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The Annual Reports

OF THE

Medical Officer of Health,
School Medical Officer

AND

Medical Officer for Maternity
and Child Welfare

OF THE

BOROUGH OF TAUNTON

FOR THE YEAR

1919.

BY

JOHN ALLEN, M.B., Ch.B., D.P.H.

TAUNTON:

H. G. MOUNTER & Co., LTD.,
PRINTERS TO H.M. STATIONERY OFFICE.

1920.



HEALTH DEPARTMENT STAFF.

Consulting Medical Officer :

H. J. ALFORD, M.D., F.I.C.

Medical Officer of Health :

School Medical Officer :

Medical Officer, Maternity and Child Welfare Centre :

Hon. Medical Officer, Taunton Day Nursery :

JOHN ALLEN, M.B., Ch.B., D.P.H.

Sanitary Inspector :

J. W. NORTHCOMBE, Cert. San. Inspector, F.I.S.E.

Assistant Sanitary Inspector :

F. WESTCOTT.

Health Visitor :

MRS. STEWART, C.M.B.

TAUNTON :

H. G. MOUNTER AND CO., LTD., EAST STREET,
PRINTERS TO H.M. STATIONERY OFFICE,
1920.



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MEDICAL OFFICER'S REPORT.

To the Mayor, Aldermen, and Burgesses of the Borough of Taunton.

MR. MAYOR AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the Borough for the year 1919. The figures and statistics in this Report are the joint work of Dr. Alford and myself. Dr. Alford retired in September and was appointed Consulting Medical Officer of Health. I then took over the position of Medical Officer of Health.

On 1st July, 1919, the powers and duties of the Local Government Board were taken over by the Ministry of Health, who have also powers to absorb other duties connected with the health and well-being of the people. Such a fusion of the previously scattered bodies cannot but in the end tend to better and more complete co-operation and avoid much overlapping.

A memorandum (Memo. 9/MED.) issued by the Ministry of Health contains regulations as to the material and method of compiling the Annual Report. I have endeavoured to give my report on these lines, which enlarge considerably the details given, alter their sequence from that of previous years, and require the repetition of many details with which you are familiar.

The Local Health Department is, as a rule, far too generally regarded as merely connected with the testing of drains and such like functions, and with detective duties of a sanitary nature.

I hope that it may come to be recognised as being available for help on all matters concerned with the health and well-being of the community as a whole, and with duties and powers of an extensive nature for this purpose.

I am,

Mr. Chairman, and Gentlemen,

Your obedient Servant,

JOHN ALLEN.

Summary of Statistics for the Year 1919.

Population at Census, 1911	..	..	22,563
Population estimated to middle of the Year 1919			23,736
Population for Birth-rate	..	..	21,488
Population for Death-rate	..	..	20,628
Area of Borough in Statute Acres	..	..	1,390
Density of Population over whole area	..		17.0
Births registered	..	..	306
Birth-rate	..	..	14.1
Deaths registered (corrected for inward and outward transfers)	..	..	268
Net Death-rate (corrected)	..	..	12.4
Infant Mortality per 1,000 births	..	..	100
Cancer Death-rate	..	..	1.9
Tuberculosis, (including Phthisis), Death-rate			0.92
Zymotic Disease Death-rate	..	..	0.57
Influenza Death-rate	..	..	0.48

England and Wales for the year, 1919.

Birth-rate	..	..	18.5
Death-rate	..	..	13.8

I. Natural and Social Conditions of the District.

Population, Census 1911	22,563
Population, estimated mid-year 1919 ..	23,736

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT.

The area in statute acres is 1,390.

The town lies in a shallow basin around the river Tone.

The chief occupations of the inhabitants are the manufacture of collars and shirts, gloves and silk, engineering (mechanical and electrical), and the timber industry. There is also a large proportion of employees of the Great Western Railway resident in the town.

None of the occupations appear to be prejudicial to the public health.

The amount of Poor Law Relief for the past year, ending 31st March, 1919, was as follows:—

	£	s.	d.
In-Maintenance	3327	16	7
Out-Relief	898	0	5
Non-Resident Relief	97	6	9
Boarded-out Children	126	3	3
Non-settled Poor	75	11	9
	<hr/>		
Total	£4524	18	9
	<hr/>		

HOSPITAL ACCOMMODATION.

There is in the Town, the Taunton and Somerset Hospital for the treatment of acute surgical and medical conditions. It has 107 beds, of which 15 are set apart for children.

It has a complete Electro Therapeutical Department. Maternity cases (unless complicated) are not admitted.

There is therefore no accommodation for simple maternity cases in this area except in the Union Infirmary.

This Institution has 82 beds for the accommodation of the sick.

Vital Statistics.

INFLUENZA.

The deaths attributable to this cause all occurred in the first quarter of the year, and were fairly evenly distributed as follows :—

Week Ending.	No. of deaths due to Influenza.			
25th January	1
8th February	3
15th February	1
22nd February	1
1st March	1
8th March	2
15th March	1
				—
				10
				—

The age distribution is shewn in the table of the Causes of death.

Of these 10 cases, 6 were complicated by Pneumonia and 4 by Bronchitis

The outbreak in the spring appeared to be generally of a milder type than that in the Autumn of 1918.

BOROUGH OF TAUNTON.

Analysis of Causes of Death at various ages in 1919.

CAUSES OF DEATH	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the Borough											In Institutions		
	SEX		Total all ages	Under 1 year	1 and under 2 years	2 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 years and over	Taunton and Som. Hospital	Union Infirmary	Other Institutions
	Male	Female												
Enteric Fever	
Small Pox	
Measles	
Scarlet Fever	
Whooping Cough	
Diphtheria and Croup	
Influenza	
Erysipelas	
Phthisis	
Tubercular Meningitis	
Other Tubercular Diseases	
Syphilis	
Rheumatic Fever	
Cancer	
Meningitis, including Cerebro-Spinal Fever	
Bronchitis	
Organic Heart Disease	
Pneumonia (all forms)	
Other Diseases Respiratory Organs	
Diarrhoea and Enteritis (under 2 years)	
Appendicitis and Typhlitis	
Other Diseases Digestive Organs	
Cirrhosis Liver	
Alcoholism	
Nephritis and Bright's Disease	
Puerperal Fever	
Other Accidents and Diseases of Pregnancy and Parturition	
Congenital Debility and Malformation (including Premature Birth)	
Violent Death (excluding Suicide)	
Suicide	
Senility	
Other Defined Diseases	
Diseases ill-defined or unknown	
	117	148	265	27	3	9	3	10	31	66	116	24	31	11

CAUSES OF DEATH.
Corrected List from the Registrar General.

Causes of Death, Civilians only.				Males.	Females.
ALL CAUSES	..	..	..	118	150
1. Enteric Fever	..	..	..	—	—
2. Small Pox	..	..	..	—	—
3. Measles	..	..	..	3	1
4. Scarlet Fever	..	..	..	—	—
5. Whooping Cough	..	..	..	2	—
6. Diphtheria and Croup	..	..	..	—	—
7. Influenza	..	..	..	5	6
8. Erysipelas	..	..	..	—	—
9. Pulmonary Tuberculosis	..	..	..	11	7
10. Tuberculous Meningitis	..	..	..	—	—
11. Other Tuberculous Diseases	..	..	..	2	—
12. Cancer, Malignant Disease	..	..	..	17	24
13. Rheumatic Fever	..	..	..	—	—
14. Meningitis	..	..	..	1	—
15. Organic Heart Disease	..	..	..	4	10
16. Bronchitis	..	..	..	16	14
17. Pneumonia (all forms)	..	..	..	9	5
18. Other Respiratory Diseases	..	..	..	2	3
19. Diarrhoea, &c., (under 2 years)	..	..	..	2	4
20. Appendicitis & Typhlitis	..	..	..	—	1
21. Cirrhosis of Liver	..	..	..	—	—
21A. Alcoholism	..	..	..	—	—
22. Nephritis and Bright's Disease	..	..	..	3	5
23. Puerperal Fever	..	..	..	—	—
24. Parturition, apart from Puerperal Fever	..	..	..	—	—
25. Congenital Debility, &c.	..	..	..	5	3
26. Violence, apart from suicide	..	..	..	—	4
27. Suicide	..	..	..	2	1
28. Other defined Diseases	..	..	..	33	62
29. Causes ill-defined or unknown	..	..	..	1	—
Special Causes (included above)					
Cerebro-spinal Fever	..	..	..	—	—
Poliomyelitis	..	..	..	—	—
Deaths of infants under 1 year of age,	..	..	..	15	13
Total Illegitimate	..	..	..	3	5
TOTAL BIRTHS	..	..	..	163	143
Legitimate	..	..	..	150	127
Illegitimate	..	..	..	13	16
POPULATION—For Birth Rate..	..	..	..	21488	
For Death Rate	..	..	..	20628	

BIRTHS DURING 1919.

