

[Report 1956] / Medical Officer of Health, Blofield & Flegg R.D.C.

Contributors

Blofield and Flegg (England). Rural District Council.

Publication/Creation

1956

Persistent URL

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

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
<https://wellcomecollection.org>

Library (D)
BLOFIELD & FLEGG
RURAL DISTRICT COUNCIL
Northfolke

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
including the report of the
Senior Public Health Inspector
for the
YEAR 1956



MEMBERS OF THE PUBLIC HEALTH COMMITTEE 1956-57

Chairman - Councillor G. L. LANG
Vice-Chairman - Councillor S. W. GRAPES

Councillors :—

Mrs. I. D. Arnold	Mr. R. Lawson
Mr. F. Barrett	W/Cdr. Little
Mr. B. Bartram	Mr. R. J. More
Mr. J. R. Bensley, J.P. (<i>Vice-Chairman of the Council</i>)	Mr. S. B. Nickerson
Mr. P. Cann	Mr. R. J. Notley
Mr. L. W. M. de Caux	Mr. L. Oldfield
Mr. H. B. Cumby	Mr. H. J. Preston
Mr. E. A. George	Mr. A. E. Roberts
Mr. A. E. Greenacre	Mr. J. de Carle Smith M.B.E., J.P. (<i>Chairman of the Council</i>)
Mr. R. F. Hare	Mr. H. H. Smith
Mr. S. R. Howard	Mr. G. E. Tubby
Mr. J. Key	Mr. C. W. S. Vickers

PUBLIC HEALTH DEPARTMENT 1956

Medical Officer of Health :

G. R. HOLTBY, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Senior Public Health Inspector :

A. G. LAKE, M.I.P.H.E., M.R.S.H., M.A.P.H.I.

Deputy Public Health Inspector :

H. R. C. STRANGE M.A.P.H.I.

Additional Public Health Inspectors :

C. HELSBY, M.A.P.H.I.


F. E. POOLEY, A.R.S.H., R.P.

Senior Clerk :

Miss D. BANKS.

Junior Clerk :

Miss B. SEWELL.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28935287>

BLOFIELD AND FLEGG RURAL DISTRICT COUNCIL.

Council Offices,
Acle,
Norwich.

To The Chairman and Members of the
Blofield and Flegg Rural District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1956. This is the 9th Report to be presented since the coming into force of the National Health Service Act, 1946.

The Registrar General estimated your mid-year population as 32,770 compared with 32,150 in the year 1955, an increase of 620 persons. There were 402 live births and 462 deaths, giving a natural decrease of 60. There was thus a small movement of people into the district. The crude birth rate is 12.27 per thousand of the population and the crude death rate 14.10 per thousand of the population. By use of the comparability factor supplied by the Registrar General the birth rate becomes 13.62 and the death rate 9.59. The purpose of this factor is to modify local rates to those of a population with an age and sex distribution of England and Wales as a whole. The standard rates for England and Wales are Birth Rate 15.6 and Death Rate 11.7.

The principal causes of death were cardio-vascular disease and cancer in all forms which represent 50.7% and 16.2% of all deaths respectively. The general attitude to cancer and perhaps also to cardio-vascular disease is in danger of becoming one of helpless resignation in face of the apparent inevitability of the diseases. This is a false idea as recent years have seen much increase in interest and some growth in our knowledge of cardio-vascular disease, particularly coronary thrombosis. It has been shown that this disease is much commoner in countries where the standard of living is high and it appears to be related to the taking of a rich diet, together with a too sedentary form of life. In the case of cancer, not only can many cases be successfully treated if the diagnosis is made early, but the history of the disease or diseases which are collectively spoken of as cancer shows that several of them have already been eliminated by preventive measures. Such are forms of cancer of the skin which used to attack the chimney sweeps who formerly ascended the chimneys of houses instead of inserting brushes up them, and one which attacked certain operatives who came into close contact with the oil of machines in cotton mills. Cancer of the lip is much less common since clay pipe smoking ceased to be popular, and in more recent years it has been proved that occupational exposure to certain substances used in the dye trade caused an increased mortality from bladder cancer, and that elimination of the most dangerous substances, and more stringent safety precautions, have removed this hazard.

Cancer of the lung is, of course, far more serious from the point of view of the number of cases occurring annually than any of the above diseases have been, but a pointer to prevention has already been drawn. The fact that the evidence associating smoking - particularly heavy cigarette smoking - with cancer is statistical, and that the actual causative agent in tobacco has not yet been identified in no way invalidates the conclusion that to reduce smoking will reduce the risk of cancer. Information on these lines has been available to the public since 1949. In spite of this, cigarette smoking has gone up by 3% each year since then while the smoking of pipes and cigars, which is considered to be somewhat less dangerous, has gone down annually. Obviously the problem is not to get the information to the people but that of knowing why people smoke. Generally speaking, the smoking habit starts in youth and it is certainly an anomaly that cheap cigarettes should be available to young men of the armed services.

