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Contributors

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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 1969

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Medical Officer of Health:

DR. 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.R.S.H., F.A.P.H.I. (to 31st May)
G. A. WEBB, M.A.P.H.I. (from 9th June)

Deputy Senior Public Health Inspector:

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

Additional Inspectors:

G. H. ALLISON, A.R.S.H., M.A.P.H.I.
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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 1969. The Registrar General estimates the mid-year population as 43,410 compared with 42,130 last year. There were 671 live births and 568 deaths giving a natural increase of 103. There was thus a movement into the district of 1,177 people.

The standardised birth rate was 19.9 per thousand population and the death rate 9.8. There were 671 live births of which 6.26% were illegitimate. There were eight deaths under the age of four weeks and a total of ten under one year. The infant mortality rate was 15.0 per thousand live births.

There were no maternal deaths associated with childbirth.

There has always been a close affinity between agriculture and medicine but although there has been affinity there has been little link. A link should certainly be forged, for health is undoubtedly dependent on nutrition, and medicine should by definition be concerned with health, although too often it seems more concerned with treatment than with prevention.

Previous introductions to this report have made comments about nutrition and this could be dealt with in more detail, but it is proposed on this occasion to comment on some diseases common to man and animals. This, of course, impinges on farm safety, a subject on which medicine should be always ready to give advice.

In these days of computers and space travel man's stupendous achievements in the technical field are very obvious and very wonderful, although his limitations in some other fields such as, for example, international relations, are equally remarkable.

Unfortunately, an increasingly urban civilization easily loses sight of man's relationship to other animals. We, in this part of the country, being closer to basic realities, are less likely to forget our similarities to them, which are as striking as our enormous superiority.

Nevertheless, it sometimes comes as a surprise that the creature which can build aeroplanes, write symphonies and look before and after, has many of the same ailments as other animals. The Public Health Service is perhaps as close as any other branch of medicine to the Veterinary Profession, yet it was only recently that I was reminded that dogs, as well as man, can suffer from diabetes.

Of course no dog can realise this or work out any treatment. We alone have insight, practically alone the ability to form abstract concepts by which problems are solved, and alone the need to stretch out in faith beyond creation.

Some of the germs which can pass from animals to man (and also in the reverse direction) are members of the Salmonella or food poisoning group. Salmonella typhi and S. paratyphi, causing typhoid and paratyphoid fevers, are fortunately rare, but the commonest cause of food poisoning in man is called, confusingly, S. typhi-murium. Man is infected frequently by his fellows but this and several other strains are common to man and cattle, pigs, poultry, mice, etc. Unfortunately, a case may excrete the germ for a long time after clinical recovery and treatment is of little value in preventing this excretion.

Tetanus germs are found in the gut of some animals including the horse, thus heavily manured soil may contain them and in the spore form they can remain dormant in the soil for a long time but give rise to tetanus in a human, particularly if a deep penetrating wound is infected. Active immunisation will protect against tetanus, a primary course of three injections, followed by two 'boosters' at five to ten year intervals, is satisfactory. Most children now receive these in babyhood and at school, but some adults are unprotected.

Rats are pests in several ways. A not very common but very unpleasant disease which they spread is Weil's disease or leptospirosis. They do not seem to be seriously affected themselves but older animals in particular may become carriers and pass the germ in the urine. The germ can only live in damp and alkaline conditions (salt water and acid solutions will kill it) but it can enter the human body through cuts and scratches and through the mucous membranes of the eye and nose. There is thus a danger in bathing in rat infested stagnant water.

Brucellosis, or infection with brucella germs, causes infectious abortion in cattle and undulant fever in man. While Veterinary Surgeons are especially at risk, anyone who drinks raw milk may become infected. Pasteurisation renders it safe but on the farm some milk may not be sent for pasteurisation but may be drunk by the family and by employees.

Rabies is a deadly disease which is a scourge in some parts of the Continent. We have been spared from it in the past largely by our quarantine regulations for imported animals.

There was a case of rabies in a cat in the Rural District during the year and a human being was bitten. Fortunately prompt despatch of vaccine from London, and its repeated injection by the family doctor, prevented the disease from occurring.

Anthrax is uncommon in man but may be acquired from the carcase of an infected animal, from hides and from bone meal used in horticulture.

Ringworm may be acquired from animals but is not usually very serious.

Shell fish can be dangerous because they can concentrate typhoid organisms in a sewage outfall.

Popular urticaria, or heat spots, are more likely to be due to insects such as fleas, for example, from domestic pets, than from eating an excess of strawberries or plums. There may not be much sign of the insect bites visible, as the condition results from allergy to previous bites.

Some other insects, in particular flies, can of course spread disease, because excrement and human food are alike attractive to them and they alight on one and then on the other carrying germs with them.

These are only a few of the diseases acquired from animals which are much commoner in tropical areas.

For several years now this report has mentioned the serious risks run by smokers, particularly cigarette smokers. That this year they have not been mentioned first does not mean that **cigarettes are** not a prime cause of death and disability, in fact they certainly are.

