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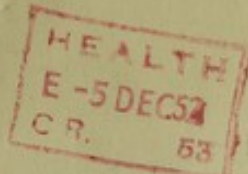
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ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH FOR THE YEAR
1951.

BLOFIELD AND FLEGG RURAL DISTRICT

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1951, which has been compiled according to the instructions of the Minister of Health. Vital statistics are given in the conclusion to this report and matters which demand individual comment are dealt with below.

Staff.

Dr. O'Donovan resigned as your Medical Officer in July, 1951 and Dr. A.E. Brown has been acting in a temporary capacity since that date.

General Remarks.

The changes in social and economic conditions during the last few years have been so rapid and far reaching that it is difficult as yet, to assess their significance. It is perhaps unexpected that in spite of the unprecedented difficulties of the times in which we live, progress has been made in a wide variety of fields which affect the social well being of the people. Many of these are not my official concern, but I would point out that every index by which we are accustomed to judge the health of the public, such as infant mortality rates and death rates, have shown steady improvement. The immediate reasons for this are many and complex, but generally speaking the main underlying factor has been an accelerated awakening of social conscience which had its fitful beginnings in the last century.

It is indeed unfortunate that the demand for better living conditions - better housing, more of those legion amenities which modern science and industry can provide to make life less burdensome, should come at a time when it is so difficult to find ways and means of bringing them within the reach of all. With such carrots before the donkeys' noses it is understandable that one can sense frustration affecting both those who have found new horizons, but are unable to reach them, as well as those who are hard put to it to maintain those standards they once took for granted.

A measure of the change in your area is that the clamant demand for houses continues, both in spite of a relatively static population and of new houses constructed. Here there was no war damage and although there is a tendency for families to be smaller and therefore a larger number of families in any given population, I feel that the largest cause of the continuing need is a demand for a general raising of the standard of living.

Population, Births and Deaths.

The Registrar General estimates your population at 31,690+, a decrease of 200 on last year's figures. There were 396 births and 371 deaths, giving a natural increase of 25. There thus appears to have been a slight movement

+Census 1931 - 24,574
Census 1951 - 32,095

out of your district during the year. 10 deaths occurred under the age of one year, giving an infant mortality rate of 25.25. The numbers are small, but compare favourably with the rate for England and Wales.

Infectious Diseases, excluding Tuberculosis.

446 cases of notifiable disease were reported. Whooping cough was the largest single cause reported (188 cases). The result of a careful trial carried out by the Medical Research Council during the year has shown that immunization gives considerable protection against this disease. Fewer cases occur and those which do are milder. At present, however, it is not as effective as that against diphtheria. Pending other arrangements, protection is available to all children through their family doctors. It is during the first year of life that complications with permanent sequelae are most likely to occur in this disease and every effort should be made to secure the inoculation of children as soon as possible after six months of age.

Measles accounted for 131 cases and pneumonia for 64. This latter was associated with a widespread but mild epidemic of influenza which occurred in the early part of the year and 57 of the 64 cases were reported in the first quarter. 50 of them were under the age of 25. 17 deaths were recorded.

Further information relating to age incidence is given in tables 11 and 12.

Tuberculosis.

34 new cases, 30 of them pulmonary, were reported during the year and the total now remaining on the register is 181 (Tables 13 and 14). There has been a steady reduction in new cases reported annually, since 1947.

I am pleased to be able to report an improvement in the working of the arrangements for the control of tuberculosis and the bed position for new cases is as satisfactory here as anywhere, judging by the relatively short waiting period.

Immunization against Diphtheria.

In Table 16 it will be seen that 94.1% of school age children have been immunized against diphtheria in Health Area No.1 (which comprises Blofield and Flegg, and Smallburgh Rural District Councils). The corresponding figure for pre-school children is 52.1%. These figures are relatively satisfactory and compare very favourably with the National average.

Vaccination.

Table 17 gives the corresponding figures for vaccination. It will be seen that only some 37.6% of children have been vaccinated. This is lower than is desirable.

Housing.

There are 10,203 dwellings in your district of which the Council own 1,297 (December 1951); i.e., some 12.7% of all dwellings are Council houses. The majority of these were built before 1939 and the number of houses completed in each of the post war years has been as follows :-

1946	1947	1948	1949	1950	1951	Total 1946/51
9	33	192	63	41	56	394

The rate of post war building has been somewhat below that for comparable neighbouring districts, as shown in the following table.

	Total Dwellings	Total Dwellings owned by R.D.C. at Dec. 1951 (excluding hutments)	% of all permanent dwellings owned by R.D.C.	No. of Council houses constructed 1945/51	Post-war Houses as % of total dwellings.
Blofield & Flegg	10,203	1,297	12.7	394	3.9
St. Faiths & Aylsham	10,945	1,249	11.	684	6.3
Smallburgh	6,100 (approx)	1,000 (approx)	17.	331	5.4
Perchoe & Henstead	7,608	1,356	17.	638	8.4

The housing applications list is still very long- some 651 names remaining on it at 31st December 1951. There is still therefore a great demand for houses which will have largely to be met by your Council. It is said that it is undesirable for a Local Authority to own more than a certain percentage of the dwellings in its district, a statement with which I agree. I have, however, no idea what the figure is, but I am sure it has not yet been reached in your district.

