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BLOFIELD & FLEGG  
RURAL DISTRICT COUNCIL



ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
including the report of the Senior Public Health Inspector  
for the  
YEAR 1958





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## 1958

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## PUBLIC HEALTH DEPARTMENT, 1958

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### *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 :*

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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 1958. This is the 11th Report to be presented since the coming into force of the National Health Service Act, 1946.

"Half a century ago, the then reigning monarch made the well known enquiry, 'If preventable, why not prevented?' Thus was reflected the optimism, assurance and belief in continued progress of the age".

This was the opening paragraph of an article by Dr. Thomson of the Ministry of Health entitled "The Changing Pattern of Disease". I propose to make use of some information from that article for this introduction to the Annual Report on the Health of the District for 1958.

No apology is necessary for including in this account of the health of the district, a survey of the nation's health over a number of years. Apart from its general interest, knowledge of the whole is necessary to understand properly the part. Listeners to the B.B.C. breakfast magazine "To-Day" may remember the statistician talking about the number of girl and boy babies born. He said that more boys were born than girls. He then got into considerable difficulties because weekly reports from a large maternity hospital gave a considerable excess of girls. This was because the sample was too small. In medicine as in other disciplines, this danger must be constantly borne in mind. Because one or two patients get better with a particular treatment, this does not prove its worth - many other factors may be operative.

A look into the past may be interesting. It loses much of its value if it does not help us to orientate ourselves in the present and for the future. Public Health work to-day is concerned so much with routine work - recently the Doctors in the service so much with injections, and the clerical staff with their organization and arrangement - that although there have been many other duties to do there seems to have been little time for thought. Public Health Inspectors probably feel the same about meat inspections.



King Edward VII in the remark quoted above was referring to tuberculosis. Progress in that field since then has justified his optimism. Let us look at some other scourges of the past and in order to do so divide life into 5 - age groups -

- (1) The pre-school child.
- (2) The school child.
- (3) Adolescent and young adult.
- (4) Middle age.
- (5) Old age.

First, however, let us consider progress generally in the health field in the first half of this century. Indication of this improvement is the increase of life expectancy. In 1906 it was for males at birth, 50, and for females 53 years; the corresponding figures in 1955 were 68 and 73 years respectively. These figures reflect the great advance which has taken place especially in infant care.

With the falling rate has come a marked change in the relative importance of the various causes of death. Besides a decline in infant and maternal deaths there has been a greatly decreased risk from infective disease. No longer are epidemics a major threat to young life and with the resultant shift in age distribution other diseases are assuming greater relative importance. Notable amongst these are neo-plasms or new growths, which have increased three fold in importance, vascular lesions of the central nervous system, and cardiac disease which has now over a quarter of all deaths ascribed to it. In the nation's mortality this last category now occupies the predominant place taken by communicable disease at the beginning of the century.

All through this century male mortality at all ages has exceeded female, except in the earliest years, when in school life the death rate in girls was higher due largely to the greater toll from tuberculosis. This sex disparity, most marked in middle age, has increased and now the male mortality rate in the age group 45 to 64 years is 75% greater than the female.

To deal now with

- (1) Pre-school child.

Diarrhoea and Epidemic Diarrhoea were most commonly given as the cause of death in infants at the close of the last century and the beginning of this. Since then this disease has declined steadily, except for sharp outbreaks during the hot summers of 1911 and 1921. The cause of this summer diarrhoea is unknown and it seems probable that the infantile diarrhoea of the present day, with its high incidence in winter may be of different causation.



Pneumonia and bronchitis are still, as in 1906, of importance as causes of death, particularly in the first 12 months of life. On the other hand congenital malformations have greatly increased in relative importance since then. Over one-third of the deaths in this category are due to heart defects.

Convulsions, tuberculosis and measles have ceased to be leading causes of death in the pre-school child, being replaced by accidents and violence, and neo-plasms. On a detailed analysis it is found that one-quarter of the accidental deaths are at present due to inhalation of food causing suffocation; leukemia is responsible for 40% of the deaths classed as neoplasms.

## (2) School Child.

This age group has by far the lowest death rate of those under review and has most benefitted from the sharp decline in the influence of the infectious diseases. Apart from the disappearance of the common infections as a cause of death, the most striking changes are the sharp decline in importance of tuberculosis and the dominant parts now played by the two causes, accidents and violence, and neoplasms which between them are responsible for about one-half of all deaths. At present nearly half the accidental deaths in both sexes involve motor vehicles.

## (3) Adolescence and Younger Adult.

The main feature here is the much decreased mortality from tuberculosis which in 1906 accounting for one-third of all deaths was by far the most important disease. Neo-plasms form the only category in which the death rate has increased and it has taken the place of tuberculosis as the leading cause of death. Better hygienic conditions and modern care are reflected in the disappearance of enteric fever and puerperal sepsis as leading causes of death, whilst a new-comer to the list of major diseases is the classification made by all maladies of the stomach and duodenum, amongst which duodenal ulcers affecting males in particular are by far the most common.

## (4) Middle Age.

In this age group, the chief change which has occurred in the past half century is the increasingly large proportionate contribution made to mortality by the three main groups - neoplasms, cardiac disease and vascular lesions of the central nervous system. The mortality rates from these causes have declined comparatively little and now they account for almost two-thirds of all deaths.