The total number of Births registered was 306, giving a Birth-rate of 14.1 per thousand of the population. Of these births, 163 were male and 143 female, while 29 were illegitimate. The number of births notified to me under the Notifications of Births Act, 1907, was 323. It is not possible to deduce any facts from comparison of these two figures, for while registration is necessary only within 42 days after birth, notification to me must be made within 36 hours after birth. I now have a weekly return from the Registrar of all births registered, and by comparison it is possible to find any cases where births have not been notified to me. The return has been available since October, and I find four cases when births have not been notified, the reason being in every case ignorance of the Act and its liabilities.

Of the Births notified 14 were Still Births—that is, born dead after the 28th week of pregnancy—this gives a percentage of 4.4 still births to children born.

INFANTILE MORTALITY.

The total number of deaths among children under one year of age was 30, giving an Infantile Death-rate of 100 per 1000 children born. This is exactly double the rate recorded for the previous year and requires consideration. The rate for England and Wales in 1919 was 89 and in 48 smaller towns 90. I give a detailed list of the ages at which death occurred and the causes of death in the table following:

	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 1 month	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Measles .. ..	..	..	..	..	..	..	..	..	2	2
Influenza .. ..	..	..	..	..	..	..	..	..	1	1
Bronchitis .. ..	..	..	..	..	..	..	2	1	1	4
Pneumonia (all forms)	..	..	..	..	..	..	..	1	1	2
Diarrhoea and Enteritis	..	..	1	..	1	1	3	..	..	5
Syphilis .. ..	..	..	..	..	..	2	..	..	..	2
Prematurity	2	1	..	..	3	3	..	..	..	6
Atrophy and Marasmus	..	1	..	..	1	1	..	..	..	2
Congenital Defects ..	1	..	..	..	1	..	..	..	..	1
Accidents of Birth ..	1	..	..	..	1	..	..	..	..	1
Suffocation (overlying)	1	..	..	..	1	..	..	..	..	1
Hernia .. ..	..	..	..	..	..	1	..	..	..	1
Convulsions	2	..	..	..	2	..	..	..	..	2
Total	7	2	1	..	10	8	5	2	5	30

It will be seen from the above table that diseases of an infectious or semi-infectious nature were the cause of 16 deaths, or just over 50 per cent. of the total. The year 1919 was marked by an outbreak of Influenza in the early part of the year, and an outbreak of Measles in the Autumn, which Diseases account for one third of the Deaths.

Developmental Conditions including premature birth, atrophy and marasmus, and congenital defects account for 10 or 33 per cent. of the deaths.

Examining these facts in another way it will be seen that 10 or 33 per cent. of the deaths occurred in the first month of life. The remedy for these deaths due to developmental conditions lies largely in the provision of proper accommodation for cases of pregnancy where the home accommodation is unsatisfactory, or where there are complications, and for child birth, where there is no proper accommodation at home.

II. Sanitary Circumstances of the District.

WATER SUPPLY.

There is ample and continuous supply of water from the three reservoirs situated respectively at Blagdon, Leigh, and Luxhay. These reservoirs have a storage capacity of about 160,000 gallons. The water supplied has no plumbo-solvent action.

There are a small number of wells in the area, the water from these is tested at intervals. Many of the houses in the Courts have no water supply within the house, water being obtained from a tap common to the Court. This must entail a considerable amount of extra labour and is not conducive to cleanliness.

DRAINAGE AND SEWERAGE.

The town is supplied with an efficient system of drains and sewers—the main sewers of which there are two, a high and low level, lead into the Sewerage Works at Obridge. Here the crude Sewage is screened and passes into septic tanks, thence over filter beds, of which there are six, and after into the River Tone.

There are also in this area 4 cess pits; these are kept under frequent supervision, and emptied periodically.

CLOSET ACCOMMODATION.

There are no earth or pail closets or privy middens in the Town. All the courts and dwellings are provided with water closets. These in the courts are common to the court, and as frequently happens where there is divided use, there is a lack of care in keeping them clean and sanitary.

SCAVENGING.

The most frequent method adopted for the storing of household refuse, prior to its removal, is to place it in any old box or bucket—which is frequently in a most dilapidated condition. This is most unsatisfactory, and in the hot weather most undesirable. All household refuse, excepting the green stuff or vegetable matter, which should be burned on the fire, should be placed in a special metal receptacle fitted with a close fitting lid.

The household refuse is collected twice per week by the Scavenging Department of the Borough, in carts, and taken to the Destructor at Obridge.

A small quantity is taken to a hole at Fairwater, where it is tipped. The collection of refuse now takes place in the daytime only.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Bakehouses	..	..	..	..	23
Cowsheds	..	..	..	..	7
Dairies, Milkshops, etc.	..	..	..	..	41
Slaughterhouses registered		..	..	..	7
Slaughterhouses licensed	..	..	..	..	2
Gut Scraping Premises	..	..	..	..	1
Tripe Boiling Premises	..	..	..	..	8

These are dealt with later in the report.

Proceedings were taken against the Bristol and Western Counties Butchers' Hide, Skin, Fat and Wool Company, Ltd., under Sec. 114 of the Public Health Act, 1875, and the case was heard by the Borough Justices on the 20th August, 1919, when a fine of £2 and costs was inflicted.

Appeal was made against this decision and the case heard at the Quarter Sessions on the 15th October. The appeal was dismissed with costs.

SCHOOLS.

As the Medical Officer of Health is also School Medical Officer, the report on the School Medical Inspection, School Clinic, and general administration, is given with this report at the end.

III. Food.

MILK SUPPLY.

There are in this area :—

Cowsheds	..	..	..	..	7
Dairies and Milkshops	..	..	..	..	37

There are less Dairies in the town than last year, four having closed. There are 43 Retailers registered in the town, of these six have their premises outside the area, but sell their produce within it.

I believe that few of the cowkeepers strictly observe the local regulations which state *inter alia* that :—

17 (5) That he shall not cause or suffer any cow belonging to him or under his control to be milked for the purpose of obtaining milk for sale—(a) unless at the time of milking, the udder and teats of such cow are thoroughly clean ; and (b) unless the hands of the person milking such cow, also are thoroughly clean, and free from all infection and contamination.

Put briefly, these really mean that the udders of the cow and the hands of the milker require washing before the milk is obtained. If these precautions are not carried out, the milk must be contaminated by cow dung and other filth as it leaves the udder. It is also necessary that the milk be cooled by passing through a cooler as soon as possible after milking to reduce its temperature, and thus inhibit the growth of the numerous bacteria with which it is likely to be contaminated, and for which it is an ideal medium for growth and development. Coolers do not appear to be in general use. They are even more necessary now that the usual custom is to deliver milk once per day.

No action has been taken as regards tuberculous milk during the year.

The Council is not an Authority for the purpose of the Sale of Food and Drugs Act, so has no powers to take samples for adulteration.

MILK (MOTHERS AND CHILDREN) ORDER 1918.

Particulars of the working of the Council's Scheme are given under Maternity and Child Welfare on page 22.

OTHER FOODS.

Existing powers for dealing with both the premises and the methods of food manufacture are inadequate in many respects. Registration with the Local Authority should be compulsory, and regulations provided for the sanitary condition of the premises and the cleanliness of the employees, in all places where food (more especially meat products) are prepared for sale.

BAKEHOUSES.

There are 23 bakehouses in the area. They are inspected frequently and are lime-washed and cleansed in accordance with the By-laws. None of these are of the underground type.

SLAUGHTER HOUSES.

There is no Public Abattoir in the district, one of the licensed ones is under Government Control.

There are nine of these in the area, of which seven are registered and two licensed, killing in these takes place at all times in the week, and as they are scattered in different parts of the town the work of inspecting all carcasses is increased and rendered more difficult. The carcasses of two calves and one bullock were found to be affected with Tuberculosis and destroyed.

Other meat found unfit for human consumption and destroyed amounted to 3 tons 4 cwt. 0 qrs. 1 lb.

