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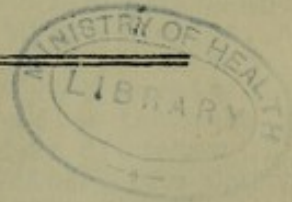
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THE URBAN DISTRICT OF DISS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
TOGETHER WITH THE
ANNUAL REPORT OF THE SANITARY INSPECTOR
for the year 1953

PUBLIC HEALTH COMMITTEE 1953/54



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♂ Chairman of the Council

x Vice-Chairman of the Council

THE HISTORY OF THE

REPUBLIC OF THE UNITED STATES OF AMERICA

FROM 1776 TO 1863

BY

W. H. RAY

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Mr. Chairman, Ladies & Gentlemen,

I have the honour to submit my Annual Report for the year 1953. As I have been appointed to your Council quite recently, this Report is written, so to speak, on behalf of my predecessor. I must apologise, therefore, for the fact that the contents are largely factual and somewhat concise.

Administration.

Dr. A. E. Brown continued as Medical Officer of Health until his resignation in August to take up an appointment abroad. Dr. A. E. Lorenzen, Senior Assistant Medical Officer, acted in the vacancy until the end of the year. Mr. E. D. Edwards, C.S.I.B., M.S.I.A., R.P., a copy of whose Report for 1953 is appended, assumed duty as Sanitary Inspector to your Council on 23rd November. From January to October this post was held by Mr. D. J. Hewett.

Clerical Assistance for your Medical Officer was carried out at the Aspland Road Health Office, Norwich, as in the previous year. There is little doubt that centralisation of the work of the health department for Area 5, as a whole, is good administrative policy. Apart from the question of saving time and travelling expenses the administrative work connected particularly with the control of infectious diseases, food poisoning, milk supplies, and housing, involves very often more than one Council Area at one and the same time. Moreover, the centralised office permits ready communication with those officers whose work is intimately concerned with the Medical Officer of Health in his district duties: the Welfare Officers, the Children's Officer, the County Surveyor, the Bacteriologist, and other County Officers whose functions have a bearing on District health and welfare work.

Vital Statistics.

(a) Population. The Registrar General estimates the population of Diss Urban District at 3,485 compared with 3,472 in 1952.

(b) There were 47 live births during the year and 44 deaths. In 1952 there were 62 live births and 49 deaths. The crude death rate was 12.6 compared with 11.4 for the whole of England and Wales, and the birth rate was 13.4 compared with 15.5 for England and Wales.

(c) There were two deaths in infants under one year of age, and the infant mortality rate (i.e. deaths under one year per 1,000 live births) was, therefore, 42.5. The infantile death rate for England and Wales was 26.8. However, there is little statistical value in a comparison between these two rates as the figures for Diss (two deaths) are so small. There were three still births, two were recorded in 1952.

Infectious Diseases.

There were only six notified cases of infectious diseases, compared with sixty in 1952; the absence of the epidemics of the commoner infectious diseases accounts for this good record. The details of Infectious Diseases are shown in Table II.

(a) Whooping-Cough, accounted for 4 of the 6 cases of infectious diseases notified. Immunisation with whooping-cough vaccine, as approved by the Ministry of Health, was introduced as a County Scheme in May 1953 and is becoming increasingly popular. The vaccine may be given separately or combined with the diphtheria antigen so that inoculation against both diseases can be given at one and the same time. The evidence available so far suggests that whooping-cough immunisation is not so complete as that for diphtheria, but, if not prevented in all cases, the severity of the attack is certainly lessened;

of particular importance is the fact that immunisation in the early months of life reduces considerably the high infant mortality rate from whooping-cough so apparent in the past.

(b) Diphtheria. No cases of diphtheria have occurred in the Diss Urban District area for a number of years. To keep diphtheria at bay it is considered that 70% of persons in the community should be rendered immune; at present something like 90% of children in Area 5 are entering adult life with good immunity. Primary immunisations are carried out by general practitioners, at infant welfare centres, and at schools. The giving of single "booster" injections in schools has now become routine practice, and these have increased from 453 in 1950 to just under 1,900 in 1953 (Area 5). Before 1941 diphtheria claimed about 2,500 deaths in England and Wales and about 40,000 to 50,000 children suffered from this disease. In 1952 there were only 376 cases and 32 deaths. These figures are cold statistics but it requires little warmth of imagination to appreciate what these figures signify in the prevention of suffering to children and anxiety to parents; moreover, the saving of the costs of hospitalisation and general medical expenses must be considerable. But what of the cost of immunisation? Here again are some figures: Total Government grants to local health authorities 1952-53 was approximately 18½ million pounds. Out of this sum an item such as ambulance services cost 4½ million pounds, while the cost of vaccination and immunisation services for the whole country was only £243,000.

(c) There was only one notified case of measles and there were no cases of Scarlet Fever.

(d) Acute Poliomyelitis. One case was notified. Considerable attention continued to be focussed on this disease. With regard to control measures the present position may be summed up by a quotation from the World Health Organisation expert committee.

"The accumulated laboratory and epidemiological evidence indicates that poliomyelitis is a highly infectious disease spread by intimate association with infected persons. It is probable that the virus is actually transferred directly or indirectly by means of pharyngeal excretions and faecal matter".