Perhaps a few recent quotations will suffice on this occasion, for example - the Surgeon General of the United States Public Health Service -

"The proposition that cigarette smoking is hazardous to human health is no longer controversial."

and the Chief Medical Officer of the Department of Health and Social Security -

"Cigarette smoking is believed to be responsible for nine out of ten lung cancer deaths, three out of four deaths due to chronic bronchitis and one out of four deaths due to coronary heart disease."

It is, in my opinion, wrong for anyone to have anything to do with the encouragement of young people to smoke, by example or precept, but the problem should not be approached in an entirely negative way. Many fine intelligent people smoke. Most wish that they did not do so but cannot stop, or find it difficult to stop. For them any reduction in the numbers smoked is beneficial and a change to a pipe or cigars an advantage.

Hypothermia, or cold injury, is still a possible hazard for some elderly people during the winter. The situation is summarised in the official publication 'Health Trends', for February, 1970 -

"The most hopeful approach to the problem lies in prevention and early recognition. Factors of risk include great age, isolation, malnutrition, thin build, cold surroundings and conditions reducing or abolishing muscular activity."

Mr. A.G. Lake retired on the 31st May, 1969, having been with the Council since the 18th September, 1944, and as Senior Public Health Inspector from the 1st January, 1954. I should like to express my personal appreciation of his work with me.

Mr. Lake was succeeded as Senior Public Health Inspector on the 9th June, 1969, by Mr. G.A. Webb, who came to us from Hambledon Rural District, having previously worked with Bacup Borough in Lancashire and also with Worksop Rural District Council, Nottinghamshire.

I would like to thank the Chairman and members of the Public Health Committee for their continued interest and the Staff of the Department for their loyalty and conscientious work. As mentioned last year these expressions are not mere formalities.

I remain, Ladies and Gentlemen,

Your obedient servant,

G.R. HOLTBY

Medical Officer of Health

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 numbers 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 1969 as 43,410 giving a population density of approximately .57 per acre.

SUMMARY OF VITAL STATISTICS

Area in acres	...	...	...	...	...	...	...	74,531
Population (Registrar-General mid-June estimate)	...	...	...	...	...	...	...	43,410
No. of Inhabited Houses (1968) according to Ratebook	...	...	...	...	...	...	...	16,124
Rateable Value	...	...	...	...	...	...	...	£1,310,810
Estimated Net Produce of ld. Rate	...	...	...	...	...	...	...	£5,450

LIVE BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	343	286	629
Illegitimate	23	19	42
Total	<u>366</u>	<u>305</u>	<u>671</u>

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

Blofield and Flegg R.D.	Crude Birth Rate	15.5
	Standard Birth Rate	19.2
England and Wales	Standard Birth Rate	16.3

STILL BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	7	8
Illegitimate	-	1	1
Total	<u>1</u>	<u>8</u>	<u>9</u>

Still Birth Rate per 1,000 total live and still births -

Blofield and Flegg R.D.	...	...	...	...	13.0
England and Wales	...	...	...	...	13.0
Total live and still births	...	...	...	...	680

INFANT MORTALITY (Death of infants under one year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	4	4	8
Illegitimate	1	1	2
	<u>5</u>	<u>5</u>	<u>10</u>

Infant Mortality Rate per 1,000 live births -

Blofield and Flegg R.D.	15.0
England and Wales	18.0

Infant Mortality Rate per 1,000 live births -

Blofield and Flegg R.D.	Legitimate	13.0
	Illegitimate	48.0

Infant Mortality - Neo Natal (first four weeks)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	3	3	6
Illegitimate	<u>1</u> <u>4</u>	<u>1</u> <u>4</u>	<u>2</u> <u>8</u>

Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) ... 12.0

Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) ... 9.0

Peri-natal mortality rate (still births and deaths of infants under one week of age) ... 22.0

Illegitimate live births per cent of total live births 6.26%

MATERNAL MORTALITY

Deaths associated with pregnancy, childbirth or abortion ... None

Maternal mortality rate per 1,000 live and still births. Nil

Deaths (all causes)	<u>Male</u>	<u>Female</u>	<u>Total</u>
	256	312	568

Death rate per 1,000 of estimated resident population -

Blofield and Flegg R.D. Crude Death Rate 13.1

Standard Death Rate 9.8

England and Wales Standard Death Rate 11.9

Maternal mortality rate per 1,000 live and still births Nil

BIRTH RATE, DEATH RATE AND INFANT MORTALITY RATE

	England and Wales	Blofield & Flegg R.D. (Standard Rates)
<u>Births:</u>	<u>Rates per 1,000 Population</u>	
Live Births	16.3	19.2
Still Births	13.0	13.0

<u>Deaths:</u>		
All causes (excluding Still Births)	11.9	9.8

Infant Mortality

All causes under 1 year	18.0	15.0
Peri-natal mortality	23.0	22.0
Neo-natal mortality rate	12.0	12.0

Deaths from Cancer and Total Deaths

	1964	1965	1966	1967	1968	1969
No. of deaths from Cancer	76	86	68	89	96	94
No. of deaths all causes	519	599	556	557	617	568
% of total deaths due to Cancer	12.7	14.4	12.2	16.0	15.6	16.54

