued and 75 of this number were maternity and child welfare centres.

Details of welfare foods issued during the past four years are shown in the table below :–

| | National Dried Milk (tins) | Cod Liver Oil (bottles) | Vitamins A and D for expectant mothers (packets) | 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 |
| 1959 | 104,984 | 31,496 | 24,236 | 246,467 |

An appreciable fall in issues of welfare milk is evident this year, otherwise the figures show little variation from those in 1958. There may well be a growing preference for the proprietary brands of milk powder since there is no longer any great difference in price of these and the national welfare product, when the household has the benefit of subsidised liquid milk in addition.

## MIDWIFERY AND HOME NURSING

The County Council's general policy of combined nursing, midwifery and health visiting, with or without school work, has continued as hitherto and at the end of 1959, the district nursing staff consisted of 235 permanent and part-time relief staff as shown in the table below :–

| | On permanent District | Part-time relief staff |
|---|---|---|
| Queen's Nurse Midwives with H.V. Certificate | 107 | 1 |
| Queen's Nurse Midwives | 55 | 7 |
| S.R.N., S.C.M. | 11 | 7 |
| S.E.A.N., S.C.M. | 11 | 5 |
| Queen's District Nurses (including 2 male nurses) | 6 | 1 |
| S.C.M. | 1 | 2 |
| S.E.A.N. | 1 | 3 |
| S.R.N. | 2 | 12 |
| S.R.N., S.C.M. with H.V. Certificate | 1 | 2 |
| | 195 | 40 |

Full-time midwives and male and female general nurses are employed in Bridgwater, Taunton and Weston-super-Mare. The total of 235 is 3 less than the total at the end of the previous year, and reflects the increasing difficulties in recruitment. It is becoming more difficult to procure the very good all-round nurse/midwife/health visitor suitable to undertake combined duties. It is now a matter of keen competition with other Counties and where there is good housing with satisfactory conditions of service it is certainly easier to recruit and keep staff than in more adverse conditions. We are especially indebted to the older members of the staff for their hard work in helping to maintain the nursing service.

The day-to-day supervision of the Midwifery and Home Nursing Services continues to be undertaken by the Senior Medical Officer for Maternal and Child Welfare, the County Nursing Officer, her Deputy, and three Area Nursing Officers, who once again have dealt efficiently with local nursing problems and have on occasions undertaken nursing duties themselves.

MIDWIFERY

For the purpose of the Midwives Acts the medical supervisor of midwives is the Senior Medical Officer for Maternal and Child Welfare, and the non-medical supervision of midwives is carried out by the County Nursing Officer and her Deputy, who visit each maternity unit to inspect records and advise on procedure, as well as paying regular visits to the domiciliary midwives.

The number of midwives employed in domiciliary practice at the end of 1959 was 188, which was again a slight reduction as compared with previous years. The number of deliveries attended by these midwives, however, increased from 2,322 in 1958 to 2,372 in 1959, whereas the number of deliveries attended by midwives in institutions dropped from 2,872 to 2,698, although the total number of births showed a slight increase. Medical aid was summoned by midwives in 464 domiciliary cases and 587 institutional cases. Co-operation between hospital and domiciliary midwifery staff has continued to be good.

At the end of the year, 187 domiciliary midwives were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board and 148 Minnitt machines were in use. In 1959, midwives in domiciliary practice administered gas and air in 1,867 cases and pethedine in 1,208. In the domiciliary service, gas and air analgesia is administered in the majority of districts as there is little demand by patients or doctors for the midwives to carry trilene. Where there has been a need for trilene, the County Council has supplied the apparatus and trilene was used in four centres in 213 cases, which was about four times the total for the previous year. Doctors were present at the time of delivery in 145 cases out of the 213.

The use of portable oxygen apparatus by domiciliary midwives for the resuscitation of new born infants has been extended and 125 resuscitators are now available for use in the County and this number is steadily being increased. It is still our aim to arrange a blood test as well as the other important tests for each expectant mother twice in each pregnancy to ensure that she is in the best possible state of health to face her confinement.

The Minister has called attention to the arduous nature of the midwife's work owing to calls made upon her at night, and has asked

for information about the local authority's arrangements for relief duty, especially night rota systems. In Somerset I would say that the problem does not arise to any appreciable extent. Because of the large number of births in hospital the number of cases attended by domiciliary midwives has diminished somewhat over the past years and the organisation of night work presents few difficulties. The full time midwives have two nights off duty per week for three weeks and a 60 hour fortnight with three nights off duty during the fourth week. In areas where combined work is undertaken the district nurse/midwife/health visitor is not called upon very often at night and the arrangements of group reliefs ensures that nurses have sufficient off duty time and nights free from call.

In all areas now the staff are being more closely grouped to give greater freedom during the week when the actual daily work has been completed. It is thus possible for the staff to be able to leave their districts for one or two evenings during the week if they so wish, provided the remainder of the group are available on call. The old idea of the midwife being tied down very rigidly to her district is no longer necessary and disposes of one of the criticisms levelled at the domiciliary services.

HOME NURSING

As in previous years a high degree of co-ordination has been achieved with the Home Help Service and between the Nurses and Health Visitors and the staff of the hospitals and the general medical practitioners.

A total of 346,357 visits were paid by Home Nurses during 1959, 66% of these were to 7,289 patients who were 65 years of age or over at the time of the first visit during the year, and a total of 227,099 visits was paid to 2,759 patients who had more than 24 visits during the year. These figures illustrate the demands made on the staff for the nursing of chronic and incurable cases and the heavy demands on the physical resources of the staff.

The problem of the lifting of invalid and often helpless bed patients is one which has received increasing attention during the last year or two and more use has been made of suitable mechanical hoist apparatus. Miss Houghton, one of the Area Nursing Officers, specialises in this work and there is close consultation with the County Welfare Officer's staff.

Most of the cases requiring hoists are visited and assessed as to the type of hoist required and whether any adjustment is necessary. This may necessitate several visits until a satisfactory result is achieved as patient, relatives, and also the nurses, need instruction on these mechanical aids.

The number of children under five years of age requiring home nursing has shown a further decrease over the previous year, a total of 7,572 visits being paid to 1,550 children as compared with 9,205 visits to 1,722 children in 1958.

It is hoped to achieve greater co-operation between the hospitals and the district nurses resulting in patients being sent home under nursing supervision if necessary, thus giving them the support of a trained nurse through the difficult time of rehabilitation.

The British Red Cross Society and the St. John Ambulance Brigade by arrangement with the County Council have continued as for many years previously to supply medical comforts of all kinds through a large number of depots throughout the County, and a total of over 5,000 articles have been loaned during the year. These medical comforts enable patients to be discharged to their own homes more speedily than would otherwise be possible, and without the service the cost of the hospital service would certainly be appreciably higher and pressure on badly needed hospital beds would be even greater.

This local voluntary service is one which cannot be too highly praised. As I have emphasised in earlier reports, the Home Nursing Service is one which helps to prevent a greater burden being thrown on more expensive residential and hospital services and its contribution together with the Home Help Service in helping old people to continue to live in their own homes, is something that cannot be calculated by material considerations.

Increasing use has been made of the Area Welfare Grant Scheme introduced by the Marie Curie Memorial Foundation to meet the urgent needs of necessitous cancer patients nursed at home, and this has been very useful in appropriate cases.

## HEALTH EDUCATION

A Health Education Committee has been formed consisting of twelve of the Health Visiting staff, full-time and part-time, together with the five nursing officers. Matters relating to all aspects of health education are discussed with much enthusiasm, particular attention being paid to those concerned with expectant mothers and the parents of young children, and a subject programme is fixed for three months ahead.

To bring fresh ideas on Health Education to the rural workers it is proposed that in due course small informal health education committees will be formed throughout the County.

A quarterly News Bulletin is now being circulated to all members of the nursing staff, and a report of this Committee goes into this leaflet in the hope that all members of the staff will accept the suggestions.

The Nursing administrative staff give much time to health education and teaching, give talks illustrated appropriately with films to a variety of local organisations, and lectures on the social aspects of disease to student nurses in training hospitals, in addition to helping in disseminating new ideas and teaching material to the workers in the field.

The two sound film projectors given by the County Nursing Association have proved of the greatest value and without them the Health Education work would be impossible nowadays to carry out, as so much education is done by visual aids. The filmstrip projectors have also been fully used during the year.

## TRAINING

Post-graduate training has continued during the year on the same lines as hitherto.

In accordance with the Central Midwives Board requirements that a practising midwife should take a post graduate course every five years, during 1959, 32 of the staff attended approved midwifery courses and 34 attended other courses. The County Council has continued its association with the Taunton and Bridgwater Hospital Management Committees in Part II Midwifery Training Schemes and 9 pupils from the Mary Stanley Home, Bridgwater, and 13 from Musgrove Park Hospital,

Taunton, completed their district training. 25 of the County domiciliary midwives are approved as teachers of pupil midwives. 9 nurses completed their Queen's District Training.

The nursing staff have the opportunity of discussing problems and meet their colleagues at central and area meetings throughout the year. A number of British and foreign students have come to Somerset during the year, and we hope that they have gained useful experience to take away with them.

In addition to the statutory midwifery courses it is hoped to give to the staff periodic post-graduate instruction in all branches of their work.

HOUSING ACCOMMODATION

In spite of delays and difficulties in acquiring sites, some progress was made with the erection of houses for the District Nursing staff and during the year houses were erected or purchased by the County Council at Milborne Port, Kingston St. Mary, Wedmore, Bridgwater, Norton St. Philip, North Petherton and Huntspill.

Sites have been acquired or are in the process of being acquired at a number of other places in the County, and the Health Committee has made provision in their building programme for the erection of houses in nine places for District Nurses.

At the end of the year the County Council owned 37 houses (including the Taunton and Weston-super-Mare Nurses Homes) and rented 52 houses for the occupation of District Nursing Staff.

TRANSPORT

The County Council has agreed to a further relaxation of the general policy of providing County owned cars for District Nurses and has now authorised 60 allowances being made to Nurses using their own cars. This has enabled Nurses who have given good service in the County to purchase and make use of their own cars and has helped to some limited extent with recruitment.

At the end of the year, the County Council had a fleet of 157 cars.

## HEALTH VISITING

The policy of employing full time health visitors in some 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 a full time health visitor was appointed at Frome and an additional health visitor was appointed in Taunton. Some further progress has been made during the year towards a fully qualified health visiting staff and the following table indicates the rapid change which has occurred. This was begun some time before the National Health Service Act and I would like to put on record my praise to members of the staff who have borne the burden of this work although not qualified to do so. The quality of their devoted service has been of the highest order.

| | Full time Health Visitors | District Nursing Staff undertaking Health Visitors duties: | |
|---|---|---|---|
| | | With H.V. Certificate | Without H.V. Certificate |
| 1948 | 25 | 29 | 130 |
| 1954 | 30 | 87 | 74 |
| 1958 | 31 | 108 | 47 |
| 1959 | 31 | 109 | 36 |

Health Visitor Scholarships were awarded during the year to County staff and to suitable external candidates. We recognise that successful candidates will be absent from Somerset for almost a year, and that there will inevitably be staffing difficulties, but I feel that this is something which must be faced if the service is to have properly qualified staff in the future.

Although the present tendency appears to be the appointment of specialist social workers, I think it is clear that the Health Visitor is unique in being the only worker in contact with the normal family and therefore the person to detect any deviation from the normal and to be in a position to call in other specialist workers. The Younghusband report report recognises the health visitor as "an essential member of the team and a first line of defence in social action to promote the well-being of children, families, elderly or sick people". There is increasing liaison with the hospitals in dealing with discharges and reports on home conditions and the direct interchanging of information between Health Visitor and hospital staff is developing.

During 1959, 9,382 families or households were visited by the full time Health Visitor and 20,656 by District Nurse/Midwife/Health Visitors. During the year, the full time Health Visitors visited 11,883 children under the age of five and District Nurse/Midwife/Health Visitors visited 25,681 children.

Details of visits paid during 1959 by the Health Visiting staff are given below :—

| | Full-time Health Visitors | District Nurse/Midwife/ Health Visitors |
|---|---|---|
| Ante and Post Natal ... ... | 205 | 19,925 |
| Children : | | |
| Under 1 year of age ... ... | 15,792 | 60,656 |
| 1 — 2 years of age ... ... | 8,295 | 31,594 |
| 2 — 5 years of age ... ... | 14,843 | 44,457 |
| Other visits, including special visits, infectious diseases, care of old people, hospital aftercare, etc. ... ... ... ... | 3,652 | 16,701 |
| Tuberculous households ... | 5,943 | — |

The whole-time tuberculosis visitors paid 3,445 visits to tuberculous households.

SCHOOL NURSING

The school medical and hygiene work by the Health Visitors and District Nurses has continued and out of a total of 132,809 children examined only 361 were found to be infested. This gives a figure of 2.7 per 1,000 which is little different from the low figures recorded in previous years.

# HOME HELP SERVICE

This Service continued a gradual but controlled expansion during the year 1959, when Home Helps were sent to some 3,383 households, against 3,091 in 1958. An exceptionally busy winter and early spring, a phenomenon that may cease to be exceptional as the service continues to be more widely known, strained our resources to capacity, with the result that some restriction of the service was necessary during the summer in order to avoid overspending. At the end of this period additional money was granted and the service was once more able to help all persons in genuine need.

In spite of the restrictions, the figures for the year show an increase in all types of cases helped, perhaps the most surprising being that of 97 in the number of home confinement and post hospital maternity cases. Of the total of 420, however, only 125 received full-time help from the service, the remaining 275 being content with part-time help to supplement assistance given by relatives or neighbours.

The old age group, on the other hand, after increasing annually with some rapidity, appears at first glance to show a surprisingly small increase in numbers; 207 more, however, remained on the books at the end of the year than in 1958, but less ceased to need help for various reasons, thus reducing the annual total.

The increasing trend of many hospitals for the chronic sick to accept the aged and infirm for short periods for rest and rehabilitation, and then to discharge them to their own homes to the care of Home Helps, is on the whole a welcome innovation. The policy of local councils in building flats for the aged with a warden in residence has reduced the help needed from the service to some degree, but, on the other hand, help is now needed for almshouses where a resident matron is employed, as the aged now tend to seek this type of accommodation for reasons of health rather than for those of finance.

Mental Health appears as a separate category for the first time. The as yet moderate number of these cases helped, 25, does not, however, include the increasingly large number suffering from advanced senility who are cared for by Home Helps with exemplary patience and kindliness.

The steady growth of the Home Help Service is largely due to the number of people who need help, not for weeks or months, but for years, and of the 3,383 households helped in 1959, no less than 1,188 had received help from the service for over twelve months; some, in fact, had received help for over ten years. These cases are not so spectacular as the sudden emergencies, but may well effect a greater saving, not only in

cash but in human suffering. Many, for example, are the relatively young chronic sick, who, without the aid of the Home Help Service, would be forced to leave their own homes for a hospital, and many are aged and infirm couples able to remain together only because a Home Help is provided.

The number of Home Helps on the Register at the end of December, 1959, was 650, the majority being part-time workers. It has rightly been pointed out that however generous the financial provision may be, the service must ultimately be limited by the number of suitable women available who are willing and capable of undertaking the exacting duties required of them. At present little difficulty is experienced in finding such women in towns where heavy industries predominate, but in residential areas and towns where light industries predominate, the service is already limited by lack of personnel.

There is a trend throughout the country to add Home Helps to the ever-increasing number of trained workers, and there are many occasions when it is obvious that some form of training would be helpful, more especially for the young entrants. There are times when however carefully her cases are selected, the new recruit finds herself faced with a human problem beyond the scope of her limited experience. There are times when some knowledge of invalid diet would be invaluable, and when some knowledge of elementary nursing and first aid would be beneficial.

On the other hand, any form of training in so rural a County must of necessity be superficial and given to a few picked women, who might well be inclined to rely on this training which might not stand them in such good stead as their own innate common sense. A woman who thought of herself as being trained might also be inclined to feel herself above doing the more lowly household chores and to leave them to a non-existent third person.

Again, one of the main assets of a Home Help is her ability to adapt herself from the habits and whims of one household to the totally different habits of another, and to accept the householder's standards as her own to some extent for the time being. The infliction of a fixed trained standard by a trained Home Help on any household might not be appreciated.

At present, also, the Somerset service is to some extent capable of expanding and decreasing with some rapidity to meet fluctuating demands, and this might not be so easily achieved if it is necessary to wait for personnel to be trained. Be this as it may, some form of training may be essential in the future, but whether the public will receive a better service as a result is problematic.

Visits paid by Area Organisers and Assistants during the year numbered 14,165, against 12,921 in 1958. This figure does not include the large number of visits paid by the eighteen willing voluntary workers. The majority of local authorities running comparable services in rural counties divide their counties into as many as ten areas, with an area organiser responsible for each, and employ a relief or deputy organiser to relieve the organiser in times of sickness or holidays, or alternatively call on the County Organiser to act as relief.

In Somerset we divide our large County into five areas only, and staff each with an area organiser with either a full-time or part-time assistant according to the area's needs, and with efficient clerical staff who are fully conversant with the day to day routine. The County Organiser is also responsible for an area with a trainee assistant. By this means, and with the help of voluntary workers in many outlying districts, each area is normally capable of supplying its own coverage in emergencies without calling on help from the staff of other areas. We hope that this method is less costly in office administration and that it is less costly in travelling allowances.

The new assistant is also able to learn the work under an experienced organiser, on the whole a satisfactory way of training our personnel. The official training of Home Help Organisers, like that of Home Helps, may be envisaged in the future, but like that of Home Helps may well result in a service more polished but no more humane.

| | Old Age (over 65) | Chronic Sick (under 65) | T.B. | Post-operation | Maternity | Post and pre-natal | Emergency illness | Family Help | Mental Health | Others | Total for year | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | 1959 | 1958 |
| Weston-super-Mare | | | | | | | | | | | | |
| Ceased | 156 (168) | 54 (34) | 5 (6) | 43 (36) | 94 (59) | 18 (25) | 24 (30) | 7 (7) | 2 | 27 (16) | 430 | (382) |
| Continuing | 353 (298) | 68 (60) | 3 (5) | 13 (5) | 3 (-) | 6 (5) | 1 (4) | - (-) | 3 | 2 (7) | 452 | (384) |
| Midsomer Norton | | | | | | | | | | | | |
| Ceased | 117 (117) | 24 (42) | 2 (1) | 13 (11) | 59 (62) | 18 (20) | 16 (8) | 10 (2) | - | 6 (-) | 265 | (263) |
| Continuing | 364 (319) | 50 (44) | 1 (3) | 5 (2) | 4 (2) | 4 (5) | - (-) | 2 (2) | - | 3 (-) | 433 | (377) |
| Wells | | | | | | | | | | | | |
| Ceased | 23 (33) | 3 (2) | - (-) | 5 (1) | 30 (15) | 4 (5) | 3 (4) | 3 (-) | - | 6 (17) | 77 | (77) |
| Continuing | 65 (65) | 8 (3) | - (-) | 1 (-) | - (1) | - (-) | - (-) | - (-) | - | 5 (-) | 79 | (69) |
| Bridgwater | | | | | | | | | | | | |
| Ceased | 84 (89) | 26 (20) | 1 (5) | 9 (7) | 57 (56) | 14 (11) | 30 (18) | 7 (7) | 1 | 1 (3) | 230 | (216) |
| Continuing | 229 (233) | 76 (61) | 8 (3) | 3 (3) | 3 (-) | 2 (3) | 6 (4) | 1 (1) | 2 | 1 (4) | 331 | (312) |
| Yeovil | | | | | | | | | | | | |
| Ceased | 93 (101) | 40 (14) | 4 (1) | 14 (3) | 81 (56) | 32 (14) | 25 (22) | 2 (1) | 4 | - (1) | 295 | (213) |
| Continuing | 200 (201) | 19 (31) | 3 (3) | - (-) | - (-) | 2 (6) | 1 (3) | - (1) | 1 | - (-) | 226 | (245) |
| Taunton | | | | | | | | | | | | |
| Ceased | 105 (131) | 33 (43) | 2 (3) | 19 (25) | 89 (70) | 21 (18) | 30 (21) | 5 (9) | 8 | 11 (17) | 323 | (337) |
| Continuing | 180 (168) | 54 (37) | 1 (1) | 2 (3) | - (2) | - (2) | 1 (2) | - (1) | 4 | - (-) | 242 | (216) |
| | 1,969(1,923) | 455(391) | 30(31) | 127 (96) | 420 (323) | 121 (114) | 137(116) | 37(31) | 25 | 62 (65) | 3,383 | (3,091) |

Maternity Cancellations: Weston 27 (20); Midsomer Norton and Wells 17 (7); Bridgwater 9 (16); Yeovil 15 (13); Taunton 10 (15).