Other foods found unfit for human consumption and destroyed were as follows :—

					Cwt.	qrs.	lbs.
Fish	..	..	..	..	9	2	0
Fruit		..	..	..	6	3	23

IV. Prevalence of, and Control over Infectious Diseases.

The notifications received during the year were as follows:—

Measles, by Doctors	..	..	414	
Measles, by others	..	..	239	653
German Measles, doctors only	..	..	..	5
Scarlet Fever	..	..	..	5
Diphtheria	..	..	..	6
Enteric Fever	..	..	..	11
Erysipelas	..	..	..	11
Ophthalmia Neonatorum	..	..	..	2
Puerperal Fever	..	..	..	1
Pneumonia, Acute Primary	..	..	..	8
Pneumonia, Acute Influenzal	..	..	..	1
Dysentery	..	..	..	2
Malaria	..	..	..	5
Tuberculosis, Pulmonary	..	..	..	81
Tuberculosis, Non Pulmonary	..	..	..	16
				807
		Total	..	807

The Council do not supply Diphtheria Antitoxin for the use by general practitioners in case of Diphtheria.

The list of notifiable diseases was increased during the year by the addition of—

Pneumonia, Acute Primary.
 Pneumonia, Acute Influenzal
 Dysentery, Amœbic.
 Dysentery, Bacillary
 Malaria.
 Trench Fever.

I found from the Death returns that there was some doubt as to the notification of these diseases and have sent a letter to every general practitioner in my area, giving a complete list of the Diseases now notifiable.

The epidemic of Influenza recurred in the early part of the year, and the deaths from it numbered 10. These cases were all complicated by Pneumonia or Bronchitis and were divided between the months of January, February and March.

An epidemic of Mumps appeared later and required the closure of several elementary schools.

MEASLES AND GERMAN MEASLES.

There had been a few cases of these diseases in the Town prior to September, but about the end of this month the numbers notified increased daily. The disease appeared first from the Rowbarton district, but it soon appeared in the centre of the Town. It was necessary to recommend the closure of a large number of the Infant Schools. The practice of excluding only those contacts who attend infant schools, and only those from junior and senior schools who have not had the disease is difficult to carry out.

I frequently found that in cases where children were attending senior schools under this arrangement, the child ill at home was often not isolated at all. Although the infection is only short lived it is possible for it to be carried by clothing and other articles.

I have accordingly recommended that all children from affected homes be excluded—and this plan you have agreed to try for one year.

All cases notified to me were visited by the Health Visitor if the child did not attend school, or by the School Nurse, if attending school. Nursing assistance was provided in 4 cases through the Taunton and District Nursing Association. This relatively small number is explained by the fact that those cases in which a doctor was already in attendance were provided with nursing aid by his agency if necessary—cases nursed by the T.D.N.A. under this category numbered 10. If cases visited by the Health Visitor or School Nurse were found not to have a doctor treating the child, the parents were always warned of the dangers of the disease and advised to have medical supervision. I had six children removed to the Isolation Hospital after personally inspecting the homes which were found to be in most unsatisfactory condition. A large

number of cases of Otitis Media (discharging ears), a too frequent result of Measles were treated with satisfactory results at the School Clinic. There were five deaths due to the disease—two being children under one year of age, one of two years, and two of three years of age.

SCARLET FEVER.

All the cases notified were scholars in a Residential School for boys. They were all removed to the Isolation Hospital.

DIPHThERIA.

No definite source of infection could be traced in any of these cases. One case which terminated fatally occurred in a caravan, and was contracted in another area. The throats of all contacts were swabbed in these cases (and where necessary the nose also), no other cases were discovered by this means.

ENTERIC FEVER.

The eleven cases notified of this disease occurred at different periods in the year. Five cases being notified between 9th November and 31st December. Of these five, one was a case in a local hospital sent in for treatment from a rural district where the disease had been contracted; of the remaining four, the only common factor was the milk supply. Investigation of this was proceeding at the end of the year.

OPHTHALMIA NEONATORUM.

Two cases were notified; these were kept under careful observation by the Health Visitor. In each case both eyes were affected. They have both made good recoveries.

DYSENTERY.

The two cases were both demobilised soldiers reported by the Ministry of Health. They are not engaged in the manufacture of food of any kind, and are kept under frequent observation. No cases of local origin were notified.

MALARIA.

The five cases notified had all contracted the disease abroad in malarial regions.

TUBERCULOSIS.

The number notified (97 cases) is almost double that of the preceding year. I have notifications of 20 cases admitted to Sanatoria, and of 11 discharged.

SMALL POX.

No cases were notified during the year, nor were any contacts known to be in the area.

No primary vaccinations or re-vaccinations under the Public Health (Small Pox Prevention) Regulations 1917, were performed during the year.

DISINFECTION.

The methods used for this purpose are

(1). For infected articles of a portable nature such as clothing, bedding, etc., Current Steam at low pressure in an Equifex Disinfector at the Borough Sewage Works. Articles to be disinfected are brought in a van used for this purpose only; while disinfection is in progress the interior of the van is itself disinfected so as to be able to receive the disinfected material again and return it.

(2). For infected premises, rooms, etc., Formalin vapour generated by heat from paraform tablets is used to disinfect the general surface of walls, and interiors, while in addition a spray of IZAL is used for the floors in rooms used by persons suffering from Tuberculosis.

The steam disinfector is worked by the staff at the Sewage Works, while the domiciliary disinfection is carried out by the Sanitary Inspector and his assistant.

The disinfector can take at one time 25 single blankets.

ISOLATION HOSPITAL.

This is situate outside the Borough.

The admissions from the Borough were as follows :—

Scarlet Fever	5
Diphtheria	5
Enteric Fever	3
Measles	29
“ Rose Rash ”	1
Mumps	1
Doubtful Cerebro Spinal Fever (negatived later) ..	1
	—
Total admissions	45
	—

Of the 29 cases of Measles, 9 were admitted on my order. Of these 9, 6 were cases in which the home conditions were most unsatisfactory, and 3 were children from the Married Quarters in the Military Barracks. The remaining 20 cases were admitted on the order of the Medical Officer of the Children's Home, Cheddon Road (15 cases), and the Union Workhouse (5 cases).

V. Maternity and Child Welfare.

(1). There are five midwives practising in this area, two of these are on the Staff of the Taunton District Nursing Association, the three remaining are independent.

(2). The arrangements for attending to the health of expectant and nursing mothers and children under 5 years of age are under the control of the Maternity and Child Welfare Committee, which consists of the Health Committee with co-opted members from the voluntary workers at the Centre, and the Infant Health Society. The Staff consists of the Medical Officer and Health Visitor. The Health Visitor visits all births notified and advises the mother as to feeding and general care of herself and the infant. She also is being consulted by expectant mothers much more frequently than in the past. She records the result of her first visit on a card which is afterwards passed on to me for inspection, the subsequent progress of the child is also entered up on the same card and thus a continuous record is kept. In suitable cases the mother is advised to bring the child to the Centre for consultation and advice. The Centre is at present held in the Municipal Hall where the classes for sewing and occasional lectures are given—while the consultations are held in rooms in the Technical Institute. These are held once per week—on Wednesday afternoons. The work at the Centre is carried out under very difficult conditions. The premises being used for other purposes of a quite foreign nature at other times. It is therefore impossible to have any of the necessary furniture and fittings, nor is it possible to supply sugar (of which an extra ration is allowed for infants), or dried milk, dusting powders, bottles and teats, Cod Liver Oil, and sundry other necessary medicaments of a similar nature. To carry on the Centre efficiently it is necessary to have as a minimum, a large room for the social part, a nursery, and two smaller rooms—one for the weighing and dressing of the infants and the other for the consultations. Premises for this purpose could also be used equally well for a School Clinic at other times, but these rooms should not be used for any other purpose than this. I took over the duties of Medical Officer in September. The attendances for consultations are increasing steadily. 128 consultations were held in this period, the individual number of children

being 72; of these 47 were under one year, and 25 over. I find that it is difficult to see more than six children per hour, if the consultation is to be carried out with the thoroughness necessary. A record is kept, on the card system, of each child attending, while the mother is provided with a card on which is recorded any change of weight.

The Health Visitor is present, superintends the weighing, and attends the consultations. It is not possible to hold any *ante-natal* consultations under the present conditions.