In the belief that education as to the danger of smoking should be given to young people as early as possible, I have commenced giving talks to all the schools in which I carry out medical inspections, including in the talks other items of importance to health. Health education is a vital function of public health, but it appears from recent increases in knowledge that many of the preventive measures which will have to be advocated in the future will be those which will be unpopular with the general public. Perhaps this has always been so.

It is just over 100 years since the medical profession began to devote itself in an organised way to the prevention as well as to the treatment of disease. The hazards to life and health in those days seem scarcely credible now. In this country between 1869 and 1883 no fewer than 23,700 deaths from typhus were recorded; in the summer of 1866 the number of deaths from cholera was 14,378, whilst the death rate in 1870 from enteric fever was 389 per million of the population. The causes of this mortality were the filthy, squalid and overcrowded conditions in which so many people lived, contaminated water supplies and the lack of treatment of sewage and refuse. In their early days the medical officers of health had little time for consideration of matters other than these pressing problems and the measures which they recommended resulted in the elimination of cholera and typhus, and reduction in the death rate from enteric fever by over half by the commencement of the twentieth century. Gradually, the doctors in the public health services began to concern themselves with man as a social creature. The personal health services, maternity and child welfare, school health services, tuberculosis services, etc., came into being. The field is still widening and each year the scope of preventive medicine appears to be wider while the destruction of human lives by bacteria diminishes. In spite of this changed emphasis, however, environmental hygiene continues to be of importance and this is perhaps particularly true of rural districts.

It is well to remember the great part which the Public Health Inspectors have played and are still playing in the control of unhygienic conditions in the material world in which we live. It is often not realised how much their work includes - from the supervision of food supplies, the remedying of defects in homes, shops and factories to the supervision of disposal of waste products and the investigation of infectious diseases. New environmental problems continue to arise and need to be investigated. Examples are the possible danger to the health of bathers in the sea when sewage is being discharged, and the danger to young babies from having milk feeds made up from the water of shallow wells. The former problem is being considered on a national scale, but the latter will only be dealt with when shallow wells are replaced by mains water supplies. It has been estimated that about half the existing supplies of non-mains water in the county are unfit for infant feeding because of the high nitrate content which is liable to cause cyanosis (blue attacks) in babies, which can be fatal and usually require hospital treatment. Boiling the water does not eliminate the danger.

Another environmental problem is indiscriminate riverside development. How pleasant it seems to the outside observer on a summer day to be able to live in a caravan or simple hut at the water's edge, and how ungracious of an authority to prevent a young family with a housing problem, or a retired couple, from residing where and how they choose. But it is not always summer, nor the river water low and if because of difficulty of access the local authority cannot arrange those mundane but necessary things the collection of waste products and refuse, they must go on to the land; and with flooding of the river banks any germs in the waste matter may well be washed into the water supply. There may even be a danger to life from the river rising in this way, apart from the mist and damp conditions which are likely to ensue.

While it is true that danger to life from bacteria is probably diminishing each year, the danger to health is in some cases increasing. This applies particularly to bacteria which enter our food and if allowed to do so will multiply until they cause disease in those who consume the food (and incidentally a great deal of work to those who have to investigate and attempt to control the outbreaks).

The old idea of "ptomaine" poisoning has been abandoned and food poisoning is seldom due to any other cause than bacteria. The bacteria chiefly involved are staphylococci and the salmonella group. The former are found in septic cuts, boils, scratches, etc., and also in the noses of a good many people, particularly those who have "colds" or other infections. If transferred to food at the right temperature they multiply rapidly. The salmonella group live in the bowel and are passed in large numbers whenever the patient or "carrier" has the bowels opened. Thence they find their way to any food subsequently handled unless scrupulous attention to hygiene is observed. There is one simple

act which if regularly observed would go very far towards eliminating food poisoning, and that is washing the hands after visiting the lavatory. It follows that proper facilities for washing shall be available to all, particularly to food handlers - adequate and readily available water, soap and clean towels. This is the most important item, though in addition care should be observed not to cough or sneeze into food nor to touch it when there are septic places on the hands. To prevent the multiplication of germs in food it should not be allowed to stand in the warmth between meals. This applies particularly to made-up meat dishes. Flies, rats and mice can also spread these germs and egg products have often been found contaminated. Duck eggs should not be eaten until they have been boiled for five minutes. During 1956 seven cases of food poisoning were notified but the actual number was probably greater as not all people seek medical advice when they have diarrhoea. All those notified were investigated but it was not possible to incriminate any particular article of diet. This is not surprising as unless notification is received very early, the remains of infected food are likely to have been destroyed. Fortunately all the cases were single ones and no spread occurred. It will be remembered that last year I reported that dysentery headed the list of notifiable infectious diseases. This time the number has fallen a little but it is still high. Though not a true food poisoning, being spread by direct contact usually and therefore particularly common in children, it also lives in the bowel and hand washing is again the answer to the problem of its elimination.