Total on books at end of year: 1,798.
Total on books at end of 1958 1,649.

(Figures in brackets refer to 1958)

# VACCINATION AND IMMUNISATION

## DIPHTHERIA IMMUNISATION

The table shows that 5,979 children, all ages, received a primary course of injections in 1959, and a further 3,240 received reinforcing injections.

Of the 'under-fives', 5,657 received primary immunisation, and this figure, compared with the total births of the previous year, gives a percentage of 75.

The corresponding percentages for the previous years are:—

| | | |
|---|---|---|
| 1958 | 5,661 | 77% |
| 1957 | 4,552 | 64% |
| 1956 | 5,375 | 77% |
| 1955 | 5,552 | 80% |

There were no cases of diphtheria reported.

## SMALLPOX VACCINATION

The figures for the primary vaccination of 'under-fives' show a slight decrease, there being a total of 3,703 as compared with 3,863 in 1958.

This represents 49 per cent of the live births of 1958.

## WHOOPING COUGH VACCINATION

During the year 5,308 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

Owing to the unexpectedly steep and sudden concentration of demand following on the publicity arising from the death from poliomyelitis of a well-known professional footballer, difficulty was experienced early in the year in obtaining supplies of vaccine.

The table shows that during the period under review, 53,552 children in the 1943—1959 age groups, and 25,593 young persons born during the years 1933 to 1942 inclusive, were vaccinated with two injections. In the priority groups, 3,065 expectant mothers, 124 doctors and members of their families, and 50 ambulance staff and members of their families received protection.

Reinforcing injections are normally given seven months after the second injection of the primary course, and 71,322 of these injections were given.

Since the inception of the Scheme, 128,244 persons have received a primary course of two injections and, of these, 71,658 have received a third (reinforcing) injection.

This valuable work, so extensive in its application, has been carried out by General Medical Practitioners and your medical staff. For your own staff, it has meant inevitably that other forms of medical work have had to be reduced, but this whole scheme has been well worth the first priority given to it.

## DIPHTHERIA. IMMUNISATION, 1959

| District | Total primary immunisations, 1959 | | | Total reinforcements 1959 | Total Live Births 1958 |
|---|---|---|---|---|---|
| | Under 1 year | 1 – 4 yrs. | 5 – 14 yrs. | | |
| RURAL | | | | | |
| Axbridge ... | 246 | 90 | 29 | 205 | 429 |
| Bathavon ... | 181 | 38 | 3 | 81 | 328 |
| Bridgwater ... | 168 | 63 | 12 | 43 | 348 |
| Chard ... | 98 | 20 | 10 | 100 | 150 |
| Clutton ... | 113 | 49 | 8 | 63 | 270 |
| Dulverton ... | 49 | 10 | 5 | 12 | 63 |
| Frome ... | 87 | 27 | 2 | 2 | 156 |
| Langport ... | 129 | 29 | 5 | 64 | 199 |
| Long Ashton | 226 | 57 | 12 | 138 | 377 |
| Shepton Mallet | 67 | 16 | – | 43 | 177 |
| Taunton ... | 131 | 53 | 6 | 180 | 308 |
| Wellington ... | 74 | 22 | 7 | 88 | 160 |
| Wells ... | 80 | 16 | 5 | 70 | 185 |
| Williton ... | 99 | 27 | 1 | 62 | 187 |
| Wincanton ... | 210 | 25 | 2 | 78 | 267 |
| Yeovil ... | 260 | 57 | 17 | 405 | 381 |
| Totals | 2,218 | 599 | 124 | 1,634 | 3,985 |
| URBAN | | | | | |
| Bridgwater ... | 196 | 70 | 36 | 75 | 394 |
| Burnham-on-Sea | 99 | 47 | 5 | 27 | 130 |
| Chard ... | 45 | 6 | 1 | 69 | 72 |
| Clevedon ... | 121 | 8 | 3 | 49 | 148 |
| Crewkerne ... | 23 | 7 | 1 | – | 48 |
| Frome ... | 76 | 19 | – | 1 | 182 |
| Glastonbury... | 54 | 7 | – | 1 | 84 |
| Ilminster ... | 16 | 9 | 6 | 36 | 42 |
| Keynsham ... | 160 | 55 | 6 | 89 | 321 |
| Minehead ... | 63 | 23 | 3 | 40 | 75 |
| Norton Radstock | 197 | 36 | 5 | 77 | 188 |
| Portishead ... | 48 | 18 | 5 | 17 | 115 |
| Shepton Mallet | 13 | 9 | 3 | 7 | 72 |
| Street ... | 78 | 16 | 1 | 5 | 94 |
| Taunton ... | 318 | 105 | 50 | 358 | 475 |
| Watchet ... | 19 | 2 | – | 19 | 39 |
| Wellington ... | 46 | 20 | 9 | 66 | 90 |
| Wells ... | 43 | 7 | 1 | 59 | 99 |
| Weston-s-Mare | 347 | 87 | 29 | 241 | 560 |
| Yeovil ... | 249 | 78 | 34 | 370 | 326 |
| Totals | 2,211 | 629 | 198 | 1,606 | 3,554 |
| County Totals | 4,429 | 1,228 | 322 | 3,240 | 7,539 |

## SMALLPOX VACCINATION

Number of persons vaccinated (or re-vaccinated) in the year ended 31st December, 1959

| Age groups :– | Under 1 | | 1 | | 2 to 4 | | 5 to 14 | | 15 or over | | Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | P | R | P | R | P | R | P | R | P | R | P | R |
| RURAL | | | | | | | | | | | | |
| Axbridge ... ... | 146 | – | 11 | – | 5 | – | 13 | 2 | 11 | 29 | 186 | 31 |
| Bathavon ... ... | 116 | – | 8 | – | 1 | – | 6 | 2 | 14 | 26 | 145 | 28 |
| Bridgwater ... | 117 | – | 5 | – | 2 | 1 | 4 | 2 | 9 | 17 | 137 | 20 |
| Chard ... ... | 101 | – | 4 | – | – | 1 | – | 5 | – | 8 | 105 | 14 |
| Clutton ... ... | 58 | – | 2 | – | 1 | – | 2 | 1 | 6 | 5 | 69 | 6 |
| Dulverton ... ... | 33 | – | 2 | – | 1 | – | – | 2 | – | 9 | 36 | 11 |
| Frome ... ... | 55 | – | 4 | – | 2 | – | 5 | – | – | 1 | 66 | 1 |
| Langport ... ... | 103 | – | 2 | – | 1 | – | 1 | 3 | 3 | 11 | 110 | 14 |
| Long Ashton ... | 124 | – | 11 | – | 7 | – | 4 | 2 | 11 | 30 | 157 | 32 |
| Shepton Mallet ... | 43 | – | 7 | – | 2 | – | – | 2 | 2 | 8 | 54 | 10 |
| Taunton ... ... | 159 | – | 6 | – | 4 | – | 6 | 2 | – | 9 | 175 | 11 |
| Wellington ... ... | 72 | – | 3 | – | 2 | – | 1 | 3 | 1 | 1 | 79 | 4 |
| Wells ... ... | 40 | – | 3 | – | – | – | 2 | – | – | – | 45 | – |
| Williton ... ... | 90 | – | 4 | – | 2 | 5 | 3 | 3 | 4 | 20 | 103 | 28 |
| Wincanton ... ... | 151 | – | 6 | – | 5 | – | 7 | 4 | 1 | 13 | 170 | 17 |
| Yeovil ... ... | 335 | – | 21 | – | 4 | 1 | 12 | 5 | 2 | 25 | 374 | 31 |
| Totals:– | 1,743 | – | 99 | – | 39 | 8 | 66 | 38 | 64 | 212 | 2,011 | 258 |
| URBAN | | | | | | | | | | | | |
| Bridgwater ... | 85 | – | 4 | – | 5 | – | 6 | – | 4 | 9 | 104 | 9 |
| Burnham-on-Sea ... | 95 | – | 6 | – | 5 | 1 | 4 | 1 | 6 | 25 | 116 | 27 |
| Chard ... ... | 50 | – | 1 | – | 2 | – | 1 | – | – | 6 | 54 | 6 |
| Clevedon ... ... | 89 | – | 6 | – | 4 | – | 10 | – | 2 | 17 | 111 | 17 |
| Crewkerne ... ... | 48 | – | – | – | – | – | – | 1 | 1 | 1 | 49 | 2 |
| Frome ... ... | 67 | – | 4 | – | 3 | – | 2 | – | – | 1 | 76 | 1 |
| Glastonbury ... | 50 | – | 1 | – | – | – | – | – | – | 2 | 51 | 2 |
| Ilminster ... ... | 14 | – | – | – | – | – | – | – | – | – | 14 | – |
| Keynsham ... ... | 112 | – | 3 | – | 3 | – | 5 | – | 5 | 1 | 128 | 1 |
| Minehead ... ... | 65 | – | 5 | – | 1 | – | 8 | – | – | 2 | 79 | 2 |
| Norton Radstock ... | 70 | – | 7 | – | 3 | 1 | 8 | – | 6 | 12 | 94 | 13 |
| Portishead ... ... | 73 | – | 5 | – | 6 | – | 11 | 1 | 51 | 19 | 146 | 20 |
| Shepton Mallet ... | 15 | – | – | – | 1 | – | – | – | – | – | 16 | – |
| Street ... ... | 50 | – | 7 | – | 2 | 1 | 1 | 1 | 3 | 10 | 63 | 12 |
| Taunton ... ... | 248 | – | 13 | – | 9 | 2 | 10 | 4 | 8 | 13 | 288 | 19 |
| Watchet ... ... | 10 | – | – | – | – | – | – | – | – | 4 | 10 | 4 |
| Wellington ... ... | 61 | – | 4 | – | 1 | – | 5 | 2 | 4 | 11 | 75 | 13 |
| Wells ... ... | 44 | – | 3 | – | 2 | – | 1 | – | – | 4 | 50 | 4 |
| Weston-super-Mare... | 204 | – | 6 | – | 1 | – | 14 | 2 | 26 | 32 | 251 | 34 |
| Yeovil ... ... | 227 | – | 11 | – | 11 | – | 5 | – | 5 | 13 | 259 | 13 |
| Totals:– | 1,677 | – | 86 | – | 59 | 5 | 91 | 12 | 121 | 182 | 2,034 | 199 |
| County Totals :– | 3,420 | – | 185 | – | 98 | 13 | 157 | 50 | 185 | 394 | 4,045 | 457 |

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, 1959

| District | Under 1 | 1 | 2 | 3 | 4 | 5 – 14 | Totals |
|---|---|---|---|---|---|---|---|
| RURAL | | | | | | | |
| Axbridge ... | 232 | 67 | 9 | 6 | – | 6 | 320 |
| Bathavon ... | 178 | 27 | 4 | 1 | – | 3 | 213 |
| Bridgwater ... | 158 | 32 | 10 | 3 | 2 | 7 | 212 |
| Chard ... | 90 | 17 | – | – | – | 1 | 108 |
| Clutton ... | 102 | 33 | 11 | 2 | 2 | 1 | 151 |
| Dulverton ... | 47 | 8 | 1 | 1 | – | 5 | 62 |
| Frome ... | 84 | 21 | 1 | – | – | 2 | 108 |
| Langport ... | 124 | 24 | 2 | 3 | – | – | 153 |
| Long Ashton | 218 | 56 | 2 | 1 | – | 1 | 278 |
| Shepton Mallet | 66 | 13 | – | – | – | – | 79 |
| Taunton ... | 112 | 37 | 8 | – | 1 | 2 | 160 |
| Wellington ... | 74 | 16 | 2 | – | 1 | 4 | 97 |
| Wells ... | 69 | 15 | 2 | 3 | – | – | 89 |
| Williton ... | 80 | 17 | 4 | – | 3 | – | 104 |
| Wincanton ... | 177 | 19 | 4 | 1 | – | 1 | 202 |
| Yeovil ... | 243 | 27 | 5 | 6 | – | 5 | 286 |
| Totals :– | 2,054 | 429 | 65 | 27 | 9 | 38 | 2,622 |
| URBAN | | | | | | | |
| Bridgwater ... | 190 | 60 | 4 | 1 | – | – | 255 |
| Burnham-on-Sea | 103 | 32 | 3 | 2 | – | 5 | 145 |
| Chard ... | 44 | 4 | – | – | – | – | 48 |
| Clevedon ... | 117 | 5 | 1 | – | – | – | 123 |
| Crewkerne ... | 23 | 8 | – | – | – | 1 | 32 |
| Frome ... | 47 | 17 | – | – | – | 1 | 65 |
| Glastonbury... | 53 | 7 | 1 | 2 | – | – | 63 |
| Ilminster ... | 16 | 6 | 1 | 1 | – | 4 | 28 |
| Keynsham ... | 125 | 41 | 5 | 2 | 2 | 5 | 180 |
| Minehead ... | 59 | 20 | – | 1 | 3 | 4 | 87 |
| Norton Radstock | 183 | 18 | 5 | 6 | 5 | 1 | 218 |
| Portishead ... | 48 | 17 | 1 | 2 | – | 2 | 70 |
| Shepton Mallet | 10 | 5 | 1 | 1 | – | – | 17 |
| Street ... | 65 | 17 | 1 | – | 1 | – | 84 |
| Taunton ... | 260 | 68 | 11 | – | 4 | 31 | 374 |
| Watchet ... | 18 | 1 | – | 1 | – | – | 20 |
| Wellington ... | 46 | 19 | 1 | – | – | 3 | 69 |
| Wells ... | 40 | 5 | 1 | – | – | – | 46 |
| Weston-s-Mare | 368 | 46 | 7 | 6 | 4 | 7 | 438 |
| Yeovil ... | 237 | 78 | 5 | 2 | 1 | 1 | 324 |
| Totals:– | 2,052 | 474 | 48 | 27 | 20 | 65 | 2,686 |
| County Totals: | 4,106 | 903 | 113 | 54 | 29 | 103 | 5,308 |

## 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 1959

| Born in year:— | Young Persons 1933—42 | Children 1943—59 | Other Groups: Expectant Mothers | Other Groups: Doctors and families | Other Groups: Ambulance staff and families | No. of persons (all groups) who received a third (reinforcing) injection |
|---|---|---|---|---|---|---|
| RURAL | | | | | | |
| Axbridge ... | 1,179 | 3,442 | 160 | 8 | 4 | 3,471 |
| Bathavon ... | 709 | 2,076 | 95 | — | — | 2,053 |
| Bridgwater ... | 1,225 | 2,340 | 149 | 9 | 1 | 3,527 |
| Chard ... | 679 | 1,420 | 51 | — | — | 1,443 |
| Clutton ... | 822 | 2,049 | 97 | 2 | — | 2,315 |
| Dulverton ... | 191 | 558 | 18 | — | — | 488 |
| Frome ... | 373 | 1,325 | 43 | 2 | — | 813 |
| Langport ... | 749 | 1,198 | 89 | — | 1 | 2,166 |
| Long Ashton | 890 | 2,291 | 140 | 8 | 2 | 3,423 |
| Shepton Mallet | 624 | 1,191 | 46 | — | — | 1,523 |
| Taunton ... | 990 | 2,255 | 107 | 7 | 1 | 2,539 |
| Wellington ... | 406 | 920 | 31 | 6 | — | 1,094 |
| Wells ... | 534 | 1,199 | 54 | 1 | — | 1,365 |
| Williton ... | 631 | 1,197 | 79 | 8 | — | 2,038 |
| Wincanton ... | 943 | 1,928 | 116 | 11 | 2 | 2,925 |
| Yeovil ... | 1,359 | 1,739 | 200 | 2 | — | 3,917 |
| Totals:— | 12,304 | 27,128 | 1,475 | 64 | 11 | 35,100 |
| URBAN | | | | | | |
| Bridgwater ... | 1,679 | 2,811 | 121 | 3 | 3 | 2,545 |
| Burnham-on-Sea | 642 | 939 | 114 | 11 | 6 | 2,130 |
| Chard ... | 445 | 817 | 34 | 7 | — | 749 |
| Clevedon ... | 482 | 921 | 71 | 1 | — | 1,843 |
| Crewkerne ... | 267 | 399 | 23 | 1 | — | 624 |
| Frome ... | 467 | 1,470 | 48 | 1 | — | 1,129 |
| Glastonbury... | 288 | 667 | 37 | — | 2 | 916 |
| Ilminster ... | 195 | 330 | 13 | — | 2 | 399 |
| Keynsham ... | 428 | 1,645 | 113 | 2 | — | 1,786 |
| Minehead ... | 291 | 648 | 35 | 2 | 2 | 1,017 |
| Norton-Radstock | 735 | 1,463 | 74 | 3 | 2 | 1,858 |
| Portishead ... | 235 | 697 | 38 | — | 3 | 1,007 |
| Shepton Mallet | 252 | 611 | 33 | — | 2 | 948 |
| Street ... | 425 | 684 | 34 | — | 2 | 1,302 |
| Taunton ... | 2,096 | 4,277 | 219 | 10 | 3 | 5,696 |
| Watchet ... | 134 | 227 | 18 | — | — | 360 |
| Wellington ... | 387 | 733 | 49 | — | 1 | 1,037 |
| Wells ... | 367 | 644 | 31 | — | — | 1,007 |
| Weston-s-Mare | 1,837 | 4,508 | 250 | 8 | 10 | 5,495 |
| Yeovil ... | 1,637 | 1,933 | 235 | 11 | 1 | 4,374 |
| Totals:— | 13,289 | 26,424 | 1,590 | 60 | 39 | 36,222 |
| County Totals: | 25,593 | 53,552 | 3,065 | 124 | 50 | 71,322 |

# AMBULANCE SERVICE

GENERAL

As will be seen from the table given below, the calls on the Ambulance Service continued to increase. During 1959 there were 3,931 more patients carried than in 1958, and the mileage increased by 37,851. These increases make it necessary for the establishment of both staff and vehicles to be under continuous review. In common with all Ambulance Services, the density of road traffic and the delays resulting therefrom also bring problems and add to our difficulties.

| | Patients | Mileage | Average Distance travelled per patient |
|---|---|---|---|
| **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 | 7.78 |
| **1959** | | | |
| Ambulances ... | 51,164 | 467,535 | 9.14 |
| Sitting-case Ambulances ... | 76,364 | 606,631 | 7.93 |
| Cars ... ... | 35,124 | 230,868 | 6.57 |
| Totals – Service Vehicles | 162,652 | 1,305,034 | 8.02 |
| Hospital Car Service | 7,934 | 31,991 | 4.03 |
| Private Hire ... | 952 | 5,264 | 5.53 |
| All Vehicles ... | 171,538 | 1,342,289 | 7.82 |

In my last annual report I wrote that the British Red Cross Society had given notice to terminate their agency agreement on the 31st March, 1959. The change was made smoothly and without fuss and this could only have happened with the complete co-operation of the County Director and his Officers, and this has been a feature of our relationship throughout the period of the agency.