There are no Maternity Homes for the reception of expectant mothers or for simple labour cases—nor are simple cases admitted into the local Hospital. Young children are taken as in-patients in the Taunton and Somerset Hospital for either surgical or medical treatment. There is a day Nursery supported entirely by voluntary subscriptions and payments from the parents, situated in East Reach. It has accommodation for 20 infants and supplies a very necessary aid to those mothers who are compelled to go out to work. In exceptional circumstances children have been retained at night for short periods but it has not the staff necessary for this purpose. I act as Honorary Medical Officer to this Institution.

All Still Births notified are investigated by the Health Visitor, a modification of the Birth Card being used to record the conditions. Where necessary and possible the mother is advised to have appropriate treatment. Infant Deaths are investigated in the same way. There are no special methods available for dealing with unmarried mothers and illegitimate children. They are asked to attend the Welfare Centre and frequently do so; no remarks being made as to their status, and the facts concealed as far as possible from the others. The Infant Health Society, a voluntary society for the increased welfare of the Mother and Child, has been absorbed into the Maternity and Child Welfare Committee. It will be possible later to pass on the records gathered at the Infant Consultations to the School Nurses and thence to the School the child attends.

The Health Visitor has paid 3,202 visits to homes during the year.

These were for the following purpose :—

Ante-natal Visits	..	..	..	138
Infants under 1 year	..	..	..	1678
Children over 1 year	..	..	..	1368

Included in these figures are 440 visits to cases of Ophthalmia Neonatorum, Measles, and Whooping Cough.

As already stated 323 births were notified during the year. Commencing from 15th October, a nominal return of all births registered has been sent to me weekly by the Registrar. It is possible by this to check the births notified to me, and find if the regulation of the Notification of Births Acts is being carried out. It must be understood that whereas registration of birth may take place within any period up to 42 days after birth, notification to me must be made within 36 hours after birth, also that all still births (that is birth of a dead child after the 28th week of pregnancy) must be notified also. I have reason to believe that all still births are not notified. It would be possible to check these by inspecting returns of burials. The object of notification is to enable the birth to be visited and the mother helped in all ways possible in the upbringing of her child. Of the births notified during the year 14 were still births.

BOARDED OUT CHILDREN.

The supervision of these is by an inspector provided by the Guardians.

PUERPERAL FEVER.

(3). One case of Puerperal Fever was notified, this case recovered, but was subsequently notified as suffering from Phthisis.

OPHTHALMIA NEONATORUM.

Two cases were notified—in both cases the two eyes were affected—they both made complete recoveries.

EPIDEMIC DIARRHOEA.

There were five deaths in all due to this cause in Infants. I have no knowledge of any particular prevalence of this disease during the year.

MEASLES.

This disease appeared in epidemic form in the months of September, October and November. It was responsible for five deaths,

two being under one year of age, and three between the ages of two and five.

ACUTE ANTERIOR POLIO MYELITIS.

No notifications of this disease were received, but children seen at the Welfare Centre have presented definite signs of having suffered from it. Its onset is often insidious and the paralysis is often unnoticed by the mother till some little while after. There are no special means of treatment available for the resultant paralysis.

CONGENITAL SYPHILIS.

There appears to be a considerable amount of this disease. Two children were recorded as dying from it, while I have seen other children suffering from it.

RICKETS.

The present high price of the foods such as milk, eggs, etc., containing "the fat soluble growth factor," tends to a smaller quantity of these being given. I have seen several such cases at the Infant Consultations. It has been proved that if the nursing mother is deprived of the foods containing this factor that the breast fed child may also suffer from Rickets.

PROVISION OF MILK AT REDUCED RATES.

The Order issued by the Local Government Board in October, 1918, permitting the provision of milk at reduced rates for expectant and nursing mothers, and children under five years of age, was adopted for necessitous cases. The milk is provided at half cost price, and cases suitable for this provision are investigated by the Health Visitor who reports to me. The orders for milk are given for a period of one month and renewed as necessary.

The quantities supplied are :—

- (a). For children under 18 months, $1\frac{1}{2}$ pints daily.
- (b). For children between 18 months and 5 years 1 pint daily.
- (c). For expectant or nursing mothers.

The quantity ordered in these cases being usually two pints per day. During the year 109 orders were made for this purpose. The investigation by the Health Visitor includes the total family

income, rent, number of adults and children in the family. If on this report the case appears to be one in which the parent cannot purchase the quantity of milk necessary for proper nourishment, an order is made. These orders are written in duplicate and one copy retained. The other copy is given to the milk vendor by the person for whom it is made out.

It was found that in a few cases the milk was being obtained free of cost by only taking half the quantity ordered. The steps necessary to prevent a continuance of this practice have been taken.

As far as possible these orders are given through attendances at the Infant Consultations, where this was not possible, they were given through domiciliary visits of the Health Visitor.

Samples of the milk have been taken by the Police, who are the Authority under the Food and Drugs Act. None of these were found to be below the standard.

HOME HELPERS.

These are women provided to help in the House during the period the mother is incapacitated at child birth. They are under the supervision of the Health Visitor and are supplied without charge in necessitous cases. They were provided in four such cases during the year.

VI. Sanitary Administration.

1. STAFF.

This is given on the front page.

It will be seen that it consists of the Medical Officer of Health, who is also School Medical Officer, and Medical Officer to the Maternity and Child Welfare Centre, the Sanitary Inspector, Assistant Sanitary Inspector, and Dr. H. J. Alford as Consulting Medical Officer.

The Sanitary Inspector has the following duties :—

Housing Acts.

The examination, inspection, and report to the M.O.H. and the Health Committee.

Public Health Acts.

Inspection of district for nuisances and other conditions liable to be injurious to the health of the community. The inspection of Common Lodging Houses, Offensive Trades, Slaughterhouses, Meat and Meat exposed for sale, Bakehouses, Dairies and Cowsheds, Factories, Workshops, and Outworkers. He also superintends the removal of cases of Infectious Disease to the Isolation Hospital, and the subsequent disinfection. He also inquires into the circumstances of such cases.

Petroleum and Hackney Carriage Acts.

He inspects and reports on Hackney Carriages and the carrying out of the Petroleum Acts, the storage of Petrol and Carbide, and the issue of licences.

The Assistant Sanitary Inspector assists generally. He acts as Storekeeper, and is responsible for the disinfection of houses and bedding.

He also acts generally under the instructions of the M.O.H. and Sanitary Inspector.

2. HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

The Hospital for this purpose is situate outside the Borough. It is controlled by a Joint Committee of the Taunton Borough and Rural District Councils.

It has 24 beds for infectious diseases and 12 beds for cases of Tuberculosis.

Admissions from the Borough are on my order. The ambulance for the removal of cases is kept at the Isolation Hospital, a horse being hired to draw it when required.

SMALL POX.

Cases of this disease would be treated at the Isolation Hospital. There were no notifications during the year.

3. THE ACTS (GENERAL ADOPTIVE) IN FORCE IN THIS AREA ARE AS FOLLOWS :—

	Date of adoption.
Public Health Acts Amendment Act, 1890	November, 1890
Infectious Diseases (Prevention) Act, 1890	October, 1890
Public Libraries Act, 1892	October, 1902
Private Street Works Acts, 1892	June, 1906
Notification of Births Act, 1907	August, 1908
Public Health Acts Amendment Act, 1907	May, 1909

BACTERIOLOGY.

4. Under arrangement with the Somerset County Authority all chemical and bacteriological specimens are sent to them for examination and report. It is desirable that I should be supplied with a copy of the report on all specimens sent from this area by any general practitioner.

VII. Housing.

These details are given in the order asked for in Memo 9/Med. of the Ministry of Health.

I.

(1) Total number of houses in district	5000
Number of working class type	4570
New houses for the working classes erected, or in course of erection during the year.. ..	nil.
(2) Population (mid) year	23736

No important changes have occurred during the year, nor are any anticipated in the future.

(3) (a)	Extent of shortage of houses :—	
(1)	To meet the unsatisfied demand taking account of the growth of population	474
(2)	Replace other houses which are unfit for human habitation and cannot be made fit	252
(3)	Replace other houses, which although they cannot be at present regarded as unfit for human habitation, fall definitely below a reasonable standard	346
	Total	1072

(b) The Scheme adopted (under Sec. 1 H. & T. P. Act, 1919) will provide for the erection of 500 houses, the accommodation in each house consisting of a living room with kitchen, a scullery, parlour, and three bedrooms. A certain proportion of these 500 houses will have four instead of three bedrooms. The houses will be so placed that there will not be more than 12 per acre. The situations in view are on good high ground at Leslie Avenue, Kingston Road and Holway Road. Work is at present proceeding on the Leslie Avenue Site.

