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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 1960





# MEMBERS OF THE PUBLIC HEALTH COMMITTEE

## 1960

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*Vice-Chairman* - Councillor E. G. PITCHERS

### *Councillors :*

Mr. B. BARTRAM	Mr. S. R. HOWARD
Mr. J. R. BENSLEY, J.P. ( <i>Vice-Chairman of the Council</i> )	Mr. G. L. LANG
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## PUBLIC HEALTH DEPARTMENT, 1960

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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 :*

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

### *Deputy Public Health Inspector :*

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

### *Additional Public Health Inspector :*

G. H. ALLISON, A.R.S.H., M.A.P.H.I.

### *Senior Clerk :*

Mr. B. A. J. MUNRO

### *Junior Clerk :*

Mrs. B. WILLIAMS

# MEMBERS OF THE PUBLIC HEALTH EXHIBITION

1900

Mr. J. H. HARRIS

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## PUBLIC HEALTH DEPARTMENT

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RURAL DISTRICT COUNCIL OF BLOFIELD AND FLEGG

Council Offices,  
Acle, Norwich,  
NOR.61Z.

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 1960.

The Registrar General estimated the mid-year population  
as 35,020 compared with 34,420 last year. There were 425 live  
births and 470 deaths giving a natural decrease of 45. Thus there  
was a small movement of people into the district.

The principal causes of death were again cardio-vascular  
disease and the cancers. While the former is in many cases a  
disease of old age, coronary thrombosis is an increasing scourge  
of middle aged men. Since my last report scientific publications  
have thrown some doubt on the importance of animal fats as being a  
responsible factor. There are still many experts who feel that a  
diet too rich in animal fat is dangerous, and in the case of people  
who have had an attack of coronary thrombosis or have a strong  
family history of the condition the avoidance of too much fat would  
seem a wise precaution, but there is no definite proof as yet that  
a shortage of "essential fatty acids" is the main factor (it had  
previously been suggested that such a shortage was associated with  
a large amount of animal fat in the diet.)

There does not appear to be any doubt about the preventive  
value of exercise taken regularly. Sudden violent exertion in  
people not used to it, is of course not recommended.

Of the deaths from the various cancers, lung cancer still  
gives much cause for alarm. The following table showing deaths from  
lung cancer in England and Wales since the beginning of the century,  
speaks for itself:

1901	-	228	1936	-	3,432
1906	-	341	1946	-	8,110
1916	-	413	1956	-	18,186
1926	-	850			

In the early years, the diagnosis may have been missed in some cases,  
but there can be no doubt that there has been a real increase in  
incidence.



Air pollution is a possible factor in some cases, but the annual totals are still rising although air pollution is getting less. Excessive cigarette smoking is undoubtedly a responsible factor in lung cancer as in many cases of chronic bronchitis.

Deaths from drowning are terrible tragedies which occur every year. As you know, we have put up notices on the beaches warning of dangerous currents and sudden changes in the level of the shore where these are appropriate, or of the risk of swimming when the tide is going out. We have also put up life belts at various points.

Many thinking people, including boat owners are greatly concerned by the number of deaths from drowning on the Broads, and holiday makers are urged to wear life jackets which, in the case of hired boats are, or should be, provided free of charge. There should be one life jacket for every person on board but they are, of course individual items of clothing which must be fitted to the individual concerned. I understand that some hirers ask for a deposit for life jackets, and whilst this is understandable as they are quite valuable, it may mean that some large families do not take an adequate number. Certainly they should be held responsible for any life jackets lost or damaged as with other equipment, but if the special deposit could be done away with this might mean that the jackets would be worn by more people. It is, of course, difficult to make children keep life jackets on all the time, but how vitally important this is. We want to make it "the done thing" to wear a life jacket on the water - something which every expert does. They are obligatory for some types of racing craft. The modern brightly coloured jackets are probably attractive to most children, but there may perhaps be a place for a reasonably priced jacket for youngsters with a gay design, and perhaps even suitable pictures or slogans painted on. How about a life jacket equivalent to the "Davy Crockett" or the "Lone Ranger" outfits? Holiday makers also receive very good advice from various sources such as "stay with the boat which turns over, rather than strike out for the distant shore", but some of the deaths seem almost inexplicable. Young fit men, known to be good swimmers are included in the fatalities.