There is an associated problem of some importance to which I would draw your attention, viz., that of the 671 housing applicants, only 102 mention the condition of their present accommodation as a reason for requiring re-housing. It is apparent therefore, that a large proportion of those living in Category 5 houses have not seen fit to make application for a Council tenancy. The problem, which is analogous to that of slum clearance, is one that will have to be faced by the Council sooner or later. It must be remembered that the reason why local authorities were first empowered to build houses, was to provide satisfactory homes for those who, for a variety of reasons were unable to do this for themselves. There are, I know, many difficulties in the way of re-housing some families in the lower socio-economic groups and I have commented below on the extreme circumstances presented by problem families. Nevertheless, it is within my province to point out that as long as there are families who require re-housing in the interests of the public health and who are not themselves in a position to arrange accommodation, it is hardly desirable that families whose overall income is such as to render a state subsidy, central or local, unnecessary, should occupy Council houses.

Unfit Dwellings

During the year 10 demolition orders were made. Figures for 1949 and 1950 were Nil and 4 respectively. On the basis that the useful "life" of a house is 100 years, an average of 100 properties should be closed or demolished privately or by formal action, every year. This would deal with normal wear and tear only. In addition, the experience of the Housing Survey so far suggests that there may well be a backlog of over 1,000 such properties. This is a big problem towards which the Council could formulate a definite policy with advantage. The Council already makes every effort to deal with Category 5 houses as people are re-housed from them and this, in my opinion, is a sound if sometimes unpopular policy.

I would emphasize that a Category 5 house has in the opinion of your officers, outlived its useful life and is no longer fit for human habitation. Nor is it worth while spending money on these worn out properties. There is a natural and perhaps proper tendency for the Council to try to retain these so called houses in the present circumstances, but the only future for them is steady and continuous deterioration. I would suggest that the Council considers the desirability of adopting a minimum standard for existing houses so that the extent to which any particular house falls short of complete fitness, may be clear to all.

Apart from Category 5 houses there are many properties which are falling into dis-repair more rapidly than is necessary because of the inability of landlords to maintain them owing to present restricted rents. The matter has received considerable publicity in recent months and I can but urge the Council to press for suitable amendments of the Rent Restriction Act, as and when it can, in order that full use may be made of the provisions of the Public Health and Housing Acts.

Problem Families

There are in your , as in other districts, a number of households which are best classed as "problem families".

Each family is a separate problem in itself but there are a number of circumstances which characterise a high proportion of them, e.g. intractable ineducability, instability or infirmity of character of one or both parents. These together express themselves in the persistent neglect of children, in fecklessness, irresponsibility, improvidence in the conduct of life and indiscipline in the home wherein dirt, poverty and squalor are often conspicuous.

I do not know how many such families there are in your district but I estimate it conservatively at 100 for the four districts comprising Area 5 (Dopwade and Loddon Rural Districts and Wymondham and Diss Urban Districts).

A serious feature and one which indicates the size of the problem is the fact that these families tend to have more children than others - the average number of children in a group in Bristol was 4.34 per family - and these children, which probably number about 500 in Area 5 and 3/4,000 in the county of Norfolk, are brought up, irrespective of their intelligence in squalid conditions which they tend to perpetuate when they grow up, marry and start their own homes.

These families, many of them known to you individually, are brought to the official notice of this Council mainly through their housing circumstances and there is no doubt that the majority are in urgent need of better housing conditions.

I am of the opinion, however, that much more comprehensive measures than rehousing alone are required if there is to be any hope of rehabilitating a substantial proportion of these families - even more important, if there is to be any hope of preventing the relatively large number of children following in their parents' footsteps.

At the present time, the problem in Norfolk is dealt with piecemeal, each department giving what help it can and most hesitating to give any at all because of the belief that any help given is wasted. There is urgent need for a comprehensive overall policy in regard to these families which would include an assessment of their number and type and ensure co-ordination between all the interested parties.

My experience suggests that a major factor in the majority of these families is the presence of a mother of poor intelligence who has sufficient intelligence not to require statutory supervision but not sufficient ability to maintain a home - a job which requires ability to plan, budget and sustain an organised way of life.

A man of similar intelligence level can almost always earn his own living because the jobs he is able to retain are usually those where he is required to do routine work under supervision and which make no demands on his initiative.

The children from these families can be picked out without much difficulty at school and I doubt if the content of education provided for them at present is that which will be most likely to prevent their perpetuating the circumstances when they themselves become adult.

The factual information available is however very limited and the whole matter requires much more attention than has been given to it heretofore.

Problems connected with Holiday Makers.

The Council is already aware that special problems exist in your area connected with the annual influx of holiday makers.