II. OVERCROWDING.

There were in 1911 :

Tenements with more than two occupants—

Number of tenements	71
Total number of occupiers	631

At present these figures must be very considerably increased— but I have no complete information.

It is also very difficult to deal with any cases met with owing to the impossibility of the displaced occupants finding other accommodation. Two cases were reported during the year.

III. FITNESS OF HOUSES.

(1) (a) The general standard of the existing houses in the district. Where the houses have been built in the last decade this is good but in the older houses, especially in the courts, the standard is very poor.

(b) The defects generally found in the unfit houses, are lack of through ventilation, no water supply in the house, no facilities for washing, (some are even of $4\frac{1}{2}$ in. walls), damp walls and defective windows, and overcrowded sites.

(2) Action as regards unfit houses under

(a) Public Health Acts:—

Action has been taken under these Acts as regards the remedying of minor defects.

(b) The Housing Acts:—

Inspection of the areas which may have to be dealt with as unhealthy is proceeding. It has not been possible to recommend the making of any closing orders owing to the impossibility of housing the occupants who would be displaced.

(3) Difficulties in remedying unfitness:—

The general shortage of labour in the building trades and high prices of materials.

(4) There will be no difficulty in providing an adequate water supply for the new houses to be built.

As regards closet accommodation, the houses in the courts have closets in common. It is desirable that every house should have its own water closet and that it be within curtilage of the dwelling.

As regards refuse disposal the present method of using any old box or bucket is most undesirable.

IV. UNHEALTHY AREAS.

(1) No areas had been represented as unhealthy before the beginning of the year.

(2) No areas have been represented as unhealthy during the year.

(3) No complaints have been made that any area was unhealthy.

V.

By-laws relating to houses, to houses let in lodgings, and to tents, vans, sheds, etc.:—

(1) There are no by-laws for houses let in lodgings, or for tents, vans, sheds, etc.

(2) There is a need for by-laws for houses let in lodgings, although the number of houses used for this purpose is very small; it is also necessary to have by-laws for the regulation of tents, vans, sheds, etc.

VI.

I do not know of any action as regards overcrowding, insanitary property, etc., taken under the Housing or Public Health Acts and not covered by the previous particulars.

VII.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------|
| (1) Number of dwelling houses in respect of which complaints were made by householders that they were unfit for human habitation .. | nil |
| (2) Action under Sec. 17 of the Housing Act of 1909 :— | |
| (a) Number of dwelling houses inspected for the purpose of the section | 708 |
| (b) Number of dwelling houses which were considered to be unfit for human habitation .. | 252 |
| (c) Number of dwelling houses the defects in which were remedied without the making of closing orders | nil. |
| (3) Action under Sec. 28 of the Housing Act, 1919. | |
| (a) Number of orders for repairs issued .. | nil. |
| (b) Number of cases in which repairs were carried out by the Local Authority | nil. |
| (c) Number of dwelling houses voluntarily closed, on notice by owner that they could not be made fit without reconstruction | nil. |
| (4) Closing Orders :— | |
| (a) Number of representations made to the Local Authority with a view to the making of closing orders | nil. |
| (b) Number of closing orders made | nil. |
| (c) Number of dwelling houses in regard to which closing orders were determined on the houses being made fit for habitation | nil. |

- (5) Demolition Orders :—
- | | | |
|------------------------------------------------------|-------|------|
| (a) Number of demolition orders made | .. | nil. |
| (b) Number of houses demolished | .. .. | nil. |
| (6) Number of dwelling houses demolished voluntarily | | 8 |
| (7) Obstructive Buildings | | |

No action taken.

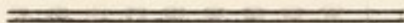
- (8) Staff engaged in housing work and duties of each officer :—
The Medical Officer of Health.

The Sanitary Inspector, who inspects, records, and reports on houses examined to the Medical Officer and Health Committee as necessary.

The Assistant Sanitary Inspector, who assists the Sanitary Inspector in his work.

As the Sanitary Inspector and his Assistant have also to perform the other duties incidental to their office, the general sanitary survey of the district is not able to proceed with the quickness that is desirable.

It is necessary to make a more complete survey of some areas in (1) East Reach (2) East Street (3) High Street (4) King Street, and (5) Upper High Street, which may have to be dealt with as unhealthy.



METEOROLOGICAL TABLE, 1919.

MONTH.	Barometer.			Thermometer.			Sunshine.		Rainfall.	
	Mean.	Highest.	Lowest.	Mean.	Highest.	Lowest.	Hours.	Sunless Days.	Inches.	Days Rain fell
January	29.16	30.59	28.58	39.2°	54°	23°	68	17	4.80	25
February	29.80	30.57	28.89	37.5°	52°	22°	76	13	2.82	15
March	29.50	30.61	29.34	40.8°	60°	27°	131.5	10	3.88	23
April	29.90	30.12	28.90	43.5°	58°	24°	144	2	2.10	17
May	30.06	30.34	29.55	55.8°	76°	31°	233.5	2	.41	7
June	30.13	30.44	29.83	57.8°	76°	36°	269.5	2	.66	11
July	30.01	30.21	29.58	58.5°	74°	41°	203	2	2.24	12
August	30.09	30.28	28.25	60.8°	83°	42°	251	0	3.96	12
September	29.90	30.39	29.52	53.5°	75°	27°	123	6	1.43	13
October	29.98	30.50	29.46	40.2°	53.5°	37°	127	3	3.66	11
November	29.82	30.30	29.34	39.7°	50.5°	29°	50.5	12	2.01	17
December	29.51	30.35	29.21	44.09°	52°	37.5°	37.5	13	4.50	27

Total Rainfall for the year 32.47 inches.

Total Hours of Sunshine for the Year 1716.5 hours.

ANNUAL REPORT of the MEDICAL OFFICER of HEALTH

For the year 1919.

FOR THE BOROUGH OF TAUNTON,

on the administration of the Factory and Workshop Act, 1901, in connection with

Factories, Workshops, Laundries, Workplaces and Homework.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
Factories	117	..	..
Workshops	130	5	..
Workplaces	120	..	..
Total	367	5	..

2.—DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
NUISANCES UNDER PUBLIC HEALTH ACTS				
Want of Cleanliness	6	6	..	..
SANITARY ACCOMMODATION :				
Insufficient	1	1	..	..
Defective	4	4	..	..
Not separate for sexes .. .. .	..	..	..	..
OFFENCES UNDER THE FACTORY AND WORKSHOP ACT				
Breach of Special Sanitary requirements of bakehouses (SS. 97 to 100) ..	1	1	..	..
Total	12	12	..	..

**TAUNTON BOROUGH SANITARY DISTRICT.
Home Work.**

Nature of Work	Outworkers lists, section 107										Outworkers in unwholesome premises, sec. 108	Outworkers in infected premises, sec. 109, 110
	Lists received from employees twice in the year			Addresses of Outworkers		Prosecutions		Outworkers				
	Lists	Outworkers		Received from other councils	Forwarded to other councils	Failing to keep or permit inspection of lists	Failing to send lists	Contractors	Workmen	Totals		
		Contractors	Workmen									
(1) Making, etc...	54	8	1319	..	813	..	..	..	..	..	..	..
(2) Cleaning and Washing	..	..	..	..	..	..	..	..	..	..	..	..
Furniture and Upholstery	2	..	10	..	3	..	..	..	..	..	..	..
Brush Making ..	..	..	..	2	..	..	..	..	..	..	..	..
Totals ..	56	8	1329	2	816	..	..	..	..	22	..	..

WEARING APPAREL :

(1) Making, etc... ..
 (2) Cleaning and Washing ..
 Furniture and Upholstery ..
 Brush Making ..

TAUNTON BOROUGH SANITARY DISTRICT.
Registered Workshops.

Workshops on the Register (s. 131) at the end of the year	Number
(1)	(2)
Bakehouses 24, Acetylene 1	25
Dressmakers 22, Milliners 12, Tailors 11	45
Boots and Shoes 6, Rags 4	10
Brush and Clogs 1, Cabinet Maker and Upholsterers 8	9
Plumbers and Painters 13, Saddlers 5	18
Glove and Gaiters 2, Carpenters 15	17
Carriage 4, Smith and Wheelwrights 12	16
Scales 2, Tinman 3, Cycle 10	15
Cooper 1, Dyer 1, Engraver 2	4
Guns 1, Jeweller 6, Basket 1	8
Laundry 1, Organ 2, Piano	4
Picture 1, Sculptor 3, Wool Stapler 1	5
Photographer 4	4
Domestic Workshops	92
Workplaces	19
Total number of Workshops on Register*	291

*180 Workshops, 92 Domestic Workshops and 19 Workplaces.

