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THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE
PUBLIC HEALTH INSPECTOR FOR THE YEAR 1958

HEALTH COMMITTEE 1958/59

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+ Chairman of the Council

ø Vice-Chairman of the Council



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THE URBAN DISTRICT OF DISS

The Annual Report of the Medical Officer of Health for the year 1958

Mr.Chairman and Gentlemen,

I have the honour to present my Annual Report for the year 1958. The introduction which follows draws attention to certain matters of interest in the field of public health during the year under review.

LOCAL HEALTH

The health of the District remained generally satisfactory. The estimated population increased from 3,590 in 1957 to 3,610 in 1958. The corrected birth rate (19.4) was higher than that of England and Wales (16.4) while the corrected death rate (10.6) compared favourably with the corresponding rate for England and Wales (11.7). The infant mortality rate was 29.4 (two infant deaths) compared with 22.5 for England and Wales as a whole. Notifiable diseases showed a remarkably low total, i.e. three only.

POLIOMYELITIS VACCINATION

The main task of the health department throughout 1958 was to keep pace with the demand for poliomyelitis vaccination. The position was not helped by the uncertainty and irregularity of supplies - particularly supplies of British vaccine. Extensions of the age groups eligible for vaccination and the offer of choice between American and British brands added to administrative difficulties.

Since the introduction of the vaccination campaign approximately 75% of children in Area 5 eligible for vaccination have accepted the offer; there is reason to believe that this figure is a good deal higher than the national acceptance rate. In 1958 the total number of vaccine injections given was approximately 11,350. Welcome help from general practitioners eased the burden of the work.

poliomyelitis

The yearly average number of cases notified in Norfolk during the post-war years is 39. In 1958 only seven cases were notified. There were 1,993 cases notified in England and Wales in 1958 compared with 5,477 in 1957 and 3,919 in 1956.

Some time must elapse, however, before the value of the recently introduced vaccination campaign can be properly assessed. Meanwhile we gain confidence from interim reports on the efficiency of vaccines. In July 1957 the Medical Research Council reporting on the "Assessment of British Vaccine against Poliomyelitis", showed that the attack rate of paralytic poliomyelitis in children aged 6-9 years after two doses of British poliomyelitis vaccine to be 1.3 per 100,000; the attack rate in the unvaccinated controls in the same age group was 8.2 per 100,000. The apparent protection against the paralytic form of the disease is, therefore, about 80%. The same satisfactory results were obtained in the 18 months to 5 years age group.

The possibility of using a live (but harmless) vaccine, given by mouth, is receiving much scientific attention at the present time under the guidance of the World Health Organisation. On the continent and in Singapore vaccination campaigns, with the use of a live vaccine, have already been instituted.

The initial response of the 15 to 25 age group to the offer of vaccination was disappointing. This is not altogether surprising for teenagers, in particular, have grown to expect their parents to make all the dull decisions about what is good for health; neither can it be claimed that the shine in the eyes of the adolescent arises from a sense of social or personal responsibility. However, the tragic death from poliomyelitis of a star footballer eventually stimulated the movement of young adults into poliomyelitis queues; it is to be hoped that this emotional response will not spend itself like a passing fashion.

STRONTIUM - 90

Strontium, a metallic element, is a natural content of the earth's crust. Man-made radioactive strontium results from nuclear explosions; radioactive strontium is lighter than natural strontium having an atomic weight of 90 hence the term "strontium - 90".

Quite a number of radioactive materials are blasted into the sky with every above-ground nuclear explosion but strontium - 90 is the most dangerous to health because (a) it is relatively abundant among the fission products (b) it is very long lived (c) it is easily absorbed by the body and once absorbed it is stored for long periods.

When strontium - 90 units arrive at that vast chemical factory, the human body, they appear unfamiliar but look rather like cousins of calcium; so they are drafted off with calcium units on a complicated chemical journey which ends in bone. Here the strontium - 90 units reveal themselves as saboteurs not only creating bone tumours but also disrupting a very important task of the bone-marrow, i.e. the manufacture of blood cells. Irradiation of the bone-marrow by the strontium 90 causes uncontrolled over-production of white blood cells most of which are badly-finished, immature and useless. This is "blood cancer" or leukaemia, a disease ultimately fatal.

For many years now certain occupations involving the use of radium and other radio-active substances have been subject to protective measures laid down by an International Commission on Radiological Protection. This Commission fixed a maximum permissible level of radium-content for the human skeleton; the Medical Research Council has adopted a similar "maximum permissible level" for the strontium - 90 content of bone.

The Medical Research Council showed a few years ago that the amount of strontium - 90 in human bone was about a thousandth of the maximum permissible level and that "immediate consideration" would be required if the concentration in human bones should show signs of rising beyond one-hundredth of the "maximum permissible level". Recently the Prime Minister has stated that "even if deposition of the strontium - 90 that has already been injected into the stratosphere continues at the higher rate observed in the summer of 1958, the concentration of this substance in bone is unlikely to approach the level which the Medical Research Council advised in 1956 would require "immediate consideration".

