

**[Report 1920] / Medical Officer of Health, Taunton R.D.C.**

**Contributors**

Taunton (England). Rural District Council.

**Publication/Creation**

1920

**Persistent URL**

<https://wellcomecollection.org/works/y9uayagf>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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

RURAL DISTRICT OF TAUNTON.

---

---

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR **1920.**


BY

EDWARD A. B. POOLE, M.H., M.D., D.P.H., &c.

TAUNTON :

GOODMAN AND SON, THE PHOENIX PRESS, NORTH STREET.

1921.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30179038>

# ANNUAL REPORT

OF THE

Medical Officer of Health for the Year 1920.

---

---

*To the Chairman and Members of the Taunton Rural District Council.*

MR. CHAIRMAN, MRS. HANCOCK, AND GENTLEMEN,—

I submit to you the Annual Report on the Health of the Taunton Rural District for the year 1920. I have followed the instructions given in the memorandum (as to contents and arrangements) issued by the Ministry of Health. Of necessity many of the facts given are the same as in previous reports. It is requested that this Report should receive as much publicity as possible, and as I propose to send a copy to all the doctors practising in the district, I have devoted some space to facts likely to be of special use to them. I would again urge on them the necessity for the early and free use of Anti-Diphtheric Serum. I still receive cases in the Isolation Hospital, ill for over three days, who have not been given over 2,000 units. I would call their attention to the recent literature on the subject, and I submit that these small doses are absolutely inadequate, and seriously prejudice the patients' chance of recovery.

For your consideration of my report on, and adoption of, the new Model Bye-Laws, *re* the humane slaughtering of food animals, I beg to tender you my sincere thanks.

I am,

Your obedient Servant,

EDWARD A. B. POOLE.

## GENERAL STATISTICS.

Census Population, 1901—17,566.

Census Population, 1911—17,834.

Registrar-General's estimated Population—

For Birth Rate and Death Rate, 15,156.

Estimated mid-year Population for 1920—18,085.

Area in Acres—71,720.

Density of Population—4.7 per acre.

Births registered—385 ; Birth Rate—25.4.

Total Deaths registered—249 ; Civilians only—209.

Gross Death Rate—13.2 ; Corrected Death Rate—13.8.

Infant Mortality—59.7.

Birth Rate for E. & W.—25.4 ; Death Rate—12.4.

The Taunton Rural District is roughly triangular—with the Urban District, with an acreage of 1,390, at the centre. It is bounded on the North by the Williton and Bridgwater Rural Districts, on the East and South-East by the Langport and Chard Rural Districts, on the South by Devon, and on the South-West by the Wellington Rural District. The parts towards the South and North-West are very hilly. That towards the North-East is flat and subject to flooding. The North-West projection is roughly bounded by the Quantock, Blackdown and Brendon Hills.

The inhabitants are chiefly engaged in agriculture, with withy growing and basket-making in the North-East part. There is a paper mill at Creech St. Michael, and a flax factory at Staplegrove.

The main line of the Great Western Railway runs through the district, with four branches.

Full particulars of the Poor-Law Relief, &c., are given in the Financial and Statistical Statement for the year ending March 31st, 1920. The cost of 13 non-resident poor was £273 7s., and of 7 non-settled poor people, £84 6s.

The Pauper Lunatics maintained in the Somerset and Bath County Asylum at Cotford, chargeable to the Taunton Union, were 112, and in addition 2 were in other mental institutions, whilst poor persons in other institutions and certified schools were 10.

	Rural.	Urban.
Poor persons in the Workhouse ..	92	137
Poor persons relieved outside ..	64	15
Cost of outdoor relief ..	£774 11s. 9d.	£174 14s. 0d.

The total receipts of the Guardians were £45,923 19s. 0d.

Amongst the items of expenditure were:—

County Rates, £27,062 18s. 9d.

Subscriptions to Hospitals, &c., £140 7s. 0d. Including £60 to the Taunton and Somerset Hospital, £10 to Bath Mineral Water Hospital, £10 10s. to the local Tuberculosis Care Committee, and £15 15s. to the Taunton Nursing Association.

The extra medical fees were £2 10s. 0d.

The weekly average cost per head of inmates of the Workhouse was 16s. 8 $\frac{3}{4}$ d., and of the children in the Children's Home 11s. 4 $\frac{3}{4}$ d.

The falling off in Vaccination is shown on page 36: it has fallen from 45% in 1913 to 36% in 1919.

The total births in both districts fell from 799 in 1911 to 507 in 1918, with a recovery of 528 in 1919.

*Hospital Accommodation.* The Joint Isolation Hospital has accommodation for 70 cases of infectious disease and 20 of Tuberculosis. The only other institution is the Asylum at Cotford, with accommodation for 700 patients. In the Borough the Taunton and Somerset Hospital has 107 beds, including 13 for children; the Workhouse Infirmary has 82, and in this institution arrangements could be made for more if necessary.

The only accommodation for Maternity cases is in the Union Infirmary.

*Vital Statistics.* The presence of the large Asylum at Cotford, and of the Isolation Hospital and Sanatorium, accounts largely for 78 registered deaths being "out returns," this includes 4 deaths which occurred in 1919 but were registered in 1920. The "in returns" were 42, and the total deaths registered 249.

The total deaths in institutions were: Cotford Asylum, 73; Isolation Hospital, 2; Taunton Sanatorium, 6. All of these, with the exception of 5 of the Cotford deaths, are "out returns."

Total Births.	Male.	Female.	Total.
Legitimate ..	185	176	361
Illegitimate ..	10	14	24
	—	—	—
Totals ..	195	190	385

The Birth Rate was 25.4, and the rate of Infantile Mortality was 59.7. This rate for previous years was : 1915, 100 ; 1916 54.7 ; 1917, 71.1 ; 1918, 62.2 ; 1919, 58. For England and Wales it was : 80 for 1920.

*Infantile Mortality.* The total deaths of children of under one year of age was 23, 1 of which was illegitimate.

Registrar-General's corrected list of Causes of Death :—

*Civilians only.*

Causes.	Males.	Females.	Total.
Diphtheria .. ..	—	1	1
Erysipelas .. ..	1	—	1
Tuberculosis (Pulmonary)	6	5	11
Tuberculosis Meningitis	—	1	1
Tuberculosis (other forms)	—	1	1
Cancer .. ..	7	10	17
Meningitis .. ..	—	1	1
Heart Disease (Organic)	11	12	23
Bronchitis .. ..	5	7	12
Pneumonia .. ..	4	6	10
Other Lung Diseases ..	1	3	4
Diarrhoea (under 2 years)	2	—	2
Cirrhosis of Liver ..	1	—	1
Appendicitis .. ..	—	1	1
Nephritis .. ..	1	2	3
Parturition .. ..	—	1	1
Congenital Debility ..	7	7	14
Violence .. ..	7	2	9
Suicide .. ..	2	1	3
Other Defined Diseases ..	50	40	90
Ill-defined Causes ..	1	2	3
	—	—	—
Totals .. ..	106	103	209

## Deaths under 1 year of age—

Legitimate	..	..	11	..	11	..	22
Illegitimate	..	..	—	..	1	..	1
			—		—		—
Totals	..	..	11	..	12	..	23

## Population for Births and Deaths—15,156.

The deaths at age under 1 week were 9; from 1 to 4 weeks (inclusive), 7; 1 to 6 months, 4; 6 to 12 months, 1. The average life lived by these children was 31 days, and of the 12 aged under one month 5 days. The causes of death were: Premature Birth, 8; Spinabifida, 3; Enteritis, 2; Congenital Weakness, 2; and 1 each Septicæmia, Convulsions, Natural Causes, Bronchitis, Pneumonia, and Marasmus.

Only 6 of these deaths are from disease, other than congenital defects, or disease in the parents. The infantile D.R. for the illegitimate children is 41.6, and is on too few deaths to be of any value.