"The standard methods of control as applied by health officers with many infectious diseases have been found to be of little avail in poliomyelitis. Part of the reason for the apparent failure of isolation and quarantine measures to check the spread of infection may lie in the fact that for every case of paralysis there may be a large number of persons with mild or inapparent infection. However, virus studies have shown that, during epidemic periods, virus is found mainly in the intimate associates of the case. It appears possible, therefore, that some reduction in the number of cases of poliomyelitis might be achieved by vigorous quarantine and hygiene measures directed at the first recognized case".

"Because of prolonged excretion of virus in the stools, it is probably advisable that patients should be isolated, if necessary at home, but it is difficult to make a firm recommendation as to the length of time because it is not known when the individual case becomes free from infection. There would appear to be much to commend the practice in some countries of isolating cases and quarantining contacts for three weeks. Under conditions where virus may spread rapidly, such as nursery schools and residential nurseries, it may be desirable to exclude convalescent poliomyelitis cases for several weeks".

(e) Tuberculosis. Two new cases of Tuberculosis were notified in 1953 compared with none in 1952 and four in 1951. Family contacts of cases are X-rayed and supervised by the Norwich Chest Clinic and special attention is paid to home sanitation and hygiene in houses where cases occur. The Health Visitor plays an important part in this work. Where necessary the family in which a case occurs is given priority for re-housing.

(f) Cancer. Deaths due to Cancer numbered seven compared with ten in 1952. During the past five years records of Area 5 show that deaths from cancer amount to 16% to 17% of the total deaths.

Water Supplies.

Details of water supplies are given in the Report of the Sanitary Inspector which follows this Report. Chemical and bacteriological examinations carried out during the year showed a high standard of purity, and water treatment at the headworks is now very satisfactory.

Milk.

(a) "Designated" and "Non-designated" milk. The designated milks are: "Tuberculin Tested Milk" (milk from herds officially certified as free from tuberculosis and known as "attested" herds); "Accredited Milk" (milk from a single herd the animals in which are submitted to periodic veterinary examinations); "Pasteurised Milk" (milk to which special heat treatment is given sufficient to destroy the tubercle bacillus and other pathogenic organisms). Pasteurised milk is not, of course, the same thing as milk designated as "sterilised" milk; pasteurised milk, if it is to remain fresh for a reasonable length of time, must be clean before pasteurisation. There is no significant difference in nutritive value between raw and pasteurised milk.

The question is often asked, "How much of the milk sold for human consumption is 'safe' and how much is sold 'raw' "? About 80% of milk sold for human consumption in England and Wales is designated milk.

Without carrying out a farm-to-farm survey, it is not possible at the moment to give figures showing the quantity of "safe" milk sold compared with "raw" milk in your Council Area. But out of a total of twenty producer-retailers and producer-wholesalers, twelve produce milk from T.T. herds, and most of the remaining milk supply is sent to pasteurisation plants. All retailers sell designated milk. Further detailed information on this subject is being sought in the light of the possible introduction of compulsory pasteurisation in the future.

(b) Milk and Disease. The common milk-borne disease of man are tuberculosis, typhoid fever, scarlatina, septic sore throat, undulant fever, diphtheria and infantile diarrhoea. Dysenteries and diseases caused by food poisoning or septic organisms, and foot-and-mouth disease are less common.

All milk supplies are sampled throughout the year by the staff of the County Sanitary Officer, and pasteurisation plants frequently inspected. Action is taken by your Medical Officer on reports received dealing with infected milk.

Only two cases of infected milk was reported from Diss Urban District area, and both were caused by herds with brucella abortus infections. In one case no restriction on the sale of milk was necessary as the milk was sent to a pasteurisation plant; in the other case restriction was placed on the offending cow until the owner disposed of her.

In cases where bulk samples (taken from herd) are found to be positive for, say, tubercle bacilli or brucella abortus, restriction is placed on the milk supply, if it is sold raw, until the individual offending animal, or animals, have been detected. The restriction is then applied to the infected animal, or animals, only. Cows infected with tuberculosis and excreting tubercle bacilli in the milk are usually slaughtered under the Tuberculosis Order 1938. In the case of brucella abortus infections, cows are considered infected for the duration of the current lactation period and are re-sampled

when they come into milk again. In practice, most infected cows find their way to the slaughter-house, which is the best solution, for there is reason to believe a brucella abortus infection may be permanent.

(c) Milk from farm to consumer. Your Medical Officer visited the Milk Marketing Board depot at Harford Bridges and, having inspected the plant, was given full information regarding the methods and to ensure the cleanliness of the milk treated at the plant. The manager of the plant is most anxious to ensure that the milk reaches the retailers in the best condition possible and there is little to criticise in the methods used to produce a clean, safe milk.

The main difficulty lies in the time factor between bottling and delivery to the retailer: in winter, milk is sent out from the cooling rooms in the afternoon for delivery to consumers next morning; in hot weather milk is held up in the cooling rooms until 8 p.m. and is delivered throughout the night until 6 a.m. The change-over from cold weather system to the hot weather system may, however, take 48 hours and naturally requires a good deal of judgment. It is hoped to make the change an automatic one - introducing the night delivery system from 1st May to the 1st October; a project for delivery to retailers in insulated vans is also under consideration. The greatest difficulty lies, however, in the final stage - delivery by retailer to consumer. Many retailers have no provision for keeping milk waiting for delivery properly cooled, neither can the consumer be sure of the exact age of the milk when it is delivered into his hands. There is, however, a code cypher on milk bottles indicating the date on which the milk is despatched from the pasteurisation depot.