The precautions taken to check levels of strontium - 90 in articles of diet are best described by an extract from the Prime Minister's memorandum circulated to M.Ps.

"In this country, regular measurements are made of strontium - 90 in food, milk, drinking-water, and air, and in soil and vegetation. We thus have much information on the rate at which strontium 90 enters the diet and reaches bone. The investigations of radioactivity in food were considerably expanded in 1958. Milk receives special attention because much of the total strontium 90 in diet comes from dairy produce. Representative samples are collected regularly from over 200 depots handling some 40% of the total milk production in the United Kingdom. So far as is known, no equally comprehensive scheme is in operation in any other country. Other foods which introduce considerably less strontium - 90 into the diet are also examined; for example, cereals, both imported and home-produced, and vegetables".

MANIOTH X-RAY SURVEYS

In 1956 the Secretary of State for Scotland announced a national two-year campaign against tuberculosis, to be initiated by a mass X-ray drive in Glasgow. The result of this highly-organised campaign showed "an unparalleled public response and an unprecedented rate of sustained effort by the units concerned". 78% of the female and 74% of the male adult population of Glasgow were X-rayed. In a five week period approximately 715,000 persons were X-rayed by 37 units. The following results were obtained:

2,842 (4 per 1,000) active cases of tuberculosis were detected.

5,379 (7.5 per 1,000) cases needed supervision.

13,863 persons showed "abnormal X-ray results.

347 cases of lung cancer were detected, the rate being four times greater in men than in women.

The cost of the X-ray campaign was over £114,000 and this is equivalent to three and twopence per person examined, or £44 per new active case of tuberculosis found.

A similar campaign has been carried out in Edinburgh and another has just been completed in Liverpool at the time of writing this Report.

Radiological Hazards to Patients

In 1957 4½ million mass miniature radiological examinations were made in Great Britain. These examinations led to the discovery of nearly 18,000 cases of pulmonary tuberculosis requiring supervision and over 63,000 other abnormalities including 2,362 cases of lung cancer.

In 1956, the Medical Research Council reported on the "Hazards to Man of Nuclear and Allied Radiations". One result of this report was the setting up by the Ministry of Health of a Government Committee under the chairmanship of Lord Adrian to review the present practice in diagnostic radiology. The Adrian Committee has issued an interim report and the main conclusion is expressed in these words.

"The value of mass miniature radiography is so great that it must not be curtailed without good cause and we think it important therefore to state now that these examinations properly conducted make a negligible contribution to the total radiation to which the population is exposed".

It is considered that an individual who has had ten mass miniature radiography examinations over a series of years would have his chance of developing leukaemia in any year increased - if at all - from 50 in a million to at most 51. Nevertheless, the Adrian Committee recommends:

- (a) That diagnostic radiology be kept to a minimum.
- (b) That pregnant women should continue where necessary to have radiological examinations of the chest but that mass miniature radiography should not be used - but full size films with stringent limitation of field size should be used.
- (c) That it is undesirable to use mass miniature radiography for children. Where X-ray investigation is desirable for a child under 14 the Committee recommends that a large film should be taken.

PROBLEM FAMILIES

Every year a number of children leave school with reputations for moral and emotional immaturity and poor intellects; some of these children may be placed under statutory supervision particularly where the home environment is unsatisfactory. The outlook for all of them is uncertain and often grim; where a girl is concerned one positive achievement may be anticipated - early marriage with successful and continuous child-bearing. Lacking powers of discrimination she may be depended upon to choose a marriage partner who provides a bad social and financial risk.

The stage is now nicely set for another problem family drama and very soon unpleasant situations develop watched by a helpless audience. Little or nothing can be done for these young people at the beginning of their married lives, except for local authority supervision in certain extreme cases.

It does not take long for the mother to have as many children as she can manage but the babies still continue to arrive and with the birth of each her health deteriorates and her will to cope steadily weakens.

There are those who imagine that problem family parents will be agreeably surprised and co-operative when advised on family planning. However, those who have experience with problem parents find that all such information is usually received with indignation or complete indifference. After all it is this indifference on the part of unsatisfactory parents which is the essence of the problem and, in the worst cases, results in child neglect (physical and emotional) or child cruelty.

Now comes the time when members of a battery of social workers knock on the door. They knock more than once or knock in vain. Whispers may be heard on the other side of the door ("Be careful - it may be the police"). Refusing to be discouraged, health visitors work grimly on, housing managers suppress their indignation, welfare officers tackle the husband, child care officers come and go, voluntary agencies dutifully hand out bedding and clothing, while school teachers brood over the mental and social deficiencies of the seedlings of future problem families committed to their care.

The public conscience is disturbed and perplexed by these realities; the glib answer that it is all caused by bad economic conditions is no longer accepted. It is not surprising, therefore, to find that in recent years numerous methods have been devised to grapple with the challenge of unsatisfactory families. One of the difficulties is to bring about co-ordination of responsibility particularly for the welfare of the children. Official guidance has been given by the Ministries concerned by means of a joint circular advising the designation of an officer in each local authority area to co-ordinate the work of all interested officials and agencies and call regular discussion meetings. The interests of problem families are best served by allocating responsibility for supervision to one officer of the County Council (or Voluntary Organisation) who seems, in all the circumstances, the most appropriate person to help the family; it is thus possible to avoid the confusion which arises from multiple visits by many officials.