Safety measures on the boats themselves are also important, and many boat owners are engaged in thinking out ways of making their boats even safer. Low toe rails can be found on many boats already, but there are disadvantages in having a high rail running around the deck. A non-slip surface, however, is of value and it is encouraging to note that these are gradually becoming the rule on boats. The problem of providing something to grab hold of if one is unfortunate enough to fall into the water is a difficult one. In the past, a type of rubbing strake with loops as handholds has been tried, but any loop is liable to catch on projecting posts, nails, etc., and be torn away often with damage to the boat. Possibly some type of rubbing strake wide enough to provide a temporary handhold, or with indentations for fingers without actual loops might be helpful. Trailing ropes would also give something to clutch hold of, but they would be very untidy and probably have other disadvantages.



I think that a pamphlet prepared by the Council, giving advice as to how to cope with emergencies including the best modern methods of artificial respiration, might be welcomed by boat owners for distribution to customers. I could arrange to collaborate with others in the preparation of such a pamphlet if the Council feel it desirable.

Accidents on the roads are perhaps not such a peculiar problem of this area, but we have indeed our share. Crash helmets are becoming more common for motor cyclists, but one still sees numbers of people riding a motor cycle without one, sometimes without even a hat at all. This is silly foolhardy behaviour. In my opinion reputable safety belts should be fitted in all cars, for they have been shown to save injuries and deaths. They are, however, still expensive. Perhaps if more were bought, the price would come down.

A well-known surgeon has said that he has seen so many head injuries from accidents in cars that he now always wears a hat while driving. Almost any type of hat appears to give some protection, but specially designed flat hats with stiff brims are available which resemble closely ordinary headgear. It is misguided chivalry for a man to remove his hat while driving with a lady in the car.

From time to time there are difficult cases of elderly people living alone who are in need of care and attention beyond that which is available in their own homes. They very frequently refuse to consider going voluntarily into a County Home and the question arises as to whether compulsory action should be taken under Section 47 of the National Assistance Act. This requires an order from a Magistrate and the Petition of a General Practitioner and Medical Officer of Health. This is action which I, in common with most Medical Officers of Health, am very reluctant to take and I explore all other possible alternatives. Where Home Helps are available, they are employed, and the British Red Cross and other sources will frequently lend or give clothing and equipment. Unfortunately, some of these old people have been recluses for many years. They do not welcome any strangers and will sometimes not even accept a Home Help or a Nurse, or the conditions are sometimes so bad in the house that it is not fair to ask a Home Help to go in. There is one method of keeping such people in their own homes as long as possible - A meals on Wheels Service is of great benefit, and is already provided by the Women's Voluntary Service in Norwich and those areas of the county adjacent to the City. To provide such a service in rural districts is, of course, much more difficult, but food, together with warmth and adequate clothing is one of the essentials of life for these old folk, and I am exploring various methods of providing such a service, in isolated places where it is not already provided by kindly neighbours.



I have written a good deal in previous reports about the importance of immunisation and a good deal of my time is of course devoted to carrying out immunisation against poliomyelitis, tetanus, diphtheria, whooping cough, and vaccination against smallpox and tuberculosis. It is very satisfactory to report that for the second year in succession there were no notifications of poliomyelitis. Tetanus, unfortunately has not been eliminated simply because not everyone has been immunised against it. It is a simple, harmless and virtually painless procedure and is highly recommended for all who work on the land and indeed for everyone else as well, as some of the cases which have occurred have been in town dwellers. Recent outbreaks of diphtheria in London and Derby have shown that this disease is not yet conquered. It is vitally important to have children immunised against it, and to have a boosting dose on entering school. Vaccination against smallpox is also very important and so much less of a nuisance to children than to adults that first vaccination should be carried out prior to school entry, except in the case of children suffering from eczema. Following a successful first vaccination a repeat vaccination some years later can be carried out if necessary, and will cause very little disturbance.