Sewage and Refuse Disposal.

The present position under this item is contained in the Sanitary Inspector's Report.

Housing.

Re-housing progress continued satisfactorily throughout the year. There were few cases of overcrowding. On the other hand there are 85 houses fit only for demolition and 207 requiring extensive repairs.

Perhaps the greatest and most responsible task of your Council is the provision of adequate housing of a good standard; but in carrying out this duty it is some consolation to know that satisfactory housing is the essential key which opens the way to improvement in public health. Without the foundation of good housing the whole structure of public health is insecure.

The benefits of good housing are more far-reaching than may immediately appear: by checking overcrowding, tuberculosis is prevented and more easily contained and cured; the spread of infectious diseases is checked and isolation of infectious cases is more easily arranged in the home; the provision of handy washing facilities makes personal hygiene less of a problem and so contributes considerably to the control of the many diseases conveyed by unwashed hands; proper facilities for food storage lessens the chances of food poisoning; above all, the mental effect of a good home, by stimulating a sense of well being and security among so many families makes an essential contribution to the morale of the entire community.

Mothers with poor home conditions, discouraged and frustrated, find little time or inclination to avail themselves of the public health amenities provided for them and their children.

Conclusion.

Your Medical Officer of Health would like to take this opportunity to thank the Officers, members of the Council, and staff, for the great kindness, courtesy and help extended to him since his recent appointment to your Council, and to the Chief Clerk and staff of the Central Office, Norwich, for the considerable work carried out in the preparation of Annual reports.

signed W.E. Holmes
M.B., Ch.B., D.P.H.

DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS.

Area (in acres) (incl. water)	3,628
Estimated Resident Population	3,485
Rateable Value	£22,089
Sum represented by a Penny Rate	£90

Table 2. LIVE BIRTHS.

	Males	Females	Total
Legitimate	28	19	47
Illegitimate	-	-	-
Total	28	19	47

Live Birth Rate per 1,000
of estimated Resident Population

Diss Urban District	...	...	13.48
(Area 5	...	...	14.38)

Table 3. STILL BIRTHS.

	Males	Females	Total
Legitimate	2	1	3
Illegitimate	-	-	-
Total	2	1	3

Still Birth Rate per 1,000
total births,

Diss Urban District	...	...	60.0
(Area 5	...	...	17.1)

Table 4. DEATHS. (all ages).

Males	Females	Total
22	22	44

Crude Death Rate
per 1,000 of estimated Resident Population

Diss Urban District	...	...	12.6
(Area 5	...	...	10.9)

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

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Total	1	1	2

Infant Mortality per 1,000 Live Births.

Diss Urban District	...	...	42.5
(Area 5	...	...	34.8

Table 6.

CAUSE OF DEATH OF INFANTS UNDER ONE YEAR.

	Males	Females	Total
27. Gastritis, Enteritis & Diarrhoea.	-	-	-
31. Congenital Malformations.	-	-	-
32. Other defined & ill-defined diseases. (Prematurity)	1	1	2
Totals	1	1	2

Table 7.

CAUSE OF TOTAL DEATHS (Registrar-General).

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

Table 8.

NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1953
(According to Age Groups)

	Males	Females	Total
Under 1 year	1	1	2
1 and under 5	-	1	1
5 " " 10	-	-	-
10 " " 20	-	-	-
20 " " 30	2	-	2
30 " " 40	-	1	1
40 " " 50	2	-	2
50 " " 60	1	-	1
60 " " 70	3	5	8
70 " " 80	8	7	15
80 " " 90	5	6	11
90 " " 100	-	2	2
100 and over	-	-	-
Total	22	23	45

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

Table 9. SUMMARY OF BIRTH AND DEATH RATES.

	1947	1948	1949	1950	1951	1952	1953
<u>Live Births (per 1,000 pop.)</u>	(52)	(53)	(35)	(51)	(58)	(62)	(47)
Diss Urban District.	15.9	15.2	10.3	14.0	16.8	17.8	13.4
Area 5.	18.6	15.7	14.5	14.9	15.4	15.6	14.3
England and Wales.	20.5	17.9	16.7	15.8	15.5	15.3	15.5
<u>Still Births (per 1,000 total births)</u>	(1)	(1)	(1)	(1)	Nil	(2)	(3)
Diss Urban District.	18.8	18.5	28.0	19.2	0.0	31.2	60.0
Area 5.	27.8	30.4	27.0	23.0	26.8	28.0	17.1
England and Wales.	(Not Published)					22.6	22.4
<u>Crude Deaths (per 1,000 pop.)</u>	(42)	(56)	(56)	(50)	(55)	(49)	(44)
Diss Urban District.	12.3	16.3	16.09	13.7	15.9	14.1	12.6
Area 5.	12.7	12.9	13.3	12.1	14.0	12.6	10.9
England and Wales.	12.0	10.8	11.7	11.6	12.5	11.3	11.4
<u>Infant Mortality (per 1,000 live births)</u>	(Nil)	(3)	(Nil)	(Nil)	(2)	(2)	(2)
Diss Urban District.	0.0	56.6	0.0	0.0	34.5	32.2	42.5
Area 5.	32.4	31.8	21.0	14.5	27.5	28.8	34.8
England and Wales.	41.0	34.0	32.0	29.8	29.6	27.0	26.8

NOTE Figures in brackets are the actual numbers for Diss U.D.

TABLE 10

1953 - VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953. Provisional figures based on Quarterly Returns.