In Norfolk the County Childrens' Officer has been appointed Co-ordinating Officer and takes the chair at Problem Families Conferences. Case conferences, instituted in 1957, are held twice yearly in Area 5. At these meetings all difficulties associated with local problem families are discussed and decisions made regarding action to be taken in each case. The composition of the departments and agencies represented at these conferences is worth recording:

Children's Department.	Representatives from District Councils.
Public Health Department. (A.C.M.O., Welfare Officers, Health Visitors, Home Help Organiser).	N.S.P.C.C. Norwich Diocesan Council for Moral Welfare.
Education Department.	National Assistance Board.
Social Services Department.	
Probation Services.	

Adequate housing is a very important factor if there is to be any hope of improving the morale of problem families; without it there is little hope. District Councils can give practical help by careful consideration of the housing needs of problem families. There are of course rightful objections to providing some problem families with housing on a Council's estate; in such cases housing in roomy sub-standard reconditioned property is the best solution until such time as these families have improved sufficiently to qualify for a Council house. It is a question of dispassionate consideration of each case on its merits with a bias towards leniency and tolerance.

II STAFF

Mr.D.E.Coldham, C.S.I.B., continued duty as Public Health Inspector to your Council throughout the year.

Clerical assistance for your Medical Officer of Health was carried out by the Senior Clerk and Staff at the Local Health Office, Norwich.

III VITAL STATISTICS

(a) Population

The Registrar General estimates the population of Diss Urban District at 3,610 compared with 3,590 in 1957.

(b) Births

There were 68 live births recorded during the year: 40 boys and 28 girls. The crude birth rate was 18.7 per 1,000 of the resident population compared with 17.8 in 1957.

(c) Deaths

The number of deaths during the year was 45 compared with 42 in 1957; the crude death rate was, therefore, 12.5 compared with 11.7 in 1957. More than half the deaths were caused by diseases of the heart and circulation: 30 of the 42 deaths occurred in the age group 70 to 100 years.

(d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Allowing for this factor the adjusted birth rate for Diss District thus becomes 19.4 compared with 16.4 for England and Wales and the death rate 10.6 compared with 11.7 for England and Wales.

(e) Infant Mortality

There were two infant deaths. One death was the result of an accident and the other caused by broncho-pneumonia. The infant death rate (deaths under one year of age per 1,000 live births) was, therefore, 29.4 compared with 22.5 for England and Wales. The infant death rate for England and Wales constitutes a new low record. However, there are certain countries with rates lower than those of England and Wales, i.e. Australia, New Zealand, Netherlands and Sweden.

IV COMMUNICABLE DISEASES

(a) Only three communicable diseases were recorded during 1958: 2 cases of measles and one of erysipelas.

(b) Whooping Cough

There were no notified cases. In England and Wales there has been a sharp fall in the incidence of the disease since the Autumn of 1957; this may be the consequence of building up a large population of immunised children. The Whooping Cough Immunisation Committee of the Medical Research Council has issued a final report recently with a conclusion containing these words; "The results of the trials clearly showed that it was possible by vaccination to produce a high degree of protection against the disease".

Early immunisation of babies is essential for the reason that three-quarters of the deaths ascribed to whooping cough occur in babies under one year of age. The level of immunisation of babies in Diss District is reasonably satisfactory.

(c) Diphtheria

It is many years now since a case of diphtheria occurred in the District. Nevertheless the need to maintain a high level of immunity by inoculation remains because the disease, which at one time claimed thousands of deaths annually in this country, has not been completely stamped out but continues to show occasional flickers of life: thus in October 1958 small outbreaks occurred in Essex and London. In Essex the outbreak began in an infants school and caused the death of one child.

In Area 5 a reasonably high level of immunisation is maintained. During the year 401 children under the age of five years (283 under one year) were immunised and 416 booster doses were given to school children. The number of births during the year was 599. Compared with recent years some reduction in the work of immunising school children was inevitable in the face of the large poliomyelitis vaccination programme which had to be urgently carried out.

(d) Poliomyelitis

No cases of poliomyelitis were notified during the year.

Statistical details of vaccinations carried out during 1958 are shown in Table 21 of the appendix to this Report.

(e) Smallpox Vaccination

31 children in the age group 0-4 years in Diss District were given primary vaccinations; most of these were infants in the first year of life. Births numbered 68; the vaccination rate was not quite as high as in previous years.

TUBERCULOSIS

The national decline in the incidence of Tuberculosis continues. In England and Wales deaths from respiratory tuberculosis during 1958 were 6% less than the previous year.

In Area 5 the average yearly notifications of new cases of tuberculosis from 1954 to 1957 was 18. In 1958 there were only 8 new notifications. Only one new case of tuberculosis (non-pulmonary) was recorded in Diss in 1958.

As in recent years, B.C.G. vaccination of school-leavers at the Diss Senior Schools was carried out in 1958. There continues to be a good response to this method of protection against tuberculosis.