This is not the place to give a detailed account of my work as the School Medical Officer for the Area, but it may be of interest to mention one or two innovations, particularly in connection with handicapped children. In the past, I have drawn attention to the importance of detecting deafness at as early an age as possible in young babies in order to allow speech to be developed normally. Recently, we have started a Clinic for the treatment of nocturnal enuresis or bed wetting. This is quite normal in children up to the age of about 4, though many children are dry before this. Where the condition persists beyond this age a visit to the Clinic may be helpful and for suitable cases an "enuresis alarm" can be loaned, or the parents shown how to make one. This is a simple mechanism which rings a bell when the bed is "wet" and very soon the child ceases to wet the bed at all when it is used. In spite of a few alarmist articles I know of no evidence that this treatment produces any undesirable effects.

In several Annual Reports I have drawn attention to the bad state of the teeth of children in this District. Bad teeth have not been confined to Norfolk of course; in fact, since the war the state of the nation's dental health seems to have been deteriorating, and I believe that this has been due to the excessive eating of sweet meats of various sorts. I am glad to see that in certain areas, there now seems to be the beginning of a reversal of this trend and some parents are becoming aware of the importance of teaching their children to clean their teeth after every meal or after eating anything sugary. I am hoping to arrange with the Head Teachers of schools for facilities for the children to clean their teeth after school meals. We were beginning to be known as a nation of people with false teeth. It would be an admirable thing if we were instead known as a nation of people who clean their teeth after every meal, and I am convinced that this would not be as difficult to carry out as is sometimes suggested. If the will is there, means can be found. Fluoridation of the water supply would, of course, greatly help to prevent dental caries, and one hopes that it will ultimately become general throughout the country.



I should like to express again my grateful thanks to 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 work carried out so conscientiously, as in previous years.

I have the honour to remain, Ladies and Gentlemen,

Your obedient Servant,

G.R. HOLBY,

Medical Officer of Health.

# Summary of Vital Statistics

Area in square miles	74.531
Population (Estimated 1900)	12,000
No. of inhabited houses (1900) according to Census	2,500
Estimated Net Product of 15. Rate	1.00



## SECTION A.

### NATURAL AND SOCIAL CONDITIONS.

Area - (in acres) 74,531. 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 numbering increasing each year; it includes a large area of the 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 1960 as 35,020 giving a population density of .46 per acre.

### SUMMARY OF VITAL STATISTICS.

Area in acres	...	...	...	...	...	...	74,531
Population (Registrar-General mid-June estimate)	...	...	...	...	...	...	35,020
No. of Inhabited Houses (1960) according to Ratebook ..	...	...	...	...	...	...	12,288
Rateable Value ....	...	...	...	...	...	...	£361,618
Estimated Net Produce of 1d. Rate ...	...	...	...	...	...	...	£ 1,450

# LIVE BIRTHS -

	Male	Female	Total
Legitimate	205	204	409
Illegitimate	7	9	16
Total	<u>212</u>	<u>213</u>	<u>425</u>

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

Blofield & Flegg R.D. - Crude Birth Rate 12.14

Standard Birth Rate 13.35

England and Wales Standard Birth Rate 17.10

# STILL BIRTHS -

	Male	Female	Total
Legitimate	7	7	14
Illegitimate	-	-	-
Total	<u>7</u>	<u>7</u>	<u>14</u>

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

Blofield & Flegg R.D. 24.22

England and Wales 19.70

Total Live and Still Births - 439

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

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

Infant Mortality per 1,000 Live Births -

Blofield & Flegg R.D. 11.76

England and Wales 21.70

Infant Mortality rate per 1,000 Live Births - Legitimate

Blofield & Flegg R.D. 9.41

Infant Mortality rate per 1,000 Live Births - Illegitimate

Blofield & Flegg R.D. 62.5



# NEO NATAL (first four weeks) -

	Male	Female	Total
Legitimate	2	1	3
Illegitimate	-	-	-
Total	<u>2</u>	<u>1</u>	<u>3</u>

Neo-natal Mortality rate (deaths under 4 weeks per 1,000 total live births) - 7.05

Early neo-natal Mortality rate (deaths under 1 week per 1,000 total live births) - 4.70

Perinatal Mortality rate - 36.44

Illegitimate live births per cent of total live births -

3.76%

## 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
	229	241	470

Death Rate per 1,000 of estimated resident population -

Blofield & Flegg R.D.	Crude Death Rate	13.42
	Standard Death Rate	10.19
England and Wales	Standard Death Rate	11.50

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY RATE FROM  
CERTAIN DISEASES IN THE YEAR 1960.