Caravans and caravan sites are a perennial public health problem. At present many of these structures are serving as permanent houses because of the prevailing shortage. In individual cases there may be no great risk to health but it is necessary, particularly where there are numbers involved, to exercise strict control over siting and to ensure that proper facilities are available.

Many of these caravans are not only used as permanent houses but are so placed that it would be difficult to move them if this were required. In the circumstances they become buildings which would never have passed the bye-laws. If the Council considers that caravanning has come to stay, then

there is a good case for much greater attention being given to these places than it has been customary to give in the past.

Somewhat similar problems exist in connection with the many holiday bungalows along the coast. It is undesirable that these should become overcrowded, even for the short period of the holiday season, although at least the conditions are mitigated by the fact that holiday makers spend most of their time in the open air. Like the caravan, however, a number are being used as permanent homes and strictly speaking should be dealt with as would any other unfit dwelling house in the district. This is clearly a matter which requires more attention and I shall keep the circumstances under review.

National Assistance Act 1948 and Amended 1951.

Your Medical Officer has now been appointed authorised officer for the purposes of the above Acts.

No action was taken in connection with these powers during the year.

Water Supply.

Of the 33 parishes comprising the Rural district, 8 are almost entirely, and 4 partly supplied with mains water. Water has thus been carried into three additional parishes which previously relied on local supplies.

The new bore at Strumpshaw which will be the main source of supply for the proposed scheme covering the Blofield area was completed during the year.

The water supply at Brundall has continued satisfactorily in quantity, and continues to be chlorinated.

A large proportion of the houses in your district draw their water from shallow wells. These sources are inherently unsatisfactory owing to the ever present possibility of contamination. During the year 102 samples were submitted for examination in relation to the district water supply, some being submitted to the County Analyst and the remainder to the Public Health Laboratory Service. 49 unsatisfactory results were reported (some of these were repeat samples for the purpose of checking on supplies originally found unsatisfactory).

The mains extensions referred to above were undertaken towards the end of the year and the number of premises in the district having a mains supply is therefore substantially the same as last year.

Approximately 3,500 premises are supplied by mains water and included in this number are 500 dwellings whose inhabitants draw from a nearby standpipe.

Drainage and Sewerage.

During the year under review it has not been possible to further the sewerage schemes proposed for the parishes of Ormesby, Hemsby, Winterton, parts of Thorpe, Martham, Acle, Brundall and Blofield.

Mains water is available in the first four parishes mentioned and the Council's comprehensive scheme of water supply will eventually include the other parishes. It is a pity that more rapid progress cannot be made towards provision of these amenities but they have been held up owing to economic restrictions outside the control of the Council.

Public Scavenging.

All dwellings within the Rural District and which are adjoining a main road capable of supporting the Council's refuse vehicles are receiving regular wet and dry refuse collections.

I would like to congratulate the Council and the Officers concerned, on the maintenance of such an important public health service in an area where there are over 260 miles of road interlaced by a large number of water ways, over which there are few bridges. Furthermore, the service benefits the large numbers of holiday visitors. Dry refuse is also collected from 9 places on the Broads system at points chosen by the Council, at which suitable receptacles have been placed. This service is for the benefit of boats of all types using the water ways. It is regrettable that in spite of these facilities, refuse is often found scattered on the ground or round the bins, while the bins themselves have not been full.

Food Supplies.

Routine supervision of food depots, shops and premises where food is prepared for sale, has continued. As a result of quantity of foodstuff, relatively small, has been condemned as unfit either from disease or because it was otherwise unwholesome.

These duties concerning the protection of public food supplies are of great importance and I am pleased to be able to say that they have been carried out with the co-operation of the local traders who usually willingly responded to the advice offered.

Other than slaughtering which takes place for a hospital, only a limited number of pigs are dealt with in the district. Table 19 shows the number of carcasses inspected and condemned during the year.

I would like to express my thanks to Council members for their co-operation, to Mr. G. Hellier, Mr. B.J. Dawson and other officers of the Council for their willing assistance and to the staff of my office for considerable help in the preparation of the report.

A.E. Brown.

M.D. D.P.H.