	England & Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	Area 5
<u>Births</u>				
	<u>Rates per 1,000 Home Population</u>			
Live Births	15.5	17.0	15.7	14.3
Still Births... ..	0.35	0.43	0.34	0.25
	22.4(a)	24.8(a)	21.4(a)	17.1(a)
<u>Deaths</u>				
All Causes	11.4	12.2	11.3	10.9
Typhoid & paratyphoid	0.00	0.00	-	0.00
Whooping cough	0.01	0.01	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis... ..	0.20	0.24	0.19	0.07
Influenza	0.16	0.15	0.17	0.1
Smallpox	0.00	0.00	0.00	0.00
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.32
<u>Notifications (Corrected)</u>				
Typhoid fever	0.00	0.00	0.00	0.00
Paratyphoid fever	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.00
Scarlet fever	1.39	1.50	1.44	0.87
Whooping cough	3.58	3.72	3.38	4.17
Diphtheria	0.01	0.01	0.01	0.00
Erysipelas	0.14	0.14	0.13	0.27
Smallpox	0.00	0.00	0.00	0.00
Measles	12.36	11.27	12.32	2.72
Pneumonia	0.84	0.92	0.76	0.90
Acute poliomyelitis (including polioencephalitis) ...				
Paralytic	0.07	0.06	0.06	0.12
Non-paralytic	0.04	0.03	0.04	0.00
Food poisoning	0.24	0.25	0.24	0.32
Puerperal pyrexia	18.23(a)	24.33(a)	12.46(a)	5.13(a)
<u>Rates per 1,000 Live Births</u>				
<u>Deaths</u>				
All causes under 1 year of age ...	26.8(b)	30.8	24.3	34.8
Enteritis & diarrhoea under 2 years of age.	1.1	1.3	0.9	0.0

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

(b) Per 1,000 related Live Births.

MATERNAL MORTALITY IN ENGLAND and WALES

Intermediate List No. and cause	Number of Deaths	Rates per 1,000 Total (Live & Still) Births.	Rates per million women aged 15-44
A115. Sepsis of pregnancy, childbirth and the puerperium	68	0.10	-
A116. (Abortion with toxæmia. (Other toxæmias of pregnancy and the puerperium... ..	7	0.01	1
A117. Haemorrhage of pregnancy and child- birth	90	0.13	-
A118. Abortion without mention of sepsis or toxæmia	30	0.04	3
A119. Abortion with sepsis	39	0.06	4
A120. Other complications of pregnancy, child- birth and the puerperium... ..	125	0.18	-

Table 11. NOTIFICATIONS OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
(ACCORDING TO AGE GROUPS)

	Under 1	1-2 yrs	3-4 yrs	5-9 yrs.	10-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever.	-	-	-	-	-	-	-	-
Measles.	-	1	-	-	-	-	-	1
Whooping Cough.	1	-	2	1	-	-	-	4
Pneumonia.	-	-	-	-	-	-	-	-
Infective Jaundice.	-	-	-	-	-	-	-	-
Erysipelas.	-	-	-	-	-	-	-	-
Dysentery (Sonre).	-	-	-	-	-	-	-	-
Food Poisoning.	-	-	-	-	-	-	-	-
Ophthalmia neonatorum.	-	-	-	-	-	-	-	-
Acute poliomyelitis (paralytic)	-	-	-	-	-	1	-	1
Total	1	1	2	1	-	1	-	6

Table 12. INCIDENCE OF INFECTIOUS DISEASE DURING 1953 (OTHER THAN TUBERCULOSIS)

	Quarters				
	1st	2nd	3rd	4th	Total
Scarlet Fever.	-	-	-	-	-
Whooping Cough.	-	-	4	-	4
Measles.	-	-	1	-	1
Pneumonia.	-	-	-	-	-
Erysipelas.	-	-	-	-	-
Infective Jaundice.	-	-	-	-	-
Food Poisoning.	-	-	-	-	-
Dysentery (Sonre).	-	-	-	-	-
Ophthalmia neonatorum.	-	-	-	-	-
Acute poliomyelitis-paralytic	-	-	-	1	1
Total	-	-	5	1	6

Table 13. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING T.B.)
during last five years

	1949	1950	1951	1952	1953
Scarlet Fever.	4	1	-	1	-
Whooping Cough.	5	11	50	12	4
Measles.	4	71	9	45	1
Pneumonia.	-	4	2	1	-
Infective Hepatitis.	-	1	-	-	-
Poliomyelitis, paralytic.	) 1	-	-	-	1
Poliomyelitis, non-paralytic.	) 1	1	-	-	-
Food Poisoning.	-	-	1	-	-
Erysipelas.	-	-	-	1	-
Total	14	89	62	60	6

Table 14. TUBERCULOSIS. (Details of New Cases during 1953)

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

Table 15. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.53)

	Males	Females	Total
Pulmonary	10	7	17
Non-pulmonary	2	1	3
Total	12	8	20

Table 16. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

		1949	1950	1951	1952	1953
Pulmonary	Male	) 4	1	2	-	-
	Female		1	2	-	1
Non-pulmonary	Male		1	-	-	1
	Female		2	-	-	-
Total		4	5	4	-	2
Area 5 Total		34	31	36	43	24

Table 17. DIPHTHERIA IMMUNISATION.

The following is the number of notifications of primary and booster injections received during the last four years in respect of Area 5.