	England and Wales.	London and other Towns.	Blofield & Flegg R.D. (Standard Rates).
<u>Rates per 1,000 Population.</u>			
<u>Births:</u>			
Live Births.	17.1	17.8	13.35
Stillbirths.	19.8 (a)	17.9 (a)	24.22 (a)
<u>Deaths:</u>			
All causes (excluding Stillbirths).	11.5	11.4	10.19
Malignant Neoplasm lung, bronchus.	.48	.70	.32
Whooping Cough.	.00	.00	-
Diphtheria.	.00	.00	-
Tuberculosis (all forms)	.07	.08	.06
Influenza.	.02	.01	-
Acute Poliomyelitis.	.00	.00	-
Pneumonia.	.55	.65	.75
Coronary and arterio- sclerotic heart disease.	2.01	2.02	1.29
<u>Rates per 1,000 Live Births.</u>			
<u>Infant Mortality.</u>			
All causes under 1 <sup>st</sup> year	21.9	21.6	9.41
(a) per 1,000 total (live and still) births.			



# INDIVIDUAL CAUSES OF DEATH.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1. Tuberculosis, respiratory	2	-	2
2. Tuberculosis, other	-	1	1
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	-	-	-
10. Malignant neoplasm, stomach	3	3	6
11. Malignant neoplasm, lung, bronchus	16	1	17
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	5	5
14. Other malignant & Lymphatic neoplasms	22	28	50
15. Leukaemia Aleukaemia	1	-	1
16. Diabetes	4	-	4
17. Vascular lesions of nervous system	32	39	71
18. Coronary disease, angina	33	27	60
19. Hypertension with heart disease	1	5	6
20. Other heart disease	46	70	116
21. Other circulatory disease	5	9	14
22. Influenza	-	-	-
23. Pneumonia	13	21	34
24. Bronchitis	4	2	6
25. Other diseases of respiratory system	2	1	3
26. Ulcer of stomach and duodenum	1	1	2
27. Gastritis, enteritis and diarrhoea	-	2	2
28. Nephritis and Nephrosis	3	1	4
29. Hyperplasia of prostate	8	-	8
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	3	1	4
32. Other defined and ill-defined diseases	19	14	33
33. Motor vehicle accidents	5	1	6
34. All other accidents	2	6	8
35. Suicide	3	-	3
36. Homicide and operations of war	1	-	-
All causes	229	241	470

NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1960.

ACCORDING TO AGE GROUPS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Under 1 year	4	1	5
1 and under 5	-	1	1
5 " " 10	1	2	3
10 " " 20	3	1	4
20 " " 30	3	1	4
30 " " 40	5	4	9
40 " " 50	7	7	14
50 " " 60	29	15	44
60 " " 70	41	34	75
70 " " 80	73	73	146
80 " " 90	50	79	129
90 " " 100	13	23	36
100 and over	-	-	-
 TOTALS	 229	 241	 470

INFANT MORTALITY (Under One Year).

<u>Cause of Death.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Prematurity with maternal eclampsia	1	-	1
Prematurity with congenital heart disease	-	1	1
Broncho pneumonia	2	-	2
Intestinal obstruction with broncho pneumonia	1	-	1
 TOTALS	 4	 1	 5



VITAL STATISTICS OF THE DISTRICT FOR 1960 AND PREVIOUS YEARS  
COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE PAST FIVE YEARS.

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
<u>Live Birth Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	15.6	16.1	16.4	16.5	17.1
Blofield and Flegg R.D.	13.62	13.11	13.48	14.24	13.35
<u>Still Birth Rate per 1,000</u> <u>total (live and still) births.</u>					
England and Wales.	22.9	22.5	21.6	20.7	19.7
Blofield and Flegg R.D.	31.33	20.62	20.22	20.7	24.22
<u>Death Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	11.7	11.5	11.7	11.6	11.5
Blofield and Flegg R.D.	9.59	9.36	7.94	6.26	10.19
<u>Infant Mortality Rate per</u> <u>1,000 live Births.</u>					
England and Wales.	23.8	23.1	22.5	22.0	21.7
Blofield and Flegg R.D.	12.44	15.79	12.63	9.16	11.76



## 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 22268). 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	Second and last Wednesday each month (Doctor attends last Wednesday).
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)	Roxley	Second Thursday each month.
Thorpe (2)	St. Williams C.P. School Horsa Block	Every Wednesday. (Doctor attends second and third Wednesday).
Winterton	Church Hall	Last Friday each month.