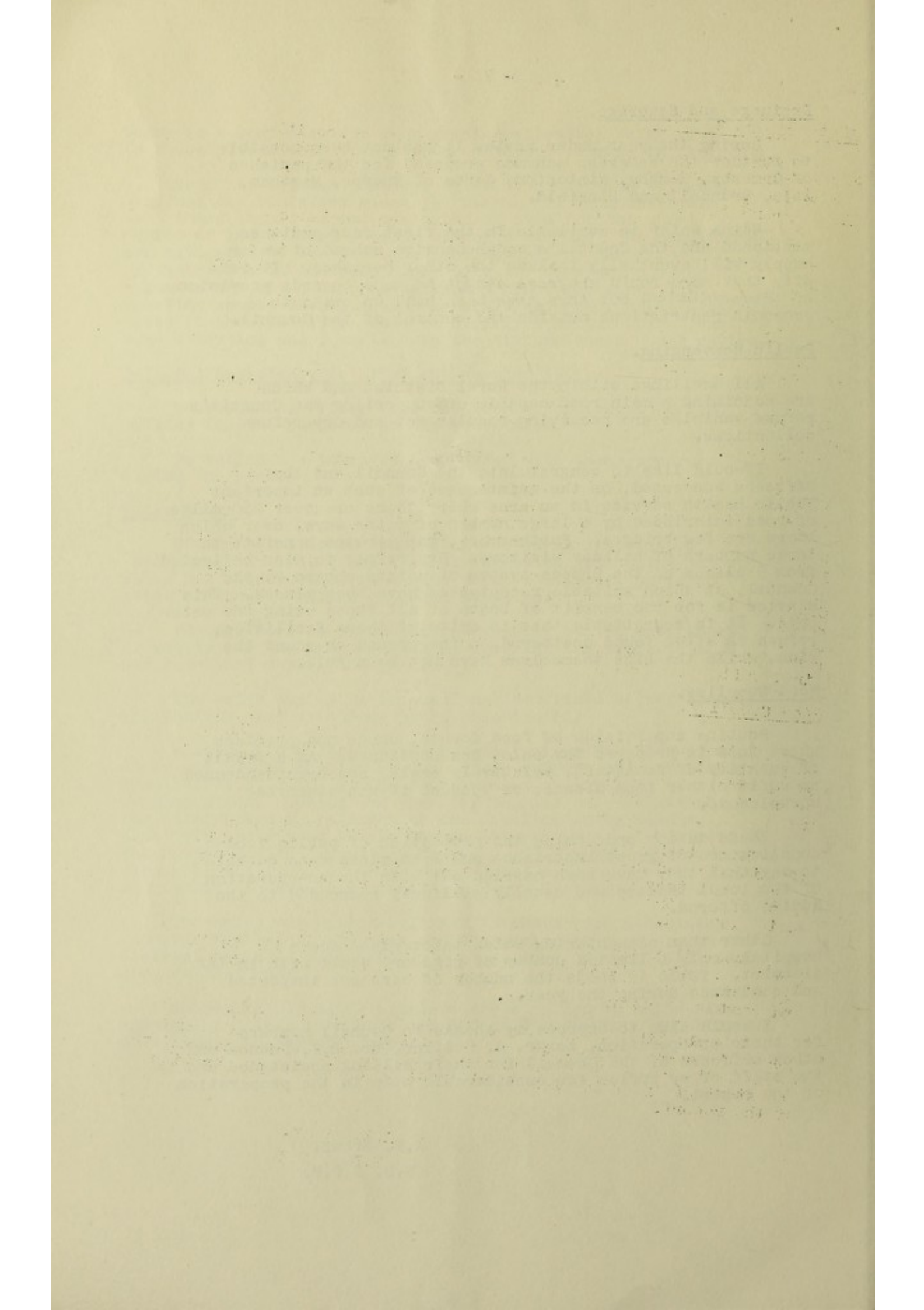


Table 1. GENERAL STATISTICS

Area	74,774
Estimated Resident Population	31,690
Rateable Value	£133,149
Sum represented by a Penny Rate	£ 547

Table 2.

LIVE BIRTHS

	Males	Females	Total
Legitimate	184	199	383
Illegitimate	6	7	13
Total:	190	206	396

Live Birth Rate per 1,000 of
estimated Resident Population 1,250

Table 3. STILL BIRTHS

	males	Females	Total
Legitimate	4	5	9
Illegitimate	1	3	4
Total	5	8	13

Still Birth rate per 1,000
Total Births ... 31.7

Table 4. DEATHS (all ages).

males	Females	Total
184	187	371

Crude Death Rate per 1,000 of
estimated Resident Population 11.71

Table 5. INFANT MORTALITY (Deaths of Infants
under One Year).

	Males	Females	Total
Legitimate	6	4	10
Illegitimate	-	-	-
Total:	6	4	10

Infant mortality per 1,000
Live Births ... 25.25

Table 6. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Congenital Malformations	-	-	-
Gastritis, Enteritis & Diarrhoea	1	2	3
Other Causes	5	2	7
Total:	6	4	10

Table 7. CAUSE OF TOTAL DEATHS (Registrar-General).

	Males	Females	Total
1. Tuberculosis, respiratory	1	1	2
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease	1	1	2
4. Diphtheria	-	-	-
5. Whooping cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	2	2	4
10. Malignant neoplasm, stomach.	2	4	6
11. Malignant neoplasm, lung, bronchus	2	2	4
12. Malignant neoplasm, breast.	-	3	3
13. Malignant neoplasm, uterus.	-	2	2
14. Other malignant & lymphatic neoplasms.	23	15	38
15. Leukoemia, Aleukemia.	-	-	-
16. Diabetes	-	3	3
17. Vascular lesions of nervous system.	21	23	44
18. Coronary disease, angina.	29	14	43
19. Hypertension with heart disease	1	9	10
20. Other heart disease	41	42	83
21. Other circulatory disease	1	4	5
22. Influenza	5	7	12
23. Pneumonia	11	6	17
24. Bronchitis	8	6	14
25. Other diseases of respiratory system.	2	-	2
26. Ulcer of stomach and duodenum	3	2	5
27. Gastritis, enteritis and diarrhoea.	-	2	2
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	6	-	6
30. Pregnancy, childbirth, abortion.	-	-	-
31. Congenital malformations.	-	1	1
32. Other defined and ill-defined diseases	18	33	51
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	6	3	9
35. Suicide	-	1	1
36. Homicide and operations of war.	-	-	-
Total:	184	187	371

Table 8. NOTIFICATIONS OF DEATHS RECEIVED DURING
THE YEAR 1951. (According to Age Groups.)