Cancer Deaths during last 6 years

Male				Female		
Year	Total Deaths	Lung Cancer	Other Cancers	Total Deaths	Lung Cancer	Other Cancers
1969	256	18	30	312	3	43
1968	287	24	33	330	2	37
1967	269	17	27	288	4	41
1966	255	19	20	301	-	29
1965	300	18	33	299	2	33
1964	235	11	33	284	3	29

Deaths from Coronary Disease

	1964	1965	1966	1967	1968	1969
No. of deaths from Coronary disease	73	112	76	87	169	139
No. of deaths all causes	519	599	566	557	617	568
% of total deaths due to Coronary disease	14.1	18.7	13.6	15.6	25.8	24.47

Deaths from Coronary disease during last 6 years

Male			Female	
Year	Total Deaths	Coronary-Angina	Total Deaths	Coronary-Angina
1969	256	67	312	72
1968	287	79	330	90
1967	269	46	288	41
1966	255	40	301	36
1965	300	75	299	37
1964	235	44	284	29

INDIVIDUAL CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>	<u>Total</u>
B3 Bacillary dysentery, amoebiasis	1		1
B11 Meningococcal infection		1	1
B18 Other infective and parasitic diseases		1	1
B19(1) Malignant neoplasm, buccal cavity etc.	4		4
B19(2) Malignant neoplasm, oesophagus	1	2	3
B19(3) Malignant neoplasm, stomach	3	3	6
B19(4) Malignant neoplasm, intestine	9	8	17
B19(6) Malignant neoplasm, lung, bronchus	18	3	21
B19(7) Malignant neoplasm, breast		6	6
B19(8) Malignant neoplasm, uterus		4	4
B19(9) Malignant neoplasm, prostate	1	-	1
B19(10) Leukaemia		1	1
B19(11) Other Malignant neoplasms	12	19	31
B21 Diabetes mellitus		5	5
B46(1) Other endocrine etc. diseases		1	1
B23 Anaemias	1	2	3
B46(2) Other diseases of blood etc.		1	1
B46(3) Mental disorders	2	9	11
B46(4) Other diseases of nervous system etc.	3	5	8
B26 Chronic rheumatic heart disease	2	1	3
B27 Hypertensive disease	3	3	6
B28 Ischaemic heart disease	67	72	139
B29 Other forms of heart disease	22	35	57
B30 Cerebrovascular disease	22	43	65
B46(5) Other disease of circulatory system	12	14	26
B31 Influenza		3	3
B32 Pneumonia	22	29	51
B33(1) Bronchitis and emphysema	17	7	24
B33(2) Asthma		1	1
B46(6) Other diseases of respiratory system	4	1	5
B34 Peptic ulcer	1	1	2
B35 Appendicitis	1		1
B36 Intestinal obstruction and hernia		1	1
B37 Cirrhosis of liver	1	1	2
B46(7) Other diseases of digestive system	2	2	4
B38 Nephritis and nephrosis	1		1
B39 Hyperplasia of prostate	1		1
B46(8) Other diseases, genito-urinary system	1	4	5
B46(10) Diseases of musculo-skeletal system		5	5
B42 Congenital anomalies	3	2	5
B43 Birth injury, difficult labour, etc.	1	1	2
B44 Other causes of perinatal mortality	1	2	3
B45 Symptoms and ill defined conditions	1	4	5
BE47 Motor vehicle accidents	9		9
BE48 All other accidents	2	5	7
BE49 Suicide and self inflicted injuries	3	3	6
BE50 All other external causes	2	1	3
<u>Totals</u>	<u>256</u>	<u>312</u>	<u>568</u>

**NOTIFICATIONS OF DEATHS RECEIVED DURING YEAR 1969
ACCORDING TO AGE GROUPS**

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 4 weeks	4	4	8
4 weeks and under 1 year	1	1	2
1 - 4	-	-	-
5 - 14	-	-	-
15 - 24	8	1	9
25 - 34	4	4	8
35 - 44	5	3	8
45 - 54	19	10	29
55 - 64	39	30	69
65 - 74	70	62	132
75 and over	106	197	303
	<u>256</u>	<u>312</u>	<u>568</u>

INFANT MORTALITY (Under one year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Cot death. Cause of death unknown	1		1
Prematurity. Abrupto placentae		1	1
Bronchopneumonia. Operation. Congenital abnormality of diaphragm	1		1
Trisomy 15	1		1
Aspiration pneumonia. Multiple haemorrhages Haemolytic anaemia		1	1
Congestive heart failure. Myocarditis		1	1
Respiratory distress syndrome. Prematurity	1		1
Prematurity	1		1
Cerebral haemorrhage. Precipitate delivery		1	1
Meningococcal meningitis		1	1
	<u>5</u>	<u>5</u>	<u>10</u>