Flies were mentioned briefly above, but they deserve special mention. They have been shown to carry bacteria and even the virus of poliomyelitis on their legs and in their intestines, and as is well known they will alight with equal readiness on excreta or human food. Their breeding places should be eliminated, they should be destroyed wherever possible and at all times kept away from food. The danger from flies is perhaps the greatest though not the only reason why adequate and proper lavatory accommodation should be available for all including the people who travel in such large and increasing numbers each year to the beaches and countryside of this district. The advantage of main drainage was brought out last year when a case of paratyphoid fever occurred at a camping site, which was fortunately on the main sewer, and no further cases arose. It is not difficult to visualise what might happen if a carrier of enteric fever came to a place where the waste products were able to soak away into the surrounding land and where the water supply was from shallow wells. All the latter are liable to become contaminated sooner or later the germs would enter the water supply.

During the year the first immunisations against poliomyelitis were carried out. The arrangements proceeded smoothly and no cases of serious reaction were reported in the area. The figures for immunisation against diphtheria and whooping cough and for vaccination against smallpox, details of which are given later in the report, show a welcome if not spectacular rise on those for

the previous year. Continued efforts to convince parents of the value of these measures is necessary both by individual persuasion and by propaganda on a wider scale.

I would like once more to express to the Chairman of the Council, Chairman and Members of the Public Health Committee my appreciation of their continued support and to the Public Health Inspectors and clerical staff and all who work for and with the Public Health Department, my thanks for their efforts to maintain and improve the public health.

I have the honour to remain, Ladies and Gentlemen,

Yours obedient servant,

G. R. HOLTBY,

Medical Officer of Health.

20th August, 1957.

SUMMARY OF VITAL STATISTICS.

Population (Registrar-General's mid-June estimate)	11,080
Estimated mid-June 1956	11,080
Estimated mid-June 1955	11,080
Estimated mid-June 1954	11,080
Estimated mid-June 1953	11,080
Estimated mid-June 1952	11,080
Estimated mid-June 1951	11,080
Estimated mid-June 1950	11,080
Estimated mid-June 1949	11,080
Estimated mid-June 1948	11,080
Estimated mid-June 1947	11,080
Estimated mid-June 1946	11,080
Estimated mid-June 1945	11,080
Estimated mid-June 1944	11,080
Estimated mid-June 1943	11,080
Estimated mid-June 1942	11,080
Estimated mid-June 1941	11,080
Estimated mid-June 1940	11,080
Estimated mid-June 1939	11,080
Estimated mid-June 1938	11,080
Estimated mid-June 1937	11,080
Estimated mid-June 1936	11,080
Estimated mid-June 1935	11,080
Estimated mid-June 1934	11,080
Estimated mid-June 1933	11,080
Estimated mid-June 1932	11,080
Estimated mid-June 1931	11,080
Estimated mid-June 1930	11,080
Estimated mid-June 1929	11,080
Estimated mid-June 1928	11,080
Estimated mid-June 1927	11,080
Estimated mid-June 1926	11,080
Estimated mid-June 1925	11,080
Estimated mid-June 1924	11,080
Estimated mid-June 1923	11,080
Estimated mid-June 1922	11,080
Estimated mid-June 1921	11,080
Estimated mid-June 1920	11,080
Estimated mid-June 1919	11,080
Estimated mid-June 1918	11,080
Estimated mid-June 1917	11,080
Estimated mid-June 1916	11,080
Estimated mid-June 1915	11,080
Estimated mid-June 1914	11,080
Estimated mid-June 1913	11,080
Estimated mid-June 1912	11,080
Estimated mid-June 1911	11,080
Estimated mid-June 1910	11,080
Estimated mid-June 1909	11,080
Estimated mid-June 1908	11,080
Estimated mid-June 1907	11,080
Estimated mid-June 1906	11,080
Estimated mid-June 1905	11,080
Estimated mid-June 1904	11,080
Estimated mid-June 1903	11,080
Estimated mid-June 1902	11,080
Estimated mid-June 1901	11,080
Estimated mid-June 1900	11,080

DEATH MORTALITY - (Deaths of Infants under One Year)

	Male	Female	Total
Legitimate	5	2	7
Illegitimate	5	2	7
Total	10	4	14

Infant Mortality per 1,000 Live Births -

Blackfield & Flegg R.D.	12.4
England and Wales	23.3

Deaths associated with Pregnancy, Childbirth, Abortion - 1.

- 5 -

SECTION A. NATURAL AND SOCIAL CONDITIONS.

Area - (in acres) 74,645. There are 33 parishes within the area which has its administrative centre at Acle. The major portion of the District is rural in character, Agriculture and Dairy Farming being the main industry. The District is a very popular Summer resort catering for many thousands of visitors during the holiday season, the number increasing each year; it includes a large area of Broads and many miles of pleasant inland waterways. Some of the best beaches in the Country are to be found on its eight miles of coastline which extends from the boundary of Great Yarmouth northwards to Horsey.