The decline in mortality from tuberculosis has made the chief contribution to the group's better health, helped by the disappearance of infections of the kidney and liver as major diseases. As in the previous group diseases of the stomach and duodenum have assumed greater importance.



At the beginning of the century the mortality rate in males from 45 to 64 was 29% greater than in females of the same age group; this has now increased to 74%. On detailed examination it is found that the leading diseases have been responsible for this widening differentiation.

#### (5) Old age.

With the improvement of the nation's age, this age group has become numerically much more important. For whereas in 1906 only approximately one person in every twenty was over 65 years of age, now the ratio is one in every 10. Although the difference in the death rates in the sexes is not so marked as in middle life, the male ratio has become proportionately greater in the past 50 years. A precise comparison in the causes of death in the elderly in the two periods is not possible, since at the beginning of the century over one-fifth of the total were certified as due to the ill-defined "old age". At present the chief causes of mortality are similar to those of middle age.

What lessons can be drawn from this survey?

It would at first sight appear that the emphasis on Infant Welfare work should be transferred to a later age group, middle age, but is this really so, or should we look for the seeds of disease in infancy or even in the womb? So far as mental health is concerned this is certainly so, for the most important factor for mental health throughout life is a healthy emotional relationship between the mother and her baby. This is not to say that we have reached the limit of what we can do for the physical health of infants, and perhaps the most easily effected improvement in infant health will be achieved if adults can appreciate the danger of transmitting respiratory infection to the very young.

Infant Welfare Clinics have received some criticism in recent years and it has even been suggested that their day is past. In fact, however, with the mothers themselves, they are more popular each year. It is, of course, very important that there should be no conflict of advice between that given by the clinic doctor and the patient's family doctor.

The decline in the infections probably helped by a variety of factors has led to the major advance in the health of the school child. A reduction of the number of accidents now offers the most immediate prospect of improvement in this group and further benefit would be achieved if the emerging virus infections could be controlled.



Between 15 and 44 years the decline in tuberculosis has made the major contribution to the fall in the death rate, but despite notable advances in its control, it has not yet been conquered and still causes much ill health. As with other infections, many fundamental problems remain to be solved. For example, the reasons for the high resistance and low death rate in the age group 5 to 15 years manifest in 1906 as to-day, is still unknown.

By contrast with the three youngest age groups, the trend in the middle age group, 45 to 64 years, has been much less satisfactory, especially in the case of males. It is the betterment of the physical lot in this section of the population that now challenges preventive medicine. The reason for their chief causes of death requires much thought and research, particularly epidemiological studies, that is, consideration of the experience of large numbers of individuals over a period of time.

A cause of much chronic minor ill health is rheumatoid arthritis and here again knowledge of its causation is very scanty.

The Registrar General estimated your mid-year population as 33,800 compared with 33,320 in the year 1957, an increase of 480 persons. There were 396 live births and 426 deaths giving a natural decrease of 30. There was thus a small movement of people into the district. The crude birth rate is 11.72 per thousand of the population and the crude death rate 12.6 per thousand of the population. By use of the comparability factor supplied by the Registrar General the birth rate becomes 13.48 and the death rate 7.94. 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 16.4 and death rate 11.7.

The principal causes of death were cardio-vascular disease and the various cancers which represent 56.1% and 14.32% of all deaths respectively. Throughout the country as a whole cancer of the lung still presents an enormous problem and there has been no evidence produced to displace heavy cigarette smoking over a long period as the most important factor in its causation.

Work continues on the causes of coronary thrombosis and the protective value of exercise, together with the danger of overeating particularly fatty foods, seem to be becoming established.

It has been shown that the danger from tuberculosis is now much less than it used to be at most periods of life. Modern methods of treatment and improvement in the standard of living - including better nutrition, housing and hygiene - have combined to produce this happy result, and a decreasing natural virulence of the tubercle bacillus is probably also a factor.



The disease is not yet eradicated, however. A reservoir of infection still persists in elderly people with unsuspected disease, particularly elderly men, who may have been suffering from a chronic cough thought to be due to bronchitis, for a long time. Some of these cases may be due to tuberculosis and this possibility should be borne in mind, and receive adequate investigation. It would be advisable to have a chest x-ray taken of all elderly people entering hospital or a home, if there is any possibility of this complaint being present. This measure would obviate much concern and work later on.

In September it was necessary to carry out an intensive investigation of the staff and inmates of Lingwood County Home. An elderly man was found to be suffering from active tuberculosis. While in another institution he had formerly been a patient at the Chest Clinic but had been lost sight of. When his condition was rediscovered he had been at Lingwood for some time, and it seemed likely that he might have infected other people. Heaf testing was therefore carried out on all those who agreed to the test. This included practically all those likely to have been in danger. Of 125 tested, 70 showed a positive reaction, 32 a strong positive reaction, and 6 a very strongly positive reaction. These results called for x-ray films, and arrangements were made with Dr. C'Riordon, the Medical Director of the Norwich Mass Radiography Unit, for the Unit to visit the Home. 35 positive re-actors were x-rayed - all those fit enough to come downstairs and stand in front of the screen - and 4 were recalled for second (large film) x-ray. Fortunately no active disease was discovered.

It was necessary to make other arrangements for those patients who were unfit for the Unit, and Dr. McCulley of St. Andrew's Hospital very kindly made available his x-ray machine and radiographer. The patients were conveyed by ambulance to St. Andrew's Hospital and x-rayed there. Their films were later sent to Dr. Couch at the Chest Clinic. Some of these cases required further bacteriological examination and culture of the sputum, but fortunately no further active disease was discovered.