VITAL STATISTICS OF THE DISTRICT FOR 1969, AND
PREVIOUS YEARS COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE

PAST FIVE YEARS

	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
<u>Live Birth Rate (Standardised)</u> <u>per 1,000 population</u>					
England and Wales	18.00	17.7	17.2	16.9	16.3
Blofield and Flegg R.D.	16.78	17.89	17.47	18.00	19.2
<u>Still Birth Rate 1,000 total</u> <u>(live and still) births</u>					
England and Wales	15.70	15.4	14.8	14.3	13.0
Blofield and Flegg R.D.	15.51	6.27	9.65	9.0	13.0
<u>Death Rate (standardised)</u> <u>per 1,000 population</u>					
England and Wales	11.50	11.7	11.2	11.9	11.9
Blofield and Flegg R.D.	9.99	8.88	9.45	10.5	9.8
<u>Infant Mortality Rate per</u> <u>1,000 Live Births</u>					
England and Wales	19.00	19.0	18.3	18.3	18.0
Blofield and Flegg R.D.	15.76	12.64	14.56	13.49	15.0

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 purposes 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 Services 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 28801). There are six Health Visitors and eight District Nurses with centres at the following places:-

Acle	Unionist Hall	Second Thursday each month.
Blofield	Margaret Harker Hall	Last Thursday each month.
Blofield Corner	Village Hall	Second Thursday each month.
Brundall	Memorial 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.
Gt. Plumstead	Village Hall	Third Wednesday each month. (to 18.6.69.)
Halvergate	Church Room	Second Friday each month. (to 13.6.69.)
Hemsby	The Institute	Third Thursday each month.
Lingwood	Recreation Hall	Third Thursday each month.
Lt. Plumstead	Mission Room	First Thursday each month.
Martham	Church Room	Second Thursday each month.
Ormesby	Church Hall	Second Friday each month.
Thorpe (1)	Roxley	Last Thursday each month.
Thorpe (2)	Shakespeare Memorial Baptist Church Hall Witard Road	Every Tuesday (Doctor attends third and last Tuesday)

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

Other Treatment Centres

Treatment Centres are held weekly as follows:-

	Acle V.P. School	Caister Sec.Mod. School	Norwich Aspland Road	Thorpe Hillside Avenue C.P. School
Child Guidance Clinics	-	-	1*	-
Dental Clinics	4	-	1	4
Speech Clinics	1	1	3	-

* Plus two sessions monthly for enuretics.

General Welfare Services

These services continue to be administered centrally from the Local Health Office, Aspland Road, Norwich. Mr. C.J. Gallant is the Area Welfare Officer and has a team of three Social Welfare Officers to assist him. The contact point at Caister Parish Hall for use of the public in that area has been maintained throughout the year.

The Welfare Officers deal with the admission of aged persons to County Homes for the Elderly, either on a short term or a long term basis and besides dealing with admissions to Mental Hospitals they are responsible for the care of the mentally sub-normal living in the community and also of patients discharged from or on leave from mental hospitals.

Welfare Officers maintain close co-operation with the Public Health and Housing Departments of the Council and as a result are able to assist with help and advice and general welfare services where these are required.

Home Help Service

The Home Help Service is administered from the Area Local Health Office, at Aspland Road, Norwich, and all applications addressed to the Area Welfare Officer at that office. The work of the Home Helps is now controlled by one of the County Council's lady Home Helps Organisers and this service continues to expand.

Old People's Clubs

Old People's Clubs continue to function in almost all the parishes in the district and provide outings which take a great deal of loneliness and monotony out of old age.

Meals on Wheels Service

This service continues to function in numerous parishes in the district. The W.R.V.S. provide a service at Acle, Upton, Brundall, Blofield, Burlingham, Lingwood, Strumpshaw, Thorpe St. Andrew, Great and Little Plumstead and a new service will shortly start at Ormesby. At Caister-on-Sea meals are provided by Toc H.

Ambulance Service

The County Ambulance Service is operated by the County Council through the agency of the Norfolk St. John's Ambulance Brigade and British Red Cross Society Joint Ambulance Committee.

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.

National Assistance (1948) Act, Section 47

There were no cases where action had to be taken.

SECTION 'C'

WATER SUPPLY

Main Supplies

With the continued growth of population within the district, increased demands were made upon the Strumpshaw Headworks, and a total of 124,50 million gallons of water was supplied during 1969.

<u>Parish</u>	<u>No. of Dwellings connected</u>	<u>Population supplied</u>
Acle	499	1,308
Ashby with Oby	7	18
Beighton	113	341
Blefield	705	1,777
Brundall	838	2,327
Burlingham	422	1,312
Cantley	240	677
Freethorpe	176	503
Halvergate	122	335
Hemblington	83	216
Martham	536	1,527
Reedham	319	920
Repps	139	329
South Walsham	213	623
Strumpshaw	155	484
Thurne	42	106
Upton	178	468
Woodbastwick	44	153

39 Holiday chalets connected Martham Riverside) Not included in
52 Holiday chalets connected Repps Riverside) above figures.

Analyses of Water from Headworks

During the year considerable investigation has been carried out by the Engineer and Surveyor in conjunction with Dr. Wood (Lincolne, Sutton and Wood, Analysts, Norwich), and the Water Research Association, due to the increased severity of the discolouration of the water supply, which persisted in spite of additional flushing out of the mains being undertaken. The cause of the difficulty has been established and remedial action is at present being taken to effect a permanent solution.

Pathologically, the supply was at all times satisfactory, which was endorsed by regular bacteriological and chemical analyses which were taken throughout the year.