The above deaths total 21. The Registrar-General's figures give 23.

*Water Supply.* This is mostly from wells, of which many are shallow and some are "dip" wells. Generally their construction is faulty, with considerable liability to surface contamination.

The well linings are mostly of rough stone, uncemented, and with no attempt at making the upper portion impervious to surface soakage.

They are often in close proximity to, or surrounded by, manured ground, and in some parts of the district are subject to periodic flooding.

Of the total 4,079 houses, less than a quarter are supplied with water from public service pipes, the sources of which are:—

The Taunton water supply, ample and continuous, and derived from headings in the Blackdown Hills, and stored in three reservoirs at Blagdon, Leigh and Luxhay, which receive practically all the available water from the north side of the hills.

A private supply belonging to Viscount Portman, supplying water to North Curry and Stoke St. Gregory, &c., the pipes for which were duplicated in part in 1919.

The Local Authority's supply at Bishop Lydeard, which gives an average daily quantity of over 9,000 gallons, is constant, has sufficient pressure, is of 10° hardness, and has neither reservoirs nor filters. There is ample water available for piped supplies in most parts of the district, and during 1920 the provision of such a supply was under further consideration for Bagborough, and Bishop's Lydeard, and possibly for Combe Florey and Lydeard St. Lawrence.

The services of an Engineer were obtained, a survey was made, and late in the year the scheme was completed. Early in 1920 the Council authorised the Clerk to take measures to borrow the necessary £4,450 and commence the work.

Thirty samples of water were sent for examination, 3 Chemical and 27 Bacteriological; of the latter, 8 were reported good, 1 fair, 9 doubtful, 6 bad, and 3 very bad.

The 3 samples examined chemically were all reported satisfactory, although in two nitrites were present. The Chlorine figures were: 4.95, 3.75, 4.95.

If the wells from which these samples were taken were properly lined, and surface washings and soakage excluded, I am convinced that there would be a vast improvement in the analyses: it doesn't follow that even the bad waters would cause disease or illness, but the presence of large numbers of Bac., Coli and Streptococci point to recent faecal contamination, either animal or human; and at any time these wells might be infected with pathogenic organisms.

The desirability of further piped supplies, particularly at Bathpool, is obvious; but with the present insistence on economy, it is feared nothing can be done further, other than dealing with particular wells.

Waters from the piped supplies were all reported good.

As an instance of the difficulties of the matter, I refer to the case of a large farm owned by a wealthy man. The house is a big one, with a general air of departed glory, and the out-buildings are in a melancholy state, uncared for and dilapidated. The water supply—from a deep well—is bad, and has been under constant supervision for two years. On a threat to close this well, a hole

was dug in the ground about 30 yards away, and a pure supply of water was announced. On inspection there was only a hole, with considerable doubtful looking fluid and debris at the bottom, and an analyst showed the water unfit for drinking. The original well was declared not in use. The matter went into court, and was held up, as the County Analyst's certificate was not admissible in that gentleman's absence, and I was directed to take a further sample and analyse it. I have no available laboratory, but submitted the water to simple tests. It is an amazing fact, that a public analyst's certificate should be accepted—in his absence—in a serious case of food adulteration, where large sums might be involved, and yet not in such a simple matter as the closing of a well; again, anybody seems to be competent to analyse water, and in case of dispute the relative merits of the "analysts" would have to be carefully considered. In this case, I was assured by the owner that he had had an analysis made, and that the water was reported good—it was doubtless sent in a dirty bottle with a dirtier cork.

My "analysis" was accepted by the court, my report agreed in all respects with the County Analyst's, and the well was ordered to be closed. The owner then suggested getting a supply from a field which was subject to flooding, and on my objecting to that, from a "dip" well near to and below the level of a canal.

He then said he would clean out the original well. I was present whilst it was being "done." He would not get a well sinker, and refused my advice, doubtless because it was cheap. Although I knew it was quite useless, I gave this well a month to settle down, and notified the owner of the day and hour I proposed to take fresh samples. I called at that time, and found two men and the owner trying to empty the well of what looked like dissipated coffee. It didn't need any analysing, the smell was quite sufficient, and it was obvious that all the dirty water in the immediate neighbourhood was running in.

The question was, what was to be done? It was clear that if after considerable trouble I had this well closed, it would only mean more holes in the ground, further analyses, and attendances at court and closing orders. As the law stands I could not compel the owner to provide a pure supply if the cost amounted to more than 2d. or 3d. per week at 5% on his outlay, and this too at

present prices ; finally, in despair, I reported the house as unfit for human habitation, the owner was given an opportunity of appearing before the Council, which he neglected, and the order was finally made early in 1921, which will give the owner three months to do something.

No scavenging of household or other refuse is undertaken by the Local Authority.

A summary of the Closet Accommodation is : Flushed w.c.'s, 477 ; hand-flushed w.c.'s, 698 ; pail closets, 1,557 ; " privies," 1,356. This is from the report for the year 1915 (page 6).

Many conversions are made yearly from privies to pail closets, 9 in 1919 and 8 in 1920, besides 2 conveniences to w.c.'s in 1919 and 8 in 1920.

Instructions are given that dry garden earth must always be used in the pails, and that the contents should be dug into gardens.

There is no material alteration in the sewage schemes. The widening of the river at Burrow Bridge, and dredging at Creech St. Michael, both to prevent flooding, have not yet been carried out, and there is still serious pollution of the River Tone below the Borough at Bathpool. This matter is receiving the attention of the Taunton Town Council, who propose bringing the sewage disposal plant up to date.

A complaint of the pollution of the river at Trull was enquired into, and was described as trivial by the County Medical Officer of Health.

The Report of the Inspector of Nuisances is appended at the end of this Report.

There are no common lodging-houses, cellar dwellings, houses let in lodgings, or offensive trade.

The sanitary condition of the water supply of the various schools is fairly satisfactory. These schools have been regularly inspected, and the defects pointed out were usually trivial—as insufficient Towels, &c.

The Sale of Food and Drugs Acts are administered by the County Police. No action was required *re* Tuberculosis Milk, especially as there is very little Tuberculosis amongst cattle in the district.

*Dairies.* All were regularly inspected. In previous reports I stated that many of the shippens are old and not up to modern requirements; whilst this is perfectly true, I did not intend to compare them unfavourably with those in neighbouring districts which, as far as I have had opportunities of judging, are on the whole as bad or worse. During 1920 2 new cowsheds were erected, making now 5, to which no possible exception can be taken, and which compare favourably with any I have seen anywhere. It is further ridiculous to draw the conclusion that all have bad or doubtful water supplies, as about 25% have piped supplies, which must be rather an unusual thing in a large rural district. Practically all the cows lie out for at least 8 months in the year, and it is the exception, at an inspection, to find any in the shippens. That they are generally dirty and ungroomed is also true, but I cannot say that cows belonging to other districts often seen by me on the roads are any better. In one shippen, kept by a lady, sending milk into the urban district, the animals are kept beautifully clean; they are groomed daily, and their udders are thoroughly washed before milking.

I would again call attention to the Regulations adopted by the Council on June 15th, 1910, requiring 800 cubic feet per cow and adequate lighting, ventilation, cleanliness, drainage, and water supply.

That all milk vessels must be thoroughly cleaned by steam or boiling water on every occasion when such vessel shall have been used to contain milk.

That dairymen shall only keep milk intended for sale in suitable clean places, not connected with a kitchen, living room, or sleeping room.

That the udders and teats of the cows and the hands of the milkers must be thoroughly washed before milking is undertaken, and that there is a penalty of £5 attached to a breach of these regulations.

It is further the duty of all dairymen to give notice to the M.O. of H. of any case of infectious disease occurring amongst his workmen or their dependants.