B.C.G. Vaccination against Tuberculosis is now carried out by Medical Officers of the Health Department on those school leavers who are shown by test to be suitable for it, and by Medical Officers of the Chest Clinic on contacts of cases. In the Annual Report for 1957 of the County Medical Officer, the Chest Physician Dr. A.H.C. Couch says that he hopes it will not be long before frequent tuberculin tests will be a routine part of all school medical examinations, not merely those of leavers. The knowledge of a recent tuberculin conversion should be a signal for a determined effort to find the source of this conversion which, in most instances will be in the restricted environment of the school child.



Dr. Couch adds that there has been some improvement in the rehousing of tuberculous families, but the lack of easy transfer to areas where suitable employment can be found is still a considerable hardship in the resettlement of tuberculous patients. Also, "the difficulties met with in helping the treated patient to get back to work are still very formidable and present some of the most difficult aspects of the complete treatment of the tuberculosis patient. Patients who have a suitable job to return to, or who have previously worked for a large organisation which can offer suitable work are fortunate, but for the majority of patients the search for suitable work is a long and frustrating one and it is disappointing that the Disablement Resettlement Officers of the Ministry of Labour are unable to help a large number of such patients".

Since 1955, the District has been a Specified Area in which only Specially Designated milk may be sold, that is pasteurised tuberculin tested or sterilized milk. As has been pointed out previously there is still a loop hole by which infected raw milk may be drunk when milk for a "house cow" is used by the owner or his employees. Veterinary surgeons of the Ministry of Agriculture are in process of testing all cattle within the area, which for their purpose is known as an Eradication area for infection with tuberculosis. All those found to be infected are being eliminated and it is hoped that by the end of 1959 the Area will be an Attested Area in which all the cattle have been tested. Testing will then proceed at periodic intervals, but there is still one possible loop hole and danger of infection of milk. This is if a person suffering from tuberculosis is employed as a milker. He might then infect the cattle or the milk between the periodical tests carried out by the Ministry. For this reason it is important that the health of milkers should receive particular attention. Any who are below par should consult their family doctors, and future visits of the mass miniature radiography unit might well be concentrated into areas suitable for cowmen to attend. The latter should be encouraged to take every opportunity to have a chest examination.

It is hoped, however, that tuberculosis acquired from milk will become much less frequent. Undulant Fever acquired by drinking milk infected with *Brucella Abortus* will probably become a greater danger. Pasteurisation should kill this organism but tuberculin tested milk which is not pasteurised may contain it. The disease in human beings is long lasting and can be a great nuisance and in some cases dangerous, and it is therefore hoped that bulk sampling by the County Public Health Department will continue even after testing for tuberculosis ceases when the area becomes an "Attested" one.



Cysticercus Bovis is the larval stage in cattle of a tape worm which in mature form occurs in the bowel of man. Infected meat can be a possible source of danger to human beings, but there is in fact little evidence at present that much infection actually occurs. This is probably largely due to the thorough inspection of meat by the Public Health Inspectors. Ideally, of course, the deposition of crude sewage on pasture land for cattle should not take place as this may be the way in which they become infected. In practice, in rural areas where main drainage is not yet complete the disposal of sewage is very difficult.

The Sanitary conditions of the District as described in Section 'C' by the Senior Public Health Inspector continue to improve. It is pleasing to note that within a short time it is expected that mains water will be available to almost all residents within the District.

The sewage system for the parish of Thorpe St. Andrew was completed during the year and there remain within the parish only a few properties not capable of connection to it. It will be a great advance when sewers are provided in the other more densely populated parishes. The collection and disposal of refuse is an increasing problem and a very heavy task for the staff particularly during the summer months when the population is so much increased. Public conveniences are urgently required in many areas. Those which the Council has already provided were used to the fullest extent during the summer months. He deals also in Section 'D' with housing and reports on the Council's "unfit houses" programme which was temporarily slowed down by reason of the "credit squeeze".

Much work has been carried out during the year to enforce the provision of the Food Hygiene Regulations which are aimed at improving the hygiene of food establishments by the provision of better washing facilities, etc. Some details are given in Section 'C'.

13 cases of food poisoning were notified. A number of cases of Diarrhoea and Vomiting were brought to my notice during the summer in establishments in the coastal region, but investigation of specimens revealed no known food poisoning germs. It is possible that some of these cases were due to a virus infection but as viruses cannot be identified by ordinary laboratory methods it was impossible to be certain of the infective nature of these cases. Advice as to the hygiene of food handlers was given as this is the only sure method of preventing further cases. Our experience in this district seems to suggest that these non-specific cases are becoming more of a problem than recognised food poisoning.



The care of the handicapped, including mentally handicapped within the community continues to require thought, care and time from voluntary workers as well as from those concerned with the Statutory provisions. Much can be achieved by devoted interest and again I would like to commend the work of the Norfolk Association for the Care of the Handicapped. The importance of registration both with the County Council and the Voluntary Association should be urged on all handicapped people as without registration the benefits available cannot be brought to their notice.

It was necessary to take action under Section 47 of the National Assistance Act in two cases during the year. Two elderly men, who required treatment were conveyed to hospital and subsequent experience suggested that not only was this the correct step but was accepted as such by the individuals concerned.