	Primary Injections		Booster Injections		Total
	Under 5	Age 5-14	Under 5	Age 5-14	
1953	493	392	36	1,855	2,776
1952	371	95	15	598	1,070
1951	460	70	9	178	717
1950	487	100	6	447	1,040

Table 18. VACCINATION AGAINST SMALLPOX.

The state of vaccination of children born during the years 1949 to 1953 resident in the Districts and Area 5, is shown in the following table.

	Diss U.D.					Area 5				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
Number of Live births registered.	35	51	58	62	47	616	590	617	623	574
Number of vaccinations recorded.	19	29	31	38	∅	349	345	377	375	∅
Percentage vaccinated.	54.2	56.8	53.4	61.2	59.5	56.6	58.4	61.1	60.1	59.5

∅ Figures incomplete

Table 19. DEATHS DUE TO CANCER - DISS U.D.

	1947	1948	1949	1950	1951	1952	1953
Number of deaths.	4	13	13	7	5	10	7
Percentage of total deaths.	9.5	23.2	20.3	14.0	9.0	20.4	15.9

Table 19 (a) DEATHS DUE TO CANCER (AREA 5)

	1947	1948	1949	1950	1951	1952	1953
Number of deaths.	59	83	82	84	86	82	74
Percentage of deaths.	11.7	16.9	16.8	17.3	15.3	16.3	16.9

Table with 5 columns and 10 rows. The columns are labeled 'Date', 'Description', 'Debit', 'Credit', and 'Balance'. The table contains faint, illegible handwritten entries.

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THE URBAN DISTRICT OF DISS.
ANNUAL REPORT OF THE SANITARY INSPECTOR
for the year 1953.

SEWERAGE, CONSERVANCY AND DRAINAGE.

The construction and maintenance of sewers and the Council's sewage disposal works is the responsibility of the Surveyor and Engineer.

Good progress has been made with the construction of the new sewage disposal works. The works will be in operation in the very near future with a resultant improvement of the sewage effluent reaching the river Waveney.

Work is to commence shortly on the sewerage of the Eastern part of the town in the Victoria Road/Mission Road area.

The matter then arising will be :- are the Council to require the conversion of the existing buildings to a water carriage system of drainage. The Council are empowered under Section 47 of the Public Health Act, 1936, to require the conversion of closets, other than waterclosets, to waterclosets, even though such closets are not prejudicial to health or a nuisance. In such a case, the Council may serve a notice upon the owner of the building either requiring him to execute the necessary work or requiring that the Council themselves shall be allowed to do so. In the latter case, the Council are entitled to recover from the owner one half of the expenses reasonably incurred by them, whilst if the owner is required to do the work, he may recover a similar sum from the Council. Where no notice is served, the Council may, by agreement with an owner, make a contribution towards the cost of conversion not exceeding one half of the total amount.

The provision of adequate sewers and the conversion of existing buildings to a water carriage system of drainage is naturally a slow and expensive process. It is, however, an expense that must be borne for the progress and improvement of the town and the well-being of its people.

I consider the next large area of the town to require an adequate system of drainage is the Fair Green area.

The supervision of the alteration and reconstruction of drainage works at existing buildings is the responsibility of your Sanitary Inspector, as is the enforcement of the repair, renewal and cleansing of defective or foul drainage systems.

Seventy-five visits and inspections were made in connection with conservancy and drainage.

Messrs. Tovey Transport Ltd., of Cambridge, deal with the clearance of night soil, cesspools and privy-vaults, under contract. This work has been carried out smoothly and efficiently and at a reasonable cost to the Council.

I have been surprised to find that a number of persons on the outskirts of the town are not aware of this service for the clearing of cesspools and privy-vaults and have informed them accordingly. Under the terms of the contract, the Council are paying for the clearance of such cesspools and privy-vaults twice per annum, any clearance in excess of two during the year being chargeable to the owner or the occupier of the premises.

WATER SUPPLIES.

Main Supply. This is the responsibility of the Council's Water Engineer. Other than on one occasion early in the year, the samples of the main water supplies have given a continued result of "Highly Satisfactory". The softening and treatment plant was completed, bringing the method of treatment to a very high standard.

Other Supplies. There was 1 complaint of an unsatisfactory well water supply and this, when a sample was taken, gave a result of "Highly Unsatisfactory". The owner of the property has now provided a main water supply.

Most of the well water supplies should be replaced by a main supply in the near future, when the Burston Water Scheme comes into operation.

PUBLIC HEALTH ACT, 1936.

SECTION 75 (Dustbins). A total of 5 complaints were received concerning defective dustbins and a number were noticed on routine inspections for other purposes. 15 informal notices or verbal requests were made for new dustbins to be supplied and these were complied with in each case.

SECTION 83 (Verminous Premises etc.). At the request of the owner, the rooms of 1 house were disinfested on becoming vacant. This was the only recorded case of verminous premises during the year, compared with my previous experience in other districts, this area is remarkably free from insect vermin.

SECTION 92 (Nuisances) Some 85 complaints of alleged insanitary conditions were made and investigated; 62 of these complaints were justified and were matters that came under the heading of Public Health Nuisances. As a result 39 Informal Notices were served or Verbal Requests made. The number of Statutory Notices served was 4, it was not necessary to institute legal proceedings in any instance.

During the year, 57 nuisances were abated and 30 Informal and 4 Statutory Notices complied with.

I append a summary of defects remedied.