	Males	Females	Total
Under 1 year	3	2	5
1 and under 5	-	-	-
5 and under 10	1	-	1
10 and under 20	3	1	4
20 and under 30	4	1	5
30 and under 40	4	2	6
40 and under 50	8	7	15
50 and under 60	12	8	20
60 and under 70	33	18	51
70 and under 80	66	77	143
80 and under 90	42	73	115
90 and under 100	6	9	15
Total:	182	198	380

It is pointed out that there is a discrepancy between the total number of deaths recorded in this table, which is compiled from actual death notifications received and those of tables 4 and 7 which are based on information given by the Registrar General.

Table 9. SUMMARY OF BIRTHS AND DEATHS RATES

	1947	1948	1949	1950	1951
<u>Live Births (per 1000 pop)</u>					
Blofield & Flegg R.D.	18.80	14.74	13.75	13.83	12.50
England and Wales	20.5	17.9	16.7	15.8	15.5
<u>Still Births (per 1000 total births).</u>					
Blofield & Flegg R.D.	18.08	21.09	11.25	15.63	31.78
<u>Crude Deaths (per 1000 pop)</u>					
Blofield & Flegg R.D.	12.41	9.15	10.71	9.45	11.71
England and Wales	12.00	10.8	11.7	11.6	12.5
<u>Infant mortality (per 1000 live births)</u>					
Blofield & Flegg R.D.	32.55	30.17	25.06	18.14	25.25
England & Wales	41.00	34.0	32.0	29.8	29.6

BIRTH RATES, DEATH RATES, ANALYSIS OF MORTALITY, MATERIAL
MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES
IN THE YEAR 1951. PROVISIONAL FIGURES BASED ON QUARTERLY RETURNS.

	England and Wales	126 County Boroughs and Great Towns in- cluding London.	148 Smaller Towns (Res- ident Pop- ulation 25,000-50,000 at 1931 Census	Blackfield and Flegg
	<u>Rates per 1,000 Home Population</u>			
<u>Births:</u>				
Live Births	15.5	17.3	16.7	12.50
Still Births	0.36	0.45	0.38	0.41
<u>Deaths:</u>				
All Causes	12.5	13.4	12.5	11.71
Typhoid and paratyphoid	0.00	0.00	0.00	0.00
Whooping Cough	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.06
Influenza	0.38	0.36	0.38	0.38
Smallpox	0.00	0.00	0.00	0.00
Acute poliomyelitis (including polioencephalitis)	0.00	0.01	0.01	0.00
Pneumonia	0.61	0.65	0.63	0.54
<u>Notifications (Corrected)</u>				
Typhoid Fever	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.03	0.02	0.00
Meningococcal infection	0.03	0.04	0.03	0.00
Scarlet Fever	1.11	1.20	1.20	0.47
Whooping Cough	3.87	3.62	4.06	5.93
Diphtheria	0.02	0.02	0.03	0.00
Erysipelas	0.14	0.15	0.12	0.28
Smallpox	0.00	0.00	0.00	0.00
Measles	14.07	13.93	14.82	4.13
Pneumonia	0.99	1.04	0.96	2.02
Acute poliomyelitis (including polioencephalitis)	0.03	0.03	0.03	0.00
Non paralytic	0.02	0.02	0.03	0.00
Food Poisoning (suspected)	0.13	0.15	0.08	0.32
	<u>Rates per 1,000 Live Births.</u>			
<u>Deaths:</u>				
All causes under 1 year of age	29.6(a)	33.9	27.6	25.25
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	7.58
	<u>Rates per 1,000 Total (Live & Still) Births.</u>			
<u>Notifications (Corrected)</u>				
Puerperal fever and pyrexia	10.66	13.77	8.08	2.45

Maternal Mortality in England & Wales.

Intermediate List No. and Cause.	Number of Deaths	Rates per 1,000 Total (Live & Still) Births.	Rates per million women aged 15-44.
A. 115 Sepsis of pregnancy, childbirth & the puerperium	70	0.10	
A. 116 Abortion with toxæmia	3	0.00	0
Other toxæmias of pregnancy & the puerperium	167	0.24	
A. 117 Haemorrhage of pregnancy and childbirth	91	0.13	
A. 118 Abortion without mention of sepsis or toxæmia	37	0.05	4
A. 119 Abortion with sepsis	66	0.09	7
A. 120 Other complications of pregnancy, childbirth and the puerperium	125	0.18	

(a) Per 1,000 total live births.