The annual increasing number of boats using the Broads and the disposal of sewage from them into the water was mentioned in the last report. Bacteriological examination of the water at regular intervals presents problems, but it is hoped that a "bacteriological map" will eventually be produced showing the condition of the water at various time and in various places.

Every district in the country has its problem families, and on them are spent much time and work by many agencies. They produce at times even some acrimony, because there is a natural tendency to feel, that as they are the less reputable of the families in a neighbourhood, they should receive no priority over the hard working majority. Without constant attention, however and many a "leg up" their condition will inevitably deteriorate, and often better housing is essential as a first step in their rehabilitation, although a reluctance to grant this is understandable.

In Norfolk, the County Childrens Officer has been appointed the Co-ordinating Officer to deal with these cases and takes the chair at Problem Families Conferences. Case Conferences instituted in 1957 are held twice yearly in Area 1. At these meetings all difficulties associated with local problem families are discussed and decisions made regarding action to be taken in each case. The following departments and agencies are represented at these Conferences:-

Children's Department

Public Health Department  
(A.C.M.O's, Welfare Officers,  
Health Visitors, Home Help  
Organiser).

Education Department:

Social Services Department:

Probation Services:

Representatives from District  
Councils:

N.S.P.C.C.:

Norfolk Diocesan Council for  
Moral Welfare:

National Assistance Board.



The main task of the doctors in the Health Departments throughout 1958 was to carry out large numbers of poliomyelitis inoculations, and the administrative staff have had a very difficult time keeping pace with the demand for them. The uncertainty and irregularity of supplies - particularly supplies of British Vaccine - extension of the age groups eligible for vaccination, and the offer of choice between American and British brands added to the administrative difficulties. During the year a total of more than 8½ thousand people, including more than 8 thousand children, were inoculated against poliomyelitis in Area No.1. Approximately 75% of the children eligible for vaccination accepted the offer.

School children were inoculated by Medical Officers of the Health Department and General Practitioners also assisted with the inoculations for pre-school children and expectant mothers. They were very co-operative in working at sessions arranged for them either at their surgeries or on County Council premises.

Since the inception of the campaign in 1956, 11 thousand inoculations had been carried out in Area 1 by the end of 1958. Details are given in the table in the body of the report.

The majority of inoculations carried out during the year have been for poliomyelitis, but another danger has now been identified, particularly in East Anglia; This is the possibility of Tetanus which may follow injury, the injury sometimes being so trivial as to be disregarded. Fortunately active immunisation against the disease can now be carried out and this is preferable to the injection of serum following an injury, as serum gives merely temporary passive protection and is not itself without danger. Active immunity can be produced by 3-injections. The first and second at an interval of 3 to 12 weeks with the third after 2 to 12 months. This gives immunity for 5 years. Further protection can be given, if necessary by another injection in the event of injury. If it is over 5 years since the last booster a dose of serum (A.T.S.) is necessary while permanent immunity is being established.

During the winter months it is fortunately possible to combine the injections against tetanus with those against diphtheria and whooping cough in the "triple reagent", thus cutting down the number of injections which a baby requires in its first year of life.

In conclusion, I wish to thank the Chairman and Members of the Public Health Committee for their continued support, and the Clerk, Senior Public Health Inspector and members of the Public Health Department for their efficient help which have continued during this year as in previous ones.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

G.R. HOLTEY,

Medical Officer of Health.



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 1958 as 33,800 giving a population density of .45 per acre.

SUMMARY OF VITAL STATISTICS.

Area in acres	...	...	...	...	...	...	...	74,645
Population (Registrar-General's mid-June estimate)								33,800
No. of Inhabited Houses (1958) according to Ratebook								11,560
Rateable Value	...	...	...	...	...	...	...	£294,206
Estimated Net Produce of 1d. Rate	...	...	...	...	...	...	...	£ 1,130



# LIVE BIRTHS -

	Male	Female	Total
Legitimate	194	182	376
Illegitimate	<u>12</u>	<u>8</u>	<u>20</u>
Total	<u>206</u>	<u>190</u>	<u>396</u>

Live Birth Rate per 1,000 of estimated resident population -

Blofield & Flegg R.D. Crude Birth Rate 11.72

Standard Birth Rate 13.48

England and Wales " " " 16.4

# STILL BIRTHS -

	Male	Female	Total
Legitimate	6	3	9
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>6</u>	<u>3</u>	<u>9</u>

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

Blofield & Flegg R.D. 20.22

England and Wales 21.6

Total Live and Still Births - 405.

# INFANT MORTALITY - (Deaths of Infants under one year)

	Male	Female	Total
Legitimate	3	1	4
Illegitimate	<u>1</u>	<u>-</u>	<u>1</u>
Total	<u>4</u>	<u>1</u>	<u>5</u>

Infant Mortality per 1,000 Live Births -

Blofield & Flegg R.D. 12.63

England and Wales 22.6

Infant Mortality rate per 1,000 Live Births - Legitimate

Blofield & Flegg R.D. 10.64

Infant Mortality rate per 1,000 Live Births - Illegitimate

Blofield & Flegg R.D. 50.0



# NEO NATAL (first four weeks)--

	Male	Female	Total
Legitimate	3	1	4
Illegitimate	1	-	1
	<u>4</u>	<u>1</u>	<u>5</u>
Total	<u>4</u>	<u>1</u>	<u>5</u>

Illegitimate live births per cent of total live births -  
5.05%

## MATERNAL MORTALITY -

Deaths associated with Pregnancy, Childbirth, Abortion -  
Nil.