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

#### Other Treatment Centres.

Treatment Centres are held weekly 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 Hall.</u>
Child Guidance Clinics	1	-	-
Dental Clinics	4	6	-
Minor Ailments Clinic	-	1	-
Speech Clinio	4	-	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

Nil cases.



## SECTION C.

### Water Supply.

The installation of water mains in the remaining parishes within the District is in progress and within the very near future all parishes will have a mains supply available.

During the year 58 samples of water were taken for chemical and bacteriological analysis from shallow wells, of these 34 were certified to be unfit for consumption. Many properties continue to receive supplies from shallow wells and appropriate action is being taken where necessary in accordance with the provisions of Section 30 of the 1945 Water Act to require a connection to the mains supply.

### Sewerage.

Progress continues toward the preparation of the sewerage scheme for the parishes of Brundall and Blofield but no starting date can as yet be given. There is without question an urgent need for sewers in the larger and more densely populated parishes. The continued use of numerous cesspools the contents of which are ultimately disposed of into soakpits or on open land is far from satisfactory and creates a positive health hazard. Now that water mains have been installed and the use of an adequate supply of water for domestic and other purposes is the accepted practice, it becomes increasingly important to provide an adequate means of conveyance and disposal of the resultant sewage.

### Collection and Disposal of Refuse.

The weekly collection of wet refuse from pail closets within the area has been maintained but disposal continues to create problems. As the number of houses erected continues to increase it is inevitable that areas of land well removed from houses continue to decrease and it is becoming difficult and almost impossible to find suitable isolated sites for the disposal of this very offensive material. A number of complaints were received and could not be satisfactorily dealt with.

The fluctuation in the population arising from the holiday visitors, the continued increase in the number of properties to be served, plus the ever increasing amount of refuse deposited for collection has meant that during the year regular collection of dry refuse from all properties has not been strictly maintained. Many complaints were received from householders in the more rural parishes where a not more frequent than a once fortnightly service is in operation. It is undoubtedly the desire of many residents that a not less frequent service than once weekly should be in operation.



A total of 8484 tons of dry refuse was collected and disposed of. The arrangements for disposal in the coastal area remains the same as during 1959. Your staff has made many enquiries concerning another tip but it would appear that transporting the refuse to Martham tip will ultimately have to be relied upon. This will involve considerable additional cost but it is questionable whether the installation of an incinerator, similar to that in use at Thorpe which appears to be the only alternative, would be less costly.

During the year screens were provided for the bins placed at points along the river banks for boat users. These have proved most useful and have almost eliminated the nuisances of scattered litter due to paper being blown from the bins. The banks remained tidy and no complaints were received.

During the year a total of 7445 loads (approximately 6 $\frac{1}{4}$  million gallons of sewage) were removed from cesspools and similar installations. The service is carried out upon receipt of a written request the charge being 15/0d. per load for the first 12 loads and 5/0d. per load thereafter for any single property during each financial year. A charge of 21/0d. per load is made in the case of properties capable of connection to the sewer.

The cesspool emptiers were in continuous use throughout the year but the need for an additional plant became evident and five are now in use. As mentioned previously in this report, the disposal of such a large volume of sewage, in the absence of sewers, is becoming almost impossible particularly during wet weather, and attention must be given to this matter if the service is to continue to operate.

18 vehicles were in use and 42 men were employed in connection with the various services. Suitable labour for the wet refuse collection service is becoming increasingly difficult to obtain.

#### Moveable Dwellings.

During August, 1960 a count revealed that there were 3500 caravans and 1617 tents in use within the District. These were stationed on 94 sites. The Caravan Sites and Control of Development Act, 1960 came into operation in September, 1960. It is extremely useful legislation but it does very little to help local authorities in holiday areas, to satisfactorily and in a reasonable manner, deal with the touring caravan or the caravan owners who wish to park for a short period.