CANCER

Cancer deaths in Diss District were less than in recent years; there was one death from lung cancer.

Deaths from lung cancer again increased in England and Wales in 1958. There were approximately 20,000 deaths. So far the rate of increase is fairly steady at approximately 1,000 additional deaths per annum for a number of years past.

In his Annual Report for 1957 the Chief Medical Officer of the Ministry of Health writes as follows on the subject of lung cancer.

"The epidemiological studies which have been made in this country and in the United States of America have shown that excessive cigarette smoking is an important factor in its causation. But there is possibly something else working as a carcinogen upon the tissues of the respiratory tract either on its own account or in association with the smoking habit. The identity of such a factor has not yet been established, neither do we know whether there is only one or whether there are several involved".

HOUSING

A welcome release from the lull in Council building (occasioned by financial restrictions) came to an end with projects for building houses at Tavern Lane and a housing estate at Mere Manor with the inclusion of plans for grouped dwellings for the elderly.

The Mere Manor estate, planned to provide 43 housing units, should allow considerable scope for the eradication of a number of sub-standard dwellings which are unsatisfactory to the occupiers and a blemish on the good appearance of the town.

Detailed information regarding work under the Housing Acts is contained in the Public Health Inspector's Report (appended).

WATER SUPPLIES

From the waterworks at Louie's Lane, filtered, softened, and chlorinated water is supplied to the district. Bacteriological and chemical examinations continued to give satisfactory results throughout the year. Diss water is naturally medicated with sodium fluoride to the extent considered necessary for the growth of healthy teeth, i.e. one part of sodium fluoride per million parts of water. Routine sampling of the water from the Council's public swimming-pool showed that the purification plant was satisfactorily maintained.

FLUORINATION AND NATIONAL WATER SUPPLIES

The World Health Organisation Expert Committee on Water Fluoridation published a Report in 1958. In the conclusion of the Report the Committee expressed the opinion that the results of the extensive and thorough enquiry into the question of water fluoridation "proved beyond doubt the safety of controlled fluoridation as a public health measure" (Chronicle of the World Health Organisation, June 1958).

With regard to the pilot fluoridation schemes in operation in the United Kingdom, the Ministry of Health has stated that the earliest date at which the results of fluoridation can be assessed is five or six years after the water treatment began. According to a communication received from the Ministry, it is not anticipated that the Ministry of Health shall have anything to report before 1961 at the earliest.

SEWAGE DISPOSAL

With the completion of new sewers, good progress was made during the year with the sewerage of properties at the Eastern End of the Town; your Public Health Inspector is to be congratulated on his efforts and persistence in persuading house-owners in this area to carry out the necessary conversions from pail to water closets.

More detailed information under this heading is contained in the Public Health Inspector's Report (appended).

CONCLUSION

In conclusion, I should like once more to express my appreciation of the kindness shown to me by the Chairman and the members of the Public Health Committee and by the Clerk and officials of the Council; I should like also to record my appreciation of the efficient work carried out on my behalf by the Public Health Inspector and the work of the clerical staff at the Health Office, Norwich.

I have the honour to be, Mr.Chairman, and Gentlemen,

Your obedient servant,

W. E. Holman

DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,628
Estimated Resident Population	3,610
Rateable Value	£41,944
Sum represented by a Penny Rate	£172

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	39	28	67
Illegitimate	1	-	1
Totals	40	28	68

Live Birth Rate per 1,000 of estimated
Resident Population = 18.7

Table 3. STILL BIRTHS - NIL -

Still Birth Rate per 1,000 total births: 0.0

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	40	28	68
Still	-	-	-
Totals	40	28	68

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	-	-	-
Totals	2	-	2

Infant Mortality Rates per 1,000 live births

Total = 29.4
Legitimate = 29.8 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-
Totals	1	-	1

Neo Natal Mortality rate per 1,000 live births = 14.7

Table 6. ILLEGITIMATE BIRTHS

Males, 1; Females, -; Total, 1 = 1.5% of Total Live Births.

Table 7. MATERNAL DEATHS (including abortion)

- NIL -

Maternal mortality rate per 1,000 live and still births
= 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
25	20	45

Crude Death Rate per 1,000 of estimated
Resident Population = 12.5

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Male	Female	Total
Broncho-Pneumonia	1	-	1
Accidental Death	1	-	1
Totals	2	-	2

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1958
(According to Age Groups)

Diss U.D.	Males	Females	Total
Under 1 year	2	-	2
1 and under 5	-	-	-
5 " " 10	-	1	1
10 " " 20	-	-	-
20 " " 30	-	-	-
30 " " 40	-	-	-
40 " " 50	2	-	2
50 " " 60	3	-	3
60 " " 70	4	3	7
70 " " 80	11	10	21
80 " " 90	2	4	6
90 " " 100	1	2	3
100 and over	-	-	-
Totals	25	20	45

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General) - Diss U.D.