Whilst the importance of a pure milk supply is recognised by everyone, it does not follow that all cases of Scarlet Fever and

Diphtheria are due to infected milk. It is of course a routine matter to enquire into the milk supply in all such outbreaks, but it is very rare that outbreaks of these diseases are ascribable to milk, when compared with the total number of such outbreaks; the very great majority of which are clearly due to man to man infection. It is not generally recognised that Scarlet Fever, for instance, is often spread through Otorrhea in a child who had the disease very many months before. The same applies to Diphtheria. I have under my care at the present time a child who has had Otorrhea for 6 or 7 years, and in whom swabs from the ear, in spite of all treatment, continue to show the presence of Klebs Loeffler Bacilli. Nevertheless milk is a ready vehicle for the spread of disease, and coupled with the fact that it is in many cases the only available food for babies, too much care cannot be taken, especially as boiling milk impares its value in that it destroys essential vitamins.

The cowshed and dairy visits were 196, and new floors were provided in 4 cases.

The *Bakehouses* were regularly inspected, and call for no special remarks; 87 inspections were made.

There is no public *Abattoir*. Seventy-nine visits were paid to slaughter-houses, which are for the most part small and old, but still no worse than in other districts.

One new slaughter-house was erected during 1920 at Bishop's Hull, and was the subject of considerable opposition. A petition to the Council was signed by many residents in the neighbourhood, several of whom lived over half a mile away, and who could not have been put to annoyance. The building was a small one, but so was the business; it conformed to all local requirements, and might well have been held a necessity in that village. It is now in full use, is creating no nuisance, and, as far as I can judge, is no longer regarded with hostility. 1,395 lbs. of meat was condemned and destroyed. For some years I have considered the methods of slaughtering in use as unnecessarily cruel, and on 22nd September, 1920, I reported on the matter to the Council, who appointed Mr. Herbert Hy. Fisher, Inspector of the Royal

Society for the Prevention of Cruelty to Animals, Honorary Inspector of Nuisances in their district. This gave him the right of entry to slaughter-houses and enabled him to put the matter of the use of humane killers before butchers; this he did very successfully, and I have to thank him for his unfailing courtesy.

My report on the desirability of adopting the Ministry of Health's new Model Bye-Laws VI. *re* Slaughter-houses was considered by a Committee, and at the end of the year the Council agreed to their adoption with Clause 9B. The preliminaries are now in hand, and it will shortly be an offence to kill animals in slaughter-houses unless a killer be used. That there is little opposition on the part of butchers is shown by the fact that all but two have already purchased these instruments. Whilst this was under consideration, it was decided also to adopt Sec. 29 Public Health Act Amendment Act, 1890, and this too is awaiting assent of the Ministry of Health.

*Maternity and Child Welfare* and the *Milk (Mothers and Children) Order* are under the control of the County M.O.H. No case of Puerperal Fever was notified, but one death occurred from this disease at Cotford. This was a woman removed whilst so suffering from the urban district to the Asylum.

#### INFECTIOUS DISEASES.

*Scarlet Fever.* Seventeen cases were notified, as against 10 last year, 8 males and 9 females—9 aged under 10, and 8 from 10 to 20.

They occurred for the most part over the second half of the year. Thirteen were removed to the Isolation Hospital, and 4 were treated at home, as there was adequate means of isolation. Ten were from Bishop's Lydeard, 4 from Pitminster, and 1 each from Cheddon, West Monkton and North Curry. There were really two outbreaks only, as the three isolated cases were as follows: 1 a typical case of Measles; 1 of *Strophulus Infantum* in a child aged 1 year; and the remaining child came from Cardiff two days before the rash appeared.

The swab of one child was reported positive for the Klebs Loeffler Bacillus, and he received 10,000 units A.D.S. in hospital.

One of the Pitminster cases attended a borough school, and several of the Bishop's Lydeard cases attended a school outside the Taunton Rural District, which was closed for this disease late in the year.

Many of these cases were very atypical, all had sore throat and some rash, several were not really ill and had practically no rise in temperature, the desquamation was extremely slight, and I had serious doubts if they were really cases of Scarletina.

*Diphtheria.* Notifications were received in respect of 6 cases ; 8 in 1919. Four males and 2 females—2 aged under 10, and 4 over 20. Two were treated at home and 4 removed to hospital. Particulars of the cases are :—

(1) Died before notification. A.D.S. given, no swab report, all contracts negative, no history of the source of infection.

(2) Attended a borough school, swab negative, all contact swabs negative, had a typical Scarletina rash, strawberry tongue, and desquamated freely.

(3) A woman ill with another complaint, treated at home, no swab report.

(4) Swab negative, all contacts negative, typical case of Scarlet Fever.

(5) Swab negative, all contacts negative, was a case of Tonsillitis.

(6) Typical case from a large institution.

The presumption is that only 2 of the cases were Diphtheria.

Last year I pointed out the importance of the early and free use of antitoxin, and would again emphasise the fact that it should be given at the earliest possible moment, in large quantities, and without considering the size of the patient. That every hour's delay diminishes the chance of recovery, and that time should not be lost in waiting for a swab report.

*Ophthalmia Neonatorum.* Only one case was notified, and was under the care of a doctor, who in reply to my enquiry expressed doubt if it were Gonorrhoeal. The case did well. There are no

special arrangements in the district for the treatment of this disease. If necessary, I should undertake it myself, or admit the cases to the Isolation Hospital.

*Erysipelas.* Twelve cases were notified, 5 males and 7 females, 10 of whom were from Cotford Asylum. All received home treatment. All but 3 were over 60 years of age, and 1 died.

*Dysentery.* All the 8 cases notified were women from Cotford Asylum; 2 were under 40, 2 under 60, and 4 over 60. All were treated in that institution. They were all of the Bacillary type, and were vigourously treated with serum.

There are, in the Urban and Rural Districts, many cases of this disease amongst ex-soldiers, practically all of whom came before the Ministry of Pension's Medical Board at Taunton. About the middle of the year arrangements were made for the reception and treatment of suitable cases in the Taunton Joint Isolation Hospital. Fifteen cases were admitted, mostly from outside the two Taunton districts, and are dealt with in the Isolation Hospital Report.

*Pneumonia.* Four cases of Primary and 5 of Influenzal Pneumonia were notified, 6 males and 3 females. Two aged under 1 year, 1 under 10, 1 aged 20, 2 under 50, and 3 over 70. Five were from Hatch Beauchamp and 2 from Bishop's Lydeard. In addition, I have reason to believe a considerable number were not notified at all, especially as there were 9 deaths from this disease.

*Malaria.* Four ex-soldiers, aged from 20 to 30, were notified as having contracted the disease abroad. I have no record, either during the past year or earlier, of any person contracting the disease locally. The probability of this is great, as the two factors necessary for the infection of the civil population are present. The particular mosquito, *Anophales Maculipennis*, are very common in the district, and have numerous suitable breeding places, particularly in the low-lying part around North Curry. These "gnats" are only infectious after biting infected persons, and

breed in stagnant or slowly running water not over 6 feet deep, and neither too clean nor too dirty. Only the females bite. This mosquito can be distinguished from the common brown mosquito by the fact that when at rest it stands with its body tilted up. The eggs are tiny, and are laid on the surface of water; the larvæ are little black wriggling creatures, often seen in water butts; the duration of development depends on the temperature, and does not take place at under 53.5 F., and in England would be about two weeks. The larvæ may be killed by sprinkling paraffin, turpentine, tar or oil on the surface of infected water. Malaria is only infectious through mosquito bites, and is not conveyed from one member of a family to any other in any other way.

I am giving these well known facts, as the matter is important here.

During the past year I have examined about 500 ex-soldiers suffering from Malaria, all claiming to have acute attacks, and of whom about 8% had enlarged spleens.