Much work has been done but much remains to be done in connection with bringing up to the required standard the many caravan sites within the area. During the peak period of late July many visitors arrived from inland towns and almost overnight hundreds of tents were erected on unlicensed sites. The problems created are difficult to deal with and temporary sanitary accommodation and waste water disposal points were provided but in most instances proved totally inadequate. It is essential that adequate provision in advance of demand be arranged in future but this can only be achieved by the co-operation of the site operators and advance knowledge of sites to be used. The existing legislation is insufficient to enforce the provision of satisfactory accommodation.

### Public Conveniences.

During the year an additional public convenience was erected at Winterton-on-Sea. Those at other points were used to capacity and it is not necessary to point out that those at Hemsby once again proved to be insufficient for the need.

Vandalism accounted for a small amount of damage but nothing of a serious nature. Many hours of your officer's time was spent travelling to the conveniences to free jammed locks and some alteration in the present system of dealing with the coin locks is necessary to avoid this occurrence.



SECTION 'D'

HOUSING.

Council Houses.

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

Under the Housing Acts:-

Pre-War	...	...	...	...	...	899
Post-War	...	...	...	...	...	857
Others	...	...	...	...	...	14
						<u>1,770</u>

Of the above 42 dwellings were completed during the year in the following parishes:-

Gt. Ormesby	...	...	...	...	24
Hemsby	...	...	...	...	8
Stokesby	...	...	...	...	4
Repps	...	...	...	...	4
Thurne	...	...	...	...	2
					<u>42</u>

At the end of the year no dwellings were in course of construction and outstanding applications for Council house accommodation numbered 475.

As a result of action under the Housing Act, Demolition Orders were made in respect of 40 properties, Closing Orders in respect of 7 and 1 Undertaking accepted.

Corrigenda:- Under summary of visits please read

Bakehouses	4
Outworkers	12



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INSPECTION AND SUPERVISION OF FOOD.Meat Inspection.

Two slaughterhouses were in use throughout the year. 836 beasts 742 sheep and 1927 pigs were slaughtered and inspected. Neither premises complied with the standard as laid down in the Slaughterhouse (Construction) Regulations. One is to be replaced by new premises nearing completion and in the second case repairs and improvements are to be undertaken by the owner. The standard of cleanliness of the slaughterhouses was satisfactory and the quality of the meat derived therefrom good.

Milk.

During the year 62 licences were issued authorising the special designation "Pasteurised" and 36 the special designation "Tuberculin Tested" in relation to milk sold within the area. Legislation relative to the issue of licences in respect of designated milk transfers this function from the District Council to the County Council as from 1st October, 1960. Registration of milk distributors remains the duty of the District Council.

Food Premises.

360 inspections were made of food premises and generally a good standard of cleanliness was maintained. There were however a few cases in which informal action was taken to effect improvement.

233 premises are registered as required by Section 16 of the Food and Drugs Act, 1955.

12 samples of ice-cream were taken for bacteriological examination. Of these 10 were certified as satisfactory. Action was taken in respect of the remainder. One ice-cream factory producing a well known product, which is widely distributed throughout the County was operated satisfactorily. Samples taken at the point of production were certified Grade 1.

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

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

Bakehouses.	-
Drains.	298
Dwellinghouses.	982
Factories.	63
Food Preparing Premises.	165
Ice-Cream Premises.	31
Moveable Dwellings.	401
Nuisances.	29
Outworkers Premises.	-
Piggeries.	2
Public Cleansing.	759
Pests.	194
Conveniences.	149
Restaurants.	21
Refuse Tips.	276
Shops (re: meat etc.)	23
Slaughterhouses.	406
Special/Miscellaneous.	748



CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR  
IN PART DURING 1960.