Cause	Male	Female	Total
1. Tuberculosis, respiratory	1	-	1
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	1	1
10. Malignant neoplasm, stomach	-	-	-
11. Malignant neoplasm, lung, bronchus	1	-	1
12. Malignant neoplasm, breast	-	-	-
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasms	1	3	4
15. Leukemia, Aleukemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	4	4	8
18. Coronary disease, angina	8	2	10
19. Hypertension with heart disease	-	1	1
20. Other heart diseases	-	4	4
21. Other circulatory diseases	-	1	1
22. Influenza	-	-	-
23. Pneumonia	2	1	3
24. Bronchitis	1	-	1
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	4	2	6
33. Motor vehicle accidents	-	-	-
34. All other accidents	2	1	3
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
Totals	25	20	45

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1951	1952	1953	1954	1955	1956	1957	1958
<u>Live Births (per 1,000 pop)</u>								
Diss U.D.	(58)	(62)	(47)	(50)	(64)	(53)	(64)	(68)
Area 5.	16.8	17.8	13.4	14.1	17.8	14.8	17.8	18.7
England & Wales (Provisional)	15.4	15.6	14.3	13.4	14.3	14.2	13.3	14.9
England & Wales (Provisional)	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4
<u>Still Births (per 1,000 total births)</u>								
Diss U.D.	(Nil)	(2)	(3)	(1)	(Nil)	(Nil)	(1)	(Nil)
Area 5.	0.0	31.2	60.0	19.7	0.0	0.0	15.4	0.0
England & Wales (Provisional)	26.8	28.0	17.1	26.0	20.8	23.7	22.0	9.9
England & Wales (Provisional)	-	22.6	22.4	24.0	23.1	23.0	22.4	21.6
<u>Crude Deaths (per 1,000 pop)</u>								
Diss U.D.	(55)	(49)	(44)	(45)	(34)	(44)	(42)	(45)
Area 5.	15.9	14.1	12.6	12.7	9.5	12.3	11.7	12.5
England & Wales (Provisional)	14.0	12.6	10.9	11.6	11.8	11.4	11.1	12.1
England & Wales (Provisional)	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7
<u>Infant Mortality (per 1,000 live births)</u>								
Diss U.D.	(2)	(2)	(2)	(Nil)	(Nil)	(1)	(Nil)	(2)
Area 5.	34.5	32.2	42.5	0.0	0.0	18.9	0.0	29.4
England & Wales (Provisional)	27.5	28.8	34.8	7.1	19.0	20.8	15.0	8.3
England & Wales (Provisional)	29.6	27.0	26.8	25.5	24.9	23.8	23.0	22.5

NOTE: Figures in brackets are the actual numbers for Diss Urban District

Table 13. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
(ACCORDING TO AGE GROUPS) - Diss U.D.

	Under 1	1-4 yrs	5-14 yrs	15-24 yrs	Over 25	Total
Measles	-	2	-	-	-	2
Erysipelas	-	-	-	-	1	1
Totals	-	2	-	-	1	3

Table 14. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
Diss U.D.

	Quarters				Total
	1st	2nd	3rd	4th	
Measles	1	1	-	-	2
Erysipelas	-	1	-	-	1
Totals	1	2	-	-	3

Table 15. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
DURING LAST FIVE YEARS - Diss U.D.

	1954	1955	1956	1957	1958
Scarlet Fever	1	-	1	2	-
Measles	73	27	9	141	2
Whooping Cough	3	27	9	22	-
Pneumonia	3	5	1	-	-
Erysipelas	1	-	-	-	1
Dysentery (Sonne)	-	-	-	1	-
Food Poisoning	-	1	-	-	-
Totals	81	60	20	166	3

Table 16. TUBERCULOSIS (DETAILS OF NEW CASES DURING 1958) - Diss U.D.

Age Period	Pulmonary		Non-Pulmonary	
	M	F	M	F
0-4	-	-	-	-
5-14	-	-	-	-
15-22	-	-	-	-
23-34	-	-	-	-
35-44	-	-	-	-
45-54	-	-	1	-
55-64	-	-	-	-
65 and over	-	-	-	-
Totals	-	-	1	-

Table 17. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.58)
Diss U.D.

	Males	Females	Total
Pulmonary	7	6	13
Non-Pulmonary	3	2	5
Total	10	8	18

Table 18. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARSDiss U.D.

		1954	1955	1956	1957	1958
Pulmonary	Male	1	-	3	-	-
	Female	2	1	-	-	-
Non-Pulmonary	Male	-	-	-	-	1
	Female	1	-	-	-	-
Total		4	1	3	-	1
Area 5 Total		23	13	17	18	8

Table 19. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last seven years in respect of Area 5.

	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1958	283	401	60	28	416	905
1957	347	447	76	54	773	1,350
1956	390	523	139	62	886	1,610
1955	283	463	86	45	251	845
1954	237	486	171	26	983	1,666
1953	-	493	392	36	1,855	2,776
1952	-	371	95	15	598	1,070

Table 20. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the years 1954 to 1958 resident in the District and Area 5, are shown in the following Table.