I am happy to report that there has been very little lessening of the voluntary effort by the British Red Cross Society. The Ilminster Detachment continues to provide a night and weekend service, and at Castle Cary the Detachment gives assistance to the paid staff and so enables a 24-hour service to be provided.

The agency arrangement with the St. John Ambulance Brigade continues.

During the year a review of the whole service has been undertaken, and consideration is now being given to the closure of certain small one-vehicle stations which have been run on a voluntary basis but are no longer able to provide the regular rota of personnel necessary to enable the vehicle to be manned.

The friendly relations which have always existed between the three emergency services of fire, police and ambulance, continue, and, in all activities, there is the fullest possible co-operation. I am pleased, once again, to report that the service continues to maintain good relations with all branches of the Hospital and Medical Services.

CONTROL :

Last year I reported that improvements had taken place in the control organisation and that "999" emergency calls are now centralised on the four Ambulance Controls at Taunton, Weston-super-Mare, Glastonbury and Yeovil. During the year further improvements have been made. At Yeovil the telephones of the Ambulance Station and Group Office have been combined so that the telephone numbers for both emergency and routine calls remain the same throughout the 24 hours. Night and weekend control is in the hands of the Station Officer and two Senior Drivers.

At the Glastonbury Control it was necessary to overcome certain weaknesses, and the changes that have taken place now provide for the night and weekend manning of the Control to be shared by the Station Officers and Senior Drivers of the Glastonbury and Shepton Mallet Stations. The arrangements at Glastonbury will be further improved with the move to the new Ambulance Station which should be ready early in 1960. At both Glastonbury and Yeovil the Group Control Office is, unfortunately, separated from the Station and maximum efficiency cannot be obtained whilst this situation lasts.

The radio installations at Taunton, Weston-super-Mare and Glastonbury, continue to be manned on a 24-hour basis, and whilst the Yeovil installation is not manned at night, the period of day manning has been extended.

During the year two additional radio installations were provided

in vehicles, making a total of 67 vehicles equipped with radio at 31st December, as follows :—

| Control Area | Ambulances | Dual-purpose Sitting-case Ambulances | Cars | TOTAL |
|---|---|---|---|---|
| Group 1 Taunton | 11 | 8 | 2 | 21 |
| Group 2 Weston-s-Mare | 9 | 8 | 2 | 19 |
| Group 3 Glastonbury | 8 | 7 | 3 | 18 |
| Group 4 Yeovil | 4 | 4 | 1 | 9 |

As I have stated previously, radio is now an essential part of the Ambulance Service and because of the number of vehicles now fitted and the increasing use of vehicles by the larger number of patients now carried, there are times when the control system becomes overloaded.

The General Post Office have informed me that it will be necessary to change all equipments by 1964, or to ensure that the equipments will meet a new specification.

It is unfortunate that at present the Taunton Control is not able to transmit messages direct to vehicles operating in the Minehead area nor to receive messages direct from vehicles in that area; the messages have to be passed through the Weston-super-Mare Control. Obviously, it would be more efficient if vehicles throughout the Taunton Control area could be contacted direct, and with this in mind enquiries are being made for an alternative site for the standby transmitter.

Starting on Christmas Eve considerable interference was received during the daytime at the Yeovil Control, and investigation indicated that this was from a B.B.C. transmitter at Rampisham which had commenced an Overseas Broadcast Service on a frequency a harmonic of which coincided almost exactly with the vehicle transmitter frequency. It is hoped that the interference can be reduced so that the efficiency of the Ambulance Service is not affected.

STAFF :

The continued rise in the use of the service, coupled with the delays which occur from traffic congestion, etc., have made it necessary to review the staffing position from time to time. The establishment of paid full-time personnel at Ambulance Stations has been increased by 5, namely :—

| | |
|---|---|
| Norton Radstock | 1 |
| Weston-super-Mare | 1 |
| Shepton Mallet | 1 |
| Taunton | 1 |
| Yeovil | 1 |

The establishment at 31st December, 1959, was:—

STAFF:

| Ambulance Station | Station Officers | Senior Drivers | Driver/ Attendants | TOTAL |
|---|---|---|---|---|
| SOMERSET COUNTY COUNCIL | | | | |
| Castle Cary ... | — | 1 | 3 | 4 |
| Ilminster ... ... | — | 1 | 2 | 3 |
| Paulton ... ... | — | — | 1 | 1 |
| Shepton Mallet ... | 1 | 2 | 4 | 7 |
| Taunton ... ... | 1 | 4 | 15 | 20 |
| Winscombe ... | — | — | 1 | 1 |
| Yeovil ... ... | 1 | 2 | 7 | 10 |
| ST. JOHN AMBULANCE BRIGADE | | | | |
| Bridgwater ... ... | — | 1 | 5 | 6 |
| Clevedon ... ... | — | 2 | 6 | 8 |
| Frome ... ... | — | — | 2 | 2 |
| Glastonbury ... | 1 | 2 | 5 | 8 |
| Minehead ... ... | 1 | — | 6 | 7 |
| Norton Radstock ... | — | 1 | 6 | 7 |
| Portishead ... ... | — | — | 3 | 3 |
| Wellington ... ... | — | — | 1 | 1 |
| Wells ... ... | — | — | 1 | 1 |
| Weston-super-Mare... | 1 | 2 | 14 | 17 |
| TOTAL — All Services | 6 | 18 | 82 | 106 |

VEHICLES:

During the year the following new vehicles have been provided:—

2 large dual-purpose ambulances (4/5 stretcher capacity) on the Karrier chassis for use at the Clevedon and Glastonbury Stations.

3 small dual-purpose ambulances on the Bedford chassis for use at the Weston-super-Mare and Taunton (2) Stations.

2 small dual-purpose ambulances on the Ford Thames chassis for use at the Shepton Mallet and Norton-Radstock Stations.

Two ambulances and five cars were withdrawn from service and sold. In addition, one ambulance, the property of the St. John Ambulance Brigade at the Cheddar Station, was withdrawn without replacement.

Increased work necessitated an additional dual-purpose ambulance

being placed at the Shepton Mallet Station. Because of its condition a car at the Weston-super-Mare Station was withdrawn from service during December before the replacement vehicle on order was delivered. The total number of vehicles in service at 31st December was 79, distributed as follows:–

VEHICLES:

| Ambulance Stations | Ambulances | Small dual-purpose sitting-case ambulances | Cars | TOTALS |
|---|---|---|---|---|
| SOMERSET COUNTY COUNCIL | | | | |
| Castle Cary ... | 1 | 2 | – | 3 |
| Ilminster ... ... | 2 | 1 | – | 3 |
| Paulton ... ... | – | 1 | – | 1 |
| Shepton Mallet ... | 1 | 3 | 1 | 5 |
| Taunton ... ... | 5 | 3 | 1 | 9 |
| Winscombe ... | – | 1 | – | 1 |
| Yeovil ... ... | 4 | 2 | 1 | 7 |
| Total:– | 13 | 13 | 3 | 29 |
| ST. JOHN AMBULANCE BRIGADE | | | | |
| Bridgwater ... ... | 2 | 2 | – | 4 |
| Chard ... ... | 1 | – | – | 1 |
| Cheddar ... ... | 1 | – | – | 1 |
| Clevedon ... ... | 2 | 3 | – | 5 |
| Frome ... ... | 1 | – | – | 1 |
| Glastonbury ... | 2 | 2 | 1 | 5 |
| Highbridge ... ... | 2 | – | – | 2 |
| Minehead ... ... | 2 | 1 | 1 | 4 |
| Portishead ... | 2 | 1 | – | 3 |
| Radstock ... ... | 3 | 1 | – | 4 |
| Timsbury ... ... | 1 | – | – | 1 |
| Wedmore ... ... | 1 | – | – | 1 |
| Wellington ... ... | – | 1 | – | 1 |
| Wells ... ... | 1 | – | – | 1 |
| Weston-super-Mare... | 5 | 3 | 2 | 10 |
| Total:– | 26 | 14 | 4 | 44 |
| Reserve: | 4 | 1 | 1 | 6 |
| Grand Total: | 43 | 28 | 8 | 79 |

A comparison with 1958 shows that the number of small dual-purpose sitting-case ambulances has risen by 5. Although these vehicles are designed primarily for the conveyance of sitting patients, they can easily be adapted to convey stretcher patients and are frequently used

for this purpose. Without them it would be difficult to maintain efficiency and meet demands.

The policy agreed last year of arranging for a complete overhaul of both large and small ambulances after 4 – 6 years' life and 80,000 – 120,000 miles running, is being introduced and it is anticipated that both the useful life and mileage run will be considerably increased. Arrangements have been made for the overhaul of three ambulances, one of which was completed during the year.

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, is still diminishing.

RAIL TRAVEL:

We have carried on with our policy of using to the fullest possible extent the facilities offered by British Railways for the conveyance of both stretcher and sitting patients on long distances, and letters of appreciation are received from both patients and relatives, from which it is clear that this manner of travel is to a patient's advantage. It is unfortunate that as the modernisation and re-equipment of British Railways proceeds, for some journeys rail travel will not be convenient. We are fortunate in Somerset that these plans, so far, have not had any great effect, and, as will be seen from the figures given in the table below, the total number of patients conveyed rose.

I must again pay tribute to the staffs of British Railways from whom we receive the utmost co-operation, and to the Nursing members of the St. John Ambulance Brigade, the British Red Cross Society and others, who so willingly help in escort duties on these long journeys.

We also continue to receive full co-operation from the Ambulance Services provided by other Local Health Authorities throughout the country. This help is, of course, on a reciprocal basis.

| | Stretcher | | Sitting | | Total | |
|---|---|---|---|---|---|---|
| | Patients | Mileage | Patients | Mileage | Patients | Mileage |
| 1958 | 185 | 19,552 | 524 | 44,248 | 709 | 63,800 |
| 1959 | 168 | 19,550 | 587 | 46,392 | 755 | 65,942 |

Total equivalent road mileage:–

1958 – approximately 128,000
1959 – approximately 131,000

PREMISES:

During 1959 the new Ambulance Station and Control Office at Glastonbury has been in course of erection and was completed for occupation on the 31st January, 1960, the date on which the lease of the accommodation in King Street, Glastonbury, expired.

With the termination of the agency arrangements with the British Red Cross Society, they kept for their own use one of the garages at Yeovil, and, whilst the remaining space will garage the vehicles, it is not suitable for an emergency service. The accommodation is on a lease for a maximum of three years and it is essential, therefore, that new premises be provided.

As was reported last year, the St. John Ambulance Brigade have intimated that their Bridgwater Division's Headquarters are located in a clearance area and will be demolished at some future date. It has not yet been possible to find a suitable site for an Ambulance Station but it is hoped that some finality in this direction can be achieved soon.

The position in Oxford Street, Weston-super-Mare, where the Ambulance Station and Control are sited, worsens from year to year with the increasing holiday traffic, and it is hoped that it will be possible to commence the building of the new Station and Control in Drove Road soon.

In order to improve the service in the Churchill area and to meet the increasing demands on the service for assistance at accidents, approval has been given to the establishment of an Ambulance Station near the Churchill cross-roads, but nothing can be done owing to lack of accommodation. It is hoped that temporary premises may be found, but, at the same time, enquiries are being made for a site for an Ambulance Station.

# 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 a reduction this year, and, at 185, are the lowest recorded to date. The highest figure occurred in the 55 – 65 age group of men, more than twice as many as in the 20 – 25 age group. This trend has been noticeable throughout the country for a number of years now.

PARTICULARS OF PULMONARY CASES NOTIFIED:

| Year | New cases notified | Transfers from other Authorities | Total | Contacts seen |
|---|---|---|---|---|
| 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 |
| 1959 | 185 | 72 | 257 | 1,876 |

TUBERCULOSIS NOTIFICATIONS, 1959, BY AGE GROUPS

| Age Groups | New cases (excluding transfers from other Authorities) | | | |
|---|---|---|---|---|
| | Pulmonary | | Non-Pulmonary | |
| | M | F | M | F |
| 0 – 1 | 0 | 0 | 0 | 0 |
| 2 – 5 | 3 | 5 | 2 | 2 |
| 5 – 10 | 2 | 0 | 2 | 1 |
| 10 – 15 | 2 | 2 | 2 | 2 |
| 15 – 20 | 11 | 7 | 0 | 2 |
| 20 – 25 | 12 | 14 | 2 | 3 |
| 25 – 35 | 14 | 12 | 1 | 2 |
| 35 – 45 | 20 | 16 | 0 | 4 |
| 45 – 55 | 17 | 7 | 3 | 2 |
| 55 – 65 | 27 | 5 | 1 | 2 |
| 65 and over | 5 | 4 | 1 | 1 |
| Totals | 113 | 72 | 14 | 21 |

POST MORTEM NOTIFICATIONS:

There were 8 cases of tuberculosis during 1959 which were not formally notified before death. These cases were in two categories, as follows:—

(1) Diagnosed after Post Mortem examination
1 male (pulmonary) age 61

(2) Diagnosed on a doctor's certificate

| Pulmonary | Non-Pulmonary |
|---|---|
| 2 male (ages 49 and 87) | 3 male (ages 54, 64 and 64) |
| 1 female (age 33) | 1 female (age 70) |

CHEST HOSPITALS:

QUANTOCK CHEST HOSPITAL. The total bed complement has remained at 75 (43 male and 32 female), 15 of the male beds being in chalets outside the main building. At the 31st December, 1959, 15 male and 25 female beds in the main building were unoccupied. In addition 13 chalet beds were not in use.

The average occupancy for the year was 29 as compared with 41 in 1958.

| | | | |
|---|---|---|---|
| Admissions for the year: | Men 50. | Women 40. | Total 90. |
| Discharges for the year: | Men 45. | Women 45. | Total 90. |
| Deaths during the year: | Men 2. | Women 3. | Total 5. |

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

The average occupancy for the year was 19, and, at 31st December, 1959, 6 beds (3 male and 3 female) were unoccupied.

| | | | |
|---|---|---|---|
| Admissions for the year: | Men 34. | Women 19. | Total 53. |
| Discharges for the year: | Men 31. | Women 18. | Total 49. |
| Deaths during the year: | Men 1. | Women 1. | Total 2. |

In view of the position of this hospital in the County Town, with all its transport facilities and ease of the daily visiting of patients, there has been an increasing demand for admission here.

During the year, therefore, the South Western Regional Hospital Board decided that, at some future date after suitable alterations had been carried out, the patients at Quantock Chest Hospital should be transferred to Taunton Chest Hospital, which would then be the only hospital for cases of tuberculosis in the South Somerset Clinical Area. The date for these changes has not, however, been decided on so far.

OTHER HOSPITALS. The number of T.B. patients admitted to other hospitals during the year was 92.

CHEST CLINICS:

The new cases seen at the chest clinics numbered 6,419 and were classified as follows:—

| | | |
|---|---|---|
| Pulmonary Tuberculosis | | |
| T.B. Negative ... ... ... | 75 | |
| T.B. Positive, stage 1 ... ... | 29 | |
| T.B. Positive, stage 2 ... ... | 37 | |
| T.B. Positive, stage 3 ... ... | 12 | 153 |
| Non-Pulmonary Tuberculosis | | |
| Bones and Joints ... ... | 5 | |
| Abdominal ... ... ... ... | 6 | |
| Other organs ... ... ... | 2 | |
| Peripheral glands ... ... | 15 | 28 |
| Not Tuberculous ... ... ... ... | | 6,230 |
| Diagnosis not complete on 31st December, 1959 | | 8 |
| | | 6,419 |

Chest clinic attendances have been as follows:—

| | 1957 | 1958 | 1959 |
|---|---|---|---|
| Bath (County) ... | 1,122 | 1,208 | 969 |
| Bridgwater ... ... | 4,791 | 5,339 | 4,980 |
| Bristol ... ... | 514 | 522 | 425 |
| Chard ... ... | 1,084 | 1,006 | 933 |
| Clevedon ... ... | 553 | 535 | 568 |
| Minehead ... ... | 1,267 | 1,106 | 1,303 |
| Radstock ... ... | 838 | 804 | 794 |
| Shepton Mallet ... | 482 | 549 | 512 |
| Taunton ... ... | 8,378 | 7,784 | 8,614 |
| Weston-super-Mare... | 5,556 | 4,784 | 4,529 |
| Yeovil ... ... | 2,882 | 3,058 | 2,677 |
| Frome ... ... | 235 | 401 | 280 |
| Totals: | 27,702 | 27,096 | 26,584 |

While the attendances generally show a slight reduction owing to the reduction in the number of cases of tuberculosis seen, there is little, if any, reduction in the number of cases of non-tuberculous chest disease

seen, and in the case of the Taunton Chest Clinic, the attendance figures in 1959 were higher than in any of the previous three years.

MASS RADIOGRAPHY :

| Year | Numbers examined | | Active cases found | Active cases per thousand examined | | |
|---|---|---|---|---|---|---|
| | Male | Female | | Male | Female | Total |
| 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 |
| 1959 | 14,682 | 9,528 | 24 | 0.82 | 1.20 | 0.99 |

In addition to the above, there were 105 cases (65 male and 40 female) with inactive tuberculosis.

TUBERCULOSIS DEATH RATES :

The death rate for the year was 0.084 compared with 0.066 in 1958.

# MENTAL HEALTH SERVICES

**ADMINISTRATION :**

As a Local Health Authority the County Council have functions under the National Health Service Act, 1946 in relation to mental health. The Council's Health Committee have delegated those functions to the Mental Health Sub-Committee as follows :—

> To exercise and carry out the powers and duties conferred or imposed on the Council as Local Health Authority in relation to the treatment of mental illness and mental deficiency, including the prevention of illness and the care and after-care of persons suffering from mental illness.

The duties of the Council under the Lunacy and Mental Treatment Acts 1890 – 1930 are primarily in connection with the admission to and discharge of patients from mental hospitals.

The Mental Deficiency Acts 1913 – 1938 require inter alia, the ascertainment of mental defectives and their supervision. Where supervision does not provide sufficient protection, patients are removed to mental deficiency hospitals or placed under Guardianship as circumstances may require. However all ascertained patients are considered for training and occupation according to their abilities. Children and young adults capable of training are admitted to Training Centres to which reference is made in a later paragraph.

Other and positive duties relating to both mentally ill and mentally defective patients and their families, arise from the prevention, care and after-care functions of the Authority under Section 28 of the National Health Service Act 1946.

MENTAL DEFICIENCY :

The following statistical information refers to mental defectives in hospital, or institution, or in the community in 1959.