Table 11.

NOTIFICATIONS OF INFECTIOUS DISEASES (EXCLUDING
TUBERCULOSIS) ACCORDING TO AGE GROUPS.

	Under 1	1-2 yrs.	3-4 yrs.	5-9 yrs.	10-14 yrs.	15-24 yrs.	Over 25.	Total
Scarlet Fever	-	-	3	6	2	2	2	15
Measles	5	14	26	62	20	2	2	131
Whooping Cough	14	36	55	74	4	1	4	188
Pneumonia	1	3	4	2	2	2	50	64
Infective Jaundice	-	1	1	5	4	2	6	19
Polio-myelitis	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-
Encephalitis Lethargica	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	9	9
Food Poisoning (suspected)	-	-	1	-	1	1	7	10
Puerperal Pyrexia	-	-	-	-	-	-	1	1
Dysentery	-	-	-	-	-	1	7	8
Cerebro Spinal Fever	1	-	-	-	-	-	-	1
Totals:	21	54	90	149	33	11	88	446

Table 12. INCIDENCE OF INFECTIOUS DISEASES DURING 1951 (OTHER THAN
TUBERCULOSIS).

	Quarters				Total.
	1st	2nd	3rd	4th	
Scarlet Fever	12	3	-	-	15
Whooping Cough	59	34	38	57	188
Measles	9	22	88	12	131
Pneumonia	57	3	1	3	64
Encephalitis (post infectious)	-	-	-	-	-
Erysipelas	6	2	-	1	9
Encephalitis Lethargica	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-
Polio-myelitis (paralytic)	-	-	-	-	-
Infective Hepatitis	5	6	2	6	19
Puerperal Pyrexia	-	-	1	-	1
Dysentery	-	-	1	7	8
Food Poisoning (suspected)	-	-	-	10	10
Cerebro-spinal Fever	-	-	-	1	1
Totals:	148	70	131	97	446

Table 13. TUBERCULOSIS (Details of New Cases during 1951)

Age Period	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0-14	-	1	-	-
5-14	2	3	1	1
15-24	3	2	1	-
25-34	2	4	-	1
35-44	2	1	-	-
45-54	4	3	-	-
55-64	1	1	-	-
65-	1	-	-	-
Totals	15	15	2	2
Total: ... 34				

Table 14. TUBERCULOSIS (Number of Cases on T.B. Register and 1951)

	Males	Females	Total
Pulmonary	67	74	141
Non-Pulmonary	18	22	40
Total:	85	96	181

Table 15. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

(Excluding Inward Transfers from other Districts).

		1947	1948	1949	1950	1951
Pulmonary	M.	23	29	22	15	15
	F.	8	17	15	17	15
Non-Pulmonary	M.	6	5	1	6	2
	F.	5	5	5	1	2
Total		42	56	43	39	34

Table 16. DIPHTHERIA IMMUNISATION SCHEME

The following table shows the immunisation state of the children in Area No.1. comprising Blofield and Flegg and Smallburgh Rural District Councils, for the year ended 31st December 1951.

	Under School Age	School Age	Total
Numbers Immunised	2024	6355	8379
Estimated Population	3883	6752	10635
Percentage immunised	52.1	94.1	78.7

Table 17. VACCINATION AGAINST SMALLPOX

The state of vaccination of children born during 1949, 1950 and 1951 resident in the District and in Area 1. (comprising Blofield and Flegg and Smallburgh Rural District Councils) is shown in the following table.

	Blofield & Flegg R.D.C.			Area 1.		
	1949	1950	1951	1949	1950	1951
Number of live births registered	439	441	396	741	701	676
Number of vaccinations recorded	119	150	149	278	314	321
% vaccinated	27.1	34	37.6	37.5	44.7	47.4