Maternal Mortality rate per 1,000 Live and Still Births -  
0.00

## DEATHS (all causes) -

	Male	Female	Total
	200	226	426

Death Rate per 1,000 of estimated resident population -

Blofield & Flegg R.D.	Crude Death Rate	12.6
	Standard Death Rate	7.94
England and Wales	" " "	11.7



BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY RATE FROM  
CERTAIN DISEASES IN THE YEAR 1958.

	England and Wales.	London and other Towns.	Blofield and Flegg R.D. (Standard Rates).
<u>Rates per 1,000 Population.</u>			
<u>Births:</u>			
Live Births.	16.4	16.7	13.48
Stillbirths.	21.6 (a)	20.2 (a)	20.22 (a)
<u>Deaths:</u>			
All causes (excluding Stillbirths).	11.7	11.8	7.94
Malignant Neoplasm lung, bronchus.	0.44	0.64	0.18
Whooping Cough.	-	-	-
Diphtheria.	-	-	-
Tuberculosis (all forms).	0.10	0.13	0.06
Influenza.	0.05	0.05	0.27
Acute Poliomyelitis.	-	-	-
Pneumonia.	0.54	0.70	0.53
Coronary and arterio- sclerotic heart disease.	1.86	1.84	1.47

Rates per 1,000 Live Births.

Infant Mortality.

All causes under 1 year.	22.6	22.6	12.63
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(a) per 1,000 total (live and still) births.



# INDIVIDUAL CAUSES OF DEATH.

	Male	Female	Total
1. Tuberculosis, respiratory	-	2	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	2	1	3
11. Malignant neoplasm, lung, bronchus	4	2	6
12. Malignant neoplasm, breast	-	9	9
13. Malignant neoplasm, uterus	-	4	4
14. Other malignant & Lymphatic neoplasms	17	22	39
15. Leukaemia Aleukaemia	1	2	3
16. Diabetes	1	2	3
17. Vascular lesions of nervous system	19	44	63
18. Coronary disease, angina	32	18	50
19. Hypertension with heart disease	1	4	5
20. Other heart disease	46	58	104
21. Other circulatory disease	9	8	17
22. Influenza	2	5	7
23. Pneumonia	13	5	18
24. Bronchitis	12	7	19
25. Other diseases of respiratory system	1	2	3
26. Ulcer of stomach and duodenum	6	1	7
27. Gastritis, enteritis and diarrhoea	1	2	3
28. Nephritis and Nephrosis	1	-	1
29. Hyperplasia of prostate	3	-	3
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	2	2
32. Other defined and ill-defined diseases	14	20	34
33. Motor vehicle accidents	4	-	4
34. All other accidents	8	4	12
35. Suicide	2	2	4
36. Homicide and operations of war	1	-	1
All causes	200	226	426



# NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1958

## ACCORDING TO AGE GROUPS.

	Male.	Female.	Total.
Under 1 year.	4	1	5
1 and under 5.	-	-	-
5 " " 10.	-	-	-
10 " " 20.	5	-	5
20 " " 30.	1	2	3
30 " " 40.	2	3	5
40 " " 50.	6	6	12
50 " " 60.	15	23	38
60 " " 70.	42	41	83
70 " " 80.	72	64	136
80 " " 90.	52	68	120
90 " " 100.	1	18	19
100 and over.	-	-	-
TOTALS	200	226	426

## INFANT MORTALITY (Under One Year).

Cause of Death.	Male.	Female.	Total.
Bronchopneumonia.	2	-	2
Congenital Heart Disease.	-	1	1
Prematurity.	2	-	2
TOTALS	4	1	5



VITAL STATISTICS OF THE DISTRICT FOR 1953 AND PREVIOUS YEARS.  
COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE PAST FIVE YEARS.

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
<u>Live Birth Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	15.2	15.0	15.6	16.1	16.4
Blofield and Flegg R.D.	12.43	12.20	13.62	13.11	13.48
<u>Still Birth Rate per 1,000</u> <u>total (live and still) births.</u>					
England and Wales.	23.5	23.2	22.9	22.5	21.6
Blofield and Flegg R.D.	22.04	27.47	31.33	20.62	20.22
<u>Death Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	11.3	11.7	11.7	11.5	11.7
Blofield and Flegg R.D.	10.46	12.83	9.59	9.36	7.94
<u>Infant Mortality Rate per 1,000</u> <u>live Births.</u>					
England and Wales.	25.5	24.9	23.8	23.1	22.5
Blofield and Flegg R.D.	25.35	22.60	12.44	15.79	12.63



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 (Tel. Norwich 22288). There are two Health Visitors and nine District Nurses with centres at the following places:-

Acle	Conservative Hall	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 Hall	Second Friday each month.
Hemsby	The Institute	Third Thursday each month.
Lingwood	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 and last Thursday each month.
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>Caister</u> <u>Parish</u> <u>Hall.</u>
Child Guidance Clinics	1	-	-
Dental Clinics	5	2	-
Minor Ailments Clinic	-	1	-
Speech Clinic	3	-	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 provisions 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.

Two cases were dealt with during the year. One case was removed to Hospital and the other case removed to County Home for Old People.