Somerset Population 500,400 (Ascertained Mental Defective population 2,305). Incidence of mental deficiency per thousand: 4.6.

| | Under Age 16 | | Age 16 and over | | Total |
|---|---|---|---|---|---|
| | M | F | M | F | |
| 1. In Mental Deficiency Hospitals (including licensed Patients) | 84 | 42 | 438 | 403 | 967 |
| 2. In places of safety ... | — | — | — | — | — |
| 3. In State Institutions ... | — | — | 23 | 12 | 35 |
| 4. Awaiting Admission ... | 10 | 3 | 3 | 1 | 17 |
| 5. Under Guardianship ... | 6 | 5 | 69 | 72 | 152 |
| 6. Under Supervision (Statutory and non-Statutory) ... | 129 | 84 | 245 | 226 | 684 |
| Total ... | 229 | 134 | 778 | 714 | 1,855 |

| | |
|---|---|
| 7. Listed for Voluntary Supervision by Somerset Association for Mental Welfare | 200 |
| Total | 2,055 |

The following summarises the visits paid by Mental Welfare Officers under the Mental Deficiency Acts during 1959 :—

| Guardianship Cases | Patients on Licence | Statutory Supervision | Other M.D. Work | Total Visits |
|---|---|---|---|---|
| 1,004 | 113 | 2,319 | 2,006 | 5,442 |

The Cases Committee have during the year met on eight occasions and the following action has been taken:—

| | Year 1958 | Year 1959 |
|---|---|---|
| Placed on Statutory Supervision | 77 | 79 |
| Placed on Non-Statutory Supervision | 22 | 19 |
| Discharged from Supervision | 71 | 85 |

JUNIOR TRAINING CENTRES

The County Council maintain seven Centres providing approximately 250 places for mentally defective patients under the age of 16 years.

A local Committee has been established at each Centre to assist in the general management and to make recommendations as to various matters connected therewith. Where appropriate the local Branch of the National Society for Mentally Handicapped Children is encouraged to share in the social activities; and the Somerset Association for Mental Welfare continue to assist and give financial help in special cases.

Except at one Centre, (Glastonbury), where meals are to be cooked on the premises, the school meals service is available.

Medical inspections are carried out regularly by members of the Council's School Health staff, and speech therapy is provided, in appropriate cases, as often as can be arranged.

In the development of Junior Training Centres the Council intend to provide places in these Centres for all children in Somerset who can benefit from training, and to continue the provision of meals and medical services, including dental services when possible, and speech therapy where necessary. Many children will be able to attend on a daily basis and special transport arrangements will continue to be provided where necessary.

For those children beyond reasonable daily travelling distance, or in the case of those who for any other reason are, in the opinion of the Council, unable to attend daily, hostels will be provided at certain centres where the children can live during the week and return to their homes at weekends.

In certain cases longer residential care may be necessary and such children will return home only for the main school holidays.

Three new junior training centres are proposed to be built within the next five years at Yeovil, Bridgwater and Taunton and in each case the present Centre will be used as an Adult Centre. (One project, i.e. Yeovil, has been approved in principle by the Minister of Health and work is expected to commence in the very near future). At the remaining four centres it is hoped to provide additional buildings and/or classrooms to meet future requirements, although this may be impracticable at the Lopen Centre where probably a new location may have to be considered.

Pupils from the neighbouring counties of Dorset and Devon attend the Yeovil and Lopen Centres respectively. A number of Somerset chil-

dren continue to attend the Bath City Occupation Centre.

The following table shows the number of pupils and outworkers under instruction at the end of the December quarter 1959 :–

| Centre | Places | Registered Pupils | Outworkers | Total | Waiting List |
|---|---|---|---|---|---|
| Bridgwater | 32 | 39 | – | 39 | – |
| Coxley | 30 | 28 | 1 | 29 | 6 |
| Lopen | 20 | 19 | – | 19 | 1 |
| Radstock | 50 | 46 | 7 | 53 | 1 |
| Taunton | 32 | 37 | 5 | 42 | 2 |
| West Somerset | – | – | – | – | 5 |
| Weston-super-Mare | 50 | 49 | 3 | 52 | 3 |
| Yeovil | 32 | 37 | – | 37 | 3 |
| Bath (Bath L.H.A.) | – | 7 | – | 7 | 1 |
| Bristol (Bristol L.H.A.) | – | – | – | – | 1 |
| | 246 | 262 | 16 | 278 | 23 |

MENTAL ILLNESS

It is impossible to set out in detail the ever increasing amount of medical and social work carried out in this branch of the Mental Health Services. Closer links with the mental hospitals and the Local Health Authority have been a noticeable feature during the year, and a good deal of unrecorded but very necessary work has been done in the interests of the mentally ill. Included in this are the social histories, reports, enquiries and advisory visits, all involving human personal problems and relationships.

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, 1959 :–

| Certified Cases | Voluntary Cases | Temporary Cases | Removed under Court Order | Informal Admissions | Sections 11, 20 & 21 Lunacy Act | Total Admissions | Other Action | General Total |
|---|---|---|---|---|---|---|---|---|
| 118 | 436 | 13 | 1 | 82 | 340 | 990 | 2,209 | 3,199 |

## MENTAL HEALTH ACT, 1959

This Act received the Royal Assent on the 29th July, 1959. Amongst other things, it changes completely the procedures leading to the care and treatment of the mentally disordered, and requires local health authorities to provide, for those who need it, a fuller measure of community care.

A complete review of the mental health services has been undertaken and this has lead to a fresh stage in preparation during the past year. Consideration has been given to Ministry of Health Circular No. 9/59 which deals with the provision of the following facilities:

(1) Junior Training Centres
(2) Adult Training Centres
(3) Home Training
(4) Residential Accommodation
(5) Day Centres
(6) Social Clubs
(7) Home Visiting Service.

The Act places additional responsibility upon the Council in connection with the care and welfare of mentally disordered patients in their area. Increased provision will be required in relation to the prevention of mental ill health and the care and after-care of mentally disordered persons living in the community.

## ADULT TRAINING CENTRES

There are no purpose-built adult Centres in Somerset but use is made of existing facilities in the Junior Training Centres, and special classroom accommodation is provided for adults where this is possible. In this way the seven Centres provide approximately 50 placements for patients over the age of 16 years. As a general rule adult female patients attending the Centres are given instruction in simple domestic work including cooking and housecraft in addition to handicrafts. Adult males are instructed in such subjects as simple carpentry, rug and mat making and other general handicrafts.

It is proposed in due course to develop training centres either directly or by arrangement with voluntary organisations. Where practicable voluntary organisations (e.g. the Somerset Association for Mental Welfare, and local branches of the National Society for Mentally Handicapped Children) will be encouraged to provide residential hostels for adults who live too far distant from the Centres to be able to attend daily.

Such voluntary activities would be supported by grants or loans as may be appropriate.

The Council's plans are expected to provide (within the next five years) places for most suitable cases.

RESIDENTIAL ACCOMMODATION:

No residential accommodation for mentally disordered patients has been provided in Somerset. It is proposed that the Council shall be asked to provide, as the need arises, residential accommodation either directly or by arrangement with other authorities and/or other organisations or by boarding out as may be found appropriate. After careful consideration of Ministry of Health Circular 9/59, the Council have approved in principle of the following proposals being implemented during the next three yearly period, and these are shown below in order of priority.

(1) Hostels at Yeovil, Bridgwater and Taunton for children attending junior training centres.

(2) Guardianship Hostels – (Accommodation for 25 males and 25 females – all groups).

(3) Hostels for the elderly mentally infirm – 2 hostels to accommodate 50 male and 50 female patients.

(4) Holiday Home – for the boarding out or short-term care of up to 20 mentally handicapped children, by arrangement with any voluntary organisation providing a suitable service; the Council being responsible for the cost of each child's maintenance, subject to the reimbursement of such cost, or part thereof, by the parent where appropriate.

The Somerset Association for Mental Welfare, in conjunction with the Weston-super-Mare and District Society for Mentally Handicapped and Spastic Children, have decided to purchase St. Margarets', Weston-super-Mare, for use as a short-stay or holiday home for some 20 children of either sex up to the age of 16 years. This home is expected to open during 1960, and will relieve the very heavy pressure upon hospitals for short-term placements in respect of which very many applications have had to be refused during the year.

HOME TRAINING:

Home teachers have not been appointed, but at each training centre certain junior and adult patients who, because of distance to be travelled or physical disability, are unable to attend, are placed on the

"Out-Workers" list and are visited by a Centre Teacher as often as possible each term so as to provide instruction and occupation.

The establishment of a Home Teaching Service will be considered as the need arises. In such cases provision would be made for:—

(a) children who are unable, either by reason of distance or otherwise, to attend the existing junior training centres, and

(b) adults who are not gainfully employed and/or are not in reach of training centres provided either directly by the Council or voluntary organisations, to receive tuition and instruction in their own homes or at residential hostels or in groups at suitable centres.

DAY CENTRES, SOCIAL CLUBS AND OTHER ACTIVITIES:

Voluntary organisations have, with the help of the Council in their capacity as local education authority, sponsored the establishment of one social club for mentally and educationally retarded youths. In addition, special classes have been arranged by the Education Committee at the request of the Health Committee for instruction in primary educational subjects, e.g. writing, reading and simple arithmetic.

The special classes referred to above will be continued and developed as necessary.

Local voluntary organisations (primarily the Somerset Association for Mental Welfare) will be encouraged to develop Day Centres and Social Clubs where necessary and grants or loans for this purpose may, if the County Council approve, be paid towards the cost thereof.

In certain cases it may be possible for other statutory or voluntary organisations to provide such clubs or amenities for mentally disordered persons as are found to be necessary.

HOME VISITING SERVICES:

The functions of the Council's staff of Health Visitors include home visiting for the purpose of giving advice "as to the care of young children and ..... persons suffering from illness"

Where specialist help is needed in this important aspect of preventive mental health work, the matter is dealt with in consultation with the mental health services staff and the general medical practitioner and/or consultants concerned, as appropriate.

Long-term care and aftercare work in mental health is carried out by mental welfare officers acting in consultation with the medical staff

of the Council and of the several hospitals in the County, and with the continued assistance of the general medical practitioners.

Use is made of the existing Somerset Association for Mental Welfare voluntary visiting service in certain cases as circumstances demand.

The Home Visiting Service will be developed on the general lines outlined above as may be found necessary to implement the Council's increased responsibilities under the Mental Health Act, 1959.

GUARDIANSHIP:

When the present statutory provisions relating to guardianship are replaced by those contained in the Mental Health Act, 1959, the Council propose to carry out the new functions both in relation to persons placed under their guardianship and to those in the guardianship of others.

At present there are 152 patients under guardianship living in their own homes or in specially selected homes, for whom the Local Health Authority is responsible under the Mental Deficiency Acts.

ORGANISATION AND STAFF OF THE SERVICES:

(a) MEDICAL. The Mental Health Services are administered by the County Medical Officer of Health assisted by his Deputy who acts as Senior Medical Officer for Mental Health.

A number of Hospital consultant and other specially experienced medical practitioners have been approved by the Council and act in an advisory capacity carrying out clinical examinations and giving such certificates as may be required under present legislation. These officers are employed on a part-time basis as occasion demands. All have special experience of the diagnosis or treatment of mental disorder and six hold consultant medical appointments at Mental and Mental Deficiency Hospitals.

(b) NON-MEDICAL. The non-medical administration is carried out under the direction of the County Medical Officer of Health by the Mental Health Officer assisted by a senior administrative assistant and five administrative and clerical staff at County Hall.

The field staff of social workers covering the four areas into which the County is divided for this purpose, consists of a Superintendent and ten Mental Welfare Officers (one of whom is a qualified psychiatric social worker). They are assisted by two Assistant Mental Welfare Officers. An increase in the establishment has been authorised to allow

the appointment of two additional Mental Welfare Officers in anticipation of the coming into force of the Mental Health Act, 1959. These appointments will be made in 1960.

A training scheme for new entrants intending to become Mental Welfare Officers has been in operation for the past eight years. Training is of the "In-Service" variety and encouragement and assistance is given to Trainees to obtain a Diploma in Social Science at either Exeter or Bristol University as may be practicable.

There are at present three officers under training and, in anticipation of increased work, three further trainees will shortly be recruited.

A close link is maintained at all levels with general medical practitioners and with the mental and mental deficiency hospitals. There are periodic meetings of senior members of the Council's mental health staff and the hospital staffs, and day-to-dav consultations between field staff, individual medical practitioners and hospital medical and other staff.

In addition, all mental health services staff have been given the opportunity of attending, amongst other appropriate courses, specially arranged residential staff courses which have been held at the Council's College for Adult Education every two or three years as convenient. The Council have approved of arrangements being made for another mental health staff course in June 1960.

The Training Centres are staffed as follows:—

| Centre | Head Teacher | Assistants | Domestic Helpers | Escorts | Caretaker | Total |
|---|---|---|---|---|---|---|
| Bridgwater | 1 (W) | 3 (W) | — | 2 (P) | 1 (P) | 4 (W)<br>3 (P) |
| Coxley | 1 (W) | 2 (W) | — | 1 (P) | — | 3 (W)<br>1 (P) |
| Lopen | 1 (W) | 1 (W) | — | — | 1 (P) | 2 (W)<br>1 (P) |
| Radstock | 1 (W) | 3 (W) | 1 (P) | 3 (P) | 1 (P) | 4 (W)<br>5 (P) |
| Taunton | 1 (W) | 3 (W) | — | — | 1 (P) | 4 (W)<br>1 (P) |
| Weston-s-Mare | 1 (W) | 4 (W) | 1 (P) | 4 (P) | 1 (P) | 5 (W)<br>6 (P) |
| Yeovil | 1 (W) | 3 (W) | — | 2 (P) | 1 (P) | 4 (W)<br>3 (P) |
| Total | 7 (W) | 19 (W) | 2 (P) | 12 (P) | 6 (P) | 46 |

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

The County Staff Committee have agreed to the secondment of two unqualified Assistants (Yeovil and Radstock Centres respectively) to the full-time year's Course arranged by the National Association for Mental Health at Bristol. This course leads to the National Association's Diploma for Teachers of the Mentally Handicapped. The Course fees and full salaries of the staff attending has also been met in these cases.

It is apparent that the new legislation will inevitably require an increase in the number of staff employed in the mental health services. In particular, a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, will have to be appointed as the relevant provisions of the Act come into operation.

In order to strengthen the link with hospitals, general practitioners and other agencies, and for the provision of service through voluntary bodies or the agency of other local health authorities, the Medical Superintendents of the two major mental hospitals in Somerset have been asked if they will provide special facilities for case and consultative meetings of the Council's area field staff on a regular weekly basis. This would strengthen the link with the hospitals in connection with both the preventive aspect of mental health work and care and after-care in the community.

Consultation with the Regional Hospital Board and other authorities concerned is expected to take place with a view to the appointment of sufficient number of approved medical practitioners experienced in the treatment or diagnosis of mental disorder to meet the requirements of the Mental Health Act, 1959. It is thought that these practitioners will also be closely concerned with the foregoing arrangements for consultative and other purposes.

It is essential that general medical practitioners should be kept informed of developments by regular correspondence and area meetings. The latter could possibly be arranged through the Executive Council and the Local Medical Committee.

In appropriate cases the Home Visiting Service will be supplemented by the voluntary services of the Somerset Association for Mental Welfare, but the major proportion of mental health social work will doubtless continue to be carried out by mental welfare officers and other field staff in close consultation with the specialist and general medical practitioners.

Despite the success of our own In-Service Training Scheme (referred to above) the demand for fully trained and experienced Mental Welfare Officers continues to be unsatisfied. The Report of the Working Party on Social Workers (Younghusband Report) was published during the

year and now awaits the Government's pronouncement on this important and pressing subject.

I conclude with an extract from my foreword to the "Proposals and Suggestions for Somerset" upon the review of Mental Health Services under Ministry of Health Circular 9/59 which I submitted to the September, 1959, meetings of the Health and Mental Health Sub-Committees:

"In the main there is no disagreement about aims, but for those of us who are older in this Service, some misgivings and doubts must arise.

"Basically, there will have to be in due course (and this may be much slower than some anticipate) a great change from hospital to domiciliary care. To do all this, training courses will have to be greatly increased, residential accommodation will have to be provided for substantial numbers of mentally ill patients, the home visiting service will have to be greatly expanded, and, above all, the various bodies having a part-share in Mental Health work will have to integrate their forces at all levels.

"It would be idle to minimise the difficulties of attainment; these are very real. Without a big expansion in trained staff, and a major building programme, progress must be slow. And for these things money in great quantity must be forthcoming, and, on this, silence still reigns.

"All we can do is to put proposals before you so that you may make your policy and in doing so it is wise to be practical, and not, as some tend to do, to dwell in realms of fancy.

"Before passing to the details in this Report, it is well to remember some points which I have learned through twenty-five years' experience in this work and which sometimes tend to be missed today.

"Firstly, in this expansion of Mental Health work, in my view, the major problem will arise in dealing with mental defectives; sometimes there is an understandable tendency for the mental hospital people to put only their side of the affair into the picture, and, while their side has great importance, the real weight of what we do in the future may well be required for mental defectives – those who are born that way, and, in some degree or other, stay that way throughout their lives, and in this work with mental defectives the factors are complex, but, while it is old-fashioned to say so, the influence of heredity remains the governing one. And, if this is accepted, the plans and arrangements which you may make will have to be wisely fashioned to balance the freedom of the individual within the frame-work of the community.

"Secondly, a heavy and increasing burden will be required to be met in your provisions for the elderly, who are not really mental but simply senile, and yet, present difficult individual and group problems. In this work there is much to be done, and, in its proper and adequate handling, there should be much relief to the mental hospital beds now occupied in the main unnecessarily by these people. And these provisions will cost a very great deal of money.

"Thirdly, with regard to the mentally sick, there has been in recent years a great increase in mental illness, but progress in treatment and in enlightened social handling has been very great, and all credit is due to those responsible for this work.

"Now, and in the future, in all cases of mental illness, every effort, with all present-day medical and other treatment facilities, should be made, and controlled research and wider and more understanding social approaches should be undertaken. It is, however, necessary to emphasise the ever-present need not to dangle a carrot of mental ill-health too close to the noses of the populace as a whole; this is dangerous, and it is bad for the individual and the community, and in any case the populace is far too "treatment prone" in these so called National Health days.

"I state these various things because I am anxious that, while every attention should be given to the case of Mental Health now and in the future, it is so important to keep this service within the balance of all the other medical and Public Health work which bear so closely but often unseen on the health, welfare and happiness of the community.

"In mental health work, in geriatric work (and the two are closely linked) and, in fact, in nearly every line of medical practice, the unswerving policy should be to prevent or to delay the need for hospital treatment. This requires wise social measures, a good domiciliary service of doctoring and nursing, and a "new look" on the part of the public to medical treatment, because so many people now are nurtured in the false idea that the only worthwhile medical treatment is to be obtained in hospitals. Nothing in what I say cuts across early hospital treatment for certain mental states and breakdowns; it only means that all possible measures should be taken to improve the public outlook and its reaction to stress and to personal and environmental difficulties, and so to prevent a breakdown, and the consequent hospital treatment. And that is the basis of Preventive Medicine, and we may be seeing the beginning of a new era in the conduct of mental health affairs.

"If this Act can in the end prevent people getting so far as to require hospital treatment or at least to return them to the community without

delay after hospital treatment, then much good to the individual and to the community will result.

"And all this combined with clinical and field research into mental deficiency and into mental illness may well exert a profound influence on mental health affairs, and this work should be encouraged to the fullest extent.

"In the treatment of many forms of mental illness today, the clinical advances have been striking, and the psychiatry of tomorrow may well depend on new drugs, on operative treatment and on measures of electrical treatment. The field is enormous.

"While mental deficiency does not offer the same dramatic effects, there is reason to think that research and clinical treatment may well influence certain states of mental deficiency. In this there is evidence already becoming available, and I believe that there is real progress to be made in the not too distant future.

"In summary, I hope that, while the new Act undoubtedly will be required for years ahead, it will not become a thing only of provisions, of housing, of tending and looking after, but a thing that is alive and looking always to the future through research and clinical trials, for in that way this vast health problem of today may in the long future be brought under control.

"Here is the challenge of the whole Act and I hope that Somerset will play an important part in the many things which require to be done".