Population.

The Registrar General has estimated the population for the mid year 1956 as 32,770 giving a population density of .44 per acre.

SUMMARY OF VITAL STATISTICS.

Area in acres	.....	.....	.....	74,645
Population (Registrar-General's mid-June estimate)				32,770
No. of Inhabited Houses (1956) according to Ratebook				11,080
Rateable Value	.....	.....	.....	£284,391
Estimated Net Produce of 1d Rate			.....	£ 1,115

LIVE BIRTHS -

	Male	Female	Total
Legitimate	209	179	388
Illegitimate	<u>6</u>	<u>8</u>	<u>14</u>
	<u>215</u>	<u>187</u>	<u>402</u>

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

Blofield & Flegg R.D. Crude Birth Rate 12.27

Standard Birth Rate 13.62

England and Wales " " " 15.6

STILL BIRTHS -

	Male	Female	Total
Legitimate	6	5	11
Illegitimate	<u>2</u>	<u>-</u>	<u>2</u>
	<u>8</u>	<u>5</u>	<u>13</u>

Still Birth Rate per 1,000 total (live and still) Births

Blofield and Flegg R.D. 31.33

England and Wales 22.9

DEATHS (all causes) Total
462

Crude Death Rate per 1,000 of estimated resident Population:

Blofield & Flegg R.D. Crude Death Rate 14.10

Standard Death Rate 9.59

England and Wales " " " 11.7

INFANT MORTALITY - (Deaths of Infants under One Year)

	Male	Female	Total
Legitimate	3	2	5
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
	<u>3</u>	<u>2</u>	<u>5</u>

Infant Mortality per 1,000 Live Births -

Blofield & Flegg R.D. 12.44

England and Wales 23.8

INFANT MORTALITY.

Deaths associated with Pregnancy, Childbirth, Abortion - 1.

**BIRTH RATE, DEATH RATE, ANALYSIS OF MORTALITY, MATERNAL
MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES
IN THE YEAR 1956.**

	England and Wales.	160 County Boroughs and Great Towns.	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census).	Blofield and Flegg R.D. (Crude Rates).
<u>Rates per 1,000 Home Population.</u>				
<u>Births:</u>				
Live Births.	15.6	15.6	15.6	12.27
Still Births.	22.9(a)	23.0(a)	22.7(a)	31.33(a)
<u>Deaths:</u>				
All causes (excluding Still-Births).	11.7	11.6	11.6	14.10
Malignant neoplasm lung, bronchus.	0.41	0.47	0.39	0.37
Whooping Cough.	0.00	0.00	0.00	0.00
Diphtheria.	0.00	0.00	0.00	0.00
Tuberculosis (all forms).	0.12	0.14	0.11	0.09
Influenza.	0.06	0.04	0.05	0.37
Acute Poliomyelitis.	0.00	0.00	0.00	0.00
Pneumonia.	0.52	0.57	0.45	0.64
Coronary and arterio- sclerotic heart disease.	1.67	1.68	1.71	1.83
<u>Rates per 1,000 Live Births.</u>				
<u>Deaths:</u>				
All causes under 1 year.	23.8(b)	24.0(b)	24.1(b)	12.44(b)

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 Related Live Births.

INDIVIDUAL CAUSES OF DEATH.

	Male	Female	Total
1. Tuberculosis, respiratory	2	1	3
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	1	-	1
10. Malignant neoplasm, stomach	4	4	8
11. Malignant neoplasm, lung, bronchus	9	3	12
12. Malignant neoplasm, breast	-	9	9
13. Malignant neoplasm, uterus	-	3	3
14. Other malignant & Lymphatic neoplasms	21	21	42
15. Leukaemia, Aleukaemia	1	-	1
16. Diabetes	2	1	3
17. Vascular lesions of nervous system	29	33	62
18. Coronary disease, angina	28	14	42
19. Hypertension with heart disease	9	9	18
20. Other heart disease	46	47	93
21. Other circulatory disease	13	6	19
22. Influenza	4	8	12
23. Pneumonia	10	11	21
24. Bronchitis	7	11	18
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	3	-	3
27. Gastritis, enteritis and diarrhoea	1	1	2
28. Nephritis and Nephrosis	2	3	5
29. Hyperplasia of prostate	5	-	5
30. Pregnancy, childbirth, abortion	-	1	1
31. Congenital malformations	-	1	1
32. Other defined and ill-defined diseases	28	23	51
33. Motor vehicle accidents	5	-	5
34. All other accidents	7	8	15
35. Suicide	3	1	4
36. Homicide and operations of war	-	-	-
TOTAL	241	221	462

NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1956
ACCORDING TO AGE GROUPS.