These 500 men are roughly distributed as follows: Taunton Urban and Rural, 114; Wellington, 20; Bridgwater, 122; Chard, 50; Minehead, 30; Crewkerne, 15; Yeovil, 40; other neighbourhoods, 110.

During most of 1920 a Ministry of Pensions' Clinic has been held at Taunton, and during the last two months at Bridgwater for the treatment of these infected men; it has been a strenuous and thankless task for the M.O. in charge. It had to be instituted, was run on Army lines, with the filling up of many forms and met with unjust non-medical criticism. The routine work was the examining of the men, filling up of the cards, &c., explaining the nature of the disease, and the danger to the community at large. That the clinic has done much good is obvious, as a large proportion of the patients have ceased to get attacks. The routine treatment was 10 grains of Quinine daily before breakfast for, as a rule, three months. Most ex-soldiers seem to detest this drug, and it was only by well rubbing in the fact that Malaria is caused by a living animal blood parasite destroying the blood cells and comparing it with the nastiness of external parasites that they were persuaded to persist with the treatment. Further, by the

•use of Tauret's Solution, it was possible to point out some of those not taking their doses regularly.

It was quite impossible to call up every man on each morning to take his dose, the cost and loss of work would have been enormous, and injections were quite out of the question, and are only suitable for Army or hospital use, as they are painful and may cause abscesses, and can only be given by a doctor.

On a patient's discharge, 2 slides were given him with a printed form, requesting that his doctor should, if necessary, make smears of blood taken during an attack, and return them for examination. Specific directions as to how these smears should be made were not given; it is a special branch of medical work, and doubtless doctors skilled in blood work would have forgiven definite directions being sent to them. In some cases the smears were clots of blood, or blood in Wright's tubes, and were of course useless.

A few cases of Dysentery, Beri-beri and Trench Fever were also treated.

*Trench Fever.* No case was notified during 1920. Considerable recent work has been carried out on this condition, one does not now see men suffering as in France, for a considerable time has gone by. The chief diagnostic points now are :—

(1) A feeling of inability to work, real enough, but which is not work shyness.

(2) Shallow breathing.

(3) Caput Medusæ, e.g., an extensive dilation of the superficial veins of the abdomen below the costal arch.

(4) Patches of Hyperæsthesia below the costal arch, and about 1½ inch below the patellæ.

(5) Myocarditis.

The disease is largely a lesion of the pneumogastric nerve, and the patients are usually much under weight.

Tenderness of the shins is not usually in evidence.

*Encephalitis Lethargica.* No case was notified. A death was returned from Encephalitis from Bishop's Lydeard, but was probably not *E. Lethargica*.

This disease has been much in evidence during the past two years. There were 538 cases in England and Wales in 1919, 914 cases in 1920, and 402 cases in January, 1921. Last year cases were reported from 307 separate sanitary districts.

A Local Government Board Report (New Series, 121) was published in 1918, price 2s. 6d., from H.M. Stationery Office, Imperial House, Kingsway, London, and in February, 1921, a Memo. 45/Med. was published at 1d., to be obtained from the same address. Much interest is being taken in the disease, and I offer the following remarks largely taken from the two above-mentioned publications. The disease is not the tropical Sleeping Sickness, nor is it Botulism (sausage poisoning), it is not new—as outbreaks have occurred since 1685—and it has no connection with Influenza. It has a world-wide distribution. Its infectivity is low, and experiment has proved it due to a living virus.

There are several clinical types. The incubation period is unknown.

The prodromal state is usually under 7 days, and is characterised by drowsiness, headache, tinnitus, muscular weakness, disordered vision, and sore throat. The patient then becomes progressively lethargic, sleep is prolonged—he can be roused—and finally he merges into the characteristic stupor. This may be replaced by early delirium. Other symptoms are headache, double vision, tremors and emotional states, speech becomes slow and slurred, and the face quite expressionless and mask like. Skin eruptions are seen occasionally, and vary in type. The third pair of nerves are usually implicated. Pyrexia is present in about 75% of the cases usually not over 103°, and lasting as a rule 2 to 5 days. It has to be distinguished from Tuberculous Meningitis, C.S.M. Cerebral Syphilis, Uræmia and Narcotic Poisoning in particular. Many cases are abortive, and the disease has a preference for the middle period of life. The case mortality is probably about 30%. The disease is of the type of Infantile Paralysis, and there is never the least retraction seen in C.S.M. Cases are best treated in isolation hospitals on the "barrier" system. Hypnotics must not

be given, and Urotropine only with care. Constipation is usually very obstinate, and there is no specified treatment at present. Lumbar puncture is often of great use.

Precautions against infection are: Rigid isolation, reasonable care on the part of the nurse, children from an infected household must be kept from school. Fresh air, the use of a gargle of hydrogen peroxide 1% or permanganate of potash 1 in 5,000, especially for contacts having sore throats.

*Typhoid.* Four cases were notified, all females, and aged 8, 11, 17 and 32. Three cases were from the same school, 2 pupils and 1 servant. The milk supply was from the Borough.

Some particulars are:—

Case—(1) Fæcal report no Typhoid or Paratyphoid Bacilli.

(2) Widal reaction, Typhoid negative, Paratyphoid positive.

(3) Widal reaction, Paratyphoid positive.

All these cases were clinically of the Paratyphoid type.

The fourth case was severe in type, clinically Typhoid, and contracted in the Borough. All recovered, 2 were treated at home and 2 in hospital. I had repeated opportunities of seeing all of them during their illnesses.

In my Report for 1919, pages 11 to 15, I gave an account of 2 outbreaks, 1 in the Urban and 1 in the Rural districts. As far as I was able to judge, there was no common source of infection, and I was of opinion that they were outbreaks of two different diseases.

I dealt at length with the matter of the milk supply from a Dairy at Creech Barrow, and stated that there were three possible sources of infection—assuming the milk was infected, of which I have at the present time no reasonable doubt. In June a claim for £100 was made by the dairyman against the Borough Council, and was heard in the County Court at Taunton. The plaintiff alleged negligence and oppression on the part of the Town Council in that they had put a ban on his milk being sent into the Borough without a proper investigation of the facts. This claim was for milk actually destroyed, and was in respect of action taken by the Borough Council under the Infectious Disease (Prevention)

Act, 1890, Sec. 4. It was an action of considerable importance to dairymen sending milk into outside districts. Whether the ban was necessary or not I leave others to judge ; I take it the Section is to give the necessary power to a foreign M.O.H., where the local M.O.H. is in default. I quote from a report in the local paper " His Honour, giving judgment, said the case had caused a considerable amount of trouble, and was one in which he would like to have had an opportunity of further considering his judgment, not because he had not formed a definite conclusion in his own mind, but he would have liked an opportunity of putting it together in a more convincing way than he would be able to do at that moment. As he was taking his leave early this year, if he reserved judgment it would have to be until the end of August or the beginning of September, and that, he thought, would be inconvenient to everyone. Having dealt with the legal difficulties under the Act, His Honour said the action was brought in consequence of an order, which it was said was negligently made, but there was no evidence of that in respect of the persons who exercised the power of the local authority in making the order. The only complaint was alleged against the Medical Officer, and he thought it was very doubtful whether the local authority would be responsible for negligence on the part of a Medical Officer, unless it was proved that they had been negligent in appointing that officer and had appointed a man insufficiently qualified. Having appointed a fully qualified man, if that officer neglected his duties it would be at his own personal risk, and the local authority were not liable for that neglect. He was not of the opinion that Dr. Allen formed his opinion without reasonable and sufficient evidence. The opinion upon which the doctor's report was made to the local authority seemed to have been formed on reasonable grounds, and the Council made the order accordingly. These orders were for the protection of the public, and if it was believed that a certain milk supply was a source of danger it was necessary to act promptly once that opinion had been proved. His conclusion was that the action failed, and must be dismissed with costs."