GENERAL:

Again our thanks are due to so many people who, whether in their voluntary or official capacity, have helped in administering these services. Amongst them I would especially mention again Magistrates and judicial authorities in Somerset, the Regional Hospital Board and Hospital Management Committee members and staff, the Police and Probation Officers, the many social workers in education, welfare and child care authorities and especially the members of voluntary organisations in this County who give invaluable help in many ways to people suffering or having recovered from mental disorder.

# WATER SUPPLIES

The prolonged dry summer created problems for some of the statutory water undertakers and serious water shortages were reported in certain parts of the County. In particular in the Districts of Norton Radstock Urban and parts of Clutton Rural water was cut off for periods of one to eighteen hours per day between June and October. In some other areas restrictions on the use of hosepipes and watering gardens were necessary and for a time water was cut off during the night. Fortunately heavy rain during the latter part of the year made good any water deficiency which had arisen through the exceptionally dry summer. Authorities who had recently completed their water schemes were more fortunate and experienced no difficulties during the drought.

There is still a great deal of work in progress in connection with water supplies and during the year the following extensions or improvements were carried out. Future proposals are also given.

BOROUGHS AND URBAN DISTRICTS:

BRIDGWATER. New water mains were laid at West Street and Halesleigh Road at a total cost of £4,100.

BURNHAM-ON-SEA. No major improvements to supplies were made during the year but, as a matter of interest, in addition to the several bulk supplies given to the Bristol Waterworks Company, the Council has given a temporary bulk supply of up to 65,000 gallons to the Bridgwater R.D.C. Initially, an equivalent quantity was supplied to the Burnham Urban District by the Bristol Waterworks Company for this purpose but since the end of the summer shortage the R.D.C. has been supplied direct from the Burnham Urban sources. The present arrangement will expire in March 1960.

MINEHEAD. Extensions or improvements carried out during the year comprised the taking over of the private supplies to North Hill, Woodcombe and Middlecombe and the chlorinating of such supplies.

STREET. A new submersible Beresford pump has been provided in Millyard bore at a cost of £1,000.

TAUNTON. The Borough Council's proposals are mainly concerned with the Clatworthy Reservoir Scheme. With regard to water consumption, the quantity used for all puposes during the year was 694,123,000 gallons. Full water supplies were maintained during the exceptionally dry summer except for the period between 6th October and 30th November, 1959, when supplies were curtailed.

The River Otter supply yielded 344,203,000 gallons which represents 52.75% of the water available from all sources. The total rainfall recorded at Leigh Reservoir on the Blackdowns was 43.32 inches whilst that at Clatworthy (Whites Farm) was 50.50 inches.

On the 8th December the scour valve was closed at the new Clatworthy Reservoir to commence the impounding of water, and by 31st December 200,000,000 gallons of water had been impounded.

The Maundown Filter Station will not be completed until the end of 1960, and in order to make some water available for supply during the summer of 1960, the Corporation are installing a temporary filter plant to filter approximately 500,000 gallons of water a day, which will be available to the consumers.

RURAL DISTRICTS:

BATHAVON. The Bath Corporation augmented the Bathampton Village supply by direct connection to their existing mains, thus completely cutting out the village springs.

BRIDGWATER. A 20,000 gallon capacity elevated Water Tower at Ashcott was provided at a cost of £2,350. Mains were laid to serve the Woolmersdon – Rhode area, also to serve the higher levels on the Catcott – Shapwick road, the total cost of which amounted to £3,256.

CHARD. Provisional agreement was reached whereby the District Council will take over the mains water system at Hinton St. George from the Hinton St. George Water Users Association (now in liquidation).

CLUTTON. The Water Supply Scheme for the Mendip area was completed at a total cost of £28,815, also the Clutton to Midsomer Norton trunk main at approximately £54,000. With the completion of these extensions any serious shortage of water as was experienced in 1959 is unlikely to be repeated. The progress on the trunk main scheme enabled a steady improvement in the supply to be maintained, even though the drought continued into November.

DULVERTON. Augmentation of the existing supply for Brushford, Dulverton and Exebridge, by provision of a pump at Marsh Bridge, Dulverton, together with filters, etc. was completed in March, 1959, at a cost of £4,500. In addition, approximately 300 yards of badly corroded iron main at Brompton Regis was relayed with 2 in. bitumin lined steel pipe. Future proposals provide for the relaying of approximately 500 yards of 2 in. iron main through the village of Skilgate.

FROME. Although no major schemes were carried out during the year, approval was obtained for provision of mains water to the

villages of Cloford and Laverton, also to the Kilmersdon School Area.

LONG ASHTON. At a cost of £4,543, a main supply has now been provided for the Strode and Plaisters Green area in the Parish of Winford.

SHEPTON MALLET. The Bristol Waterworks Company are preparing a scheme for providing public main water in the Parish of Cranmore to replace the present private main supplies to West Cranmore and Waterlip which are polluted. The owners of the present private main supplies have agreed to give up their interests.

WELLINGTON. The South Western Parishes Scheme was completed at a cost of £120,000. The Northern and Central Parishes Scheme which is to be linked with the Taunton Borough Council's Clatworthy project has now received Ministry approval in principle. The total cost of this work will amount to £215,000.

WILLITON. Work in connection with the District Council's Clatworthy Scheme continued during the year. The trunk main from Willett to West Quantoxhead and Stogursey was completed. So far as the Western and Central Parishes Schemes are concerned, it is envisaged that work, on the Porlock Section, will commence during 1960.

WINCANTON. Mains in connection with the Comprehensive Scheme were laid to North Cadbury, Castle Cary to Alford, Lovington to North Barrow, Penselwood to Redlynch, and Redlynch to Bruton, also a booster has been provided at Corton Denham. New reservoirs were also constructed at Sigwells, Hull Lane, Charlton Horethorne and Redlynch, Bruton. With regard to the link main from Templecombe to Wincanton and the provision of a booster at Cabbage Lane, Horsington, this work is still in progress. With the provision of the main from New Park Wood to South Brewham, which is to proceed during 1960, it is anticipated that the Wincanton supply will be abandoned. The value of the works of improvement during the last few years was especially appreciated during the long dry summer period.

YEOVIL. Work commenced on the provision of a 6 in. trunk main from Marston Magna to West Camel, the cost of which will amount to £10,200.

REGROUPING OF WATER UNDERTAKINGS:

Various meetings have been held in connection with the regrouping of water undertakings. It is anticipated that the County will be divided into three groups, namely the West Somerset, Mendip and Wessex Areas.

Considerable progress was made during the year in connection with the Northern group, that is the Mendip Area, and meetings have been held to try and reach a satisfactory grouping programme for the West Somerset and Wessex Areas. Full details concerning the Water Undertakings operated by the Bristol Waterworks Company are as follows:–

| Boroughs and Urbans | Rurals |
|---|---|
| Clevedon | Axbridge |
| Glastonbury | * Clutton |
| Keynsham | Long Ashton |
| Portishead | * Shepton Mallet |
| Shepton Mallet | Wells |

(* Due to be taken over on 1st April, 1960.)

CONDITIONS OF CONTRIBUTION

The conditions of contribution towards Water Supply and Sewerage Schemes of Rural District Councils provide for a review of the same conditions in conjunction with the Rural District Councils' Association during the financial year 1958/59 with a view to any new or amended scheme coming into force on the 1st April, 1959.

Following discussions with the Association, it was decided for the time being, to adhere to the conditions concerning Sewerage and Sewage Disposal. So far as Water Supplies were concerned, however, it was agreed that the existing assumed rate of charge of 3/- in the £ on net annual value for domestic water supplies, as provided in the conditions was insufficient in view of the level of prices and that it could possibly be increased to 3s. 9d. in the £. This was approved. It was also agreed that the sum of £250 in respect of capital expenditure which might be incurred on any one project without prior approval of the County Council should be increased to £500. The amended conditions are to be reviewed once again before the end of the 1960/61 financial year.

Numerous Water Orders were made during the year, details of which are as follows:–

THE MINEHEAD WATER ORDER

This refers to the taking over by the Minehead Urban District Council of the Minehead Estate Water Supply from the executors of the late Mr. G. F. Luttrell.

THE TAUNTON BOROUGH COUNCIL (WATER CHARGES) ORDER

Due to heavy expenditure by the Borough Council in connection with their Clatworthy Reservoir Scheme, they have found it necessary to

increase their water charges. The maximum of 5s. 0d. in the £ for domestic supplies will not become immediately effective as so much depends on the water consumption figure and the rates of interest on money borrowed by the Council.

THE BRIDGWATER BOROUGH WATER ORDER

This enabled the Borough Council to reduce the compensation water required by the Bridgwater Corporation Act, 1935, to be discharged from their Durleigh Reservoir into the Durleigh Brook from 250,000 gallons per day to 100,000 gallons per day during the water shortage.

THE BRISTOL WATERWORKS COMPANY AND THE CLUTTON R.D.C. WATER ORDER

This Order implemented an Agreement under which the Company will supply to the District Council treated water in bulk not exceeding 500,000 gallons per day, or more if surplus waters are available out of a similar bulk supply to the Bath City Council, at a cost of 1s. 3d. per thousand gallons for the first 250,000 gallons supplied in any one day, and 1s. 8½d. per thousand gallons for supplies in excess of this figure.

WELLS CITY COUNCIL WATER ORDER

The Wells City Council made application to the Minister, in accordance with Section 32 of the Water Act, 1945, for authority to make an Order to amend and modify the provisions of the Wells Corporation Act, 1901. In addition, authority was requested to amend the rate of charges for supplies of water which the City Council are authorised to levy and make under existing local Acts and Orders.

THE BRIDGWATER BOROUGH COUNCIL (WATER CHARGES) ORDER

The Borough Council made application under Section 40 of the Water Act, 1945, for permission to increase the maximum rate of charges for domestic supplies, the minimum charge of 30s. 0d. per annum to be introduced with effect from the 1st January, 1960, and domestic charges to be on a basis of 4s. 6d. in the £ on the net annual value. Supplies by meter are to be 3s. 6d. per thousand gallons.

THE NORTH DEVON WATER BILL

This was submitted for consideration by the County Council as the North Devon Water Board proposed to carry out certain works in their area of supply which extends into the parish of Churchstanton in the Taunton Rural District.

Samples of raw and treated water submitted for bacteriological and chemical examination numbered 2,427 and 216 respectively. Whilst the number of unsatisfactory treated samples were comparatively few, the raw water showed a percentage failure of over 54.0%, which emphasises the need for treatment.

The following figures refer to samples taken from well water supplies:—

| | Boroughs and Urbans | | Rurals | |
|---|---|---|---|---|
| | No. Taken | Satisfactory | No. Taken | Satisfactory |
| Bacteriological | 36 | 21 | 306 | 101 |
| Chemical ... | 2 | — | 2 | 2 |

Details concerning the substitution of piped supplies for well water and other sources of supply during 1959 were as follows:—

| | Boroughs and Urbans | Rurals | Total |
|---|---|---|---|
| Well water ... | 3 | 163 | 166 |
| Private source | — | 85 | 85 |
| Other (Springs, etc.) | — | 24 | 24 |
| Wells closed during year ... | 2 | 43 | 45 |

Schemes approved prior to 1959 but costs and/or proposals revised and re-submitted :–

| Rural District | Scheme | Revised Cost | | |
|---|---|---|---|---|
| | | £ | s. | d. |
| Frome | Cloford and Nunney Catch – Extension of water mains ... ... | 3,312 | 0 | 0 |
| Wellington | Northern and Central Parishes – Water Supply Scheme ... ... | 215,700 | 0 | 0 |

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

(N.B. See next page for Table)

| Rural District | Scheme | Estimated Cost (as submitted) £ | s. | d. |
|---|---|---|---|---|
| Bridgwater | North Petherton – Woolmersdon and Rhode – Water supply extension | 2,745 | 0 | 0 |
| Bridgwater | Pawlett – Relaying of water mains | 2,400 | 0 | 0 |
| Bridgwater | Stockland Bristol – Relaying of water mains ... ... ... | 1,800 | 0 | 0 |
| Frome | Kilmersdon – Extension of mains | 923 | 0 | 0 |
| Frome | Laverton – Proposed extension of water mains ... ... ... | 1,800 | 0 | 0 |
| Wells | Wookey – Henley Lane extension | 350 | 0 | 0 |
| Williton | Clatworthy Water Supply Scheme – Central and Eastern Parishes – Reservoir No. 7 – Moorhouse Farm Stringston ... ... ... ... | 15,950 | 0 | 0 |
| Williton | Clatworthy Reservoir Scheme – Contract No. 5 – Laying of 12 in. and 14 in. diameter mains from West Quantoxhead to Ford ... | 123,000 | 0 | 0 |
| Williton | Clatworthy Water Supply Scheme – Contract No. 7 – Construction of Reinforced Concrete Reservoir at Willett ... ... ... ... | 21,500 | 0 | 0 |
| Williton | Clatworthy Water Supply Scheme – Contract No. 8 – Laying of 5 in. diameter mains from Willett to Crowcombe ... ... ... | 18,000 | 0 | 0 |
| Williton | Clatworthy Reservoir Scheme – Contract No. 8A – Connecting main at Flaxpool ... ... ... | 3,000 | 0 | 0 |
| Williton | Cutcombe Water Supply ... ... | 900 | 0 | 0 |
| Wincanton | Development of Water Undertaking – Laying of mains – Wincanton to Templecombe via Horsington ... | 36,200 | 0 | 0 |
| Yeovil | Yeovil Without – Extension of water mains ... ... ... ... | 850 | 0 | 0 |
| | | £229,418 | 0 | 0 |

# SEWAGE DISPOSAL

During the year steady progress has been made on various sewerage and sewage disposal schemes throughout the County, and many others have reached the design stage. There is still, however, much work to be done in the provision of main drainage facilities in a Rural County such as this.

With the increase in the number of sewage disposal systems, the question of trade waste disposal has presented something of a problem. Owners of trade premises do not enjoy the right to discharge trade waste, with some exceptions, to the sewerage system unless the Local Authority agree to its reception and treatment. In so doing they are able to impose conditions relating to its reception, and also to prescribe charges for the service given. Unfortunately, in Rural areas it so often happens that the trade waste from a local industry forms a high proportion of the total waste to be dealt with at Sewage Disposal Works. In these cases it is necessary for works to be enlarged to deal with the trade effluent, and the increased cost has to be borne by the trader concerned. Quite a number of satisfactory trade waste agreements have been drawn up between District Councils and owners of trade premises; in each case they have been submitted to the County Council for approval.

Progress made during the year in the various Districts was as follows:—

BOROUGHS AND URBAN DISTRICTS

BRIDGWATER. Work at present in progress concerns the reconstruction of a sewer at Eastover, the estimated cost of which amounts to £180,000.

BURNHAM-ON-SEA. The Council have engaged Consultant Engineers to prepare schemes for the overhaul and relief of the sewerage system of the district allowing for future developments.

CHARD. Future proposals provide for the exclusion of surface water from the sewerage system and the enlargement and extension of the sewer at the western end of Forton Road.

CREWKERNE. The modernisation of the Eastern Outfall Disposal Works and Sewerage system was in progress at the end of the year.

ILMINSTER. The new Sewage Disposal Works were completed during the year and put into operation in the Autumn. The town now has an up-to-date Works and samples of the effluent have proved satisfactory. The total cost of these Works amounts to £40,000.

MINEHEAD. The future proposals of the Council are primarily concerned with the construction of storm water overflow tanks which it is anticipated will amount to £25,200.

PORTISHEAD. The Long Ashton R.D.C. are to provide a sewerage scheme for the Nore Park and Redcliffe Bay areas. This will require certain works to be carried out in the Urban District which it is anticipated will amount to £38,000.

SHEPTON MALLET. Future proposals provide for the carrying out of major extensions to the Sewage Disposal Works at Darshill in order to cope adequately with the large volume of strong trade effluent being received.

STREET. New sedimentation tanks and ancillary works were completed during the year at a total cost of £7,000. Further filters at the Works are to be provided in the near future.

WATCHET. A scheme for connecting existing outfalls and making one outfall to low water mark was in progress at the end of the year. The total cost of this work amounts to £19,000.

WELLINGTON. 1,573 yards of 6 in. and 190 yards of 4 in. sewer, together with duplicate pumping plant, are being laid as an extension to the existing sewers. These are being provided so that the areas of Westford and Rachfield may be connected to the main sewerage system.

WELLS. The new Sewage Disposal Works were completed during the year.

WESTON-SUPER-MARE. A further stage of the Main Drainage Scheme was completed at a cost of £265,000. Works in progress or proposed, are concerned mainly with the completion of the Main Drainage Scheme at a cost of £609,000, provision of sewers at Clevedon Road and a town outfall sewer.

RURAL DISTRICTS

AXBRIDGE. Two schemes were completed namely the provision of an extension of the sewer at New Road, Cheddar, a distance of 711 yards, and sewering of part of the village of Kewstoke. Still in progress is the Sewerage and Sewage Disposal Scheme for Congresbury, the provision of new Works at Wrington and a new pumping station at Cheddar, the total cost of which will amount to £71,500. With regard to the District Council's future proposals, plans are being prepared in connection with the Sewerage Scheme for Wedmore, also a joint one for Hutton and Banwell.

BATHAVON. Sewerage and Sewage Disposal Schemes to serve Freshford, also Northern and Southern Peasedown are in progress. It is estimated that the cost of these Works will amount to £33,200. The District Council's future proposals are concerned with the re-sewering of Corston and Newton St. Loe (£40,000), Claverton Village (£5,000), and re-sewering and the provision of new Sewage Disposal Works for Wellow Village (£12,000).

BRIDGWATER. The provision of sewers and a new pumping station at Pawlett is now almost complete. At Westonzoyland sewers and pumping stations are shortly to be provided.

CHARD. Schemes of Sewerage and Sewage Disposal are proposed for the following :–

| | | |
|---|---|---|
| (1) Hinton St. George, Lopen and Seavington | – | £54,900 |
| (2) Donyatt | – | £14,600 |
| (3) Broadway and Horton | – | £33,900 |

In addition, improvements are to be carried out at the Tatworth Sewage Disposal Works, Merriott and also Misterton.

CLUTTON. The Paulton Sewerage and Sewage Disposal Scheme was 80% completed at the end of the year. Some progress has been made in connection with the Chew Magna – Bishop Sutton Sewerage Scheme. This, together with the Winford Scheme in the district of Long Ashton, has now been approved by the County Council and Ministry of Housing and Local Government.

FROME. Work in connection with the Sewerage and Sewage Disposal Scheme for part of the village of Mells was completed during the year. The District Council's future proposals are concerned with providing Sewerage and Sewage Disposal facilities for Norton St. Philip (£38,000), also Nunney (£41,000). Schemes for the Wanstrow and Leigh-on-Mendip areas are also to be considered.

LANGPORT. Work on the Sewerage and Sewage Disposal Scheme for Langport and Huish Episcopi was still in progress at the end of the year. The cost of this is estimated to be £178,730. It is proposed to proceed with the modernisation of the Kingsbury Episcopi Works as soon as Ministry approval has been granted. So far as the Curry Rivel Scheme is concerned, it is anticipated that work will be commenced during the Spring of 1960.

LONG ASHTON. The Clapton-in-Gordano and the remainder of the Flax Bourton Schemes were completed at a total cost of £22,100. The Scheme for Nailsea, Stage III, which serves the Village and the Old Church areas is still in progress. This is estimated to cost £89,951. Further works in connection with the Nailsea Scheme are proposed, which comprise the sewering of the south-eastern area towards Backwell and the provision of a surface water sewer to the Kingshill area. The Portbury and Easton-in-Gordano Scheme is also nearing completion. Other works proposed in the immediate future is a Scheme for Winford, making use of joint disposal works to be constructed by Clutton R.D.C. at Chew Magna. Schemes are also being prepared for Long Ashton and Dundry, and for North Weston covering the Redcliffe Bay Area which is to be a joint scheme with Portishead Urban District Council.