	Diss U.D.					Area 5				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
Number of live births registered.	50	64	53	64	68	560	577	576	533	599
Number of vaccinations recorded (0-4 years)	29	33	62	43	31	375	361	500	410	445
Percentage vaccinated.	58	51	100	67	46	67	62	87	77	74

Table 21. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 5 since the introduction of this scheme in 1956.

	Primary			Booster			Totals
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	
1958	1,648	3,159	154	32	1,284	2	6,279
1957	197	1,115	-	-	-	-	1,312
1956	40	121	-	-	-	-	161

Table 22. DEATHS DUE TO CANCER - Diss U.D.

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of deaths.	7	5	10	7	8	5	9	10	5
Percentage of total deaths.	14	9	20	16	17	14	20	23	11

Table 23. DEATHS DUE TO CANCER - Area 5

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of deaths.	84	86	82	74	87	73	65	55	81
Percentage of total deaths.	17.3	15.3	16.3	16.9	18.5	15.2	14.0	12.4	16.6

Table 24. TOTAL CANCER AND LUNG CANCER DEATHS DURING LAST SEVEN YEARS
Diss U.D.

	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1952	24	7	2	25	3	-
1953	22	2	-	22	5	-
1954	20	2	-	25	6	-
1955	24	4	-	10	1	-
1956	20	5	2	24	4	-
1957	18	5	2	24	5	-
1958	25	2	1	20	3	-
Totals	153	27	7	150	27	-

THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
for the year 1958

SEWERAGE, CONSERVANCY and DRAINAGE

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

The most noticeable advancement in this field during the year was the substantial reduction in the number of pail closets converted to water closets. Since the completion of the new sewers at the Eastern End of the town some 142 pail closets have been converted and 8 septic tanks have been dispensed with and the drains connected to the sewer.

There still remain 115 properties where conversion or improvement is not possible because of the lack of a suitable sewer, and this will undoubtedly have to receive your Council's early consideration if any further improvement is to be made.

Samples of effluent from the disposal works have continued to give satisfactory results. A recent sample result is appended.

CERTIFICATE OF ANALYSIS

Nature of Sample - Effluent

Date received - 22.4.59

Marked - 602. Diss sewage outfall

Appearance: Clear; greenish grey deposit

Colour: Green

Odour: Inoffensive

pH: 6.0 Reaction: slightly acid

Parts per Million

Ammoniacal nitrogen	1.0
Albuminoid nitrogen	2.8
Nitrate nitrogen	50.0
Nitrite nitrogen	0.2
Chlorine as chlorides	110.0
Permanganate Value	24.0
B.O.D.	15.0
Suspended solids	46.0

The suspended solids content of this sample is somewhat too high. In all other respects the sample is very satisfactory. The B.O.D. is below Royal Commission general standards of 20 p.p.m. and almost the whole of the nitrogenous matter present is fully oxidised.

WATER SUPPLIES

The consumption figures of mains water still continue to rise, undoubtedly due to increasing improvements in the home with the introduction of grants for bathrooms and hot water systems, but partially due to the over-increasing practice of agricultural irrigation.

All samples submitted for chemical and bacteriological examination were "Highly Satisfactory".

A recent chemical analysis report is appended.

CERTIFICATE OF ANALYSIS OF WATER

Sample received.....6th January 1958.....
Marked.....Borehole, Diss U.D.C. Waterworks, Diss.....
Appearance when received.....Clear, trace yellow deposit.....
Nature of Deposit.....Vegetable matter: iron compounds.....
Colour.....Nil.....Odour.....Satisfactory.....
Reaction.....Neutral.....pH. 6.8.....Taste.....Satisfactory.....

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen...	0.31	Hardness as CaCO_3	
Albuminoid nitrogen...	0.01	Total.....	520
Nitrate nitrogen.....	Nil	Carbonate (temporary).....	370
Nitrite nitrogen.....	Nil	Non-carbonate (permanent).....	150
Chlorine as chlorides.....	58	Alkalinity as CaCO_3	370
Oxygen absorbed (4 hr. 27°C.).....	0.52	Free carbon dioxide.....	67
Silica as SiO_2	11.6	Total solids (at 180°C.).....	810
Fluorine as F.....	1.35	Iron (total).....	0.45
Sulphate as SO_4	180	Metals in solution.....	other than iron - nil

OPINION

In our opinion this water is suitable for drinking and general purposes.

SWIMMING POOL

All samples taken for bacteriological examination from the pool gave excellent results.

Some trouble was experienced at the start of the season with algal growth but this was soon overcome by chemical treatment.

REFUSE COLLECTION and DISPOSAL

A weekly collection was maintained throughout the year, with small adjustments for Bank Holidays and the number of bins emptied weekly is estimated at 1,429.

The new collection vehicle, a Karrier Gamecock, 12 cub. yard capacity, was purchased in September and has continued to operate extremely satisfactorily.

The annual weight of refuse still continues to increase and undoubtedly will continue to do so with the further development which is envisaged.

DISPOSAL

The facilities for disposal are still adequate for some time to come but within the near future some more permanent method must be found otherwise incineration must be resorted to, which, as your Council appreciates, is a very costly item. The filling of small pits is uneconomical bearing in mind the cost of obtaining access and soil covering.