SECTION 167 (Disinfection of premises etc.). Following cases of infectious disease, the disinfection of rooms and articles was carried out in 2 instances.

SECTION 269 (Control of Moveable Dwellings etc.). 12 visits were made to moveable and other temporary dwellings. In each case the dwellings were maintained in a sanitary and hygienic manner with suitable sanitary accommodation and water supply. During the year 3 sites and 4 dwellings were licensed by the Council.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Fifty per cent of the cost of this work, not otherwise recovered, is reimbursed to the Council by the Ministry of Agriculture and Fisheries. Charges are made for treatments carried out at business premises but no charge is made in the case of private dwellings unless obvious neglect or lack of precaution has contributed to the infestation.

This work was carried out very efficiently by one part-time Rodent Operative at a very low cost to the Council.

Infestations were revealed by complaint or during routine inspections and in most cases were investigated initially by your Sanitary Inspector.

There were infestations at 37 dwelling-houses, 19 business premises and 3 areas of open land, the Rose Lane Refuse Tip was treated as routine on 6 occasions. On 1 occasion a block treatment was carried out in the Slaughterhouse area and routine sewer baiting was carried out once during the year. A total of 198 points were pre and poison baited.

SHOPS ACT, 1950.

The duties of the Council under this Act are restricted to enforcing those provisions of Section 38 which relate to the maintenance of suitable and efficient ventilation and a reasonable temperature in shops and the provision of sanitary conveniences for persons employed in or about the shop. There were 29 inspections under this Act and no contraventions were recorded.

HOUSING ACTS.

SECTION 5. (House to House Inspections). This section of the 1936 Act provides that "it shall be the duty of every local authority to cause an inspection of their district to be made from time to time with a view to ascertaining whether any house is unfit for Human habitation" etc. No inspections were made specifically under this Section but a small number of inspections were made on the Housing Survey.

The position at the end of the year was :-

Category 1. (Houses in all respects fit)	9
Category 2. (Houses requiring minor repairs)	30
Category 3. (Houses requiring extensive repairs)	207
Category 5. (Houses fit only for demolition)	85

It is intended that every endeavour will be made to complete this Survey during 1954.

SECTION 11 (Demolition of Individual Unfit Houses). Two houses were demolished as a result of Demolition Orders made in 1952.

PART 4, 1936 ACT (Abatement of Overcrowding). There were no known or recorded cases of Statutory Overcrowding (as defined in the Housing Act, 1936) during the year. There are, however, a number of families living under what can only be described as "cramped" conditions.

With new legislation in the offing which should, subject to certain conditions, allow the private owner to obtain a more equitable rent for his property, and should also lay further obligations concerning housing on the Local Authority, it is to be hoped that the improvement or clearance of sub-standard houses will be approached firmly and decisively in the immediate future.

28 Council Houses and 9 Private Dwellings were completed during the year, there now being a total of 1245 inhabited dwellings within the district.

FACTORIES AND OUTWORKERS.

During the year 15 inspections were made of premises registered as Factories under the Factories Act, 1937. Conditions were found to be satisfactory except for 1 case when it was necessary to serve an informal notice requiring the cleansing of a sanitary convenience. This matter was remedied by the end of the year.

Notification was received of 3 Outworkers residing within the district but on inspection it was found that outwork had been discontinued in each case.

I append the prescribed particulars on the administration of, and as required by, the Factories Act.

PETROLEUM ACTS.

11 visits were made to premises at which petroleum spirit is stored, no contraventions were recorded.

The number of licences in force is 30 and the approximate total quantity of petroleum or other oils stored in the district is 84,000 gallons.

MEAT, MILK AND OTHER FOODS.

There are 46 food premises and 6 food stalls of all types in the district, the following being a summary of premises and stalls at which the various food trades are carried on :-

Bakehouses	5
Butchers	6
Confectionery - sale	13
Confectionery - manufacture	1
Dairy premises	3
Fish - wet	4
Fish - fried	5
Greengrocery and fruit	7
General Grocers	16
Ice Cream - sale and storage	14
Ice Cream - manufacture	1
Licensed Premises	27
Restaurants and Cafes	6
Slaughterhouses	1

Registered Food Premises.

There are 3 premises registered as Dairies under the Milk and Dairies Regulations, 1949. The following being registered under Section 14 of the Food & Drugs Act :-

Premises at which sausages or preserved
food etc. is manufactured 7

Ice Cream premises 15

Milk Regulations, 1949.

Licences issued under the Milk (Special Designation)
(Raw Milk) Regulations, 1949 4

(Principal Dealers 1)

(Supplementary Dealers 3)

Licences issued under the Milk (Special Designation)
Pasteurised and Sterilised Milk Regulations,
1949 5

(Principal Dealers 3)

(Supplementary Dealers 2)

Inspections and Visits.

248 visits were made to food premises and food stalls during the year. A further 44 visits being made for such things as the voluntary surrender by traders of unsound food in their possession.

Together with meat inspection at the Slaughterhouse, it will be seen that the major part of your Sanitary Inspector's time has been occupied with the enforcement of a clean food supply to the public.

The general standard of food hygiene and the condition of food premises has been good throughout the year, any requirements have been complied with, following informal action.

Sampling...

The major sampling operations for chemical analysis are normally carried out by the Food and Drugs Authority who, in the case of this district, are the Norfolk County Council.