SHEPTON MALLET. The first part of the Evercreech Sewerage and Sewage Disposal Scheme, which deals with storm water, was completed at a cost of £1,851. The Scheme for Gurney Slade, which covers the Parishes of Ashwick and Binegar, also the Scheme for Stratton-on-the-Fosse, are still in progress.

The Council have instructed their Consulting Engineers to prepare outline sewerage schemes for the villages of Ditcheat, Holcombe and Pilton. The possibility of sewering the village of West Cranmore is also under consideration. The outline scheme for the reconstruction of the Sewage Disposal Works at Evercreech was forwarded to the Ministry for consideration in December.

TAUNTON. The sewering of the villages of Creech St. Michael and Ruishton was still in progress at the end of the year, and drainage from these areas will be pumped to the Taunton Borough main outfall sewer. Future proposals include the provision of sewers and/or works for the villages of Trull and Pitminster, North Curry and Stoke St. Gregory.

WELLINGTON. The works and sewers for the Langford Budville area were completed during the year at a cost of £9,000. Schemes serving Bradford-on-Tone, Fitzhead and Sampford Arundel are proposed and will cost approximately £33,000.

WELLS. Although no new Works were completed during the year, the District Council are preparing Schemes of Sewerage and Sewage Disposal for the villages of Easton and Westbury, Rodney Stoke and Draycott, Butleigh and Baltonsborough, and St. Cuthbert Out Parish.

WILLITON. The work commenced in 1957 on the provision of an outfall sewer at Blue Anchor was completed at a total cost of £26,000. The combined scheme for the provision of sewers for the Roadwater, Washford and Watchet area commenced in 1958 is still in progress. This, it is estimated, will cost in the region of £42,000. Future proposals include the provision of sewers and works at West Quantoxhead, Bicknoller and for the Western Parishes, namely Luccombe and Selworthy.

WINCANTON. The reconstruction and major repairs to the Bruton Sewage Disposal Works for which tenders were invited in 1958 is now in progress. Schemes of Sewerage and Sewage Disposal for North Cadbury, now in the design stage, and for Charlton Horethorne, are proposed.

YEOVIL. Work on the new sewage disposal works, to serve Martock, Montacute and Stoke-sub-Hamdon, is due to commence early in 1960. With regard to this scheme, the District Council made a further approach, strongly supported by the County Council, to the Ministry of Housing and Local Government with a view to obtaining grant aid. As there are other Districts likely to be affected by the Minister's strict interpretation of the proviso to Section 1 of the Rural Water Supplies and Sewerage Acts of 1944/55, the County Councils Association made representations to the Ministry in the hope that there will be a change of present policy, whereby a scheme does not rank for grant aid unless it has been necessitated by the provision or augmentation of piped water supplies. Schemes proposed concern the villages of Ash and Tintinhull (£25,000), South Petherton (£10,000) and Haselbury Plucknett (£490).

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

| Rural District | Scheme | Estimated Cost (as submitted) £ | s. | d. |
|---|---|---|---|---|
| Axbridge | Hutton and Banwell Sewerage and Sewage Disposal ... ... ... | 39,000 | 0 | 0 |
| Bathavon | Newton St. Loe and Corston Sewerage and Sewage Disposal ... | 33,995 | 0 | 0 |
| Bridgwater | Chilton-upon-Polden Sewerage and Sewage Disposal ... ... | 27,717 | 0 | 0 |
| (Clutton ( | Bishop Sutton and Chew Magna Sewerage and Sewage Disposal ... | 147,320 | 0 | 0(net) |
| (Long Ashton | Winford Sewerage ... ... ... | 76,149 | 0 | 0(net) |
| Long Ashton | Backwell – Extension of Sewer at Church Lane ... ... ... | 2,100 | 0 | 0 |
| Long Ashton | Nailsea Surface Water Sewer ... | 23,481 | 0 | 0 |
| Shepton Mallet | Evercreech Sewerage and Sewage Disposal (Stage I) ... ... | 2,250 | 0 | 0 |
| Shepton Mallet | Stratton-on-the-Fosse Sewerage and Sewage Disposal (Stage II) ... | 21,635 | 0 | 0 |
| Taunton | Churchstanton – Churchinford Sewerage and Sewage Disposal ... | 17,200 | 0 | 0 |
| Taunton | Hatch Beauchamp Sewerage and Sewage Disposal ... ... | 27,200 | 0 | 0 |
| Taunton | Trull and Pitminster Sewerage and Sewage Disposal ... ... ... | 53,000 | 0 | 0 |
| Wellington | Wiveliscombe – Relaying of Sewer– North Street to Style Road ... | 2,835 | 0 | 0 |
| Williton | Roadwater – Extension of Sewer to Tacker Street ... ... ... | 1,110 | 0 | 0 |
| Yeovil | Haselbury Plucknett – Improvements at Sewage Disposal Works ... | 700 | 0 | 0 |
| | | £475,692 | 0 | 0 |

Schemes approved prior to 1959 but costs and/or proposals revised and re-submitted :—

| Rural District | Scheme | Revised Cost £ | s. | d. |
|---|---|---|---|---|
| Axbridge | Congresbury Sewerage and Sewage Disposal ... ... ... ... | 53,669 | 0 | 0 |
| Bridgwater | Pawlett Sewerage and Sewage Disposal ... ... ... ... | 28,700 | 0 | 0 |
| Frome | Norton St. Philip Sewerage and Sewage Disposal ... ... | 34,635 | 0 | 0 |
| Langport | Langport Sewerage and Sewage Disposal ... ... ... ... | 178,730 | 0 | 0 |
| Long Ashton | Clapton-in-Gordano Sewerage and Sewage Disposal ... ... ... | 11,876 | 0 | 0 |
| Long Ashton | Flax Bourton Sewerage and Sewage Disposal ... ... ... ... | 17,274 | 0 | 0 |
| Long Ashton | Nailsea Sewerage and Sewage Disposal ... ... ... ... | 151,935 | 0 | 0 |
| Taunton | Creech St. Michael Sewerage Scheme | 47,800 | 0 | 0 |
| Taunton | Ruishton Sewerage Scheme ... | 19,000 | 0 | 0 |
| Wells | Walton Sewerage and Sewage Disposal (contribution to Street U.D.C.) | 1,751 | 0 | 0 |

# HOUSING

The House Purchase and Housing Act, 1959, which came into operation in June 1959, is designed to encourage house ownership and raise housing standards. The Act provides for funds to be made available to various Building Societies to enable them to make more and bigger loans for the purchase and improvement of pre-1919 houses of a value not exceeding, in Somerset, £2,500. Building Societies participating in this scheme may loan up to 95 per cent of the value or purchase price and, in addition, will make further loans, in appropriate cases, to cover the owner's share of the cost of carrying out improvements with the aid of the new 'standard grants' available under the Act. The Societies will also make loans of up to 95 per cent for the purchase of houses built between 1919 and 1940 – so far as their resources permit.

Since 1945 over 37,000 houses have been provided by Local Authorities and private enterprise; nevertheless the demand for Council houses has not been substantially reduced over the years. The reason for this is not apparent but undoubtedly the greater longevity of the older people and the earlier marrying age of the young tend to maintain the demand for more houses. Industrial development in Somerset also brings in new workers seeking accommodation, so it seems highly probable that the call for new houses will be high for some years to come. Many of the applicants for Council houses are living in houses which lack modern amenities and it is to be hoped that the new 'standard grant' scheme introduced this year will assist these people. Under the scheme owners of property are encouraged to improve houses which lack standard amenities such as a bath, wash-hand basin, W.C., hot water system and satisfactory food storage facilities.

All Local Authorities are obliged to operate the scheme which provides for a grant of half the actual cost of the provision of these amenities being met by the Local Authority up to a maximum of £155 per house. The conditions applicable to the making of grants are very reasonable, the main one being that the Local Authority must be satisfied that after the improvements are completed the house will be fit for human habitation for at least fifteen years. It is to be hoped that more enthusiasm will be shown for this type of grant to enable houses which are structurally sound to be brought up to modern standards, bringing about a big improvement in living conditions and thus reducing the need for more new houses.

Houses erected by Local Authorities to replace those in Slum Clearance Areas and for other purposes numbered 887. Private enterprise building reached a record figure of 2,230, being 556 more than for the preceding year.

The number of applications for Council houses is at approximately the same level as in 1958, viz. 9,700, but vacancies in existing Council houses reduces the number of new houses required for general needs. Nevertheless, the housing programme for 1960, plus those under construction, does not show an appreciable drop as the figure for the County is again well over 2,700. As a matter of interest, Housing Authorities now hold almost one-quarter of all the houses in the country and the management and care of these has become a highly important responsibility of local government.

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

| | Action during year | | | | | | Rent Act, 1957 | |
|---|---|---|---|---|---|---|---|---|
| | Clearance Areas | | | | | | Certificates of Disrepair | |
| | Houses included in Clearance Areas; Orders still to be made | Houses demolished under Section 42 of Housing Act, 1957 | Houses demolished under Section 17 of Housing Act, 1957 (Individual Unfits) | Temporary dwellings demolished | Houses declared unfit under Section 9 of Housing Act, 1957 (Capable of Repair) | Unfit houses occupied under licence | Number of applications received | Number of Certificates issued |
| Boroughs & Urbans | 538 | 129 | 175 | — | 83 | 1 | 30 | 17 |
| Rurals | 56 | 57 | 236 | 7 | 672 | 2 | 10 | 4 |
| Totals | 594 | 186 | 411 | 7 | 755 | 3 | 40 | 21 |

IMPROVEMENT GRANTS. I have already mentioned the facilities now operating under the House Purchase and Housing Act, 1959, so far as 'standard grants' are concerned. Grants made under the Housing Acts, 1949 to 1957 are now referred to as "discretionary" and details of applications received during 1959 for both types were as follows :–

| Grant | Applications | | | |
|---|---|---|---|---|
| | Received | | Approved | |
| | Boroughs & Urbans | Rurals | Boroughs & Urbans | Rurals |
| Standard ... ... ... | 213 | 301 | 161 | 275 |
| Discretionary ... ... | 294 | 524 | 230 | 478 |
| Totals ... | 507 | 825 | 391 | 753 |

## SANITARY CIRCUMSTANCES

### CLOSET ACCOMMODATION

The number of conversions from pail and other types of closet to a water carriage system amounted to 342. This is by no means complete as many authorities do not keep records of such changes. Bearing in mind, however, the water supply and sewerage schemes completed during the year, the yearly average of 450 has probably been maintained.

### CESSPOOL EMPTYING

Where local authorities are responsible for cesspool emptying a charge for this service is made calculated on either the size of the cesspit on a flat rate basis or per load. Two authorities operate a free service, although if additional visits are required a small charge is made based on the load.

SCHOOL SANITATION

All the major conversion schemes included in the 1958/59 Programme have now been completed. So far as the 1959/60 Programme is concerned, and for which a sum of £5,000 was allocated, the position is as follows :–

| | |
|---|---|
| Cheddon Fitzpaine | – Completed |
| Easton-in-Gordano C.E. | – Completed |
| Kewstoke County | – In progress |
| Nailsea Hannah More Jr. | – Outstanding |
| Withiel Florey | – In progress |
| West Buckland | – Outstanding. |

It may be recalled that in 1950 we were faced with 154 schools having grossly sub-standard sanitary arrangements, comprising trough closets, pails, swanmores and even more archaic fitments. We have, of course, made considerable progress in eliminating these and the position today is that there are now only eleven controlled schools not on water borne sanitation or included in the current programme for conversion. Some of these cannot be dealt with pending the provision of either mains water or sewers; in other cases there is a possibility of closure.

There are, however, many schools where the sanitary arrangements are either totally inadequate or in other respects unsatisfactory by present day standards, and it is felt that the time has come to consider what can be done to improve them.

In 1957 it was suggested that a method of approach to the problem be made on the following lines :–

(1) Provision of additional washing and sanitary facilities where such are seriously below scale.

(2) Provision of hot water for washing purposes at all schools.

(3) Replacement of insanitary urinal stalls and provision of overhead cover.

(4) Replacement of pedestals with fixed wooden seats by pedestals with hinged seats as and when replacements become necessary.

(5) Provision of new sanitary blocks with washing facilities wherever existing arrangements are not capable of improvement.

(6) Provision of adequate sanitary and washing facilities for staff.

(7) Particular attention to be given to the question of protection against freezing of sanitary fittings.

(8) Consideration to be given to the construction of new sanitary blocks, in current programmes, adjacent to the main building and washing facilities, where space permits.

Obviously any future programme should be integrated with the Development Plan in order to avoid unnecessary expenditure. It is admitted that many but not all of these schools are due for modification in various ways under the Development Plan but this may well take 5 – 10 years and it may be considered that the provision of an extra W.C. or of additional wash-hand basins is needed now and should not wait for an indefinite date some years away. This position should be faced, and an allocation for this work be made in future years.

HOUSE REFUSE

| | Removed by | | Number of Vehicles Employed |
|---|---|---|---|
| | Direct Labour | Contract | |
| Boroughs and Urbans | 20 | – | 40 |
| Rurals ... ... | 11 | 5 | 33 |

TRADE WASTE

The majority of Borough and Urban Authorities operate a scheme for the collection of trade refuse but only three of the Rural Districts were offering a service during 1959. Various methods are employed – in some cases the normal practice is for the waste to be collected during the routine refuse service, whilst in others a small charge is levied based on load or rateable value.

REFUSE DISPOSAL

| | Boroughs and Urbans | Rurals |
|---|---|---|
| Controlled tipping | 20 | 16 |
| Semi-controlled tipping | 1 | 10 |
| Uncontrolled tips | 4 | 4 |
| Incineration method | 3 | 1 |

PREVENTION OF DAMAGE BY PESTS

| | Number of Rodent Operators Employed | |
|---|---|---|
| | Whole Time | Part Time |
| Boroughs and Urbans | 9 | 12 |
| Rurals | 13 | 5 |

The demand in some areas is insufficient to warrant the whole time employment of a rodent operator and in such cases his services are shared with a neighbouring authority.

## CAMPING SITES

It is very difficult to provide a comprehensive report about caravan and camping sites, but from information available it would seem that the majority are well maintained, and at the end of 1959 there were 191 licensed sites of either a permanent or seasonal nature. No standards have so far been agreed but it is understood that a Bill is to be introduced very shortly under the title of "Caravan Sites and Control of Development". When this becomes law it should ease the problems with which Local Authorities are confronted and enable them to bring about an improvement in the standard of caravan sites generally.

## SWIMMING BATHS

The popularity of the school swimming pools increased considerably due to the exceptionally fine weather. There are now twelve in use and seventeen either proposed or under construction and I have no doubt that we shall see the day when each senior school has its own pool.

During 1959 there was a tendency for schools to submit proposals for larger pools and whilst these are very desirable it is essential that proper means of recirculation, filtration and chlorination of the water are provided. The cost of this equipment is in the region of £1,000 – £2,000 and since the Education Committee's grant towards the cost of the whole project is only £200 the schools have to raise quite large sums through their own resources. This in itself appears to be a challenge which they are prepared to overcome by arranging fetes etc. and no doubt when the pool is provided the pupils and staff take a greater pride in their successful venture.

Weekly summaries of residual chlorine readings, taken by the school staff, are submitted during the summer term, and on the whole the results were well up to standard.

| | Number of Baths | | | | Water used | | | Treatment | | | | Samples taken | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Schools | | | | | | | Chlorination | | | Residual | | |
| | Local Authority | Private Enterprise | Somerset County Council | Other | Main | Sea | Other | Recirculation | Filtration | Automatic | Hand | Bacteriological | Less than 0.2 | 0.2 to 0.5 | More than 0.5 |
| Boroughs & Urbans | 12 | 3 | 8 | 6 | 24 | 5 | – | 15 | 15 | 15 | 15 | 129 | 63 | 289 | 26 |
| Rurals | – | 8 | 4 | 9 | 11 | – | 10 | 6 | 8 | 7 | 13 | 18 | 13 | 34 | 29 |

# SUPERVISION OVER THE FOOD SUPPLY

## SLAUGHTER-HOUSES AND MEAT INSPECTION

THE SLAUGHTER-HOUSE REPORTS (APPOINTED DAY) ORDER, 1959. Under Section 3 of the Slaughter-houses Act, 1958, Local Authorities are required to submit to the Ministry of Agriculture, Fisheries and Food, reports on the slaughter-house facilities in the area. The purpose of this Regulation was to appoint the 2nd November, 1959, as the day from which reports are to be prepared. These reports when implemented will determine the future pattern for the provision of slaughtering facilities throughout the County for many years to come.

| | Slaughter-houses/Abattoirs in operation owned or leased by Local Authorities | Private Slaughter-houses | | Bacon Factories | Knackers Yards |
|---|---|---|---|---|---|
| | | Licensed | Operating | | |
| Boroughs & Urbans | 4 | 29 | 24 | 5 | 1 |
| Rurals | — | 79 | 75 | 2 | 7 |
| Totals | 4 | 108 | 99 | 7 | 8 |

| | Cattle and Cows | Calves | Sheep and Lambs | Pigs | Total |
|---|---|---|---|---|---|
| (1) Number inspected ... | 39,329 | 47,096 | 205,662 | 204,271 | 496,358 |
| (2) All diseases except Tuberculosis and Cysticerci | | | | | |
| (a) Whole carcases condemned | 443 | 325 | 754 | 1,150 | 2,672 |
| (b) Carcases of which some part or organ was condemned | 11,427 | 378 | 10,986 | 11,906 | 34,697 |
| (3) Tuberculosis only | | | | | |
| (a) Whole carcases condemned | 236 | 5 | — | 18 | 259 |
| (b) Carcases of which some part or organ was condemned | 1,546 | 10 | — | 7,359 | 8,915 |
| (4) Cysticercosis | | | | | |
| (a) Carcases of which some part or organ was condemned | 196 | — | — | — | 196 |
| (b) Carcases submitted to treatment by refrigeration | 188 | — | — | — | 188 |
| (c) Generalised and/or totally condemned | 3 | — | — | — | 3 |

Meat condemned during the year amounted to 815,352 lbs. (1,311,163 lbs. in 1958). Two authorities were unable to provide details but allowance for this has been made in the total. That affected with tuberculosis totalled 201,019 lbs. or 24.5 per cent compared with 49.0 per cent in 1958. The previous year's figures included many reactors which were dealt with under the Eradication Scheme. As the years go by and the whole of the country becomes an "Attested Area" the loss of meat through animals being affected with tuberculosis should be still further reduced to a very low figure.

Cysticercosis accounted for another 8,414 lbs. or 0.9 per cent – 0.7 per cent in 1958.

FOOD HYGIENE

This year has been comparatively uneventful so far as food hygiene in the School Meals Service is concerned. Only one minor outbreak of illness attributable to school meals was brought to our notice, and in this case it was difficult to pin-point the cause. It does, however, serve to remind us that freedom from more serious trouble can only be achieved if strict attention to food hygiene is paid by all food handlers.

Whilst food may be contaminated from many sources, man is undoubtedly the most important reservoir of the food poisoning bacteria. Asepsis is not practicable in the food industry, nevertheless care can be taken to guard hands and the food they will touch from the more dangerous forms of contamination. Personal cleanliness is the essence of clean food handling and this cannot be impressed too strongly, or too often, on all kitchen staffs.