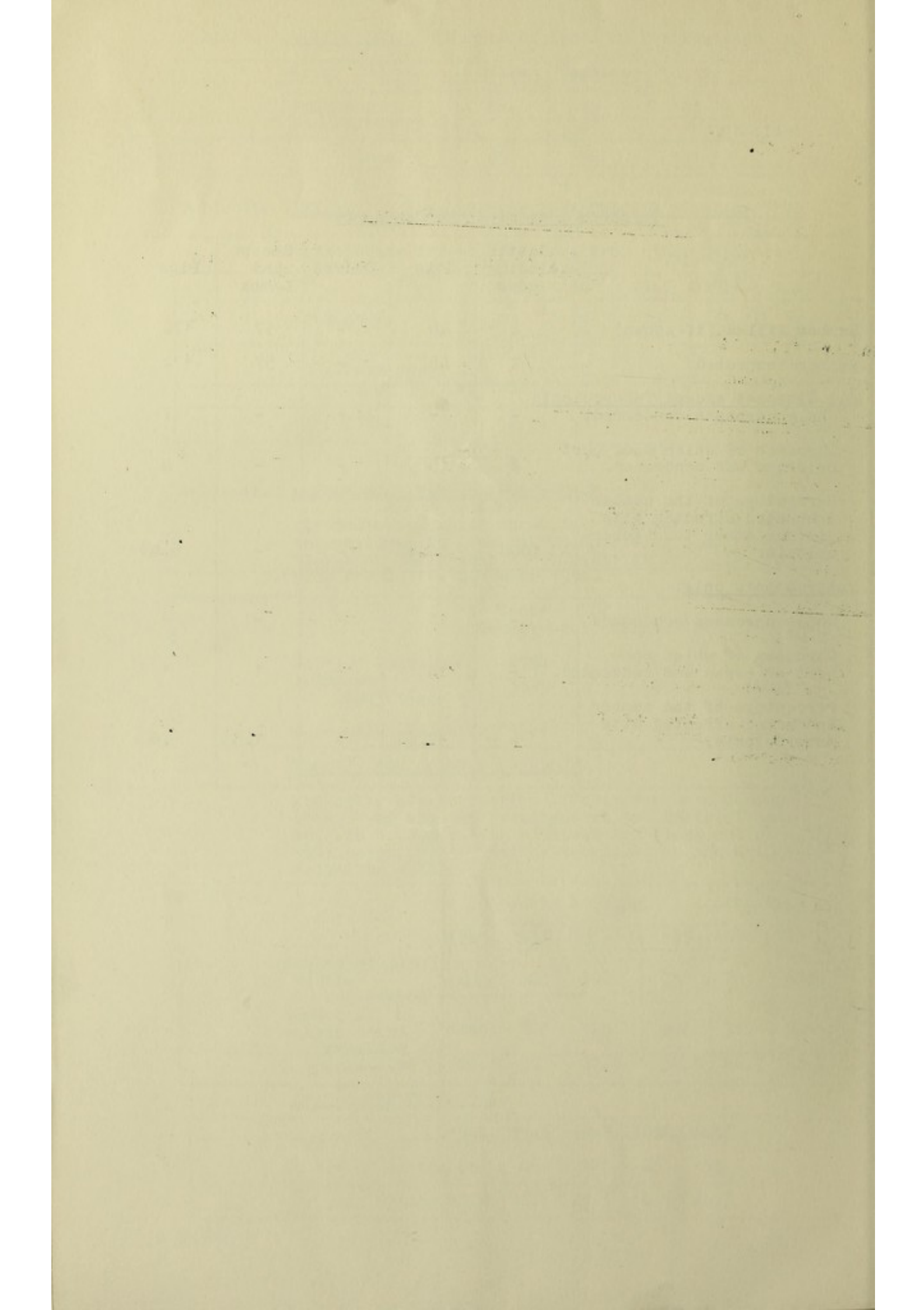
Table 18. DEATHS DUE TO CANCER

	1947	1948	1949	1950	1951
Number of Deaths	48	48	72	45	53
Percentage of Total Deaths	13.2	16.7	21.1	14.6	14.3

Table 19.

Carcases Inspected and Condemned

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	2	46	-	57	172
Number inspected	2	46	-	57	172
<u>All diseases except Tuberculosis</u>					
whole carcasses condemned.	-	-	-	-	7
Carcasses of which some part or organ was condemned.	2	15	-	-	4
Percentage of the number inspected affected with disease other than tuber- culosis.	100%	32.6%	-	-	6.4%
<u>Tuberculosis only:</u>					
whole carcasses condemned	-	1	-	-	-
Carcasses of which some part or organ was condemned.	-	14	-	1	1
Percentage of the number inspected affected with tuberculosis.	-	32.6%	-	1.8%	.6%



SUMMARY OF MEDICAL SERVICES AVAILABLE
IN AREA NO. 1.

For the information and guidance of Council Members, a summary of the Medical Services available to the No. 1 Area (comprising Blofield and Flegg and Smallburgh Rural Districts) under the National Health Service Acts, is given below.

The National Health Service Act came into operation on 5th July, 1948, and is designed to provide a comprehensive Health service for the whole population. Only the briefest summary of its provision will be given here. Hospital and specialist services are provided in the area by the Cambridge Regional Hospital Board. The only hospitals in No. 1 Area under the direction of the Board are the Mental Deficiency Colony at Little Plumstead and the Mental Hospital at St. Andrews, Thorpe.

Health Service provided by the Norfolk County Council under Part 111 of the Act.

Section 22 Care of Mothers and Young Children.

Ante-natal and post-natal clinics have not been established but examinations are carried out by general practitioners acting as agents for the Norfolk County Council. Cases requiring a second opinion are referred to specialist obstetricians at the Norwich and Yarmouth Hospitals. Special equipment for premature babies is held in central depots and is available on loan for use in the patients' homes.

Infant Welfare Centres are held monthly at Thorpe (two), Blofield and Caister, with a Medical Officer and a Health Visitor in attendance. Extra nourishment, in the form of medicaments, when considered advisable, is issued free. Baby food is also available. Diphtheria immunisation is carried out by the Medical Officer on request.