An authorised officer of a local authority may also purchase, or in certain cases take, samples of any food and certain drugs. Local authorities who are not also the Food and Drugs Authority usually confine their sampling activities to certain foods for the purpose of bacteriological analysis.

4 samples of Specially Designated milk were taken by myself at the latter part of the year. These samples were for bacteriological analysis and all complied with the standards as laid down in the Regulations.

It is regrettable that these were the only samples taken during the year, sampling for bacteriological analysis being an ideal method in which to indicate the cleanliness and freedom from contamination of certain foodstuffs.

It is essential that all samples should be delivered to the laboratory with minimum delay, to avoid any alteration in the state of the sample, and to transport the sample in such a way to prevent any large multiplication of organisms.

I understood from my predecessor that sampling was not carried out to any degree as (a) there was no suitable insulated container for the conveyance of samples and (b) the time taken to reach the laboratory on the outskirts of Norwich was excessive. Travelling then being by train and omnibus.

This state of affairs has been remedied by the purchase of a suitable sample container and also by means of private transport I am able to reach the laboratory in under an hour.

Disposal of "Condemned" Food.

The methods of disposal are as follows :-

1. All foods other than fresh and tinned meat and tinned fish are buried at the refuse tip. Good cover being essential to prevent the encouragement of rodents.
2. Tinned meat and fish is destroyed by incineration, Messrs. Aldrich and Bryant having very kindly allowed the use of their incinerator for this purpose.
3. Fresh meat from the Slaughterhouse and occasionally from butchers in the town is removed by a contractor for reduction into fertilisers etc. The disposal of such meat is at present arranged by the Ministry of Food.

Voluntary Surrender of Food.

The following foodstuffs were surrendered by traders in the town and rejected as unfit for human consumption by your Sanitary Inspector. A Certificate of Surrender was issued in each case.

Tinned Fruits	236 lbs. 1 oz.
Tinned Meats	144 lbs. 4 ozs.
Tinned Vegetables	43 lbs. 3 ozs.
Tinned Fish	23 lbs. 1 oz.
Tinned Milk	159 Tins (various sizes)
Fresh Meat	139 lbs.
Cheese	18 lbs.

Meat Inspection.

A total of 428 visits were made to the Slaughterhouse for the purpose of meat inspection and as will be seen from the following comparative figures, the number of animals slaughtered was the highest on record :-

<u>Year.</u>	<u>Cattle.</u>	<u>Pigs.</u>	<u>Sheep.</u>	<u>Calves.</u>	<u>Total.</u>
1953	1,441	2,164	2,425	1,015	7,045
1952	1,549	1,891	1,866	1,165	6,461
1951	1,632	1,401	1,633	1,046	5,712
1950	1,450	360	2,019	994	4,823
1932	645	2,213	735	132	3,725

It is anticipated that there will be a sharp drop in the number of animals slaughtered in Diss following the decontrol of meat and livestock in 1954. The slaughterhouse, although far below modern standards and practices, will be more suitable for dealing with a smaller number of animals than at present, chiefly due to the lack of suitable hanging and cooling facilities.

Rejections of meat and offal were much lower than preceding years, the comparative amounts being as follows :-

1953	.....	12 tons	0 cwts.	2 qrs.	23 lbs.
1952	.....	19 tons	11 cwts.	0 qrs.	0 lbs.
1951	.....	17 tons	7 cwts.	0 qrs.	20 lbs.
1950	.....	12 tons	16 cwts.	0 qrs.	5 lbs.

I append a summary of causes of rejection and it will be seen that Tuberculosis is the most common cause of rejection. It will also be seen that rejections of offal were very high due to parasitic affections, the most common parasite being the Liver Fluke and a high proportion of offal rejected being liver.

Refuse Collection, Disposal and Salvage.

Collection. At the end of the year there were 1,250 premises from which refuse was collected, the number of dustbins to be emptied was 1,360.

The average period between collections of refuse from premises in the town area was 10 $\frac{1}{2}$ days. It must, however, be realised that on 1 occasion the period was 14 days, on 3 occasions 13 days and on 6 occasions 12 days. These excessive periods are due to seasonal variations in weight and volume of refuse, difficulties at the tip due to bad weather conditions and time lost by holidays, special collections and the carting of covering material.

With the present refuse collection staff of two men it is found that when time is lost on the round several further collections are made before the return to the normal average period. This is due to the above normal amount of refuse that it is necessary to remove. It is generally known by other cleansing authorities that, compared with the war and post-war period, the volume of refuse is increasing due to the freedom of certain materials which eventually find their way to the dustbin. The most notable material is paper which although still collected by this Council as salvage is becoming more and more apparent in the general refuse.

I consider that the time will come when additional staff must be obtained for this service, by reason of the increase in the bulk of refuse as mentioned above and also the building of houses and other premises from which refuse will have to be collected.

At the present time I am confident that a "7 day" collection of refuse for the town area of Diss could be made by the part-time assistance of a further man for 24 hours each and every week.

Disposal. The Rose Lane Tip was filled by the Autumn and with the shortage of suitable tips the Council were very fortunate in obtaining the use of the tip on Roydon Road.

There were the usual "teething" troubles at the commencement of tipping at the new tip but these were soon settled and tipping has progressed very well.

Salvage. The return from salvage was not as high as could be hoped but I am glad to report that there was a slight increase over 1952.