HOUSING

Rents Act 1957

Only one "Certificate of Disrepair" was issued during the year and in one further case an "undertaking" was given by the owner and the repairs were completed satisfactorily. One "Certificate" was cancelled as the result of the owner satisfactorily completing repairs.

Slum Clearance

During the year 5 properties were subject to Demolition Orders and at the time of writing all the tenants have been rehoused in Council dwellings. The construction of 10 new dwellings, for rehousing people from "sub-standard" houses, was commenced during the latter part of the year, and it is anticipated these will be completed early in 1959.

Overcrowding

There were no known cases of Statutory Overcrowding but 3 suspected cases were recorded, all of which proved unfounded upon investigation.

Accommodation Available

7 private properties were completed during the year bringing the total to 1,320. Your Council already owns some 316 permanent houses and 10 more under construction; plans for a further 40 dwellings are under consideration.

In view of the present day costs of building undoubtedly your Council's policy to build the "traditional" type house to minimum standards will prove the most economical and efficient method of providing housing accommodation in the future and one which should be continued.

The proposed introduction of the "Standard" grant will also prove a great benefit both to owners, tenant and Local Authority alike, as the improvements will help raise the general standard of accommodation and reduce the number of dwellings requiring Demolition Action in the future.

FOOD and DRUGS ACTS

Food Hygiene Regulations 1955

108 visits/inspections were made specifically under these Regulations, and some contraventions were observed, but in all cases the necessary works to ensure compliance were carried out.

The implementing of the Food Hygiene Regulations has vastly improved the general standard of methods of storage, handling and preparation in food shops, but undoubtedly some types of premises still need careful vigilance. Public houses and market stalls, where old practices die hard, are probably the chief cause for concern. Publicans state that the use of detergents or water too hot takes the "bloom" from glasses and affects the beer, whilst stallholders still persist in spreading their goods over the whole front of the stall where it is most likely to become contaminated, and remark that to cover food "spoils the look of the goods".

Sec.16 Food and Drugs Act 1955

18 retailers and 1 manufacturer of ice-cream are registered under this Act as are 11 premises for the manufacture and sale of preserved foods.

All samples of ice-cream submitted for examination satisfied the required standards.

Sec.9 Food and Drugs Act 1955

The following foodstuffs were examined and rejected as unfit for human consumption:-

Tinned meat	45 tins
" fish	29 "
" fruit	11 "
" vegetables	62 "
" milk	20 "
Fish	3 stone Skate
Liquid egg	32 lbs.
Ham	10 lbs.

Although it is not a bad thing to encourage retailers to request an inspection of certain foods by the Health Inspector it is becoming more apparent that some shop-keepers do this more as a "convenience" than a duty. They ignore their responsibility not to sell any unfit food but are happy to think that a certificate of condemnation from the Inspector will "at least keep the books straight".

Meat Inspection

The annual throughput at the local privately owned slaughterhouse declined during the year, mainly because of the unexpected sharp increase in the price of "home-bred" cattle. In spite of the decrease in number there was a greater increase in quality. "Generalised" infections have disappeared - the majority of condemnations being "localised" infections of the offal.

	Cattle	Pigs	Sheep	Calves	Total
1958	692	1,024	299	3	2,018
1957	895	1,065	291	6	2,257
1954	999	2,450	1,698	323	5,470

Meat and offal rejected as unfit for human consumption was as follows:-

1958	7 cwts.	1 qr.	23 lbs.
1957	15 cwts.	1 qr.	22 lbs.
1954	7 tons	18 cwts.	0 qrs. 20 lbs.

The introduction of the Slaughterhouse (Hygiene) Regulations 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958 has now placed a responsibility upon owners to improve and maintain their premises to a definite standard which will be uniform throughout the country. It would appear that this required standard will cause the closing of some slaughterhouses because the butcher killing only enough for his own needs will not be able to afford any extensive alterations. This will tend to "centralize" slaughtering to premises where owners bring their premises to the required standard; this in turn will help reduce the work for the Inspector and should result in a far higher proportion of meat being properly inspected than is now possible.

AGRICULTURAL (SAFETY, HEALTH and WELFARE PROVISIONS) ACT 1956

There is only one property in the district to which this Act applies, and sufficient and satisfactory sanitary accommodation was available in this case.

CLEAN AIR ACT 1956

No contraventions were observed under the provisions of this Act but factory owners where nuisance is likely to occur have been informed of their responsibility, and it is unlikely that statutory powers will have to be resorted to.

The greatest cause for concern in this field is, I consider, the railway locomotive; this concern will continue until there is change to complete electrification or deisel power. It is felt, however, that more stress could be laid on the prevention of deisel fumes from heavy haulage vehicles, particularly as their discharge is close to ground level where the public contact it immediately, whereas most factory chimneys do discharge at some height.

RODENT CONTROL

During the year a total of 112 inspections were made and the appropriate treatment given where any infestations were found. It is inevitable in an area of a rural nature that infestations are generally heaviest where building property abuts agricultural land; in view of the recent decision of the Ministry of Agriculture not to carry out further control of farm land by "contract" the situation will need further attention.