Private Supplies

There are still many properties served by shallow wells and whilst these are mainly isolated dwellings there are small areas where several houses are relatively close together. Such areas are being checked and the possibility of providing a guaranteed mains supply in conjunction with the owners is being investigated.

Sewerage

The sewerage scheme for the parish of Martham was completed during 1969 and the majority of owners quickly connected their properties. This scheme has remedied many drainage problems and eased the burden on the cesspool emptying service.

Although the cost of emptying cesspools in the sewered part of the coastal area was increased during the year there still remain many properties not connected to the sewer. Every opportunity is taken by the staff of the Health Department to persuade owners to make use of the service, when cases come to their attention.

The contract for the long awaited sewerage scheme for Acle was let towards the end of the year and 1970 should show much progress. The eventual completion of this scheme in 1971 will not only enable drainage in the village to be improved but will also give scope for many of the pail closets in the parish to be converted to flush toilets.

Whilst it is encouraging to see the schemes progressing, much still remains to be done. The villages of Lingwood and Strumpshaw are scheduled to follow Acle but new housing development is taking place almost throughout the whole area and as each scheme is completed the additional development makes the same drainage problems apparent in yet other villages.

Wet Refuse

Following the continued sewerage of the district it is gratifying to see a substantial drop in the numbers of loads of wet refuse removed during 1969. This fell to the figure of 789. Two vehicles only were used during the year. The problem of disposal still remains acute. During the year liquid was pumped from the tip at Rollesby enabling this to continue in use for a further period. The refuse collected in the western half of the district is disposed of by tipping on straw and subsequent use as manure on arable land.

Dry Refuse

A regular weekly collection of refuse was maintained throughout the district, with an estimated weight collected of 15,500 tons. Today it is becoming increasingly important to assess refuse by its cubic capacity rather than its weight. The ever increasing amount of packaging materials being used and the extended use of non-returnable containers is reflected in the bulk to be removed from the various premises. The position is made more acute by an ever increasing number of properties turning to central

Dry Refuse (Contd.)

heating so that nothing is burned and all refuse is placed in the dustbin. As these materials are less dense than coal ash the bulk is considerably increased and some type of compression is necessary to enable vehicles to carry a reasonable payload. A further compression type vehicle was ordered during the year and this will be put into use on the coastal area where holiday accommodation continues to increase.

For most of the year, thirty-one men were fully employed on the ten separate rounds. Three vehicles were kept for reserve and collection of refuse from the Breads area.

Disposal arrangements continued as in previous years. The majority of refuse collected in the Thorpe area was burned in the incinerator, which continued to function satisfactorily. The tips at Acle, Martham and Caister were in use for the whole of the year and during May an additional tip at Strumpshaw became available. This considerably eased the burden for vehicles operating in this area and helped to conserve tipping space at Acle.

This new tip is part of a quarry and controlled tipping is carried out with the assistance of the site operators.

The council-owned tips at Acle and Caister were maintained satisfactorily, but that at Martham was still not to standard due largely to the shortage of covering material.

Towards the end of the year a Working Party on refuse disposal in parts of Norfolk and Suffolk published its report. This came out strongly in favour of incineration as the best method of disposal. There can be no argument with this statement if cost is not a material factor, but it would not be economically possible to provide incineration for the whole of this Council's district. Haulage to an adjacent area together with the extra cost of the burning would again be prohibitive. It will be interesting to consider the recommendations of the Working Party set up nationally to report on refuse disposal when these are published in the near future.

It is disappointing that so far it has not been possible to initiate some form of collection of litter from beaches. Whilst this may not be a prime health hazard it is certainly unsightly and the presence of increasing numbers of discarded bottles and cans must surely lead to a greater risk of physical injury.

Cesspools

Although the sewerage of the district continues there was a greater demand on the emptying service than in the previous year. This was despite a very dry summer. This is no doubt largely due to development in unsewered areas, but a contributing factor is possibly the general public's greater awareness of the pollution caused by overflowing cesspools and their desire to combat this. During the year three

Cesspools (contd.)

1,000 gallon and three 1,500 gallon tenders were in use removing 10,677,000 gallons of sewage.

Disposal of cesspool contents remained difficult, the pits at Buckenham, Somerton, and Rollesby continuing to receive the waste liquid. These cannot last indefinitely.

During the year experiments were made by the Engineer and Surveyor, towards development of a sewage disposal system capable of receiving crude sewage from cesspools. It is hoped that if such a system is constructed, it will be of some advantage to this service.

Public Conveniences

The conveniences throughout the district were well kept throughout the year and much used. The new block at Scratby was in use for the summer season and although its siting leaves it vulnerable to vandalism the design and construction more than offset this, and it suffered very little damage.

The Beach conveniences at Caister and Hemsby are very old and thought must be given to the possible limit of their use. The block at Hemsby again had to be cleared of sand before it could be used for the summer season.

There is a constant demand for the provision of conveniences in several villages in the area and it would surely be prudent to inaugurate a scheme of priorities so that these can be provided as and when the economic position permits.

Movable Dwellings

The holiday season was mainly dry in 1969, a factor which led to very few complaints being received. It also assisted site operators in maintaining a good standard. Most of the permanent sites on the coast are now connected to the public sewer.