OTHER MATTERS.

Class	Number
(1)	(2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	nil.
ACTION TAKEN IN MATTERS REFERRED BY H.M. INSPECTOR AS REMEDIABLE UNDER THE PUBLIC HEALTH ACTS, BUT NOT UNDER THE FACTORY AND WORKSHOPS ACT (S. 5)	
Notified by H.M. Inspector	8
Reports (of action taken) sent to H.M. Inspector	8
OTHER :—	
Underground Bakehouses (S. 101)	nil.
Certificates granted during the year	nil.
In use at the end of the year	nil.

TAUNTON BOROUGH SANITARY DISTRICT.

Inspector of Nuisances report of the work completed in the
year 1919.

Jas. W. Northcombe, F.I.S.E., Certified Inspector.

RESULTS OF INSPECTIONS.

Number of Informal Notices given	..	..	..	..	122
Number of Verbal Notices given	..	..	..	..	397
Number of Statutory Notices served	..	..	..	..	11
Houses and Premises cleansed and repaired	..	..	..	..	205
Defective Roofs repaired	..	..	..	..	26
„ Courtyards repaired	..	..	..	..	3
„ Windows repaired	..	..	..	..	20
„ Shutes repaired	..	..	..	..	11
„ Floors made good	..	..	..	..	16
„ Waste Troughs made good	..	..	..	..	3
New Waste Troughs fixed	..	..	..	..	3
HOUSE DRAINS :					
Soil Pipes repaired	..	..	..	..	3
Drains, relaid, repaired, cleansed, trapped, etc.	..	..	..	..	73
WATER CLOSETS :					
Repaired and unchoked	..	..	..	..	221
WATER SUPPLY :					
Wells filled up	..	..	..	..	2
Overcrowding abated	..	..	..	..	2
—————					
Animals removed, improperly kept	instances	..	..	..	6
Removal of Dung, Stagnant Water, Animal and other refuse	..	..	..	..	32
Dust removal, communications received and attended to	..	..	..	..	144
Number of Lodging Houses registered	..	..	..	..	2
New Water Closets provided	..	..	..	..	2
—————					
MISCELLANEOUS, REGULARLY INSPECTED :					
Bakehouses	..	..	..	..	23
Licensed Cowsheds	..	..	..	..	7
Dairies, Milkshops, etc.	..	..	..	..	41
Slaughterhouses, registered	..	..	..	7	
Slaughterhouses, Licensed	..	..	..	2	
				—	9
Gut Scraping Premises	..	..	..	..	1
Tripe Boiling Premises	..	..	..	..	8

DISINFECTING FOR THE YEAR 1919.

HOUSES DISINFECTED AFTER INFECTIOUS ILLNESS, 242.

Tuberculosis	92	Cancer	10
Measles	15	Red Cross Hospital	1
Scarlet Fever	9	Military	26
Typhoid Fever	10	Scabies	23
Diphtheria	14		
Puerperal Fever	2		
Verminous	28	Total	242
Pneumonia	12		

Stables for Mange	8
Shelters for Tuberculosis Patients	32

ARTICLES OF BEDDING DISINFECTED AT THE STEAM DISINFECTOR, 5055.

Military	2197	Red Cross Hospital	64
Board of Trade	1985	Isolation Hospital	32
Tuberculosis	63	Outside Area (charged for)	44
Scarlet Fever	311		
Diphtheria	71		
Enteric	125	Total	5055
Verminous	163		

The Van used for removing bedding, etc., has been disinfected on 56 occasions, and 11 books have been fumigated.

FRUIT AND MEAT DESTROYED AT THE DESTRUCTOR DURING THE YEAR 1919.

	Cwt. qrs. lbs.		
Offals	28	2	18
Beef	15	1	5
Calves	6	1	15
Pigs	1	3	14
Hams	1	3	5
Sheep Trotters	10	0	0
Fish and Shell Fish	9	2	0
Total	73	2	1
Bananas			7
Prunes	5	1	16
Dates	1	2	0
Total	6	3	23

**VISITS AND INSPECTIONS OF THE SANITARY INSPECTOR
FOR THE YEAR 1919.**

Slaughterhouses	313	Taunton School	20
Hide and Skin Depot	120	Templeman's Orchard	14
Cattle Market	13	Manure Pits	69
Cattle Pens, G.W. Railway	19	Red Cross Hospital	2
Gut Scraping	26	Schools (Elementary)	15
Fish Merchants	9	Cesspit	2
Dairies	130	Tanyard	3
Cowsheds	38	Great W. Railway	6
Bakehouses	41	General	1682
Factories	117	Testing Drains	24
Workshops	77		
Rag Sorting	24		
Lodging Houses	15		
		Total	2779



BOROUGH OF TAUNTON.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

EDUCATION COMMITTEE

FOR THE YEAR 1919.

By JOHN ALLEN, M.B., Ch.B., D.P.H.,

Certificate in School Hygiene.

STAFF OF SCHOOL MEDICAL DEPARTMENT.

Medical Officer :

JOHN ALLEN, M.B., Ch.B., D.P.H.

Dental Surgeon (part time) :

A. J. PERCY, L.D.S., R.C.S.

School Nurses and Attendance Officers :

Miss L. E. COLLINS.

Miss BELLCHAMBERS.

Dental Nurse (part time) :

Miss A. E. CUMSTOCK.

School Medical Officer's Report.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have to submit to you the Annual Report for the period 1st January, 1919, to 31st December, 1919. I commenced duty here on 12th September, 1919, as your School Medical Officer. Mr. Percy, the School Dental Surgeon, returned from active service on 1st May, and recommenced duty. As Medical Officer, I have inspected three routine groups of children, comprising (1) the Entrants, who are children commencing school here; (2) Intermediates, who are children over eight but under nine years of age, and (3) Leavers, who are children of 12 years and over; also another group of children known as Specials, consisting of any children who were not included in the three routine groups, but who were thought by the Nurses or Teachers to have defects which required attention. The Routine Cases were all examined on the school premises, while the Specials were examined there or at the Clinic. I have limited myself to the medical examination of not more than 20 routine cases per session of two hours. It is not possible to thoroughly examine a larger number than this. In all, I have paid 74 visits to schools, of which 47 were for routine inspections, 17 for re-inspections, and 10 special visits regarding infectious disease or other matters.

When possible, prior to visiting each school, notice was sent to the Head Teacher one week at least in advance. This enables notices to be sent to the parents of the children about to be examined requesting their presence when possible, and stating the date and time at which the inspection will take place. The presence of parents at the inspection of their children is most desirable; it enables satisfactory details of previous illnesses to be obtained, while if a child is found in any way defective a proper explanation can be given and the necessity for any treatment indicated. When the parent is not present and a child is found to have some defect, a confidential notice is sent indicating the defect and its need of treatment. At the Routine Inspections 301 parents attended. Thirty per cent is not a good attendance, and I hope that later the figure will improve. In all, 904 Routine children and 442

Specials were examined, of these 709 were found to have diseases or defects of different kinds which required treatment. After the Routine Inspections were completed I paid a further visit to every school, and re-examined all those children who were present, whom I had previously referred for treatment or observation. 361 children were examined for this purpose.

In those cases where no treatment had been obtained, further notices were sent to the parents. These children will be examined again next year if still at school, and followed up until some treatment is obtained.

In all, 709 children were recommended to obtain treatment and 423 were found to have been treated.

A detailed analysis of these cases is given below.

Summary of the Diseases and Defects found among the children examined (including Routine and Specials) and the number of defects or diseases treated.