Comparable figures are as follows :-

<u>Calendar Year.</u>	<u>Waste Paper Collected.</u>	<u>Approx. Value.</u>
1953.	30 Tons. 6 cwts. 0 qrs.	£99.
1952.	26 Tons. 12 cwts. 2 qrs.	£80.
1951.	41 Tons. 8 cwts. 0 qrs.	£456.

It is now known that there will be a 50% increase in the price paid for waste paper during 1954. Whether this will be a temporary increase only or whether further increases are likely is difficult to anticipate.

Dustbin Hire Scheme. 11 bins were supplied to private premises during the year, the number of bins supplied under this scheme now totals 82.

With the present charge of 5/- per bin per year, I consider that very good value is being given to the hirers of such bins. With the present policy of only purchasing bins to B.S.S.792/1947 which should have a minimum life of 7 years, there should also be a fair return to the Council from this scheme.

GENERAL.

My predecessor, Mr.D.J.Hewett, terminated his service with the Council on the 31st October, 1953. I commenced duties on the 23rd November, 1953.

Some difficulty was experienced during the early "settling in" weeks, particularly as various records were difficult to locate at that time due to the reconstruction of the offices. I would, however, like to thank Councillor L.E.Rush and all members of the Council's staff who so freely gave assistance and advice at that awkward time.

I have the honour to present this report on behalf of my predecessor and also myself for the short period I carried out duties during the year.

Due to the lack of experience of work carried out during the year, I apologise for any omissions or lack of continuity in this report.

E. D. EDWARDS.

Sanitary Inspector.

Diss Urban District Council.

SUMMARY OF THE WORK OF SANITARY INSPECTION

INSPECTIONS & VISITS

A. GENERAL.

Atmospheric Pollution	..	..	..	2
Conservancy and Drainage	..	..	..	75
Factories	..	..	..	15
Outworkers	..	..	..	3
Petroleum Acts	..	..	..	11
Places of Entertainment	..	..	..	1
Public Conveniences (Public Houses etc)	..	..	..	37
Rodent Control	..	..	..	78
Shops	..	..	..	29
Water Supply	..	..	..	4
With Medical Officer of Health	..	..	..	15
Miscellaneous Sanitary Visits	..	..	..	99

B. HOUSING.

Housing Survey	..	..	..	23
Overcrowding	..	..	..	3
Tents, Vans and Sheds	..	..	..	12
Verminous Dwellings	..	..	..	4
Visits to Houses (On complaint etc)	..	..	..	50
Miscellaneous Housing Visits	..	..	..	22

C. INFECTIOUS DISEASE.

Enquiries into Cases	..	..	..	4
Disinfections carried out	..	..	..	2

D. FOOD PREMISES.

Visits to Food Premises Including Market Stalls	248
Miscellaneous Food Visits	44

E. SAMPLING.

Milk Samples	4
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F. MEAT INSPECTION.

Visits to Slaughterhouse	428
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G. REFUSE COLLECTION.

Visits in connection with Collection, Disposal and Salvage	136
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TOTAL 1349

SUMMARY OF DEFECTS REMEDIED.

Accumulations removed	1.
Dampness remedied(Rooms)	3.
Drainage Systems Cleared.	..	..	..	6.
Drainage Systems Improved or Repaired	..	..	..	2.
Dustbins Supplied or Renewed	..	..	..	15.
Floors Repaired	..	..	..	1.
Fireplaces and Flues Repaired	..	..	..	2.
Pail Closets Renewed	..	..	..	1.
Roofs Repaired	..	..	..	2.
Walls Repaired	..	..	..	2.
Water-closets Cleansed	..	..	..	2.
Water-closets Renewed	..	..	..	2.
Windows Repaired	..	..	..	1.

SUMMARY OF NOTICES SERVED ETC.

	<u>Served. Remedied. Outstanding.</u>		
Informal Notices and Verbal Requests	39	30	13
Statutory Notices	4	4	Nil

PRESCRIBED PARTICULARS REQUIRED BY SECTION 128(3), FACTORIES ACT, 1937.

1. INSPECTIONS for purposes as to health (including inspections made by Sanitary Inspectors);-

Premises..	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	5	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	46	11	1	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises).	2	2	-	-
TOTAL	53	15	1	-

SUMMARY OF MEAT AND OFFAL REJECTED AS UNFIT FOR HUMAN CONSUMPTION.

DISEASE OR CONDITION	MEAT (Pounds)					OFFAL (Pounds)				
	CATTLE	PIGS	SHEEP	CALVES	TOTAL	CATTLE	PIGS	SHEEP	CALVES	TOTAL
TUBERCULOSIS	5028	2372	-	69	7,469	3500	242	-	16	3,758
INJURY, BRUISING, PNEUMONIA, BAD BLEEDING & OTHER CONDIT'S	1715	1897	50	50	3,712	3106	1608	128	18	4,860
OEDEMA	583	50	236	152	1,021	257	100	146	42	545
PARASITIC AFFECTIONS	-	-	-	-	-	4648	338	216	-	5,202
NECROTIC CONDITIONS	-	231	-	-	231	16	18	-	-	34
SWINE ERYSIPELAS	-	53	-	-	53	-	24	-	-	24
UMBILICAL PYAEMIA	-	-	-	56	56	-	-	-	16	16
CALF DIPHThERIA	-	-	-	-	-	-	-	-	5	5
		GRAND TOTAL			12,542		GRAND TOTAL			14,444

Date	Description	Particulars	Debit	Credit	Balance

Total of Debit column = 1000
 Total of Credit column = 1000
 Balance carried forward = 1000