There were some points about the hearing of interest. Doubtless much of the evidence was outside the question of the reasonableness of the ban : undoubtedly there was an outbreak of Typhoid, with several cases having in part this milk supply, and

again there was reasonable presumption of the milk's infection owing to the near proximity of the sewage disposal plant to the plaintiff's dairy. When it was known that Typhoid dejecta, not sterilised, passed into the Taunton sewers.

Doubt was thrown on the existence of two diseases, Typhoid and Paratyphoid, except on bacteriological grounds. The clinical symptoms are certainly similar, and there is no one symptom pathognomonic of either disease; but clinically, in the majority of cases it is possible to give a correct differential diagnosis.

The same difficulty exists in the diagnosis of diseases of the Scarlet Fever group. As far as I can judge, there is no one symptom in one of these diseases which may not be found in the others, and in this case bacteriology is helpless.

Again there was a muddle about the thermal death point of organisms of the Typhoid group. To my mind it is impossible to raise a kettle full of water to boiling point without their death—on an ordinary fire—it takes time. That would not render the water sterile, as spora bearing organisms might be present.

Each of the doctors acting as witnesses understood his contention and its limitations, but as lawyers were principally concerned, to appreciate these matters they should have been expert bacteriologists.

There was no case of Typhoid notified after the end of the first quarter of 1919. At an enquiry held in February, 1921, *re* a proposed extension of the Borough, the fact that the sewage disposal plant was out of date and inadequate was admitted, and a statement was made that the Town Council proposes to spend £30,000 to £35,000 in bringing the plant up to date, and assuring its efficiency, and this too whether the proposed extension takes place or not.

*Tuberculosis.* In all 48 cases were notified, 19 of which were from Cotford Asylum. Hence I put the nett number at—Pulmonary, 22; Non-Pulmonary, 7; Total, 29.

Twenty notifications were from County Tuberculosis officers including 4 also notified by other doctors. The Non-Pulmonary cases were—Glands, 3; Spleen, 1. The last case was fatal.

During 1920 the Ministry of Pensions' Medical Board at Taunton continued to send many ex-soldiers to the C.T.O.'s. These cases included all which were well marked for confirmation and all doubtful cases for a second opinion.

It was obvious that a man being medically examined for a pension should be given the benefit of any doubt as to so serious a disease as Tuberculosis, not only because a positive finding largely increased his pension, but that his chance of recovery depended in a very great measure on the early recognition of the disease.

Many cases sent to the C.T.O.'s were reported negative, or as "not active," which were regarded with grave suspicion by the members of the Boards. It was not a question of could the members of the Boards diagnose early Pulmonary Tuberculosis with reasonable accuracy, but that they felt that the suspicious cases should get the benefit of an expert's opinion, and should receive the earliest possible treatment.

Thirteen males and 19 females died from the Pulmonary form and 1 male and 2 females from the Non-Pulmonary. Of the latter group the sites of the disease were: Spleen, meninges, and spinal column. The last case was an "out return," as were 20 of the first group. Three were "in returns." The nett Pulmonary deaths were 12, only 5 of which had been notified.

The following up of the cases was carried out by the County Health Visitors, who made returns to me on "Form T.A." in respect of 29 cases. The general conditions of the patient and house were reported satisfactory in 13 cases, 1 house was dirty, 5 damp, 2 required lime-washing, "house generally in poor condition" 5, 1 defective privy (since converted), 1 "bad water supply" (well since closed). Four patients were reported as attending the Tuberculosis Dispensary for treatment, and 3 as under the care of the Care Committee, and getting a supply of milk. In no case was overcrowding reported.

*Measles and German Measles* are no longer notifiable in the district. Doctors occasionally sent me notifications in error, doubtless due to the fact that they are still notifiable in the Urban District.

Thirty-six returns were received from heads of Schools in respect of the absence of 140 children from school—113 for Measles,

10 for Mumps, 9 for Scarlet Fever, 6 for Whooping Cough, and 2 for Diphtheria. These returns are of great importance to me as they point out the type of infection, its commencement, duration and severity, and the neighbourhood involved, otherwise, in so large a district, it is not easy to tell what diseases are prevalent. The returns are based on information received from doctors, parents, children, and teachers, but mostly from mothers. Nine schools sent in returns *re* Measles—West Bagborough, 6; Wrantage, 5; Stoke St. Gregory, 3; Thornfalcon and Hatch Beauchamp, 2 each. The disease was prevalent mostly in the first quarter of the year. Six schools sent in returns *re* Mumps—in the middle quarter of the year. The Scarlet Fever returns were in November and December, from Bishop's Lydeard, West Bagborough, Bishop's Hull, and Corfe Schools. Diphtheria in November, from Churchstanton, and Whooping Cough in November and December, from Bishop's Hull—3 returns.

I had no occasion to close a school for a dangerous infectious disease. The medical inspection of school children is in the hands of the County M.O.H. and his School Staff. On 12 occasions he closed schools—Measles, 11; Influenza, 1.

*Influenza* was far less prevalent than in former years, no papers or leaflets were issued, and there was no call for Anti-Influenzal Vaccine.

A *Resume* of the Notifications is :—

Disease.	Cases Notified.	Deaths.	Removed to Hospital.
Diphtheria .. ..	6	2	4
Scarlet Fever .. ..	17	—	13
Enteric Fever .. ..	4	—	2
Dysentery .. ..	8	—	—
Malaria .. ..	4	—	—
Ophthalmia Neonatorum	1	—	—
Pneumonia .. ..	9	9	—
Pulmonary Tuberculosis	41	12	—
Other Tuberculosis ..	7	2	—
	—	—	—
Totals .. ..	97	25	19

As M.O.H., I did no *Vaccination* during 1920, and as Public Vaccinator very few. The whole matter seems to be in a very unsatisfactory state. For 6 years I have not received a return on "Form H." I get them usually on scraps of paper, and often when the children concerned are 6 or 8 months' old. I am informed by the Vaccination Officer that there has been no prosecution for non-compliance with the law for 12 years. His contention is that it is useless taking such cases before the magistrates, as they never impose a penalty. That there is a real danger of an outbreak of Small Pox is shown by the fact that there were 267 cases notified in England and Wales in 1920 from 44 districts, including not only ports and large towns, but such places as Blackpool, Weymouth, Hawarden, Walner, and Newark. There is no available accommodation for a case, and should one be notified it would be dealt with by the County M.O.H.

Antitoxin is not supplied by the Council ; there is no necessity as there is ample isolation hospital accommodation. No cases of Rabies or Anthrax occurred during the year, and no cases of infectious disease other than those already dealt with.

There seems still some confusion as to what diseases are notifiable. A complete list is : Small Pox, Scarlet Fever, Diphtheria, Membranous Croup, Typhoid, Paratyphoid, Pneumonia, Cholera, Plague, Puerperal Fever, Cerebro-spinal Fever, Acute Polio Myelitis, Encephalitis Lethargica, Typhus Fever, Relapsing Fever, Continued Fever, Trench Fever, Dysentery, Erysipelas, Ophthalmia Neonatorum, Tuberculosis (all forms), and Malaria.

Disinfection was carried out by Fermalin or Izal Spraying. There is no steam disinfecter.

Disinfection was carried out by the Inspector of Nuisances.

The cases admitted to the Isolation Hospital are given in the Report on that institution.

#### SANITARY ADMINISTRATION.

The staff consists of the M.O.H. and one Nuisance Inspector. All Chemical and Bacteriological Analyses, including the detection of Tubercle Bacilli and Widal reactions are done (free) at the County Laboratory.