Disease or Defect	No. of Defects found for which treatment was necessary	No. of Defects treated	Treated		No. of Defects not treated	Percentage treated
			At L.E.A. school clinic	Otherwise		
Uncleanliness, Head	57	40	30	10	17	70.1
Uncleanliness, Body	10	5	..	5	5	50.0
Malnutrition	4	3	1	2	1	75.0
Skin Diseases	333	333	329	4	..	100.0
Defective Vision and Squint	97	30	..	30	67	30.9
Eye Diseases	29	26	24	2	3	89.6
Ear Diseases and Defective Hearing	32	24	21	3	8	75.0
Nose and Throat Diseases and Defects	46	13	..	13	33	28.2
Defective Speech.. ..	5	..	..	..	5	nil.
Dental Disease	38	18	17	1	20	47.3
Heart Disease, Organic	5	3	..	3	2	60.0
Heart Disease, Functional.. ..	2	1	..	1	1	50.0
Anæmia	1	1	..	1	..	100.0
Lung Diseases (non Tubercular)	6	5	..	5	1	83.3
Tuberculosis, Pulmonary Definite	12	11	..	11	1	91.6
Tuberculosis, Pulmonary Suspect	16	16	..	16	..	100.0
Tuberculosis, Non Pulmonary	10	10	..	10	..	100.0
Diseases of Nervous System	2	2	..	2	..	100.0
Deformities	11	2	..	2	9	18.1
Other Diseases and Defects	4	1	..	1	3	25.0
	720	544	422	122	176	

The number treated is not satisfactory especially in cases of Defective Vision and Enlarged Tonsils and Adenoids. Some explanation may be that only a brief interval could elapse between the inspection and the re-inspection, to enable the work to be completed before the end of the year.

The lack of an oculist to whom the Defective Vision cases could be referred for retinoscopy accounts for the small number of these, while as regards the cases of defects of Nose and Throat, such as Enlarged Tonsils, Adenoids, etc., it is desirable that some arrangement be made for necessitous cases to have suitable treatment at a local Institution.

The treatment of cases of Minor Ailments at the School Clinic continues, the total number of attendances during the year being 6890 and the actual number of children treated 460. The work there has increased during the last quarter of the year.

The premises are not satisfactory, being on the 1st floor and entailing the ascent of several flights of stairs, the waiting accommodation is poor, while one very small room has to accommodate both the dental officer, his chair, and myself. At least one large room as waiting room, and smaller ones each for myself, the dentist, and for dressings are required, and should all be on the ground floor. So far it has not been possible to find such accommodation. An analysis of the cases attending is given in Table IV A page 52, while Table IV B, page 53, details the treatment of Visual Defects.

I have now instituted certificates of Fitness (on a white paper) and Unfitness (on a pink paper), and give these in duplicate for each case, one being for the Head Teacher, the other for the School Nurse. These are used for all cases I examine at the Clinic or elsewhere, and where a child has been certified unfit to attend, he must not be allowed to return until given a certificate of fitness to do so. The rigid observance of this regulation will help to diminish the cases of Ringworm, Impetigo, and other catching diseases.

In Table III page 50 and 51 I give as complete a list as possible of all defective children in the Town. It will be noted that this form has been altered and enlarged since last year.

It will be seen that there are at least 29 Mentally Defective Children in the Town, and of these 21 are attending ordinary public elementary schools. There they are a source of worry and anxiety to the Teachers, and cannot be given the smaller class, and more specialized education they require. These children would benefit greatly by the formation of special classes with smaller numbers per class and modified methods of instruction. In the same table I give the number of children, who in my opinion, need open air education; they are mostly weakly, under-nourished, or suffering from Anaemia, Heart Disease, Chorea, Chronic Sore Eyes, and Pre-disposition to Tuberculosis; they mostly come from the courts, where they live in homes without backlets. These numbers do not include those given as suffering from Tuberculosis, who also would benefit greatly by open-air Education. There is no objection to these attending the same school if they are free from cough and do not spit.

As regards uncleanliness, the two School Nurses (who also act as Attendance Officers) have paid a total of 1800 visits to schools

(a) The average number of visits paid by them to each school is 100.

(b). They have examined 2,000 children.

(c). The number of individual children found by them to be unclean was 490.

(d). The Authority have no definite arrangement whereby those children found in a verminous condition in school may be sent to a cleansing station for the disinfection of their person and clothing. The parents (or guardians) are themselves instructed as to the cleansing necessary and the child excluded from school, and instructed to attend the Clinic on a definite date. If then clean a certificate of fitness to return to school is given.

(e). No proceedings were taken under the Children's Act 1908, nor were any prosecutions instituted under the School Attendance Bye-laws for uncleanliness.

In comparison with other areas I am acquainted with the standard of cleanliness, more particularly in regard to verminous heads and bodies, is fairly good, especially when one is aware of the

home conditions of many of the children. One tap (in a court) to half a dozen houses, and no sink stone inside the house is likely to add considerably to the difficulty in maintaining a good standard of personal cleanliness.

TUBERCULOSIS.

Particular pains were taken in every child examined where a history of Tuberculous antecedents was obtained. In Table II page 49 it will be seen that 12 children had definite Pulmonary Tuberculosis, and 16 had doubtful Symptoms of Pulmonary Tuberculosis, while six had Tuberculous Glands of the Neck, and eight Tuberculosis in other forms.

These children were all, when not already receiving treatment from other sources, referred to the County Tuberculosis Officer, at the Dispensary in Priory.

MEASLES.

A widespread epidemic of this disease occurred in the latter end of the year. A few cases had been notified in the earlier part, but in September and October the cases increased with great rapidity, and then diminished at the latter end of November, the epidemic dying down in December.

It was necessary to close nine Infant Departments and three Mixed Departments for varying periods. The disease itself was generally mild in type but there were five deaths, and it left behind a large number of cases of discharging ears, sore eyes, and enlarged glands.

It must be remembered that an attack of Measles renders the child more liable to Tuberculosis—more particularly that type affecting the lymphatic glands in the chest. Many of the cases of discharging ears and sore eyes were treated with success at the Clinic.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN ALLEN.

BOROUGH OF TAUNTON.

School Dental Annual Report.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to place before you my Annual Report for the year ending December, 1919.

It will be remembered that I commenced my duties again as School Dental Officer on May 1st last, on being demobilised and as I have no record of the work done from the previous January to that date, my report therefore will date from May 1st last.

Since then I have inspected all children in the schools of the ages of 6, 7, and 8 years, to the number of 982, of these, 902 (roughly 90%) required dental treatment to a greater or less degree.

Of these 902 children, I have already treated 596, doing the most important work in each case; the rest of the children I hope to complete in the same way by about the end of April, 1920.

I have also treated special cases, namely, children sent me by the Medical Officer or School Nurses to the number of 132, these, generally speaking, vary in age from 9—14 years, consequently the work to be done for such is usually considerable as compared with the younger children.

The attendance throughout, I am glad to say, has been very good indeed, the total being 892, and many mothers, whose children are over the age of 8 years I have applied for treatment; in such cases I have always seen and treated these children.

The total number of permanent fillings put in since May 1st, is 458, and of extractions 424, a great number of these being extracted on account of irregularities of the teeth and also in order to make room for the permanent teeth which take their places.

Temporary dressings number 77. A detailed account of my work as required by the Ministry of Health will be found on page 54.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

ARTHUR J. PERCY, L.D.S.Eng.

School Dental Officer.

TABLE I.—Number of Children Inspected, 1st January, 1919, to 31st December, 1919.

A.—ROUTINE MEDICAL INSPECTION.

Age	ENTRANTS					
	3	4	5	6	Other Ages	Total
Boys ..	1	6	57	45	24	133
Girls ..	1	5	69	51	25	151
Totals ..	2	11	126	96	49	284

Age	Intermediate Group	LEAVERS			Other Ages	Total	Grand Total
	8	12	13	14			
Boys ..	142	125	42	—	—	309	442
Girls ..	138	129	44	—	—	311	462
Totals ..	280	254	86	—	—	620	904

B.—SPECIAL INSPECTIONS.