Touring caravans present a problem in that they tend to flood the district at peak holiday periods and cannot find adequate licensed sites on which to park. The annual count of caravans in early August showed there were 4,750 caravans with an estimated population of 14,250.

There was one successful prosecution during the year for operating a site without a licence.

Tent Sites

Again the dry season led to few complaints and relatively little difficulty during the year. Most of the site operators ensured that the period of camping is restricted so that a licence under the Public Health Act, 1936 is not required.

Tent Sites (contd.)

If suitable sites could be licenced a longer period of camping would be possible, but greater control would be available.

Swimming Pools

Two more pools were provided during the year bringing the total at holiday camps, caravan sites, hotel and private schools to eleven. 26 samples were taken from these and 6 were reported as below standard. In every case the owners quickly took action to improve the situation. It is cause for satisfaction that, in the main, pool owners frequently approach the Health Department for advice on maintaining a good standard.

Meat Inspection

There is one slaughterhouse within the district, at Freethorpe. The throughput for the year was very similar to 1968 (details are given in Section 'E' of this report). Seasonal fluctuations in the kill again made it necessary for the inspectors to carry out a large amount of inspection outside normal working hours. Despite this, 100% inspection was maintained.

In common with many parts of the area disposal of waste water is difficult in unfavourable subsoil conditions and the management endeavour to meet this problem satisfactorily by a cesspool emptying arrangement. The eventual provision of a village sewerage scheme to which the slaughterhouse would connect, would provide considerable improvement in waste disposal and eliminate the risk of nuisance associated with other methods.

Milk

There were 85 distributors registered with the Council, an increase of eleven over the previous year. The Norfolk County Council licence retailers within the district and also deal with complaints of contamination.

Offices, Shops and Railway Premises Act, 1963

The total number of premises registered at the 31st December, 1969 was 244. No applications were received for exemptions under any heading of the Act or Regulations. One accident was reported and this was referred to Her Majesty's Factory Inspectorate. The following table gives information concerning the number and type of premises registered.

Offices, Shops and Railway Premises Act, 1963 (contd.)

<u>Type</u>	<u>Registered During the Year</u>	<u>Total at End of Year</u>	<u>No. Receiving General Inspection</u>
Offices	2	33	9
Retail Shops	4	161	16
Wholesale Shops and Warehouses	-	1	6
Catering Establishments and canteens	1	46	29
Fuel Storage Depots	-	3	-
	<u>7</u>	<u>244</u>	<u>60</u>

Food and Drugs

A total of 302 premises are registered as required by Section 16 of the Food and Drugs Act, 1955, 14 for the preparation and manufacture of preserved food and 288 for the storage and sale of ice cream. 10 samples of ice cream were taken for bacteriological examination. All were certified as Grade 1. The one ice cream factory continued to operate in a very satisfactory manner throughout the year. An increase in the amount of unsound food dealt with was mainly due to the failure of deep freeze units. With the extended use of these units problems arise due to power cuts or failure of the unit itself. In many cases owners are unaware the unit is not operating until the food is found to be almost thawed out. In such cases food may still be fit if consumed forthwith but in no event may it be refrozen. Many retailers are still dependant upon surrender of such food to prevent refreezing. Perhaps in the not too distant future some type of warning instrument may be built into the units to enable owners to make alternative arrangements whilst the food remains deep frozen.

Prevention of Damage by Pests Act

The Council's two rodent operators were busy throughout 1969 surveying and dealing with infestations at dwellings and other premises within the district. 11,428 visits were made during the year, 9,978 of them to dwelling houses. There were no reports of major infestation and there is every indication that the degree of infestation within the district is kept to a minimum.

Food Hygiene (General) Regulations 1960 and 1962

The food premises in the district were generally maintained to a good standard. Informal action was necessary in relation to some premises but no formal proceedings were necessary.

Food Hygiene (General) Regulations 1960 and 1962 (contd.)

It has been suggested by the Department of Health & Social Security that information concerning certain Clauses of the Regulations be given in this Report. Clause 16 relates to hand washing facilities, etc., and Clause 19 to facilities for washing food and equipment.

The position at the end of 1969 in relation to these matters is as given below.

Type of premises	No.	No. complying with Reg.16.	No. to which Reg.19 applies	No. complying with Reg. 19.
Bakers	4	4	4	4
Butchers	28	28	28	28
Cafes, hotels restaurants etc.	71	70	71	71
Confectioners	15	15	3	3
Grocers (inc. greengrocers)	155	155	146	146
Fish (wet, fried)	16	16	16	16
Licensed premises clubs	81	81	81	81
Food manufacture	3	3	3	3
Poultry processing	1	1	1	1
	<u>374</u>	<u>373</u>	<u>353</u>	<u>353</u>

Poultry Inspection

The single poultry processing establishment within the district at Reedham, continued to operate in a satisfactory manner through the year, though on a less scale than in previous years. Inspection during processing was carried out by an experienced employee of the firm with occasional checks by the Council's Inspector.

The following table relates to table poultry but the plant has processed in addition some 15,340 game birds during the year.