## Water Supply

### SECTION C.

At the end of 1958 a mains supply had been made available in all parishes within the District with the exception of Plumstead, Postwick, Somerton, Clippesby and Billockby and a few small outlying areas. Progress has continued throughout the year and within a short time it is expected that mains water will be available to almost all residents within the District. During the year 100 samples were taken from well supplies for chemical and bacteriological analysis. Of these 55 were certified to be unfit for consumption.

The Council has not as yet made use of the provisions of Section 30 of the 1945 Water Act. Full benefit is therefore not being received from the mains supply. Many families continue to draw water from wells yielding water of varying and doubtful quality which in some cases are situated at considerable distances from the dwellings and water is obtained only after several minutes effort with windlass and bucket.

## Sewerage.

The sewerage system for the parish of Thorpe St. Andrew was completed during the year and there remain within the parish only a few properties not capable of connection thereto. Steps are being taken to provide sewers in other of the more densely populated parishes.

This will be a notable step forward and will minimise the use of cesspool and septic tank installation.

## Collection and Disposal of Refuse.

A weekly collection from all pail closets within the area has been maintained throughout the year with strict regularity. Disposal of the wet refuse has however continued to present something of a problem, farmers generally being reluctant to receive this material for use as a manure. The service of collection by boat from certain riverside properties, unapproachable by road, was successfully maintained. Better storage facilities at the point of transfer from boat to vehicle is a matter which must receive attention.

There is an ever increasing quantity of dry refuse for collection and during 1958 7,200 tons were collected and disposed of. The arrangements for disposal are, in the coastal area, inadequate and unsatisfactory. Tipping takes place on land owned by a local farmer and nuisances from this tip have given rise to complaints. A more satisfactory site or method of disposal is required.



Dry refuse from Thorpe St. Andrew is disposed of by incineration. This is undoubtedly a very satisfactory and sanitary method of disposal. A similar installation in the coastal area would obviate the difficulties encountered year by year.

The service for the collection of dry refuse from the banks of the rivers and broads continued throughout the year with good effect. The continued co-operation of boat owners and users has made this possible. The river banks remained relatively free of litter and few complaints were received.

Cesspool emptying is carried out upon request, the charge being 15s. 0d. per load for the first 12 loads and 5s. 0d. per load thereafter. A fourth cesspool emptier was acquired earlier in the year, and this enabled the department to deal with requests expeditiously.

The disposal of liquid from cesspools continues to present a problem and in this respect the need for sewers and sewage disposal plants is evident. The influx of visitors from all parts of the country to the various camping sites and other holiday accommodation where drainage is to cesspool installations emphasises the need.

The potential danger from carriers of various infections is greater in the absence of sewers, thus it is pleasing to note that the Council has decided to proceed toward the installation of sewers in the larger parishes including the coastal area.

Seventeen vehicles were in use and thirty-five men were employed throughout the year in connection with the cleansing services.

#### Prevention of Damage by Pest Act, 1949.

Two full-time operators are employed by the Council and up-to-date methods of destruction are employed.

During the year 2,545 premises were visited for the purpose of survey and destruction.

After 1st April, 1959 the Ministry of Agriculture Fisheries and Food cease to provide a service for the destruction of rats on agricultural premises. The position in so far as infestation of farm premises is concerned will need to be kept in mind.



### Moveable Dwellings.

The popularity of the caravan as holiday accommodation continues and the number of caravans in use increases each year. During 1958 there were 21 licensed sites in use, accommodating 2,513 caravans.

All are provided with reasonably satisfactory sanitary facilities. Frequent inspections were made throughout the season. Action was taken against one site operator for non-observance of the "Conditions", as a result of which the site was brought up to the required standard.

### Public Conveniences.

The conveniences in the coastal area and at Ramworth were used to the fullest extent during the summer months. It is regretted that for very good reasons it has not been possible to proceed with the erection of additional accommodation. The absence of readily available accommodation creates conditions which are undesirable and a potential danger to health.

### Prevention of Disease by Test Act, 1949.



## SECTION D.

### HOUSING.

The Council's "Unfit Houses" programme was temporarily slowed down by reason of the "Credit Squeeze". As a result of action under the Housing Act, Demolition Orders were made in respect of 12 properties and two 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	...	...	...	817
Others	...	...	...	13
				<u>1,707</u>

Of the above 36 dwellings were completed during the year in the following parishes:-

Thorpe	...	...	...	20
Martham	...	...	...	16
				<u>36</u>

At the end of the year a further 36 dwellings were in course of construction and outstanding applications for Council house accommodation numbered 423.



## SECTION E.

### INSPECTION AND SUPERVISION OF FOOD.

#### Meat.

There were three licensed slaughterhouses in use throughout the year. 810 beasts, 528 sheep and 1,989 pigs were slaughtered and inspected. The standard of cleanliness at these premises has been satisfactory and the quality of the meat derived therefrom good. None of these premises comply with the revised Ministry standard and appropriate action will need to be taken.

A Knackers Yard has been erected in the District. This followed an Appeal by the owner against the refusal by the Planning Authority to permit its erection. This building replaces insanitary premises formerly in use.

#### 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 63 licences were issued authorising the special designation "Pasteurised" and 32 the special designation "Tuberculin Tested", in relation to milk sold within the area.