Village Infant Welfare centres have also been established throughout the Area. These are listed below and are attended by the District Nurse. Sessions are held monthly and a supply of Welfare foods and medicaments is available where required. A Medical Officer is not normally in attendance.

Acle	Reedham	Featishead
Cantley	Runham	Scottow
Fleggburgh	Winterton	Worstead
Lingwood	Hickling	Stalham
Martham	Honing	South Walsham
Ormesby	Horning	Halvergate

The centre at Great Plumstead ceased to function at the end of March, 1951.

In addition, infant weighing facilities are available to mothers living in those parishes not covered by the above centres. These weighing centres are established at:

Bacton	Happisburgh	Scottow (R.A.F.)
East Ruston	Ludham	

Dental treatment for infants and pre-school children, and expectant mothers, is provided where possible, by the School Dental Officer.

Sections 23, 24 and 25 Midwifery Services, Health Visiting and Home Nursing.

There is a total of 17 district nurse/midwives in the Area, available for domiciliary confinements.

Infant Health Visiting is carried out as far as possible by the two qualified Health Visitors but owing to the shortage these duties are otherwise combined with those of the district nurses who are also required to undertake home nursing. There is no special provision for a night nursing service.

Section 26 Vaccination against Smallpox and Diphtheria Immunisation

These services are normally carried out by the medical practitioners but as already stated diphtheria immunisation is available at Infant Welfare Centre. There is no charge to the parents.

Diphtheria Immunisation Sessions are also arranged at schools throughout the area and parents are urged to give their consent for primary and reinforcing injections.

The County Council has made arrangements for Registrars of Births and Deaths to issue to all persons registering births, leaflets which stress the importance of vaccination and immunisation. This is followed up by a further pamphlet, in the form of a birthday card, which is sent to the home by the Local Health Office when the child reaches the age of one year.

Section 27 Ambulance Service

Ambulances for the conveyance of patients, other than infectious disease cases are stationed at Martham, North Walsham and Norwich.

For patients suffering from infectious diseases, an ambulance and a sittingcase car are available at East Dereham Isolation Hospital. In addition, a sitting-case car service also exists for those patients able to travel by car, but who are unable, for medical reasons to travel by public conveyance.

Sections 28 Prevention of Illness, Care and After-care.

A. Tuberculosis

Two Health Visitors are available in the County who are engaged on after-care work and prevention and they also attend sessions at the Chest Clinic. Shelters, bedding and other equipment is supplied when considered advisable, as also is extra nourishment in suitable cases.

B. Mental Health

After-care visits are made where advisable by the two Local Welfare Officers and a Psychiatric Social Worker. These officers have various other duties particularly under Section 51, mentioned below.

C. Provision of Nursing Equipment.

Twelve British Red Cross Society and three St. John Ambulance Brigade Medical Loan Depots have been established in the area and these are listed below. Sick-room equipment and other items such as wheel-chairs may be obtained on loan by applications preferably supported by a doctor or district nurse. The Society or Brigade is reimbursed by the County Council and there is no charge to the patient.

<u>Red Cross</u>	Blofield Catfield Cantley Filby	Horning Lingwood Martham Neatishead	Palling Rollesby Ormesby Thorpe.
<u>St. John</u>	Acle	Gt. Ormesby	Thorpe.

Section 29. Domestic Help

The Home Help Service administered by the Norfolk County Council provides assistance where domiciliary confinement, children without a mother, sickness, blindness, old age and infirmity or mental deficiency render this necessary. This is an extremely valuable service which, where the means of the family justify it, is provided at a reduced cost or even free. The Home Helps are solely concerned with helping to run the house, cleaning it, preparing meals, caring for children, but nursing duties are outside their province.

It is not at present possible to place a Home Help in "problem" homes where the visual education she would provide could be expected to lead to a higher standard of housewifery in selected cases.

Although there are approximately 44 Home Helps available in the area, it must be emphasised that there are districts which are not covered.

Section 51. Mental Health Service.

The National Health Service Act makes the major local authorities responsible for initial proceedings under the Lunacy and Mental Deficiency Acts and for this purpose as well as the care and after-care of patients suffering from mental illness, two local Welfare Officers designated Duly Authorised Officers - cover the No. 1 Health Area.

An Occupation Centre has been established at Sprowston for suitable ineducable children who have been notified under Section 57 (3) of the Education Act, 1944, and the County Council are also able to send a few children to the Great Yarmouth Occupation Centre. A Home Teacher visits some of those children unable to attend.

Education Act 1944

All school children other than those attending private schools are medically examined periodically and parents are invited to attend these consultations. Treatment is provided by the County Council for certain cases of defect, but in general is arranged through the family doctor.

National Assistance Act (Section 29).

Arrangements have been made by the County Council for advice and assistance to be given to blind, deaf, dumb or other seriously disabled persons. Details can be obtained either from the Local Health Officer, Aspland Road, Norwich, or from the County Medical Officer direct.