Two treatments of the town sewers were carried out and it can be said that in general the sewers are free from any serious infestation.

PETROLEUM ACTS

62 visits were made for the enforcement of these Acts and no contraventions were observed.

During the latter months of the year your Council adopted the "Model Code" for filling stations, and whilst it is safe to say that most owners watch the "draw-off" from their tank so carefully that it is unlikely that any serious defects will be found, the adoption of this "Code" will bring about a far greater safety standard which should benefit all concerned.

31 premises have current licences for approximately 90,000 gallons.

SHOPS ACT 1950

During the year 35 visits/inspections were made specifically under this Act but during inspections under other enactments e.g. food hygiene, the requirements of the Act were kept in mind.

Two contraventions were observed, namely unclean sanitary conveniences, and in each case cleansing was carried out after a verbal request.

FACTORIES ACT 1937

48 inspections were made during the year of "registered" factories and 10 visits were made to building sites under Sec.7 of the Act.

In 3 cases improvements were made to existing sanitary conveniences and urinals were installed at one factory after informal notices had been served in each case. One factory having insufficient accommodation has given an undertaking to construct new conveniences in a new extension.

Two informal notices were served on one factory, to prevent dust from a sack shredding process to be more effectively controlled, but this factory has now closed.

There were no known outworkers residing in the District.

PUBLIC HEALTH ACT 1936

Sec.75 (Provision of Dustbins)

A total of 15 complaints were received concerning defective bins or lack of bins, and in each case these were renewed or supplied after informal notice.

Sec.83 (Filthy or Verminous Premises)

Two premises were disinfested during the year: one being a Nissen hut was treated on being vacated; the other at the request of a tenant who believed his house to be infested.

Sec. 92 (Nuisances)

Some 81 complaints of sanitary nuisance were made but on investigation only 70 were considered justified. As a result 41 informal or verbal notices were served requesting abatement, and in all cases the notices were complied with; it was not necessary to serve Statutory notices in any one case. The remaining 29 were all items for which your Council is responsible for abatement, e.g. rodent infestations.

Sec. 167 (Disinfestation)

It was not necessary to carry out any disinfestation during the year.

Sec. 269 (Control of tents, vans etc.)

One licence was issued during the year to use caravans for human habitation, but it was restricted to six months only and on the expiration of this all caravans were removed.

Some trouble was experienced by stationing unauthorised caravans on the same site as above, but after informal notice was served the vans were removed. Further trouble occurred with regard to caravans stationed on a "parcel" of "common" land, the occupiers considering they had every right to do so and were not required to comply with any statutory requirements.

There were six caravans stationed in your Council's area during the year: three occupied by road construction gangers; two occupied in conjunction with dwelling houses, and four unoccupied.

MILK and DAIRIES REGULATIONS 1949

Two licences were transferred during the year. In all cases the milk is "Pasteurised" or "T.T." and is received in bottles by the retailer - no contraventions were recorded

Licences issued under the Milk (Special Designation) Raw Milk Regulations 1949 - 1954 - 8

Principal Licences	.....	3
Supplementary Licences.....		5

Licences issued under the Milk (Special Designation) (Pasteurised and Sterilized) Regulations 1949 - 1950 - 9

Principal Licences	....	4
Supplementary Licences....		5

Recent legislation now requires retailers to be registered only with the Local Authority in whose area the premises from which the milk is distributed are situated.

CONCLUSION

I would again take this opportunity to express my thanks and appreciation to members of the Council and all Officers and Staff for their interest, co-operation and so readily given assistance.

D.E.COLDHAM
Public Health Inspector.
Diss Urban District Council

SUMMARY OF WORK OF PUBLIC HEALTH INSPECTOR

A. GENERAL

Nuisances	....	....	71
Factories	....	....	48
Game Licences	....	....	4
Pets Animals	....	....	2
Petroleum Acts	....	....	62
Rodent Control	....	....	112
Shops	....	....	35
Water Supplies	....	....	29
Misc. visits	....	....	126

B. HOUSING

Under Public Health and Housing Acts			111
Council house repairs	541
Tents, vans and sheds	20

C. INFECTIOUS DISEASE

Investigations	18
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D. FOOD PREMISES

Dairies	20
Under Food Hygiene Regulations	108
Market Stalls	54
Misc. food visits e.g. ice-cream...			58

E. MEAT INSPECTION

Slaughterhouse	399
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F. REFUSE

Collection, disposal and salvage...			212
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G. DRAINAGE AND CONSERVANCY

Conversions to W.C.	217
Night soil collection	24

TOTAL VISITS 2,291

SUMMARY OF COMPLAINTS, NUISANCES, ETC.

No. of complaints received	....	....	81
No. of nuisances found	....	....	70
No. of informal notices served (written or verbal)			41
No. of informal notices complied with		....	41
No. of formal notices served	....	....	1
No. of formal notices complied with		....	1
No. of outstanding notices	....	....	Nil

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

1. Inspections for purposes as to health:-

Premises	Number on Register	Inspections	Number of 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	2	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	44	41	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	4	4	-	-
TOTAL	50	48	-	-