	Male.	Female.	Total.
Under 1 year.	3	2	5
1 and under 5.	-	1	1
5 " " 10.	2	1	3
10 " " 20.	4	5	9
20 " " 30.	1	1	2
30 " " 40.	-	2	2
40 " " 50.	5	8	13
50 " " 60.	24	13	37
60 " " 70.	50	35	85
70 " " 80.	82	82	164
80 " " 90.	55	58	113
90 " " 100.	15	13	28
100 and over.	-	-	-
TOTAL	241	221	462

INFANT MORTALITY (Under One Year).

Cause of Death.	Male.	Female.	Total.
Broncho Pneumonia.	-	1	-
Prematurity.	1	-	1
Congenital Heart Defect.	-	1	1
Neonatal Hypothermia.	1	-	-
Lungs, Congestion of.	1	-	-
TOTAL	3	2	2

VITAL STATISTICS OF THE DISTRICT FOR 1956 AND PREVIOUS YEARS.
COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE PAST FIVE YEARS.

	1952.	1953.	1954.	1955.	1956.
<u>Live Birth Rate (Standardised)</u> <u>(per 1,000 pop.)</u>					
Blofield & Flegg R.D.	11.51	13.75	12.43	12.22	13.62
England & Wales.	15.3	15.5	15.2	15.0	15.6
<u>Still Birth Rate (per 1,000</u> <u>total births.)</u>					
Blofield & Flegg R.D.	23.87	14.22	22.04	27.47	31.33
<u>Death Rate (Standardised)</u> <u>(per 1,000 pop.)</u>					
Blofield & Flegg R.D.	9.35	10.68	10.46	12.83	9.59
England & Wales.	11.3	11.4	11.3	11.7	11.7
<u>Infant Mortality Rate (per 1,000</u> <u>live births.)</u>					
Blofield & Flegg R.D.	19.02	16.83	25.35	22.60	12.44
England & Wales.	27.6	26.8	25.5	24.9	23.8

SECTION B.
GENERAL PROVISIONS OF THE HEALTH SERVICES.

Blofield and Flegg Rural District is included with Smallburgh Rural District and North Walsham Urban District to form No.1 Area of the Norfolk County Council, for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act. These include the Care of Mothers and Young Children, Midwifery Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness Care and After Care, Domestic Help Service and Mental Health Service. Some of these services along with the School Health Service in the area are the responsibility of the Area Medical Officer who also acts as Medical Officer of Health of the three County Districts comprising Area No.1, referred to above. There are three Health Visitors and ten District Nurses with centres at the following places:-

Acle	Methodist Chapel	Last Tuesday each month.
Blofield	Margaret Harker Hall	Last Thursday each month.
Caister	Parish Hall	2nd and Last Wednesday each month
Cantley	Village Hall	Third Tuesday each month.
Fleggburgh	Village Hall	First Friday each month.
Halvergate	Church Room	Second Friday each month.
Hemsby	The Institute	Third Thursday each month.
Ingwood	Reading Room	Third Thursday each month.
Martham	Church Room	First Wednesday each month
Ormesby	Church Hall	Second Friday each month.
Reedham	Church Hall	First Thursday each month.
South Walsham	Village Hall	Second Tuesday each month.
Thorpe (1)	The Roxley	Last Tuesday each month.
Thorpe (2)	St. John Ambulance Brigade Hut, St. William's Way	Second Wednesday each month and last Thursday from June 1956.
Winterton	Church Hall	Last Friday each month.

A Doctor attends all Clinics where there is an attendance of 25 or over.

Other Treatment Centres.

Treatment Centres are established as follows:-

	<u>Local Health Office,</u> <u>Aspland Rd., Norwich.</u>	<u>Thorpe (H.A.)</u> <u>C.P. School.</u>	<u>Acle</u> <u>Methodist</u> <u>Chapel.</u>	<u>Caister</u> <u>Parish</u> <u>Hall.</u>
Child Guidance Clinics	1	-	-	-
Dental Clinics	5	2	-	-
Minor Ailments Clinic	-	1	-	-
Speech Clinic	4	1	1	1

The figures refer to the number of Clinics a week except the Minor Ailments Clinic which is held monthly.

General Welfare.

General Welfare services under the National Health Service Act, 1946, are administered in the district by the Local Welfare Officers of the County Council. These services include the provision of Home Helps in cases of old age, sickness and maternity, etc., and it was possible to provide Home Helps in almost every Parish of the district for necessitous cases.

Old People's Clubs have been established in the majority of Parishes in the district and there is no doubt that even an occasional afternoon meeting takes a great deal of monotony and loneliness out of old age.

The Local Welfare Officers have a contact point at Caister-on-Sea for the convenience of the public in that area and have acted in close co-operation with the Public Health and Housing Departments of the Council.

Ambulance Service.

This service is operated by the St. John Ambulance Brigade and British Red Cross Society as Agents of the County Council.

Vaccination and Immunisation.

This service is also the responsibility of the County Health Authority and is carried out by General Practitioners and by Assistant County Medical Officers.

Laboratory Facilities.