	<u>Cattle</u> <u>Excluding</u> <u>Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep</u> <u>and</u> <u>Lambs.</u>	<u>Pigs.</u>	<u>Horses.</u>
Number killed (if known)	752	77	7	742	1927	-
Number inspected	752	77	7	742	1927	-
<u>All diseases except</u> <u>Tuberculosis and</u> <u>Cysticerci.</u>						
Whole carcasses condemned.	-	4	-	1	1	-
Carcases of which some part or organ was condemned.	216	21	1	11	143	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	28.72	32.46	14.28	1.61	7.47	-
<u>Tuberculosis only</u>						
Whole carcasses condemned.	-	-	-	-	-	-
Carcases of which some part or organ was condemned.	11	-	-	-	59	-
Percentage of the number inspected affected with tuberculosis.	1.46	-	-	-	3.06	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned.	8	-	-	-	-	-
Carcases submitted to treatment by refrigeration.	8	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-	-

SECTION 'F'

PREVENTION AND CONTROL OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.  
NOTIFICATIONS (CORRECTED) DURING 1960, 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	1	2	8	34	7	2	2	57
Whooping Cough.	3	2	2	3	1	25	2	-	-	38
Acute Poliomyelitis - Paralytic.	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-	-	-	-	-	-
Measles (excluding Rubella).	7	16	36	31	37	197	26	4	-	354
Diphtheria.	-	-	-	-	-	-	-	-	-	-
Dysentery.	-	-	-	-	2	14	34	23	11	84
Meningococcal Infection.	1	-	-	-	-	-	-	-	-	1
<b>TOTALS</b>	<b>11</b>	<b>19</b>	<b>39</b>	<b>36</b>	<b>48</b>	<b>270</b>	<b>69</b>	<b>29</b>	<b>13</b>	<b>534</b>

	Under 5 yrs.	5-14 yrs.	15-44 yrs.	45-64 yrs.	65 & over.	Total.
Acute Pneumonia.	1	2	4	10	16	33
Smallpox.	-	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	1	-	-	1
Acute Encephalitis - Post- Infectious.	-	-	-	-	-	-
Enteric or Typhoid Fever.	-	-	-	-	-	-
Paratyphoid Fevers.	-	-	-	-	-	-
Erysipelas.	-	-	-	1	2	3
Food Poisoning.	1	-	3	2	-	6
Puerperal Pyrexia.	-	-	3	-	-	3
Infective Hepatitis.	-	8	4	1	-	13
Malaria.	-	-	1	-	-	1
Ophthalmia Neonatorum	1	-	-	-	-	1
<b>TOTALS</b>	<b>3</b>	<b>10</b>	<b>16</b>	<b>14</b>	<b>18</b>	<b>61</b>



INCIDENCE OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES  
DURING 1960.

	QUARTERS				Total.
	1st.	2nd.	3rd.	4th.	
Scarlet Fever.	28	11	9	9	57
Whooping Cough.	5	-	13	20	38
Acute Poliomyelitis - Paralytic.	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-
Measles (excluding Rubella).	71	40	26	217	354
Diphtheria.	-	-	-	-	-
Dysentery.	35	46	3	-	84
Meningococcal Infection.	1	-	-	-	1
Acute Pneumonia.	13	5	3	12	33
Smallpox.	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	1	-	1
Acute Encephalitis - Post Infectious.	-	-	-	-	-
Enteric or Typhoid Fever.	-	-	-	-	-
Paratyphoid Fevers.	-	-	-	-	-
Erysipelas.	-	2	1	-	3
Food Poisoning.	1	2	3	-	6
Puerperal Pyrexia.	3	-	-	-	3
Infective Hepatitis.	2	1	3	7	13
Malaria.	-	1	-	-	1
Ophthalmia Neonatorum.	-	1	-	-	1
TOTALS.	159	109	62	265	595



TUBERCULOSIS - NEW CASES NOTIFIED DURING 1960.