I put in the following facts as they are continually cropping up :—

By the terms of my agreements with my Councils and Committees, I am barred from private practice, but have received permission to do work not necessarily strictly of a Public Health nature, but of "national importance." In addition to being M.O.H. to the Taunton Rural District, I am M.O.H. to the Urban District of Wellington (Som.), Medical Superintendent to the Taunton Joint Isolation Hospital and C.C. Sanatorium at Taunton, a Public Vaccinator, and Poor-Law M.O. I have to provide a motor, an office and a telephone, and my salaries are inclusive, except for stationery, printing and postage. My mileage, apart from what I do by train or bicycle, is 6,000 miles per year.

Administration of the Factories and Workshops Act, 1901. The summary of the returns on Form 572 is :—

- (1) Factories Inspections, 12.  
Workshops Inspections, 100 ; Written Notices, 10.  
Workplaces Inspections, 55 ; Written Notices, 2.  
Totals—Inspections, 167 ; Written Notices, 12 ; Prosecutions, *nil*.
- (2) Defects found :—  
Want of Cleanliness, 7 ; Remedied, 7.  
Sanitary Accommodation Unsuitable and Defective, 5 ;  
Remedied, 5.  
Totals—Found, 12 ; Remedied, 12.
- (3) Outworkers' Lists :—  
Wearing Apparel (Making), Lists 10 ; Outworkers, 244.  
Outwork in Unwholesome Premises, 2 ; Notices Served, 2.  
Brush-making, Lists 2 ; Outworkers, 4.  
Totals—Lists, 12 ; Outworkers, 248 ; in Unwholesome Premises, 2 ; Notices Served, 2 ; Prosecutions, *nil*.
- (4) Registered Workshops :—  
Bakehouses, 26 ; Workshops, 100 ; Workplaces, 55 ;  
Factories, 12.  
Total—193.
- (5) Other matters, *nil*.

I am not satisfied that Lists of Outworkers have been sent in in all cases. This has been somewhat neglected during the war. I would point out again that it is the duty of all persons employing outworkers to send in lists of names of such outworkers half yearly.

During the year a proposal was put forward by the Town Council to extend the Borough of Taunton, the first advertisement appeared on 8th January, 1920. The proposition was to increase the area of the Borough from 1,391 acres to 2,254; the population from 24,031 to 25,526; the rateable value from £111,593 to £118,311, and the assessable value from £110,233 to £115,981; by taking into the Borough portions of the Parishes of St. Mary's (Without), St. James' (Without), Trull, Bishop's Hull (Without), and West Monkton, all in the Taunton Rural District. Informal meetings between members and officials of the two Councils were held and lists of objections were received from residents in the Rural District. In February, 1921, an enquiry was held by Mr. M. G. Weeks, the Ministry of Health's Inspector. On 9th March, 1921, at a meeting of the Taunton Rural District Council a report was received from Mr. Dawe, their Clerk, calling attention to the pressing need of economy and other matters, and stating:—

“ The Council will be pleased to know that no material risk to the public health in any portion of the Rural District under present conditions was suggested at the inquiry; nor was it contended that the proposed extension is ‘an urgent public requirement.’ It is of interest also to know that a ‘capital expenditure’ following an extension, as estimated by the Borough Surveyor, would be upwards of £12,000 for new sewers, and to make the sewerage works efficient, which they are not at present, £35,000; besides the cost of other services. This capital expenditure may grow into £60,000 or £70,000. If only £50,000 were spent it would involve the Borough ratepayers in an increased yearly expenditure of £3,500, or an increased rate of 8d. in the £, unless the added areas would produce that amount, in which case the added areas, almost entirely of a rural character, would be made to pay for making good an inefficient sewerage system. This increase of local burdens involved, together with the capital expenditure required, coupled with there being 200 acres of land within the Borough at present available for building purposes, and the lack

of proof of any necessity for the enlargement would appear to ensure that if the Ministry adhere to their insistence on economy, or unless fresh Cabinet authority is obtained, the Rural Council's opposition was fully justified."

#### HOUSING.

In my Report for 1919 I stated as follows :—

" Extracts from Form D. 89 are : Number of dwelling houses, 4,079 ; of working class type, 3,012 ; average number built in the last 5 pre-war years, 4 ; in war years, 3 ; average rent, (a) 1/10, (b to d) 2/6, (e) 3/-, and (f) 4/-.

Sec. II. Total 155, excluding 10 likely to be built by private enterprise ; these are 8 for Combe Florey and 2 for Trull.

Sec. IV. 5 (a), ' Closure and demolition as soon as houses are available ' ; (b) ' Procedure under Sec. 15 of the 1909 Act.'

Sec. V. 1, 2 and 3. *Nil.* 4, ' Over the whole district.'

Sec. VI. (d and e), 155 ; (3) 26 acres, (4) 6.

" At the request of the County M.O.H. a return of condemnable houses was made to him—71 in all. It should be noted that I am not prepared to condemn these houses at present, but only after the new ones are erected, and only then if the proposed very much higher standard of working class houses is maintained. Many can doubtless be put in order ; but it is doubtful if the expense entailed would be wise.

" The number of proposed new houses is 155, in the following Parishes : Bishop's Lydeard, 21 ; Bishop's Hull and Kingston, 20 each ; West Monkton, 15 ; Norton and Stoke St. Gregory, 12 each ; Bagborough, 9 ; Combe Florey, 8 ; Creech St. Michael, 7 ; Corfe, Ruishton and Staplegrove, 6 each ; Stoke St. Mary, 4 ; Cheddon, Lydeard St. Lawrence and Hatch Beauchamp, 3 each. Arrangements are in hand for the acquisition of sites in all these parishes except Combe Florey."

Under the Housing Acts satisfactory progress has been made. Houses actually in hand are : Kingston, 16 ; Norton, 7 ; Bishop's Lydeard, 6 ; Bagborough, 4 ; Stoke St. Gregory, 2. Total, 35.

*In addition*, plans have been passed, or contracts accepted for : Norton, 3 ; Bishop's Lydeard, 2 ; and Stoke St. Gregory, 4 ; Total, 9. These include those to be erected by direct labour.

The "subsidy houses" in hand are: Combe Florey, 2; Halse, 2; Kingston, 1; Comeytrowe, 2; Staplehay, 1; and Staplegrove, 3. Total, 11, of which the first 2 are finished. Hence the number of working class houses finished or in hand are 46, with plans passed for 9 more.

Negotiations are in progress for further sites for: Bishop's Lydeard, 12; Ruishton, 3; Staplegrove, 6; Stoke St. Gregory, 6; Total, 27. All preliminaries actually settled. In treaty for sites at: Creech St. Michael, 7; Ruishton, 3; and Cheddon Fitzpaine, 3; Total, 13; and negotiations are practically finished for sites at: Corfe, 6; Hatch Beauchamp, 3; Kingston, 4; Stoke St. Mary, 3; Total 16; whilst the matter of the West Monkton site is in abeyance, as there is a doubt if houses in this Parish are really wanted in view of the proposed extension of the Borough. The Town Council have acquired a site at Bishop's Hull, hence it is doubtful if further houses will be required there.

In a Tabulated Form:—

	Original estimate.	Houses in hand.	Plans passed for.	Subsidy Houses	Sites for additional houses for.
Bishop's Lydeard ..	21	6	2	—	12
Bishop's Hull ..	20	—	—	—	—
Kingston ..	20	16	—	1	4
West Monkton ..	15	—	—	—	—
Norton .. ..	12	7	3	—	—
Stoke St. Gregory ..	12	2	4	—	6
Bagborough ..	9	4	—	—	—
Combe Florey ..	8	—	—	2	—
Creech St. Michael ..	7	—	—	—	7
Corfe .. ..	6	—	—	—	6
Ruishton ..	6	—	—	—	6
Staplegrove ..	6	—	—	3	6
Stoke St. Mary ..	4	—	—	—	3
Cheddon Fitzpaine ..	3	—	—	—	3
Lydeard St. Lawrence	3	—	—	—	—
Hatch Beauchamp ..	3	—	—	—	3
Halse .. ..	—	—	—	2	—
Comeytrowe (Trull) ..	—	—	—	2	—
Staplehay (Pitminster)	—	—	—	1	—
Totals .. ..	155	35	9	11	56

Two Closing Orders were made, one a house at Bishop's Lydeard, since pulled down and rebuilt as a shop; and the other at Crimson Hill, in a generally verminous condition, but structurally easily repairable.