Facilities for Laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich, who are the suppliers of lymph for vaccination.

National Assistance (1948) Act, Section 47 - Removal to suitable premises of persons in need of care and attention.

No action was necessary during the year.

SECTION C.
SANITARY CONDITIONS OF THE DISTRICT.
(SENIOR PUBLIC HEALTH INSPECTOR)

Water Supply. Further progress was made during the year toward the provision of a mains supply for all parts of the District. Sampling over the years from shallow wells has proved beyond any doubt that the water derived therefrom varies in quality and is in many cases unfit for consumption. 94 samples were taken for chemical and bacteriological examination, of these 71 were certified to be unfit for consumption.

Sewerage. Sewers have been installed in the major portion of the parish of Thorpe St. Andrew and at the time of the preparation of this report 800 properties have been connected thereto. Approval has been received from the Ministry for the construction of a sewer in the remaining portion of the parish which when completed will make it possible for cesspool installations in Thorpe to be reduced to negligible numbers and will be a notable step forward in public health work.

Collection and Disposal of Refuse. A weekly collection of wet refuse from pail closets is made in all parishes except Thorpe St. Andrew and Caister where cesspools and/or sewers are in use. A weekly collection of dry refuse is made from the parishes of Thorpe St. Andrew, Martham, Caister-on-Sea, Hensby and Gt. Ormesby, and a fortnightly collection from other parishes. Many additional dwellings have been and continue to be erected, particularly in the parish of Thorpe St. Andrew and the coastal area, and it has not been possible at all times to maintain a once weekly collection. The provision of a larger vehicle at Thorpe will assist in this respect. The larger vehicle in use in the coastal area has proved to be a considerable advantage.

Regular collection from points along the banks of the rivers was maintained throughout the summer months and many tons of refuse, which would have otherwise littered the banks and polluted the rivers, were removed. There has been undoubtedly a marked improvement in the habits of the users of river craft. A further step forward is the introduction of a system of collecting wet and dry refuse from riverside properties. Thanks are due to the East Suffolk and Norfolk River Board who are assisting in connection with the work.

The disposal of refuse, both wet and dry, presents somewhat of a problem and the facilities for disposal cannot be considered satisfactory and ought to receive the serious attention of the Council.

The incinerator at Thorpe continues to give good service and makes it possible for the refuse from approximately one third of the population of the District to be disposed of without giving rise to a nuisance of any kind.

Cesspool emptying is carried out upon request, the charge being 15/- per load for the first twelve loads and 5/- per load thereafter. Three vehicles were in use throughout the year but the demand is ever increasing consequent upon the number of properties to be served and the increasing volume of water used, made possible by the installation of a mains water supply. An additional cesspool emptier is an absolute necessity if this work is to continue to be carried out in anything like a sanitary manner.

The disposal of the liquid removed from cesspools presents a very difficult problem.

Prevention of Damage by Pests Act, 1949. Two full time rodent operators are employed by the Council and methods employed for the destruction of rats and mice are those recommended by the Ministry of Agriculture (Infestation Branch). During the year 1,623 premises were visited for the purpose of survey and destruction of these pests. The sewerage system at Caister-on-Sea was treated and a minor infestation was successfully dealt with.

Moveable Dwellings and Camping Sites. The popularity of the use of the caravan as holiday accommodation is very evident and many additional caravans have been stationed in the area, almost all of them being on the 23 licensed camping sites which, generally speaking, are provided with reasonably satisfactory sanitary services and apart from one or two minor instances no adverse report was received. There is a tendency for the site operators to create overcrowded conditions and this point is not being overlooked by members of your Public Health Staff. The absence of a sewerage system in the major portion of the coastal area creates a greater problem as development continues.

Public Conveniences. The conveniences situated at Caister-on-Sea, California, Scratby, Hemsby and Ranworth were in use to the fullest extent during the summer months and I would once again emphasize the need for more and better accommodation at Hemsby and the neighbouring areas.

While it is appreciated that the provision of sanitary accommodation for all visitors would impose a heavy financial burden on the smaller Local Authorities, nevertheless, accommodation is urgently required and the need becomes greater each year. It is impossible to be complacent about the possibility of the spread of disease due to the absence of proper facilities.

SECTION D.

HOUSING.

The Council's "Unfit Houses" programme made steady progress during the year. As a result of action under the Housing Acts, Demolition Orders were made in respect of 64 properties and Closing Orders in respect of 4. 13 Undertakings were accepted.

Council Houses.

The following is a list of houses erected by the Council:-

Under the Housing Acts:-

Pre-War	...	...	...	877
Post-War	...	...	...	701
Others	...	...	...	13
				<u>1,591</u>

Of the above, 33 dwellings were completed during the year in the following parishes:-

Caister-on-Sea.	5
Filby.	2
Lingwood.	4
Strumpshaw.	6
Thorpe St. Andrew.	8
Winterton-on-Sea.	8

At the end of the year a further 58 dwellings were in course of construction and outstanding applications for Council house accommodation numbered 431.