- | | |
|---|------------------------|
| (1) Number of processing plants | 1 |
| (2) Total number of birds processed during the year | 5,115 |
| (3) Types of birds processed - | Turkeys, Capons, Hens. |
| (4) Percentage of birds rejected as unfit for consumption | 1.64% |
| (5) Weight of poultry condemned as unfit for consumption | 8 cwts. 3 qrs. 11 lbs. |

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	1,141
Others	16
	<u>2,056</u>

At the end of the year outstanding applications for Council house accommodation numbered 609.

There were 58 dwellings under construction at the end of the year in Caister on Sea.

As a result of action under the Housing Act, 1957, Demolition Orders were made in respect of 39 properties and Closing Orders in respect of 3 others.

During the year a number of properties have been repaired to a good standard as a result of informal action. This has been achieved mainly by consultation with owners, when applying for Improvements Grants.

SECTION 'E'

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART DURING 1969

	<u>Cattle Excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed (if known)	3,568	220	54	2,842	8,899	-
Number inspected	3,568	220	54	2,842	8,899	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	1	5	-	8	13	-
Carcasses of which some part or organ was condemned	714	51	3	84	717	-
Percentage of the number inspected affected with disease other than tubercu- losis and cysticerci	20.17	23.13	5.5	2.9	8.05	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	2	-
Carcasses of which some part or organ was condemned	-	-	-	-	193	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	2.1	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	2	1	-	-	-	-
Carcasses submitted to treatment by refrigeration	2	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

(1) Total number of birds processed
during the year

(2) Types of birds processed -

(3) Percentage of birds rejected as
unsuitable for consumption

(4) Weight of poultry - 18 -

(5) Weight of poultry - 18 -

SECTION 'F'
INFECTIOUS DISEASES

Measles

53 cases of measles were notified during the year compared with 267 last year. Immunisation against this complaint is now readily available and there is no doubt that it is effective in reducing the incidence of the disease, which in an unmodified form is frequently associated with severe complications particularly those involving the ears and the chest, as well as encephalitis. It should also be emphasised that the vaccine in use now is a safe vaccine. Parents should be encouraged to arrange for their children to be immunised either by doctors from the Public Health Department or by general practitioners.

Whooping Cough

2 cases were notified compared with 1 last year. The complaint is now seldom a serious one and immunisation must be responsible for this improved situation. Children with a history of repeated convulsions, however, should not be given whooping cough immunisation although they can be immunised against diphtheria and tetanus.

Scarlet Fever

8 cases were notified compared with 18 last year. Whilst scarlet fever itself is seldom a dangerous disease in this country, the germ which causes it is the haemolytic streptococcus and cannot be ignored, as both rheumatic fever and kidney disease can result from an infection which may be associated with a rash as in scarlet fever, but may merely cause a severe sore throat.

Food Poisoning

There were 2 cases of this complaint notified during the year compared with 4 last year.

Infective Jaundice

7 cases were notified compared with 6 last year and 6 the year before. This complaint can be a most debilitating one and largely because of the long incubation period of about a month, it is very difficult to trace the source of any particular case.

Dysentery (Sonno)

There was an outbreak of sonno dysentery in the earlier months of the year in Thorpe and neighbouring parishes. A total of 151 notifications were received.

The majority of cases were in Infant and Junior school children. Those older children and adults infected were nearly all members of the same families as the younger children.

Dysentery (Sonno) /Continued

A great deal of work was done by the Public Health Inspector for the area in investigation, collection of specimens, their transport to the laboratory in Norwich, and follow-up of cases and contacts. These were in addition to the very important inspections of food preparation, disinfection, and hygiene of the children and staff.

Adequate washing of hands after visiting the lavatory and before handling any food provide good safeguards but are difficult to enforce in young children, and a disinfectant hand rinse was also carried out in the cloakroom and every classroom of one of the schools involved.

Sonne dysentery is not normally a food borne infection and there was no evidence in this outbreak of such a mode of spread. That is to say there was no evidence that any article of food supplied by the canteen was a vehicle or that any of the canteen workers were the source.

The routine for Norfolk County Schools is that infected children are kept away from school for two weeks and then allowed to return, provided they are free from symptoms. If not free a longer absence is required.

Immunisation Schedule

The schedule of immunisation in Norfolk Child Health Clinics and Schools is now the following -

Immunisation against whooping cough, diphtheria and tetanus (the triple injection) at 4 months, 6 months and 1 year. Poliomyelitis vaccine is given by mouth at the same time as these injections. The increased spacing of injections eliminates the need to give a boosting injection at 18 months to 2 years while retaining the same efficacy.

We carry out smallpox vaccination in the second year of life and measles vaccination after first birthday. 'Booster' injections against diphtheria and tetanus with poliomyelitis immunisation by mouth are given at school entry and another tetanus injection and polio immunisation on leaving school.

Immunisation against tuberculosis or B.C.G. vaccination is carried out, after testing whether the individual child requires it, for third-year pupils at Secondary Schools.