			Special Cases (at School or Clinic)	Re-Examinations (i.e., No. of Children re-examined)
Boys ..	..	..	210	174
Girls ..	..	..	232	187
Totals ..	..	..	442	361

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (NO CHILD BEING COUNTED MORE THAN ONCE IN ONE YEAR) 1,346

TABLE II. This is a record of defects found, and not of individual children found defective.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. Referred for Treatment.	No. Referred for Observation.	No. Referred for Treatment.	No. Referred for Observation.
MALNUTRITION.	4	..	..	..
UNCLEANLINESS.				
Head	54	..	3	..
Body	10	..	..	..
SKIN.				
Ringworm, Head .. ..	..	..	11	..
Ringworm, Body .. ..	..	..	10	..
Scabies	2	..	8	..
Impetigo	17	..	174	..
Other Diseases (non T.B.) ..	3	2	108	..
EYE.				
Blepharitis	4	..	18	..
Conjunctivitis	2	..	2	..
Keratitis .. ..	..	..	..	..
Corneal Ulcer .. ..	..	..	..	..
Corneal Opacity	2	..	..	1
Defective Vision	81	3	16	2
Squint .. ..	..	..	..	..
Other Conditions .. ..	..	..	1	..
EAR.				
Defective Hearing	16	..	2	..
Otitis Media	13	..	1	..
Other Disease or Defect ..	..	..	..	..
NOSE AND THROAT.				
Enlarged Tonsils	32	14	4	..
Adenoids	1	5	1	..
Enlarged Tonsils and Adenoids ..	2	1	..	..
Other Conditions	3	..	3	..
ENLARGED CERVICAL GLANDS (non T.B.)	..	..	..	..
DEFECTIVE SPEECH	5	5	..	..
TEETH	37	..	1	..
HEART AND CIRCULATION				
Heart Disease, Organic	5	1	..	..
Heart Disease, Functional	1	1	1	..
Anemia	1	..	..	..
LUNGS.				
Bronchitis	5	..	1	..
Other Diseases (non T.B.) ..	..	..	..	..
TUBERCULOSIS.				
Pulmonary Definite	11	..	1	..
Pulmonary Suspected	12	..	4	..
Non Pulmonary, Glands	6	..	..	..
Spine .. ..	..	..	..	..
Hip	2	1	2	..
Other Bones and Joints .. ..	..	..	..	..
Skin .. ..	..	..	..	..
Other Forms	3	..	..	..
NERVOUS SYSTEM.				
Epilepsy .. ..	..	2	..	..
Chorea .. ..	..	..	..	..
Other Conditions .. ..	..	..	..	..
DEFORMITIES.				
Rickets .. ..	..	4	..	..
Spinal Curvature .. ..	..	..	..	..
Other Conditions	10	7	1	..
OTHER DEFECTS OR DISEASES ..	4	3	2	..

Number of individual children having Defects:—

(a) Which required Treatment .. 709

(b) To be kept under Observation .. 81

Total .. 790

TABLE III. Numerical Return of all Exceptional Children in area in 1919.

	Boys.	Girls.	Total.
BLIND (including partially blind)—			
Attending Public Elementary Schools ..	..	..	..
Attending Certified Schools for the Blind ..	..	..	..
Not at School ..	..	..	..
DEAF AND DUMB (including partially deaf)—			
Attending Public Elementary Schools ..	..	..	..
Attending Certified Schools for the Deaf ..	4	1	5
Not at School ..	..	..	..
MENTALLY DEFICIENT—			
<i>Feeble Minded:</i>			
Attending Public Elementary Schools ..	12	9	21
Attending Certified Schools for Mentally Defective Children ..	..	..	..
Notified to Local Control Authority by Education Authority during year ..	2	6	8
Not at School ..	..	..	..
<i>Imbeciles:</i>			
At School ..	1	..	1
Not at School ..	..	..	..
<i>Idiots:</i>			
At School ..	..	1	1
Not at School ..	..	..	..
EPILEPTICS—			
Attending Public Elementary Schools ..	2	..	2
Attending Certified Schools for Epileptics ..	..	..	..
In Institutions other than Certified Schools ..	1	..	1
Not at School ..	..	..	..

Table III. cont.

		Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE—	<i>Pulmonary Tuberculosis:</i>	Attending Public Elementary Schools . . .	11	21
		Attending Certified Schools for Physically Defective Children . . .	1	1
		In Institutions other than Certified Schools . . .	1	1
		Not at School . . .	6	7
	<i>Crippling due to Tuberculosis:</i>	Attending Public Elementary Schools . . .	8	14
		Attending Certified Schools for Physically Defective Children . . .	..	..
		In Institutions other than Certified Schools . . .	..	..
		Not at School . . .	5	8
	<i>Crippling due to other causes than Tuberculosis (i.e.) Paralysis, Rickets, Injuries):</i>	Attending Public Elementary Schools . . .	6	..
		Attending Certified Schools for Physically Defective Children . . .	..	..
		In Institutions other than Certified Schools . . .	..	..
		Not at School . . .	1	..
	<i>Delicate and other Children suitable for admission to Open Air Schools; Children with severe Heart Disease</i>	Attending Public Elementary Schools . . .	41	76
		Attending Open Air Schools . . .	..	..
		Attending Certified Schools for Physically Defective Children . . .	..	..
		Attending other than Open Air Schools . . .	..	..
DULL OR BACKWARD—		Not at School . . .	..	..
		Retarded 2 years . . .	..	..
		Retarded 3 years . . .	..	..

TABLE IV.—A. Treatment of Minor Ailments (at the School Clinic).

Disease or Defect	Number of Children			
	Referred for treatment	Treated		
		Under local education authority's scheme	Otherwise	Total
SKIN :—				
Ringworm of the Head	11	9	2	11
Ringworm of the Body	10	10	..	10
Scabies (Itch)	10	10	..	10
Impetigo	191	189	2	191
Minor Injuries	102	102	..	102
Other Skin Diseases	9	9	..	9
Ear Diseases and Defects	32	21	3	24
Eye Diseases (external and other)	29	24	2	26
Miscellaneous	107	86	21	107
	520	460	30	490

TABLE IV. B. Treatment of Visual Defects.

NUMBER OF CHILDREN.									
Referred for Refraction	Submitted to Refraction				For whom Glasses were prescribed	For whom Glasses were provided	Recommended for treatment otherwise than by Glasses	Who received other forms of treatment	For whom no treatment was considered necessary
	Under L.E.A. Scheme	By private practitioner or hospital	Otherwise	Total					
97	nil.	4	26*	30	29	29	1	1	—

*Under this heading are included cases treated and fitted with glasses by Opticians and Chemists. It is possible that not all of this number were actually submitted to refraction (or retinoscopy) and unless this is carefully performed by a person of considerable experience the results are not likely to be good.

TABLE IV. C. Treatment of Defects of the Nose and Throat.

NUMBER OF CHILDREN.				
Referred for treatment	Received Operative Treatment			Received other forms of treatment
	Under L.E.A.'s scheme	By private practitioner or hospital	Total	
46	—	9	9	3

The Local Education Authority have no arrangement with any Institution for the operative treatment of cases of Enlarged Tonsils and Adenoids. It would assist in securing treatment in many cases if some arrangement of this kind were made. The cases would require careful selection and investigation to make certain that it was not possible for treatment to be obtained by Private Practitioners.

TABLE IV. D.—Treatment of Dental Defects.

1.—NUMBER OF CHILDREN DEALT WITH.

	AGE GROUPS										Specials	Total
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist	298	335	349									982
(b) Referred for Treatment	261	311	330								132	1034
(c) Actually treated	596											596
(d) Re-treated (result of periodical examination)	nil											

2.—PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of half days devoted to Inspection Work	No. of half days devoted to Treatment	Total No. of attendances made by Children at the Clinic	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings	No. of Administrations of General Anaesthetics included in 4 and 6	No. of other Operations	
			Extracted	Filled	Extracted	Filled			Permanent Teeth	Temporary Teeth
1	2	3	4	5	6	7	8	9	10	11
18	83	892	19	290	405	168	458	nil	50	27

TABLE V.—Summary of Treatment of Defects as shown in Table IV. (A, B, C and D.)

Disease or Defect	Number of Children			
	Referred for treatment	Treated		
		Under local education authority's scheme	Otherwise	Total
Minor Ailments (A)	520	460	30	490
Visual Defects (B)	97	nil	30	30
Defects of Nose and Throat (C)	46	nil	12	12
Dental Defects (D)	1034	596	..	596
Other Defects .. ..	..	..	..	..
Total	1697	1056	72	1128

TABLE VI.—Summary relating to Children Medically Inspected at the Routine Inspections during the year 1919.

(1).	The total number of children medically inspected at routine inspections (excluding specials)	904
(2).	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	62
(3).	The number of children in (1) suffering from :—	
	Malnutrition	4
	Skin Disease	24
	Defective Vision (including squint)	86
	Eye Disease	9
	Defective Hearing	29
	Ear Disease	13
	Nose and Throat Disease	58
	Enlarged Cervical Glands (non-Tubercular)	—
	Defective Speech	10
	†Dental Disease	38
	Heart Disease, Organic	5
	Heart Disease, Functional	2
	Anæmia	1
	Lung Disease (non-Tubercular)	5
	Tuberculosis, Pulmonary definite	11
	Tuberculosis, Pulmonary suspected	12
	Tuberculosis, non-Pulmonary	12
	Diseases of the Nervous System	2
	Deformities	15
	Other Diseases and Defects	16
(4).	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	234
(5).	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	132

† This only includes cases needing immediate dental treatment.