Of the 13 houses closed last year, 8 have been demolished, 1 is still closed, and 4 have been repaired. In one case it was necessary to get an ejectment order.

The Report of Mr. Gardner, the Inspector of Nuisances, is :—

Number of Inspections and Re-inspections	.. ..	1,039
Informal Notices	.. .. .	143
Statutory Notices	.. .. .	9
Insanitary Premises Cleaned and Repaired	.. ..	46
Defective Roofs Repaired	.. .. .	2
Defective Shutting and Downspouts Repaired	.. ..	7
Closets Cleaned and Repaired	.. .. .	7
,, Converted to Pail Closets	.. .. .	8
,, Converted to Flushed w.c.'s	.. .. .	8
Additional Pail Closets Provided	.. .. .	5
Drains Tested	.. .. .	12
,, Repaired, Cleaned and Trapped	.. .. .	23
,, Provided New	.. .. .	11
Offensive Accumulations Removed	.. .. .	6
Ashpits Cleansed	.. .. .	1
Animals Improperly Kept, dealt with	.. .. .	4
Infected Rooms Disinfected	.. .. .	90
Infected Shelters Disinfected	.. .. .	—
Articles, Bedding, &c., Disinfected by Spray, lots	.. .. .	92
,,     ,,     ,,     ,,     Steam, lots	.. .. .	33
Samples of Water Taken	.. .. .	30
Wells Closed	.. .. .	3
,, Cleaned	.. .. .	23
,, Provided, new	.. .. .	1

Meat Condemned and Destroyed	..	..	..	(lbs.)	1,395
Slaughterhouse Visits	..	..	..	..	79
Notices to Clean and Whitewash	..	..	..	..	4
Bakehouse Visits	..	..	..	..	87
Visits to Infectious Cases	..	..	..	..	96
Articles of Bedding, &c., Destroyed	..	..	..	..	7
Pumps, &c., Repaired	..	..	..	..	2
Piped Supply of Water Provided	..	..	..	..	1
Cowsheds and Dairies, Visits	..	..	..	..	196
New Floors to Cowsheds	..	..	..	..	4
Notices to Clean and Whitewash	..	..	..	..	4
Cases of Overcrowding dealt with	..	..	..	..	4

SOMERSET C.C.  
TUBERCULOSIS HOSPITAL  
AT TAUNTON  
AND  
Taunton Joint Isolation Hospital.

---

---

ANNUAL REPORT

OF THE  
Medical Superintendent

FOR THE YEAR

**1920.**

TAUNTON :  
GOODMAN AND SON, THE PHOENIX PRESS, NORTH STREET.

1921.

SOMERSET C.O. HOSPITAL  
TUBERCULOSIS HOSPITAL

TANTON JOINT ISOLATION HOSPITAL

---

ANNUAL REPORT

of the  
Medical Superintendent

FOR THE YEAR

1920.

LONDON: THE KING'S PRINTING WORKS, 1921.

# Somerset C.C. Tuberculosis Hospital at Taunton.

---

## ANNUAL REPORT

*For the Year ending December 31st, 1920.*

---

IN the First Annual Report, for the year 1916, full particulars were given of the building, daily routine and general administration. Reports were also printed for 1917, 1918 and 1919.

During the past year there was much difficulty in staffing the institution, although the salaries had been increased.

I would again point out that the Hospital has accommodation for 20 patients, 9 females and 11 males, is adjoining to and administered conjointly with the Isolation Hospital. All the cooking is done in the common administrative block, and the kitchen in the Sanatorium is used only for washing up and minor cooking, as at night.

Particulars of the staff are given in the Isolation Hospital Report, but with the exception of the Matron and Doctor, none of the staff visit the wards of both Hospitals.

The Hospital is part of the Somerset County Council scheme for the Treatment of Tuberculosis, and is used chiefly for advanced cases. It was visited at intervals by the County M.O.H., and about once a week by a County T.M.O. All patients were admitted and discharged by the County T.M.O., and patients wishing to leave were always referred to that gentleman.

As in former years, much interest was taken in the welfare and comfort of the patients by people in Taunton, and concerts and whist drives were organised for their amusement. It was borne in mind by the staff that most of the patients were admitted not only for their own treatment, but to lessen the risk of infection to the community at large, and whilst it was felt that as far as possible they should be kept away from the general public, still they were permitted to go out at times, as for matters of urgent business, or to visit relatives who were seriously ill. A register was kept for this purpose, and each patient requiring to go out entered the reason.

Complaints were received by the County M.O.H. of the monotony of being kept continually on the premises, and permission was given by him for those patients wishing and fit, to leave the institution for an hour's walk per day, stipulating that the walks should be away from the town; this privilege was freely made use of.

On the admission of a patient, he was given a card of rules, which he was asked to read and sign. It was pointed out to him, that he was not admitted for amusement, but to recover his health and learn how to live in the future, and he was told that any complaint he had to make should be made at once to the Matron or Nurse. Many complaints, mostly trivial, were of course made and dealt with.

The dietary was framed and hung up in the dining room, and was approved by the County M.O.H., and is as follows:—

WEEKLY.	MALES.			FEMALES.		
	A.	B.	C.	A.	B.	C.
Milk .. ..	14 pts.	do.	do.	do.	do.	do.
Cheese .. ..	nil	3 ozs.	3 ozs.	nil	3 ozs.	3 ozs.
Meat .. ..	$\frac{3}{4}$ lb.	1 $\frac{1}{4}$ lbs.	2 lbs.	$\frac{3}{4}$ lb.	1 $\frac{1}{4}$ lbs.	2 lbs.
Fish .. ..	$\frac{1}{2}$ lb.	do.	do.	do.	do.	do.
Bread .. ..	3 lbs.	4 lbs.	4 $\frac{1}{2}$ lbs.	3 lbs.	4 lbs.	4 $\frac{1}{2}$ lbs.
Potatoes ..	5 lbs.	7 lbs.	7 lbs.	5 lbs.	6 lbs.	6 lbs.
Sugar .. ..	$\frac{1}{2}$ lb.	do.	do.	do.	do.	do.
Jam .. ..	$\frac{3}{4}$ lb.	do.	do.	do.	do.	do.
Eggs .. ..	7	4	4	7	4	4
Bacon .. ..	$\frac{1}{2}$ lb.	1 lb.	1 lb.	$\frac{1}{2}$ lb.	1 lb.	1 lb.
Oatmeal ..	$\frac{1}{2}$ lb.	1 lb.	1 $\frac{1}{4}$ lbs.	$\frac{1}{2}$ lb.	1 lb.	1 $\frac{1}{4}$ lbs.
Butter .. ..	$\frac{3}{4}$ lb.	do.	do.	do.	do.	do.

" Butter, Eggs and Fresh Fruit only may be sent to patients by friends."

A. is light diet, C. full diet. The Scale is a minimum one only.

Lady Visitors, representing the Somerset Health Committee, regularly visited the institution, and their reports invariably expressed satisfaction. A report in the local paper for 6th Nov., 1920, says:—

" Mrs. Loveday said she had been visiting the Sanatorium regularly for the past two years. At first she found certain small matters which required looking into, and these has been put right. She had made unexpected visits from time to time, and found the

work going on satisfactorily. The food was excellent, and the milk supplied the best obtainable. She thought they could congratulate themselves, as a Committee, that everything necessary for the welfare of the patients, was being done by the doctors, matron, and nurses."