SECTION E.
INSPECTION AND SUPERVISION OF FOOD.

Meat. The three licensed slaughterhouses within the District continued in use throughout the year. 946 beasts, 491 sheep and 1,868 pigs were slaughtered and inspected. The standard of cleanliness maintained at these premises has been satisfactory and the quality of the meat derived therefrom has been good.

Milk. Sampling is carried out by the staff of the Norfolk County Council and details of any infected supplies are forwarded to this office for action. During the year 50 licences were issued authorising the use of the special designation "Pasteurised" and 26 the special designation "Tuberculin Tested" in relation to milk sold within the area. The District is a Specified Area and the only grades of milk available to the public are Tuberculin Tested and Pasteurised. It remains possible, however, for farm workers and others to obtain ungraded raw milk from their employers and thereby run the risk of infection by a milk-borne disease.

Food Premises. Food shops and other food preparing premises received frequent inspection during the year and further progress has been made toward an improvement in the standard of food handling.

The absence of main drainage and piped water supplies in parts of the District makes the operation of certain of the provisions of the Hygiene Regulations difficult. 166 premises are registered as required by Section 16 of the Food and Drugs Act 1955. One ice cream factory is situated within the District. 48 samples of ice cream were taken from retailers trading within the area and appropriate action was taken in respect of unsatisfactory reports. A small amount of unsound food was dealt with during the year and full investigation made into cases of alleged unfit food suspected to be the cause of illness. In no case, however, was it possible to isolate disease germs from the samples taken.

Carcases and Offal inspected and condemned in whole or
in part during 1956.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	716	211	19	491	1868	-
Number inspected	716	211	19	491	1868	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	5	9	4	2	12	-
Carcases of which some part or organ was condemned.	108	57	-	1	40	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	15.78	31.28	21.05	0.61	2.78	-
<u>Tuberculosis only:</u>						
Whole carcasses condemned	5	-	1	-	3	-
Carcases of which some part or organ was condemned	6	16	-	-	16	-
Percentage of the number inspected affected with tuberculosis	1.54	7.58	5.26	-	1.02	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	5	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

SECTION F.

PREVENTION AND CONTROL OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

NOTIFICATIONS (CORRECTED) DURING 1956, ACCORDING TO AGE GROUPS.

	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	15-24 yrs.	25 & over	Total
Scarlet Fever.	-	-	3	1	1	18	6	2	2	33
Whooping Cough.	3	4	6	10	10	43	4	-	8	88
Acute Poliomyelitis - Paralytic.	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-	-	-	-	-	-
Measles (excluding Rubella).	4	11	14	21	24	115	12	8	9	218
Diphtheria.	-	-	-	-	-	-	-	-	-	-
Dysentery.	-	2	1	4	2	20	21	15	13	78
Meningococcal Infection.	-	-	-	-	-	-	-	1	1	2
TOTALS	7	17	24	36	37	196	43	26	33	419

	Under 5 yrs.	5-14 yrs.	15-44 yrs.	45-64 yrs.	65 & Over.	Total.
Acute Pneumonia.	2	1	6	13	11	33
Smallpox.	-	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	-	-	-	-
Acute Encephalitis - Post-Infectious.	-	-	-	-	-	-
Enteric or Typhoid Fever.	-	-	-	-	-	-
Paratyphoid Fevers.	1	-	-	-	-	1
Erysipelas.	-	-	-	2	1	3
Food Poisoning.	1	1	2	2	1	7
Puerperal Pyrexia.	-	-	2	-	-	2
Infective Hepatitis.	-	-	2	-	1	3
TOTALS	4	2	12	17	14	49

INCIDENCE OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES DURING 1956.

	QUARTERS				
	1st	2nd	3rd	4th	TOTAL
Scarlet Fever	9	11	6	7	33
Whooping Cough	1	13	38	36	88
Acute Poliomyelitis - Paralytic	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic	-	-	-	-	-
Measles (excluding Rubella)	95	60	61	2	218
Diphtheria	-	-	-	-	-
Dysentery	55	8	5	10	78
Meningococcal Infection	-	-	-	2	2
Acute Pneumonia	18	5	7	3	33
Smallpox	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-
Acute Encephalitis - Post - Infectious	-	-	-	-	-
Enteric or Typhoid Fever	-	-	-	-	-
Paratyphoid Fevers	-	-	1	-	1
Erysipelas	-	-	1	2	3
Food Poisoning	3	-	2	2	7
Puerperal Pyrexia	1	-	-	1	2
Infective Hepatitis	1	-	1	1	3
Totals	183	97	122	66	468

TUBERCULOSIS - DETAILS OF NEW CASES DURING 1956.