#### Food Premises.

As a result of informal action, sinks, washbasins, hot and cold water etc., as required by the Food Hygiene Regulations have been provided in a number of food premises. This work continues but the absence of main drainage restricts to a certain extent the full application of the provisions of the Regulations. A good standard of cleanliness was maintained at the various catering establishments within the area. This applies particularly at the holiday camps. Much work in this field remains to be done and routine inspection of food premises plays an important part in the work of the department. During the year over 500 visits were made to food premises. 198 premises are registered as required by Section 16 of the Food & Drugs Act, 1955. The one ice-cream factory continued to operate satisfactorily, 16 samples of ice-cream were taken from retailers and action taken in respect of unsatisfactory samples.

A small quantity of unsound food was dealt with and samples taken where necessary for examination.

A summary of visits for inspections under various headings made by members of the staff during the year is as follows:-

Bakehouses	9
Drains	301
Dwelling-houses	676
Factories	206
Food Preparation Premises	170
Ice-cream Premises	72
Moveable Dwellings	321
Nuisances	93
Outworkers	12
Piggeries	10
Public Cleansing	574
Pests	97
Conveniences	215
Restaurants	36
Tips	298
Shops (re meat etc)	13
Slaughterhouses	390
Special/Miscell.	564



Carcases and Offal inspected and condemned in whole or in part during 1958.

	Cattle Excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed (if knows)	810	66	11	528	1989	-
Number inspected	810	66	11	528	1989	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	6	8	6	9	17	-
Carcases of which some part or organ was condemned.	139	12	1	9	131	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	17.9	30.3	63.64	3.41	7.44	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	2	-	-	-	1	-
Carcases or which some part or organ was condemned.	25	4	-	-	11	-
Percentage of the number inspected affected with tuberculosis	3.33	6.06	-	-	.60	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned.	5	-	-	2	-	-
Carcases submitted to treatment by refrigeration.	-	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-	-



SECTION F.

PREVENTION AND CONTROL OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.  
NOTIFICATIONS (CORRECTED) DURING 1958, 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.	-	1	-	-	-	3	2	-	-	6
Whooping Cough.	3	-	2	1	1	3	1	-	2	13
Acute Poliomyelitis - Paralytic.	-	-	-	-	-	-	-	-	1	1
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-	-	-	-	-	-
Measles (excluding Rubella)	9	19	30	23	29	138	50	6	6	310
Diphtheria.	-	-	-	-	-	-	-	-	-	-
Dysentery.	-	-	-	-	-	-	-	1	-	1
Meningococcal Infection.	-	-	-	-	-	-	-	-	-	-
<b>TOTALS</b>	<b>12</b>	<b>20</b>	<b>32</b>	<b>24</b>	<b>30</b>	<b>144</b>	<b>53</b>	<b>7</b>	<b>9</b>	<b>331</b>

	Under 5 yrs.	5-14 yrs.	15-44 yrs.	45-64 yrs.	65 & over	Total
Acute Pneumonia.	1	1	3	10	3	18
Smallpox.	-	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	-	-	-	-
Acute Encephalitis - Post-Infectious.	-	-	-	-	-	-
Enteric or Typhoid Fever.	-	-	-	1	-	1
Paratyphoid Fevers.	-	-	-	-	-	-
Erysipelas.	-	-	1	1	2	4
Food Poisoning.	-	1	7	4	2	14
Puerperal Pyrexia.	-	-	4	-	-	4
Infective Hepatitis.	-	8	4	2	-	14
<b>TOTALS</b>	<b>1</b>	<b>10</b>	<b>19</b>	<b>18</b>	<b>7</b>	<b>55</b>



INCIDENCE OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES  
DURING 1958.

	QUARTERS				Total
	1st	2nd	3rd	4th	
Scarlet Fever.	2	-	1	3	6
Whooping Cough.	5	4	3	1	13
Acute Poliomyelitis - Paralytic.	1	-	-	-	1
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-
Measles (excluding Rubella).	22	242	24	22	310
Diphtheria.	-	-	-	-	-
Dysentery.	-	1	-	-	1
Meningococcal Infection.	-	-	-	-	-
Acute Pneumonia.	6	6	1	5	18
Smallpox.	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	-	-	-
Acute Encephalitis - Post-Infectious.	-	-	-	-	-
Enteric or Typhoid Fever.	-	1	-	-	1
Paratyphoid Fevers.	-	-	-	-	-
Erysipelas.	-	1	2	1	4
Food Poisoning.	-	1	6	7	14
Puerperal Pyrexia.	1	2	-	1	4
Infective Hepatitis.	-	-	9	5	14
TOTALS	37	258	46	45	386



TUBERCULOSIS - NEW CASES NOTIFIED DURING 1958.

	Respiratory.		Meninges & C.N.S.		Other.		Total.
	Male.	Female.	Male.	Female.	Male.	Female.	
Under 5 years.	-	1	-	-	-	-	1
5 to 14 years.	-	-	-	-	-	-	-
15 to 24 years.	3	-	-	-	-	-	3
25 to 44 years.	2	3	-	-	-	-	5
45 to 64 years.	3	1	-	-	-	1	5
65 years and over.	-	-	-	-	1	-	1
TOTALS	8	5	-	-	1	1	15

TUBERCULOSIS - NUMBER OF CASES ON REGISTER AT END OF 1958.