The number of patients admitted was 50—males 22, females 28. One male and 5 females died. Twenty-one males and 22 females were discharged.

On admission they were again divided into 4 groups, as in the previous Reports. They were :—

	Males.	Females.	Totals.
Serious .. .. .	2	6	8
Marked .. .. .	8	11	19
Moderate .. .. .	5	6	11
Slight .. .. .	7	5	12
	—	—	—
Totals .. .. .	22	28	50

On discharge the condition of the patients was :—

	Males.	Females.	Totals.
Well .. .. .	—	—	—
Much Improved .. .. .	9	6	15
Improved .. .. .	9	8	17
In <i>Statu quo</i> .. .. .	2	5	7
Worse .. .. .	1	3	4
	—	—	—
Totals .. .. .	21	22	43

Classed into fitness for work the cases were :—

	Males.	Females.	Totals.
Fit for Ordinary Work	3	2	5
Fit for Light Work .. .. .	7	8	15
Unfit for Work .. .. .	11	12	23
	—	—	—
Totals .. .. .	21	22	43

Fifteen of the male patients were ex-soldiers. Of the fatal cases, the man died after 202 days' stay : he had Laryngeal trouble and Ulcer of the tongue ; Wassermann test negative.

One female died after 477 days, and had severe Nephritis as a complication ; 1 after 75 days ; 1 after 26 days ; 1 after 16 days, also had Nephritis. The last case was in 180 days. She had on admission a nasal discharge, in which Bacteriological examination showed Diphtheria Bacilli. She was transferred to the Isolation Hospital, and later developed Otorrhea.

One man still remaining in on January 1st, 1921, was admitted in 1919 ; as was 1 woman ; whilst 1 woman, who died after 15 months' stay, was admitted in 1918.

Five cases were from the Taunton Urban District, 3 from the Rural District, and 4 from Wellington.

An attempt is made to keep in touch with the patients after discharge. They often write to the Matron, and many visit the institution. A record of those discharged in 1920 is :—

*Males* : 15 apparently doing well.  
1 is in another Sanatorium.  
1 is in a Workhouse Infirmary.  
2 are very ill.  
2 have died within 3 months of discharge.

*Females* : 13 apparently doing well.  
2 went to other Sanatoria : 1 dead.  
2 were sent to homes for Mental Defectives.  
5 were dead within a month of discharge.

# Taunton Joint Isolation Hospital.

---

## ANNUAL REPORT

*For the Year ending December 31st, 1920.*

---

THE Taunton Joint Isolation Hospital is situated on the Cheddon Fitzpaine Road, just outside the Borough boundary, about three-quarters of a mile from the Railway Station, and  $1\frac{1}{2}$  miles from the centre of the town, and is adjoining the Somerset C.C. Tuberculosis Hospital, with which it is administered.

The Hospital consists of an administrative block, and 5 blocks of wards, 4 constructed of brick and 1 of wood and galvanized iron.

It has accommodation for over 70 patients, excluding the 20 beds in the Sanatorium, and is run by a Joint Committee of members of the Taunton Urban and Rural District Councils.

It is used, for the most part, only for cases of infectious disease from these two districts, occasionally cases have been taken in from outside, and in 1919 a resolution of the Committee empowered the Medical Superintendent to accept such cases, at a charge of two guineas per week, on occasions of urgency, and when no other Isolation Hospital accommodation was available for them.

Cases of Measles are not usually taken, except from the Workhouse and Children's Home, or in cases of great urgency at the discretion of the Medical Officer.

The staff consists of a Matron and non-resident Medical Officer, who alone visit the wards of both parts of the institution, Charge Nurse, Night Nurse, Probationer Nurse, and Wardmaid for the Tuberculosis part; Charge Nurse, Night Nurse, Assistant Nurse, Probationer Nurse, and one Wardmaid for the Isolation part, and Between Maid and Cook at the administration block.

There are in addition two women in the laundry and a gardener, all non-resident.

All food is prepared and cooked in the kitchen in the administration block, and all laundry work is carried out in the one laundry.

The cases of infectious disease admitted in 1920 were: Diphtheria, 52; Scarlet Fever, 21; Typhoid Fever, 4; Influenza, 2; Dysentery, 15; Measles, 4; Total, 98.

Seven patients remained over from 1919, and 57 were discharged.

Four were cases of double infection:—

One notified as Diphtheria had Scarlet Fever.

One case of Typhoid had Nasal Diphtheria.

Two cases of Scarlet Fever had Nasal Diphtheria.

The 63 Urban cases were:—

Diphtheria, 46; Scarlet Fever, 7; Typhoid, 2; Influenza, 2; Measles, 4; Dysentery, 2.

The 22 Rural cases were:—

Diphtheria, 6; Scarlet Fever, 4; Typhoid, 2.

Thirteen cases of *Dysentery* came from outside both districts, they were all ex-soldiers and were sent in by the Ministry of Pensions. Fæcal specimens were in all cases sent to Prof. Walker Hall: all were reported negative for the Bacilliary and Entamaebic forms. *Lambliæ* were reported in considerable numbers in 2 cases. Three cases were remaining in in 1921. The average duration of stay was 23 days. The longest 66 days and the shortest 5.

Most of these patients had no symptoms or physical signs pointing to *Dysentery*: doubtless all had the disease in the past. A few were given a course of Emetine injections—gr. 1 daily. All benefited by their stay. But I have reason to believe several relapsed after discharge. I ascribe their improvement to rest and quiet, and a regular life, to plain and suitable food, and to reasonably good cooking.

Men who have had *Dysentery* easily get *Diarrhoea*, and in describing their symptoms make the most of that fact; many get

alternating attacks of Diarrhoea and Constipation, and they seem to consider that 3 or even 2 actions of the bowels daily excessive. It was impressed on them that they probably would have a tendency to Diarrhoea, and that they would have to be careful with regard to diet, particularly fruit.

The faecal examinations were too few to be conclusive ; but I have reason to believe that most of these cases are free from Dysentery Bacilli, and are not really a danger to the public. Early in 1921 fresh arrangements were made, and these cases will in future go to the Ministry of Pensions' new Hospital at Bath.

The 2 cases of Influenza were soldiers from the Barracks ; they were really convalescent when admitted, and only stayed in 7 days each.

Only 2 patients died :—

A boy, aged 4, after 15 hours' stay, from Diphtheria.

A boy, aged 4, after 19 days' stay, from Scarlet Fever and Meningitis.

AGE GROUPS.

Age.	Diphtheria.	Scarlet Fever.	Dysentery.	Typhoid.	Influenza.	Measles.
0—5 ..	4	2	—	—	—	—
6—10 ..	17	9	—	—	—	3
11—15 ..	17	8	—	—	—	—
16—20 ..	2	1	—	1	2	1
21—25 ..	3	—	3	—	—	—
26—30 ..	4	—	5	—	—	—
31 & over ..	5	—	7	3	—	—
Totals .	52	21	15	4	2	4

SEX GROUPS.

	Diphtheria.	Scarlet Fever.	Dysentery.	Typhoid.	Influenza.	Measles.
Males ..	26	11	15	—	2	3
Females ..	26	10	—	4	—	1
Totals ..	52	21	15	4	2	4

One of the Measles' cases was a boy from the Barracks ; the other 3 were from the Workhouse, where they had been admitted only a few days previously. All three had Impetigo, and were members of one family.

The 4 Typhoid cases I have dealt with in the Taunton R.D. Report.

The patients remaining in the Hospital on 31st December, 1920, were 18 : Diphtheria, 9 ; Scarlet Fever, 6 ; Dysentery, 3.

I have again to thank the Staff for their cordial co-operation, and the Matron, Miss Roberts, for the great help she have given me in getting out the figures for the preparation of this Report.