	Respiratory.		Meninges & C.N.S.		Other.	
	Male.	Female.	Male.	Female.	Male.	Female.
Under 5 Years.	1	-	-	-	-	-
5 to 14 Years.	-	-	-	-	-	-
15 to 24 Years.	1	5	-	-	-	1
25 to 44 Years.	1	1	-	-	-	-
45 to 64 Years.	2	2	-	-	-	-
65 Years and over.	1	-	-	-	-	-
	6	8	-	-	-	1

Total - 15.

TUBERCULOSIS - NUMBER OF CASES ON REGISTER END OF 1956.

	Male.	Female.	Total.
Pulmonary.	115	96	211
Non-Pulmonary.	17	24	41
TOTALS	132	120	252

DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS -
(Excluding Inward Transfers from other Districts).

		1952.	1953.	1954.	1955.	1956.
Pulmonary.	M.	19	14	11	12	6
	F.	11	6	6	10	8
Non-Pulmonary.	M.	6	4	1	-	-
	F.	2	5	5	1	1
		38	29	23	23	15

DIPHTHERIA IMMUNISATION (for whole of No.1 Area) 1956.

Age at 31.12.56 (i.e. born in year)	Under 1 yr. 1956	1-4 yrs. 1955-1952	5-14 yrs. 1951-1942.
Number Immunised -			
(a) Primary (59%)	*390	132	193
(b) Reinforcement	-	44	667
Total - (a)	Children under 5 years - 522		
	" " 15 " - 715		
(b)	All ages - 711		
N.B. *Blofield & Flegg = 223 = 55.5%			

VACCINATION AGAINST SMALLPOX (for whole of No.1 Area) 1956.

Age at 31.12.56 (i.e. born in year)	Under 1 yr. 1956	1-4 yrs. 1955-1952	5-14 yrs. 1951-1942	15 years and over
Number Vaccinated (58%)	Ø 387	34	17	19
Number Re-Vaccinated.	-	5	17	62
N.B. Ø Blofield & Flegg = 224 = 55.7%				

POLIOMYELITIS VACCINATION, 1956.

District	Eligible for Vaccination (1947-54)	Number accepted	Percentage accepted	Number Vaccinated.
Blofield & Flegg R.D.	3720	985	26	100
Smallburgh R.D.	1415	584	41	'53'
North Walsham U.D.	482	277	57	14
TOTAL - AREA I.	5617	1846	33	167

Only 9% of acceptances were vaccinated owing to limited supply of vaccine. The remainder of children registered in 1956 will be vaccinated by Autumn 1957.

INFECTIOUS DISEASES.

MEASLES. With 218 cases this disease headed the list of notified infectious diseases during the year. As has been observed previously this disease has a high incidence every alternate year as the number of susceptible children increase to a level at which an outbreak can occur.

WHOOPING COUGH. 88 cases were notified - approximately the same as last year. Immunisation against the disease combined with that against diphtheria has continued and appears to be giving favourable results.

DYSENTERY. 78 cases were notified, but although this number is a slight decrease on the previous year, it probably does not represent the total number of cases and in any event is sufficiently large to indicate the size of the problem.

SCARLET FEVER. With 33 cases this disease showed a slight rise on the previous year, and together with a few small outbreaks of streptococcal sore throat gave some trouble in compact communities where it tended to spread rather easily from one case to another. Fortunately, modern methods of treatment are generally satisfactory, although the dangers of provocation of rheumatic fever and of kidney complications still exist.

TUBERCULOSIS. 14 cases of pulmonary and 1 of non-pulmonary disease were notified, which shows a decrease on the previous year. The pilot scheme discussed in last year's Annual Report for the immunisation of school leavers with B.C.G. Vaccine at Hillside Avenue School, Thorpe St. Andrew was continued and it is planned at a later date to extend this to all school leavers in the area.

PARATYPHOID. 1 case was notified from a camping site in the coastal area. Fortunately, this site had main drainage and no further cases were reported.

POLIOMYELITIS. No cases of this disease were reported during 1956.

FACTORIES ACTS, 1937 and 1948.

Part I of the Act.

(1) INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

	Premises.	Number on Register	Number of Inspections	Number of written notices	Number of Occupiers prosecuted
(i)	Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Auths.	17	31	-	-
(ii)	Factories not included in (i) in which Sec. 7 is enforced by Local Auth.	53	63	-	-
(iii)	Other premises in which Sec. 7 is enforced by Local Auths. (excluding out-workers prems)	2	-	-	-
	TOTAL	72	94	-	-

(2) Cases in which DEFECTS were found

Particulars	Found	Remedied	Referred.		Number of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	1	1	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	13	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	-	-	-	-	-
TOTAL	14	2	-	-	-

PART VIII OF THE ACT.

OUTWORK - (SECTIONS 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Weaving - (Making etc. Apparel (Cleaning and washing	13	-	-	-	-	-
Brush Making	-	-	-	-	-	-
Cosseques, Christmas Crackers, Christmas Stockings, etc.	1	-	-	-	-	-
	2	-	-	-	-	-
TOTAL	16	-	-	-	-	-