	Male.	Female.	Total.
Pulmonary.	116	83	199
Non-Pulmonary.	7	6	13
TOTALS	123	89	212

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

		1954.	1955.	1956.	1957.	1958.
Pulmonary.	M.	11	12	6	8	8
	F.	6	10	8	8	5
Non-Pulmonary.	M.	1	-	-	-	1
	F.	5	1	1	2	1
TOTALS		23	23	15	18	15



### DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 1.

YEAR	Primary Injections.				Booster Injections.		TOTALS.
	Under 1	%	Age 1 - 4	Age 5 - 14	Under 5	Age 5 - 14	
1958	305	44	61	9	53	55	483
1957	312	45	118	86	63	543	1122
1956	390	59	132	193	44	667	1426
1955	321	51	176	151	33	573	1254
1954	258	38	93	383	56	2075	2865

### VACCINATION AGAINST SMALLPOX.

Vaccination of children (under 5 years of age) during the last five years in Area No.1.

	1954	1955	1956	1957	1958
No. of live births registered.	682	631	662	685	694
No. of vaccinations recorded (0-4 years)	328	311	421	445	449
Percentage vaccinated.	48%	49%	64%	65%	65%

### VACCINATION AGAINST POLIOMYELITIS.

The following is the number of primary immunisation and booster injections given in Area No.1. since the introductions of the scheme in 1956.

Year	PRIMARY		BOOSTER		TOTALS
	Children born 1943 - 58.	Adults	Children born 1943 - 58.		
1958	6,665	225	1,707		8,597
1957	1,166	-	-		1,166
1956	167	-	-		167



## INFECTIOUS DISEASES.

### MEASLES.

Measles again headed the list of notified infectious diseases with 310 cases.

The Chief Medical Officer to the Ministry of Health has written that it is often said that notification of measles has long served its purpose as a war time measure of the health of children, and that the relevant regulations should be revoked. On the other hand, measles is a virus disease devoid in the main of grave consequences, liberally distributed and reasonably well notified, affording the Medical Officer of Health ample opportunity for epidemiological studies which may, in turn, throw light on other virus diseases characterised by droplet spread. Work in the United States of America suggests that ultimately it should be possible to develop a suitable measles vaccine.

In this country, careful scrutiny of notifications in one county borough has thrown doubt on the customary view that epidemics of measles recur biennially, or as some regard it, in biphasic form with major and minor phase in alternate years. The alternative theory is that measles may be more correctly considered as endemic, with notifications occurring in irregular waves throughout the years.

Our own figures are, of course very small compared with those of the big cities. From 1949 onwards, however, our monthly records are complete, and it may be of interest to tabulate them.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
1958	11	5	6	41	139	62	17	5	2	-	4	18	310
1957	23	152	91	18	23	55	124	52	29	47	2	4	620
1956	-	28	67	29	22	9	44	14	3	-	-	2	218
1955	-	2	2	4	1	16	6	-	4	1	1	-	37
1954	51	192	107	40	21	44	18	8	3	5	-	1	490
1953	13	16	10	16	15	31	32	36	-	-	1	26	196
1952	45	197	185	62	43	106	51	12	1	22	3	1	728
1951	3	5	1	2	1	17	49	29	10	2	1	9	129
1950	122	209	87	35	-	5	5	8	1	1	-	-	473
1949	-	-	-	-	8	4	10	15	8	3	80	45	173



#### PNEUMONIA.

There were 18 cases compared with 34 last year.

#### TUBERCULOSIS.

13 cases of pulmonary and 2 of non-pulmonary disease were notified, which is a slight decrease on the previous year. The milk supply of the 2 non-pulmonary cases was investigated, but found to be pasteurised.

#### WHOOPING COUGH.

13 cases were notified, 169 fewer than 1957. Immunisation against the disease is now becoming much commoner and it is to be hoped that serious cases will become a rarity.

#### FOOD POISONING.

13 cases were notified compared with 29 cases in 1957.

#### SCARLET FEVER.

6 cases were notified, less than half the number for the previous year.

#### DYSENTERY.

There was only one case notified compared with 7 in the previous year.

#### POLIOMYELITIS.

There was 1 paralytic case notified. This was a welcome decrease as the previous year there were 4 paralytic and 1 non-paralytic cases.

Evidence submitted to the Medical Research Council has suggested that the vaccines now in use give a protective rate of 80% which is a high percentage and seems to prove the value of the vaccine.



# FACTORIES ACTS, 1937 and 1948.

## Part I of the Act.

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

	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.	8	28	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Auth.	73	178	-	-
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding out-workers premises).	0	-	-	-
TOTAL	90	206	-	-

### (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)	-	-	-	-	-
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	37	19	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	-	-	-	-	-
TOTAL	37	19	-	-	-



PART VIII OF THE ACT.

WORK - (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.
Wearing - (Making etc. Apparel (Cleaning and washing.	21	-	-		-	-	-
Brush Making	1	-	-		-	-	-
Cosagues, Christmas Crackers, Christmas Stockings etc.	2	-	-		-	-	-
TOTAL	24	-	-		-	-	-



TOTAL

Christmas Stockings etc.,  
Carpenter, Christmas Ornaments,

British Maple

weaving.

Aluminum (Cleaning and

beating) (Mending etc.

Number of Work.

No (1)(c)	the General		supply judges.		in number of work		Section III	Section IV	Section V
	to Section	to the General	to supply judges.	to supply judges.	to supply judges.	to supply judges.			
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Section I - (Section II and III)

Part III of the Act