Once again we were able to assist in this work by showing Food Hygiene Films to a limited number of school meals staff for the Wells and Glastonbury areas. These films, by their graphic presentation of food poisoning hazards, do help in emphasizing the importance of clean food handling.

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 31.12.59 |
|---|---|
| Number of Registered Producers in County ... ... ... | 6,615 |
| Number of licensed to produce "Tuberculin Tested" Milk ... | 5,453 (82.4%) |
| Registered and licensed Producer-Retailers :- | |
| Number of Producer-Retailers of "Tuberculin Tested" Milk ... | 333 |
| Retail Licences issued where cans only are used ... ... | 26 |
| Reduction in registered producers over past twelve months ... | 168 |
| Licences revoked during twelve months ended 31.12.59 ... ... | 35 |
| Producers' licences suspended during year ... ... ... | 174 |
| Producers' licences under suspension as at 31.12.59 ... ... | 84. |

PASTEURISED AND STERILISED MILK

| | Pasteurised | Sterilised |
|---|---|---|
| Licences issued for 1959 ... ... ... | 22 | 1 |
| Licences cancelled/surrendered during the year ... ... ... ... ... ... | 4 | — |
| | 18 | 1 |
| Licences issued ... ... ... ... | 1 | — |
| | 19 | 1 |

As will be seen from the following sampling figures for 1959 the number of failures were comparatively few and this undoubtedly is the best record obtained for some years.

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 ... ... | 1,510 | 1,501 | 0.59 |
| | 1,568 | 1,559 | 0.57 |
| Sterilised ... ... | 51 | 51 | — |

| | Pasteurised |
|---|---|
| (1) Number failing Phosphatase test ... | 7 |
| (2) Number failing Methylene Blue test | 2 |
| (3) Number failing both tests (1) and (2) | — |

The Milk and Daries (General) Regulations, 1959, which came into operation on the 8th March, 1959, re-enact, with amendments, the Regulations of 1949 and 1954. The principal changes affecting processing dairies are :—

(a) The definition of "notifiable diseases" has been amended by the inclusion of "Food Poisoning" and the omission of "Dysentery".

(b) Distributors of milk are now only required to be registered with the Local Authority in whose area the premises from which the milk is distributed are situated. Previously a distributor was required to register with each Local Authority in whose area he was retailing milk.

(c) Local Authorities are now under an obligation to pay compensation to a person who sustains damage or loss through being debarred by the Medical Officer of Health from certain employment connected with milk because he is suffering, or has been in contact with a person who is suffering, from disease liable to cause infection of milk.

(d) An electric or gas boiler may be used in a milk house or milk room and bottles which have contained certain foods other than milk may be cleansed in a milk room. This, of course, refers to bottles which have previously been used for orange drink etc.

(e) There are new provisions concerning personal cleanliness, precautions against contamination or infection of milk, and the provisions of first-aid equipment.

(f) The person/persons selling milk as, or as part of, a meal or refreshments, is exempted from the prohibition against opening any receptacle containing milk, or transferring milk from one receptacle to another elsewhere than on registered premises.

(g) There are also new provisions relating to the misuse of milk churns, cleansing of vessels and appliances, storage of cartons and non-returnable containers and the use of bottle washing machines for cleansing glass bottles.

MILK LICENCES AND REGULATIONS

Licences issued by Local Authorities during the year :—

| | Boroughs and Urbans | Rurals | Total |
|---|---|---|---|
| Registered Distributors ... ... | 192 | 277 | 469 |
| Registered Dairy Premises (other than Dairy Farms) ... ... ... ... | 86 | 101 | 187 |
| Licensed Dealers of Designated Milk | 176 | 206 | 382 |
| Supplementary Licences issued ... | 62 | 134 | 196 |

EMPTY CLEANSED BOTTLES

564 bottles were collected from licensed premises for advisory purposes during the year. Plant operators appreciate this service and in many cases it has proved that bottle washing machinery has not been operating satisfactorily and as a result speedy improvements have been made. On numerous occasions I have commented on the difficulties which Dairies have to face in detecting bottles containing foreign matter. I mention this as during the year there have been very few cases of this nature reported. This is indeed gratifying, especially when it is remembered that Dairy equipment with modern techniques is operating at a much faster rate. Bottles are now leaving the bottle washing machine at a speed of up to 120 per minute and because of this it is more than ever imperative that the spotters (persons appointed solely to detect bottles containing foreign matter) are changed at frequent intervals to avoid overtiredness. It is becoming very necessary that some automatic detector

should be available to the Dairy trade. A prototype bottle inspection unit is now in production which is capable of inspecting up to 200 bottles per minute and rejects those containing foreign matter. In view of its cost, however, it is likely to be some time before any are installed in smaller Dairies such as we have in this County.

SPECIFIED AREAS

The responsibility for ascertaining the milk potential in areas due to be specified has in the past rested with the Area Milk Office Staff at Bristol. This office has now closed and the responsibilities fall to the Divisional milk officer of the County Agricultural Executive Committee. It had been anticipated that the part of Somerset still to be "specified" (see below) would have been so designated long ago but it is likely to be March or April, 1960, before the Order is made. It will be recalled that Somerset is now an "Attested Area" and that tuberculosis in cattle is now virtually non-existent.

The Districts concerned are :–

Boroughs of – Yeovil and Chard.
Urban Districts of – Crewkerne and Ilminster.
Rural Districts of – Chard, Langport and Yeovil.

No legal proceedings were taken concerning unauthorised sales of milk.

ANIMAL HEALTH

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for the following information :–

| | As at 31.12.59 |
|---|---|
| (1) Approximate number of Attested cattle in County ... | 350,000 |
| (2) Number of herds Attested and for which "Tuberculin Tested" Licences have been granted ... ... | 5,305 |
| (3) Number of herds Attested only ... ... ... | 3,286 |
| (4) Total number of herds Attested – (2) and (3) ... | 8,591 |

HOSPITAL FARMS

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

## MILK-IN-SCHOOLS SCHEME

In spite of the very warm weather experienced during 1959, the number of complaints received by this Department were surprisingly few. Contrary to expectations, the milk sample results were far better than for the preceding year and only two cases were reported of glass splinters having been found in the milk. As I have so often mentioned, until glass bottles are replaced by cartons, complaints of this kind will always be occurring. It is interesting to hear that other Counties are now using cartons and according to reports received they are proving a great success. It is to be hoped that such containers will soon be used in Somerset.

Full details concerning types of milk supplied to schools and the number of children taking milk together with the sample results for the year are set out in Tables I, II and III .

The information given in Table II is based on a census of children taking milk on one particular day in October. Although the total percentage figure is slightly below that for the preceding year, (76.85% compared with 77.08%), it is estimated that the number of regular milk drinkers is slightly higher.

TABLE I

| Types of Schools (1) | Total number of each type (2) | Types of milk supplied to Schools (October, 1959) with percentages | | | |
|---|---|---|---|---|---|
| | | Past. (3) | % (4) | T.T. (5) | % (6) |
| Primary ... ... | 423 | 420 | 99.29 | 3 | 0.71 |
| Secondary Modern | 49 | 49 | 100.00 | – | – |
| " Grammar | 20 | 20 | 100.00 | – | – |
| " Technical | 3 | 3 | 100.00 | – | – |
| Nursery ... ... | 2 | 2 | 100.00 | – | – |
| TOTALS | 497 | 494 | 99.4 | 3 | 0.6 |
| Non-Maintained | 121 | 119 | 98.3 | 2 | 1.7 |

TABLE II

| Type of School (1) | Number of Registered Children (2) | Children taking milk | | Quantity of milk consumed – in one-third pints – 6th October, 1959 | | | |
|---|---|---|---|---|---|---|---|
| | | Number (3) | % (4) | Past. (5) | % (6) | T.T. (7) | % (8) |
| Primary ... ... | 39,893 | 35,656 | 89.38 (88.80) | 35,583 | 99.79 | 73 | 0.21 |
| Secondary Modern | 22,080 | 13,651 | 61.82 (61.79) | 13,651 | 100.00 | – | – |
| " Grammar | 7,574 | 4,214 | 55.67 (54.72) | 4,214 | 100.00 | – | – |
| " Technical | 417 | 226 | 54.20 (59.65) | 226 | 100.00 | – | – |
| Nursery ... ... | 79 | 79 | 100.00 (100.00) | 79 | 100.00 | – | – |
| TOTALS | 70,043 | 53,826 | 76.85 (77.08) | 53,753 | 99.86 | 73 | 0.14 |
| Non-Maintained | (Numbe. present 13,690) | 11,649 | 85.1 | 11,378 | 97.67 | 271 | 2.33 |

Note: The figures in brackets denote the percentage of children taking milk as at October, 1958.

SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL ESTABLISHMENTS

TABLE III

Bacteriological Examinations – Samples taken 1959

| Types of Samples | Past. | | T.T. | | Total | % Unsat. |
|---|---|---|---|---|---|---|
| | Sat. | Unsat. | Sat. | Unsat. | | |
| Schools ... ... | 703 | 1 | 51 | 9 | 764 | 1.3 |
| School Kitchens | 149 | 1 | – | 1 | 151 | 1.3 |
| Self-Contained Canteens | 361 | 1 | 40 | 11 | 413 | 2.9 |
| Residential Nurseries, Day Nurseries and Children's Homes | 106 | 1 | 35 | 4 | 146 | 3.4 |
| Mental Health Training Centres ... ... | 28 | – | – | – | 28 | – |
| TOTAL | 1,347 | 4 | 126 | 25 | 1,502 | 1.9 |

In addition to the above bacteriological examinations, the County Analyst examined 542 samples for fats and solids-not-fat. In 5 cases the presumptive standard of 3.0% fat was not reached, and 3 samples were below 8.5% solids-not-fat.

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

## ICE CREAM

THE ICE-CREAM (HEAT TREATMENT ETC.) REGULATIONS, 1959. These Regulations which came into operation on the 27th April, 1959, consolidate and amend the 1947/52 Regulations. They require that ingredients used in the manufacture of ice-cream must be pasteurised or sterilised and kept at a low temperature until freezing is commenced. It is now an offence to sell ice-cream which has not received this treatment or has been allowed to reach a temperature exceeding 28° F without again being treated. Water ices and ice lollies, which are sufficiently acid to make such treatment unnecessary, are exempt from these requirements.

The under-mentioned table gives the number of registered manufacturers of ice-cream in Somerset as at 31st December, 1959.

| | Boroughs & Urbans | Rurals | Total |
|---|---|---|---|
| Premises Registered for Manufacture and Retail ... ... ... ... ... | 36 | 8 | 44 |
| Premises Registered for Manufacture only ... ... ... ... ... | 3 | 1 | 4 |
| Premises Registered for Retail only | 974 | 1,029 | 2,003 |
| | 1,013 | 1,038 | 2,051 |

## PUBLIC HEALTH OFFICERS REGULATIONS

PUBLIC HEALTH OFFICERS REGULATIONS, 1959. These Regulations, operative from 15th June, 1959, replace with amendments the old Sanitary Officers (Outside London) Regulations, 1935/1951.

Under the former Regulations, County Councils were responsible for contributing towards the salaries of Medical Officers of Health and Public Health Inspectors. However, under the Local Government Act, 1958, these payments were abolished and the new Regulations have been redrafted to exclude reference to salaries. Otherwise they are substantially the same as those made in 1935/1951 regarding the qualifications, duties and tenure of office of the public health officers referred to.

# TABLE I

## CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1959

| 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 | 29 | — | — | — | — | 4 | 15 | 7 | 3 |
| Tuberculosis, other ... | 13 | — | — | 1 | — | 4 | 5 | 2 | 1 |
| Syphilitic disease ... | 8 | — | — | — | — | — | — | 5 | 3 |
| Diphtheria ... ... | — | — | — | — | — | — | — | — | — |
| Whooping Cough ... ... | 1 | — | — | — | 1 | — | — | — | — |
| Meningococcal infections | — | — | — | — | — | — | — | — | — |
| Acute Poliomyelitis ... | — | — | — | — | — | — | — | — | — |
| Measles ... ... ... | 1 | — | — | — | — | — | — | — | 1 |
| Other infective and parasitic diseases | 22 | 3 | 1 | — | 1 | 4 | 7 | 3 | 3 |
| Malignant neoplasm, stomach | 165 | — | — | — | — | 2 | 33 | 56 | 74 |
| Malignant neoplasm, lung, bronchus | 191 | — | — | — | — | 4 | 105 | 58 | 24 |
| Malignant neoplasm, breast | 111 | — | — | — | 1 | 8 | 46 | 32 | 24 |
| Malignant neoplasm, uterus | 48 | — | — | — | — | 5 | 23 | 7 | 13 |
| Other malignant and lymphatic neoplasms | 557 | — | 2 | 1 | — | 28 | 167 | 153 | 206 |
| Leukaemia, aleukaemia ... | 22 | — | 3 | 1 | — | 4 | 7 | 4 | 3 |
| Diabetes ... ... ... | 41 | — | — | — | — | 5 | 8 | 8 | 20 |
| Vascular lesions of nervous system | 979 | — | — | 1 | 1 | 8 | 123 | 287 | 559 |
| Coronary disease, angina... | 939 | — | — | — | — | 15 | 220 | 310 | 394 |
| Hypertension with heart disease | 144 | — | — | — | — | 1 | 21 | 54 | 68 |
| Other heart disease ... | 941 | — | — | — | — | 8 | 83 | 180 | 670 |
| Other circulatory disease... | 330 | — | — | — | 1 | 8 | 44 | 84 | 193 |
| Influenza ... ... ... | 99 | — | 1 | 1 | 1 | 2 | 15 | 30 | 49 |
| Pneumonia ... ... ... | 249 | 21 | 5 | — | 2 | 5 | 25 | 48 | 143 |
| Bronchitis ... ... ... | 210 | 1 | 2 | — | — | 1 | 42 | 69 | 95 |
| Other disease of respiratory system | 67 | 1 | — | — | — | 2 | 21 | 23 | 20 |
| Ulcer of stomach and duodenum | 68 | — | — | — | — | — | 18 | 15 | 35 |
| Gastritis, enteritis and diarrhoea | 36 | 2 | — | 1 | — | 1 | 10 | 6 | 16 |
| Nephritis and nephrosis ... | 42 | 1 | — | — | 1 | 5 | 10 | 11 | 14 |
| Hyperplasia of prostate ... | 54 | — | — | — | — | — | — | 13 | 41 |
| Pregnancy, Childbirth and abortion | 3 | — | — | — | — | 3 | — | — | — |
| Congenital malformations | 52 | 31 | 8 | 1 | 2 | 4 | 4 | 1 | 1 |
| Other defined and ill-defined diseases | 610 | 81 | 3 | 6 | 7 | 24 | 83 | 91 | 315 |
| Motor vehicle accidents ... | 58 | — | 2 | 3 | 17 | 14 | 10 | 6 | 6 |
| All other accidents ... | 124 | 2 | 2 | 2 | 5 | 16 | 24 | 16 | 57 |
| Suicide ... ... ... | 66 | — | — | — | 3 | 13 | 30 | 12 | 8 |
| Homicide and operations of war | 3 | — | — | — | — | — | 2 | — | 1 |
| ALL CAUSES ... | 6,283 | 143 | 29 | 18 | 43 | 198 | 1,201 | 1,591 | 3,060 |

# TABLE II

## CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1959

### URBAN DISTRICTS

| of Death | Bridgwater | Burnham | Chard | Clevedon | Crewkerne | Frome | Glastonbury | Ilminster | Keynsham | Minehead | Norton-Radstock | Portishead | Shepton Mallet | Street | Taunton | Watchet | Wellington | Wells | Weston-super-Mare | Yeovil | TOTAL Urban Districts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| osis, respiratory | — | — | — | — | — | — | 1 | — | — | 1 | 1 | 1 | 1 | 1 | 2 | — | 1 | — | 5 | — | 14 |
| osis, other ... | 2 | — | — | — | — | — | — | — | — | 1 | 2 | — | — | — | — | — | 1 | — | 1 | 1 | 8 |
| disease ... | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | 2 | — | — | — | 1 | — | 4 |
| a ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cough ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| occal infections... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| liomyelitis ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| ctive and parasitic | | | | | | | | | | | | | | | | | | | | | |
| s ... ... ... | 2 | 1 | — | 1 | — | 2 | — | — | — | 1 | 1 | — | — | 1 | — | — | — | — | 2 | 1 | 12 |
| neoplasm, | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 9 | 6 | 2 | 2 | 1 | 4 | 1 | 2 | 6 | 4 | 6 | — | 4 | 1 | 8 | 2 | 3 | 2 | 13 | 12 | 88 |
| neoplasm, lung, | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 8 | 3 | 1 | 5 | 3 | 5 | 2 | — | 2 | 3 | 5 | 3 | 3 | 3 | 9 | 1 | 5 | — | 17 | 10 | 88 |
| neoplasm, breast | 8 | 6 | — | 1 | — | — | 2 | 1 | 4 | 2 | 3 | 3 | 1 | 2 | 9 | — | 1 | 1 | 9 | 6 | 62 |
| neoplasm, uterus | 5 | — | 2 | 2 | 1 | 1 | 1 | 1 | 2 | — | — | 1 | — | — | 2 | — | — | — | 2 | — | 20 |
| gnant and | | | | | | | | | | | | | | | | | | | | | |
| c neoplasms ... | 15 | 16 | 2 | 16 | 7 | 14 | 5 | 4 | 12 | 16 | 16 | 6 | 4 | 4 | 31 | 3 | 15 | 8 | 55 | 20 | 269 |
| aleukaemia ... | 1 | — | — | — | — | — | — | — | 1 | — | 1 | — | — | — | 3 | — | — | — | 4 | — | 10 |
| ... ... ... | 5 | — | 2 | — | — | 1 | — | — | 2 | 4 | 1 | — | — | — | 4 | — | — | — | 7 | 1 | 27 |
| sions of nervous | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 37 | 21 | 17 | 27 | 9 | 24 | 14 | 7 | 29 | 18 | 14 | 16 | 12 | 11 | 47 | 6 | 12 | 22 | 104 | 43 | 490 |
| disease, angina... | 31 | 23 | 5 | 46 | 13 | 18 | 4 | 3 | 20 | 12 | 11 | 15 | 6 | 16 | 56 | 5 | 15 | 15 | 133 | 34 | 481 |
| on with heart | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 7 | 3 | 2 | 5 | 5 | 4 | — | 1 | 3 | 5 | 4 | 1 | 3 | 3 | 9 | — | 1 | 3 | 21 | 8 | 88 |
| disease ... | 61 | 13 | 12 | 27 | 9 | 33 | 20 | 5 | 8 | 16 | 14 | 8 | 19 | 6 | 66 | 5 | 13 | 10 | 106 | 48 | 499 |
| latory disease... | 11 | 19 | 1 | 7 | 2 | 9 | 1 | 1 | 4 | 10 | 9 | 1 | 2 | 1 | 13 | 1 | 3 | 6 | 30 | 15 | 146 |
| ... ... ... | 13 | 5 | 1 | 1 | 2 | 4 | 1 | — | 1 | 1 | 2 | — | — | — | 4 | — | 2 | — | 6 | 4 | 47 |
| ... ... ... | 11 | 3 | 2 | 7 | 1 | 6 | 2 | — | 2 | 2 | 11 | 2 | — | — | 18 | 4 | 1 | — | 24 | 13 | 109 |
| ... ... ... | 17 | 3 | 7 | 5 | 1 | 4 | — | 1 | 3 | 1 | 4 | 4 | 2 | 3 | 20 | 1 | 8 | 4 | 23 | 7 | 118 |
| se of respiratory | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | — | 2 | — | — | 2 | 2 | — | — | — | — | 13 | — | 1 | — | 1 | 1 | 2 | — | 6 | 4 | 34 |
| omach and | | | | | | | | | | | | | | | | | | | | | |
| ... ... | 4 | 1 | 2 | — | — | 2 | — | — | 1 | 4 | 1 | — | 1 | — | 8 | 1 | — | — | 6 | 1 | 32 |
| nteritis and | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 3 | 1 | — | 3 | — | — | — | — | 2 | — | 3 | — | — | — | 2 | — | — | — | 2 | 3 | 19 |
| nd nephrosis ... | 1 | 1 | — | 1 | 1 | — | — | — | — | 1 | 1 | — | — | — | 5 | 1 | — | 1 | 5 | 2 | 20 |
| of prostate ... | 1 | 1 | 1 | — | 1 | 1 | — | 1 | 2 | — | 1 | 1 | — | — | 2 | — | 3 | — | 8 | 3 | 26 |
| Childbirth and | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| malformations... | 3 | — | — | 1 | 1 | — | 1 | — | 2 | — | 1 | 3 | 2 | — | 1 | 1 | 1 | — | 4 | 5 | 26 |
| ed and ill-defined | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | 31 | 6 | 9 | 20 | 1 | 8 | 9 | 5 | 14 | 17 | 14 | 3 | 6 | 7 | 29 | 2 | 9 | 43 | 49 | 20 | 302 |
| le accidents ... | 4 | 1 | — | 1 | — | — | 2 | — | — | — | 4 | 1 | — | — | 4 | 1 | 1 | — | 2 | 2 | 23 |
| cidents ... | 7 | 2 | 4 | 2 | 1 | 2 | 3 | 1 | — | 3 | 5 | — | 2 | — | 3 | 2 | — | 2 | 10 | 4 | 53 |
| ... ... ... | 2 | 1 | 2 | 5 | — | 4 | — | 2 | 2 | — | — | — | — | 1 | 2 | — | 1 | 1 | 7 | 3 | 33 |
| nd operations of | | | | | | | | | | | | | | | | | | | | | |
| ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 1 |
| CAUSES: ... | 299 | 138 | 74 | 185 | 61 | 151 | 69 | 36 | 122 | 122 | 148 | 69 | 69 | 60 | 360 | 37 | 98 | 119 | 662 | 271 | 3150 |