Incidence of infectious diseases (excluding T.B.) during
the last five years

	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
Measles, excluding rubella	668	320	234	267	53
Dysentery, amoebic or bacillary	15	25	4	-	151
Scarlet Fever	13	15	39	18	8
Whooping cough	7	31	36	1	2
Infective jaundice	5	3	6	6	7
Diphtheria	-	-	-	-	-
Tetanus	-	-	-	-	-
Acute meningitis	-	2	-	-	-
Acute encephalitis, infective	-	-	-	-	-
" " post infectious	-	-	-	-	-
Opthalmia neonatorum	-	-	-	-	-
Acute poliomyelitis, paralytic	-	-	-	-	-
" " non paralytic	-	-	-	-	-
Leptospirosis	-	-	-	-	-
Paratyphoid fever	-	-	-	-	-
Typhoid fever	-	-	-	-	-
Food poisoning	5	3	1	4	2
Malaria	-	-	-	-	-
Plague	-	-	-	-	-
Cholera	-	-	-	-	-
Anthrax	-	-	-	-	-
Smallpox	-	-	-	-	-
Typhus Fever	-	-	-	-	-
Relapsing Fever	-	-	-	-	-
Yellow Fever	-	-	-	-	-

B.C.G. VACCINATION

This was offered to all 13 year old school children. 86% parents gave their consent, 12% refused consent and 2% did not return forms.

The findings during the year were as follows:-

Total number eligible	-	1,366
number tested	-	1,033
number positive	-	49
Tuberculin Index	-	5%
number vaccinated	-	981

TUBERCULOSIS - NEW CASES NOTIFIED DURING 1969

	<u>Respiratory</u>		<u>Meninges & C.N.S.</u>		<u>Other</u>		<u>Total</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
Under 5 years	-	-	-	-	-	-	-
5 to 14 years	-	-	-	-	-	-	-
15 to 24 years	1	1	-	-	-	-	2
25 to 44 years	-	2	-	-	-	-	2
45 to 64 years	1	-	-	-	-	-	1
65 years and over	1	-	-	-	-	1	2
Age unknown	-	-	-	-	-	-	-
	<u>3</u>	<u>3</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1</u>	<u>7</u>

TUBERCULOSIS - NUMBER OF CASES ON REGISTER AT END OF 1969

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Pulmonary	112	105	217
Non-Pulmonary	5	11	16
	<u>117</u>	<u>116</u>	<u>233</u>

DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

(Excluding Inward Transfers from other Districts)

		<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
Pulmonary	M	1	8	2	-	3
	F	4	10	-	3	3
Non-Pulmonary	M	-	1	-	-	-
	F	3	1	-	1	1
		<u>8</u>	<u>20</u>	<u>2</u>	<u>4</u>	<u>7</u>

Immunisation Schemes

The following tables show the work done by the General Practitioners and the Assistant County Medical Officer in 1969:-

Type of vaccine	<u>Year of Birth</u>				1962 -	Others under 16	TOTAL
	1969	1968	1967	1966	1965		

Table 1 - Completed Primary Courses

Triple (DTP)	101	403	15	5	2	-	526
Diph/Tet	-	1	-	-	11	-	12
Tetanus	1	-	1	1	19	-	22
Whooping Cough	-	-	-	-	-	-	-
Polio (Oral)	94	443	20	10	23	2	592
Measles	-	72	133	79	189	63	536

Table 2 - Reinforcing doses

Triple (DTP)	-	127	234	23	83	4	471
Diph/Tet.	-	13	40	5	745	62	865
Diphtheria	-	-	1	-	-	-	1
Tetanus	-	2	1	1	9	398	411
Whooping Cough	-	-	-	-	-	-	-
Polio (Oral)	-	101	102	9	829	351	1,392

SMALLPOX

Age at date of vaccination	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1yr.	2-4 yrs	5-15 yrs.	TOTAL
Primary	2	-	1	8	269	212	15	507
Re-Vaccination	-	-	-	-	1	7	52	60

FACTORIES ACT, 1961

Part I of the Act

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

	<u>Number on Register</u>	<u>Number of Inspections</u>	<u>Number of written notices</u>	<u>Number of Occupiers prosecuted</u>
(i) Factories in which sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	12	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	95	74	-	-
(iii) Other premises in which Section 7 is enforced by Local Authorities	11	-	-	-
	<u>118</u>	<u>74</u>	<u>-</u>	<u>-</u>

- (2) Cases in which DEFECTS were found

<u>Particulars</u>	<u>Found</u>	<u>Remedied</u>	<u>To H.M. Inspector</u>	<u>By H.M. Inspector</u>	<u>Number of cases in which prosecutions were instituted</u>
Want of Cleanliness (S1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTALS:	-	-	-	-	-

PART VIII OF THE ACT

OUTWORK - (SECTIONS 113 and 134)

<u>Nature of Work</u>	<u>Section 133</u>				<u>Section 134</u>	
	<u>No. of outworkers in August list required by Section 133</u>	<u>No. of cases of default in sending lists to the Council</u>	<u>No. of Prosecutions for failure to supply lists</u>	<u>No. of instances of work in unwholesome Premises</u>	<u>Notices served</u>	<u>Prosecutions</u>
Wearing - (Making etc. (Cleaning and Apparel (Washing	23	-	-	-	-	-
Brush Making	-	-	-	-	-	-
Cosques, Christmas Crackers, Christmas Stockings, etc.	5	-	-	-	-	-
	28	-	-	-	-	-