	Respiratory.		Meninges & C.N.S.		Other.		Total.
	Male.	Female.	Male.	Female.	Male.	Female.	
Under 5 years.	1	1	-	-	-	-	2
5 to 14 years.	1	-	-	-	-	-	1
15 to 24 years.	-	1	-	-	-	-	1
25 to 44 years.	1	3	-	-	-	-	4
45 to 64 years.	2	1	-	-	-	-	3
65 years and over.	1	2	-	-	2	1	6
TOTALS	6	8	-	-	2	1	17

TUBERCULOSIS - NUMBER OF CASES ON REGISTER AT END OF 1960.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Pulmonary.	117	83	200
Non-Pulmonary.	8	6	14
TOTALS	125	89	214

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

		<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
Pulmonary.	M	6	8	8	9	6
	F	8	8	5	4	8
Non-Pulmonary.	M	-	-	1	1	2
	F	1	2	1	-	1
TOTALS		15	18	15	14	17



## 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.	<u>Primary Injections</u>				<u>Booster Injections</u>		TOTALS.
	Under 1	%	Age 1 - 4	5 - 14	Under 5	Age 5 - 14	
1960	463	67	175	238	37	1046	1959
1959	358	50	64	15	20	53	510
1958	305	44	61	9	53	55	483
1957	312	45	118	86	63	543	1122
1956	390	59	132	193	44	667	1426

## VACCINATION AGAINST SMALLPOX.

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

	1956	1957	1958	1959	1960
No. of live births registered.	662	685	694	713	692
No. of vaccinations recorded (0 - 4 yrs)	421	445	449	375	445
Percentage vaccinated	64%	65%	65%	53%	64%

## VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 1 since the introduction of the scheme in 1956.

Year.	<u>Primary.</u>			<u>Booster.</u>		
	Children under 15 yrs.	Adult	Total	Children under 15 yrs.	Adults	Total
1960	786	1201	1987	1400	2102	3502
1959	1759	2311	4070	5793	1231	7024
1958	6665	225	6890	1707	-	1707
1957	1166	-	1166	-	-	-
1956	167	-	167	-	-	-
TOTALS	10543	3737	14280	8900	3333	12233



### Measles.

354 cases were notified as against 235 last year. The advent of a vaccine against this disease is still being looked for in this country and I hope will be with us before long.

### Dysentery.

84 cases were notified compared with 10 last year. This illustrates how important constant vigilance against this recurring scourge must be.

### Scarlet Fever.

57 cases were notified compared with 38 last year. My notes last year about the importance of this condition because of its complications and about continued value of notification still applies.

### Whooping Cough.

38 cases were notified compared with 13 last year. This slight rise is unfortunate, but generally speaking the disease is less serious and immunisation against it usually in the form of the "triple" vaccine is strongly recommended.

### Pneumonia.

33 cases were notified compared with 66 last year.

### Infective Hepatitis.

13 cases compared with 11 last year. There seems to be a "pocket" of this infection in the district.

### Food Poisoning.

6 cases were notified compared with 13 last year, a welcome fall.

### Erysipelas.

3 cases were notified compared with 5 last year. This disease is caused by the same germ as causes Scarlet Fever and streptococcal sore throat.

### Puerperal Pyrexia.

3 cases were notified, the same as last year.

### Tuberculosis.

15 cases of pulmonary and 3 of non-pulmonary disease were notified, as against 13 and 1 respectively in 1959. The milk supplies of the non-pulmonary cases were investigated but found to be pasteurised.

### Poliomyelitis.

It is a pleasure to report that for the second year in succession no cases were notified.



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.	11	11	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Auth.	83	52	-	-
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding Outworkers premises).	11	-	-	-
<b>TOTALS.</b>	<b>105</b>	<b>63</b>	<b>-</b>	<b>-</b>

- (2) Cases in which DEFECTS were found

Particulars.	Found.	Remedied.	<u>Referred.</u>		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.	3	3	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	-	-	-	-	-
<b>TOTALS</b>	<b>3</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>



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.
Wearing	(Making etc.	9	-	-	-	-	-
Apparel	(Cleaning and washing.	-	-	-	-	-	-
Brush Making.		-	-	-	-	-	-
Cosagues, Christmas Crackers, Christmas Stockings etc.		8	-	-	-	-	-
TOTALS.		17	-	-	-	-	-

(1) Inspection for...  
 made by Public Health...

(2) Facilities for...  
 ...and ...

(3) Facilities for...  
 ...in which ...

(4) Other ...  
 ...and ...

(5) ...  
 ...and ...

(6) ...  
 ...and ...

(7) ...  
 ...and ...

(8) ...  
 ...and ...

(9) ...  
 ...and ...

(10) ...  
 ...and ...

(11) ...  
 ...and ...

(12) ...  
 ...and ...