# TABLE III

## CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1959

## 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 | — | 1 | 1 | — | 2 | 1 | — | 1 | 2 | 2 | 1 | — | 2 | 15 |
| Tuberculosis, other ... ... | — | 1 | 1 | — | — | — | — | — | — | — | 2 | — | — | — | 1 | — | 5 |
| Syphilitic disease ... ... | 1 | — | — | — | — | — | — | — | — | 1 | 1 | — | 1 | — | — | — | 4 |
| Diphtheria ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Whooping Cough ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Meningococcal infections ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 1 |
| Acute Poliomyelitis ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles ... ... ... ... | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 |
| Other infective and parasitic diseases | 1 | 1 | 1 | 1 | — | — | — | 2 | 1 | — | — | — | — | 2 | — | 1 | 10 |
| Malignant neoplasm, stomach ... | 11 | 7 | 3 | 4 | 6 | — | 1 | 3 | 8 | 3 | 6 | 4 | 4 | 6 | 2 | 9 | 77 |
| Malignant neoplasm, lung, bronchus | 7 | 8 | 8 | 3 | 5 | 2 | 4 | 8 | 14 | 2 | 9 | 4 | 5 | 6 | 8 | 10 | 103 |
| Malignant neoplasm, breast ... | 3 | 3 | 7 | 3 | 3 | 1 | 1 | 3 | 8 | 1 | 6 | — | 2 | 3 | — | 5 | 49 |
| Malignant neoplasm, uterus ... | 4 | — | 1 | 1 | 5 | — | 1 | 1 | — | 2 | 2 | — | 1 | 3 | 4 | 3 | 28 |
| Other malignant and lymphatic neoplasms | 31 | 20 | 23 | 13 | 16 | 8 | 6 | 19 | 27 | 8 | 26 | 7 | 13 | 16 | 20 | 35 | 288 |
| Leukaemia, aleukaemia ... ... | 2 | 1 | 2 | — | — | — | — | — | — | 1 | 2 | 2 | 1 | — | 1 | — | 12 |
| Diabetes ... ... ... ... | 1 | — | 1 | — | — | — | — | 1 | 1 | 1 | 1 | — | 1 | 4 | — | 3 | 14 |
| Vascular lesions of nervous system | 60 | 27 | 35 | 24 | 31 | 6 | 16 | 24 | 50 | 14 | 42 | 9 | 34 | 29 | 49 | 39 | 489 |
| Coronary disease, angina ... | 59 | 30 | 47 | 18 | 40 | 5 | 14 | 14 | 65 | 15 | 34 | 11 | 22 | 23 | 34 | 27 | 458 |
| Hypertension with heart disease | 7 | 5 | 4 | 6 | 3 | 1 | 2 | 1 | 6 | 2 | 3 | 1 | 7 | 1 | 4 | 3 | 56 |
| Other heart disease ... ... | 72 | 29 | 26 | 20 | 33 | 3 | 20 | 22 | 31 | 13 | 42 | 18 | 27 | 32 | 22 | 32 | 442 |
| Other circulatory disease ... | 15 | 14 | 15 | 7 | 8 | — | 9 | 16 | 22 | 11 | 9 | 6 | 10 | 12 | 15 | 15 | 184 |
| Influenza ... ... ... | 5 | 5 | 5 | 2 | 1 | 1 | 1 | 1 | 5 | 2 | 13 | 1 | 1 | 4 | 1 | 4 | 52 |
| Pneumonia ... ... ... | 5 | 12 | 5 | 8 | 14 | 5 | 5 | 1 | 8 | 6 | 25 | 1 | 14 | 12 | 4 | 15 | 140 |
| Bronchitis ... ... ... | 13 | 11 | 6 | 2 | 7 | 1 | 2 | 3 | 10 | 4 | 5 | 2 | 6 | 5 | 6 | 9 | 92 |
| Other disease of respiratory system | 5 | 6 | 3 | 1 | 6 | — | — | 1 | 1 | 1 | 4 | — | 1 | 3 | — | 1 | 33 |
| Ulcer of stomach and duodenum | 4 | — | 5 | — | 3 | 1 | — | 1 | 3 | 1 | 6 | 3 | 2 | 5 | 2 | — | 36 |
| Gastritis, enteritis and diarrhoea | 1 | 3 | 1 | — | — | — | 1 | 1 | 1 | 1 | 3 | 2 | — | — | 1 | 2 | 17 |
| Nephritis and nephrosis ... | 3 | 4 | — | 1 | — | — | 2 | 3 | 1 | 2 | — | 4 | 1 | — | — | 1 | 22 |
| Hyperplasia of prostate ... | 5 | 3 | 2 | 2 | — | 1 | — | 3 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 3 | 29 |
| Pregnancy, Childbirth and abortion | — | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 2 |
| Congenital malformations ... | 3 | 2 | 1 | 2 | 4 | — | 1 | 2 | 2 | — | 4 | 1 | 1 | 1 | — | 2 | 26 |
| Other defined and ill-defined diseases | 22 | 15 | 25 | 19 | 18 | 5 | 10 | 12 | 20 | 9 | 47 | 8 | 18 | 25 | 32 | 23 | 308 |
| Motor vehicle accidents ... | 4 | 3 | 2 | 4 | 3 | — | 1 | — | 4 | 1 | 3 | 1 | 1 | 1 | 4 | 3 | 35 |
| All other accidents ... ... | 11 | 4 | 5 | 2 | 6 | 1 | 3 | 4 | 6 | 3 | 7 | — | 7 | 7 | 1 | 4 | 71 |
| Suicide ... ... ... ... | 7 | 1 | 1 | 2 | 1 | 2 | — | 1 | 5 | — | 2 | 1 | 4 | 2 | 1 | 3 | 33 |
| Homicide and operations of war | 1 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 2 |
| ALL CAUSES ... | 363 | 217 | 236 | 145 | 215 | 44 | 100 | 149 | 301 | 106 | 306 | 91 | 188 | 205 | 213 | 254 | 3,133 |

## 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 ... ... | 446 | 299 | 9 | 25,290 | 17.63 | 16.75 | 11.82 | 10.40 | 20.18 |
| Burnham ... ... | 154 | 138 | 2 | 9,790 | 15.73 | 17.77 | 14.09 | 10.29 | 12.99 |
| Chard ... ... | 70 | 74 | 1 | 5,450 | 12.84 | 12.84 | 13.58 | 9.64 | 14.29 |
| Clevedon ... ... | 138 | 185 | 4 | 9,890 | 13.95 | 16.60 | 18.71 | 11.41 | 28.98 |
| Crewkerne ... ... | 50 | 61 | 1 | 3,950 | 12.66 | 13.42 | 15.44 | 13.90 | 20.00 |
| Frome, ... ... | 167 | 151 | 3 | 11,310 | 14.77 | 16.80 | 13.35 | 10.41 | 17.96 |
| Glastonbury ... | 107 | 69 | 3 | 5,400 | 19.82 | 18.83 | 12.78 | 11.63 | 28.04 |
| Ilminster ... ... | 38 | 36 | 0 | 2,550 | 14.90 | 14.90 | 14.12 | 13.27 | 0.00 |
| Keynsham ... ... | 266 | 122 | 5 | 14,040 | 18.94 | 15.86 | 8.69 | 9.56 | 18.79 |
| Minehead ... ... | 87 | 122 | 1 | 7,460 | 11.66 | 13.29 | 16.35 | 10.14 | 11.49 |
| Norton-Radstock ... | 209 | 148 | 2 | 12,410 | 16.84 | 17.51 | 11.93 | 12.05 | 9.57 |
| Portishead ... ... | 108 | 69 | 2 | 5,750 | 18.78 | 19.16 | 12.00 | 11.28 | 18.52 |
| Shepton Mallet ... | 80 | 69 | 2 | 5,280 | 15.15 | 15.45 | 13.07 | 12.02 | 25.00 |
| Street ... ... | 96 | 60 | 0 | 6,420 | 14.95 | 14.35 | 9.34 | 9.15 | 0.00 |
| Taunton ... ... | 491 | 360 | 7 | 35,860 | 13.69 | 13.55 | 10.04 | 9.24 | 14.26 |
| Watchet ... ... | 32 | 37 | 0 | 2,560 | 12.50 | 13.12 | 14.45 | 13.15 | 0.00 |
| Wellington ... ... | 121 | 98 | 1 | 7,410 | 16.33 | 17.96 | 13.23 | 10.72 | 8.26 |
| Wells ... ... | 84 | 119 | 1 | 6,420 | 13.08 | 14.00 | 18.54 | 10.38 | 11.90 |
| Weston-super-Mare ... | 608 | 662 | 8 | 41,150 | 14.78 | 16.70 | 16.09 | 11.58 | 13.16 |
| Yeovil ... ... | 368 | 271 | 15 | 24,010 | 15.33 | 15.64 | 11.29 | 10.27 | 40.76 |
| TOTAL of Urban Districts | 3,720 | 3,150 | 67 | 242,400 | 15.35 | 15.96 | 12.99 | 10.92 | 18.01 |

## 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 | Adusted Birth Rate | Crude Death Rate | Adjusted Death Rate | Infantile Mortality Rate |
|---|---|---|---|---|---|---|---|---|---|
| Axbridge ... ... | 392 | 363 | 3 | 29,680 | 13.21 | 14.93 | 12.23 | 10.64 | 7.65 |
| Bathavon ... ... | 327 | 217 | 9 | 19,810 | 16.51 | 17.34 | 10.95 | 9.96 | 27.52 |
| Bridgwater ... ... | 348 | 236 | 6 | 20,220 | 17.21 | 18.59 | 11.70 | 10.74 | 17.24 |
| Chard ... ... | 148 | 145 | 6 | 12,330 | 12.00 | 12.84 | 11.76 | 10.94 | 40.54 |
| Clutton ... ... | 248 | 215 | 4 | 18,090 | 13.71 | 14.26 | 11.88 | 11.17 | 16.13 |
| Dulverton ... ... | 59 | 44 | 4 | 4,440 | 13.29 | 15.15 | 9.91 | 9.61 | 67.79 |
| Frome ... ... | 186 | 100 | 4 | 10,760 | 17.29 | 18.50 | 9.29 | 8.74 | 21.50 |
| Langport ... ... | 195 | 149 | 0 | 12,920 | 15.93 | 17.36 | 11.53 | 9.68 | 0.00 |
| Long Ashton ... | 382 | 301 | 3 | 25,330 | 15.08 | 15.98 | 11.88 | 11.40 | 7.85 |
| Shepton Mallet ... | 151 | 106 | 3 | 10,210 | 14.79 | 16.56 | 10.38 | 8.56 | 19.82 |
| Taunton ... ... | 296 | 306 | 8 | 20,800 | 14.23 | 16.51 | 14.71 | 10.88 | 27.03 |
| Wellington ... ... | 104 | 91 | 5 | 8,100 | 12.84 | 14.64 | 11.23 | 9.99 | 48.08 |
| Wells ... ... | 169 | 188 | 1 | 10,230 | 16.52 | 19.00 | 10.38 | 12.31 | 5.92 |
| Williton ... ... | 171 | 205 | 6 | 12,600 | 13.57 | 16.83 | 16.27 | 12.04 | 35.09 |
| Wincanton ... ... | 273 | 213 | 4 | 17,520 | 15.58 | 17.29 | 12.16 | 8.88 | 14.65 |
| Yeovil ... ... | 467 | 254 | 10 | 24,960 | 18.71 | 19.83 | 10.18 | 10.99 | 21.41 |
| TOTAL of Rural Districts | 3,916 | 3,133 | 76 | 258,000 | 15.18 | 16.69 | 12.14 | 10.80 | 19.40 |
| Administrative County | 7,636 | 6,283 | 143 | 500,400 | 15.26 | 16.13 | 12.55 | 10.79 | 18.73 |
| England and Wales 1959 | — | — | — | — | 16.50 | — | 11.60 | — | 22.00 |

# 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 ... | 202 | 45 | 3 | 2 | 5 | 14 | 8 | — | — | 2 | 11 | 2 |
| Burnham ... ... | 85 | 28 | — | 1 | — | — | 14 | — | — | — | 2 | — |
| Chard ... ... | 40 | 3 | 1 | — | — | 5 | 1 | — | — | — | 5 | — |
| Clevedon ... ... | 238 | 38 | 7 | 1 | 4 | 32 | 7 | — | 1 | 1 | 4 | 1 |
| Crewkerne ... ... | 29 | — | — | — | — | — | — | — | — | — | 3 | — |
| Frome ... ... | 45 | 7 | — | — | — | — | 1 | — | — | — | 6 | — |
| Glastonbury ... | 192 | — | 1 | — | — | — | — | — | — | — | 2 | 2 |
| Ilminster ... ... | 81 | 1 | — | — | — | — | — | — | — | — | 2 | — |
| Keynsham ... ... | 336 | 5 | 1 | — | 7 | 19 | 5 | — | — | 1 | 14 | 2 |
| Minehead ... ... | 12 | 25 | — | — | — | 19 | — | — | 3 | — | 3 | 2 |
| Norton-Radstock ... | 141 | 2 | — | — | — | 5 | 6 | — | 1 | — | 3 | — |
| Portishead ... ... | 72 | 2 | — | 1 | 7 | 7 | 9 | — | — | — | 3 | 2 |
| Shepton Mallet ... | 17 | 23 | 2 | — | — | 2 | — | — | — | — | 2 | 1 |
| Street ... ... | 170 | 2 | — | — | — | — | — | — | — | — | — | — |
| Taunton ... ... | 197 | 28 | 8 | — | 5 | 2 | 8 | 2 | 5 | 1 | 7 | 3 |
| Watchet ... ... | 27 | 10 | — | — | — | 11 | 1 | — | — | — | 2 | — |
| Wellington ... ... | 109 | 4 | — | — | — | — | 7 | — | 1 | 5 | 3 | 2 |
| Wells ... ... | 88 | — | 1 | — | — | 2 | — | — | — | — | 11 | — |
| Weston-super-Mare... | 332 | 35 | 8 | 1 | 3 | 9 | 7 | — | 1 | — | 28 | — |
| Yeovil ... ... | 139 | 23 | 2 | — | 1 | 2 | 3 | 1 | 3 | — | 12 | 4 |
| **RURAL DISTRICTS** | | | | | | | | | | | | |
| Axbridge ... ... | 678 | 29 | 1 | — | 1 | 7 | 37 | — | 1 | — | 11 | 2 |
| Bathavon ... ... | 177 | 25 | — | — | 3 | 28 | 19 | — | 2 | 6 | 11 | 2 |
| Bridgwater ... ... | 186 | 18 | 1 | — | 1 | — | 5 | — | 1 | 7 | 4 | 2 |
| Chard ... ... | 129 | 12 | — | — | — | 1 | 5 | — | — | — | 5 | — |
| Clutton ... ... | 216 | 6 | 3 | — | — | 91 | 15 | — | 7 | 4 | 7 | — |
| Dulverton ... ... | 36 | — | — | — | — | 3 | 2 | — | — | — | 5 | — |
| Frome ... ... | 39 | 6 | — | — | — | 2 | 8 | — | — | — | 5 | — |
| Langport ... ... | 99 | 1 | — | — | — | 27 | 19 | 1 | 1 | — | 4 | — |
| Long Ashton ... | 583 | 44 | 2 | — | 9 | 86 | 23 | — | 2 | 6 | 3 | 1 |
| Shepton Mallet ... | 104 | 5 | — | — | — | 4 | 6 | — | 2 | 4 | 4 | 2 |
| Taunton ... ... | 65 | 5 | — | — | 2 | 2 | 1 | — | 5 | — | 9 | 1 |
| Wellington ... ... | 76 | — | — | — | 3 | — | 5 | — | — | — | 1 | 1 |
| Wells ... ... | 322 | — | 5 | — | — | 2 | 1 | — | 7 | 4 | 9 | 2 |
| Williton ... ... | 154 | 21 | 1 | — | — | 9 | 5 | 5 | — | — | 1 | — |
| Wincanton ... ... | 350 | 13 | 1 | — | 1 | 7 | 30 | — | 3 | — | 4 | 2 |
| Yeovil ... ... | 542 | 19 | — | — | 1 | 4 | 14 | 1 | 2 | — | 7 | 2 |
| Urban Districts ... | 2,552 | 281 | 34 | 6 | 32 | 129 | 77 | 3 | 15 | 10 | 123 | 21 |
| Rural Districts ... | 3,756 | 204 | 14 | — | 21 | 273 | 195 | 7 | 33 | 31 | 90 | 17 |
| Administrative County | 6,308 | 485 | 48 | 6 | 53 | 402 | 272 | 10 | 48 | 41 | 213 | 38 |
| Comparative figures for 1958 ... | 4,372 | 208 | 69 | 6 | 22 | 918 | 223 | 32 | 42 | 28 | 216 | 32 |

Ophthalmia Neonatorum — Taunton Boro.: 1; Clevedon Urban; 1; Yeovil Boro.: 1.
Chicken Pox — Bridgwater Borough: 5.
Gastro-enteritis — Bridgwater Borough: 7.
Glandular Fever — Bridgwater Borough: 1.
Rubella — Burnham-on-Sea Urban: 1.
Enteric and Paratyphoid Fever — Langport Rural; 1; Long Ashton Rural: 1; Shepton Mallet Rural: 1.