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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 1959

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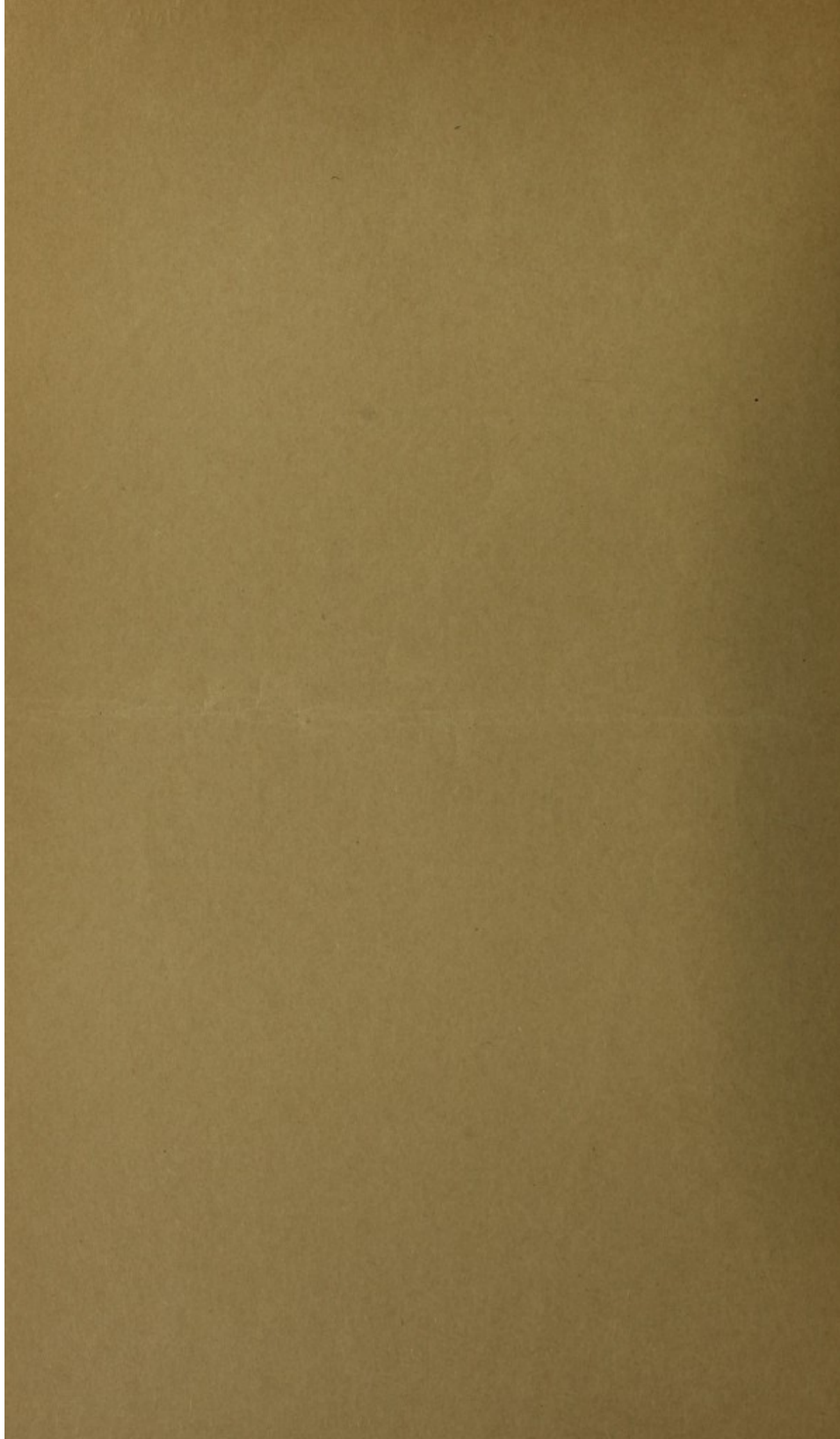
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## THE URBAN DISTRICT OF DISS

The Annual Report of the Medical Officer of Health  
for the year 1959.

Mr. Chairman, and Gentlemen,

I have the honour to present my Annual Report for the year 1959.

### LOCAL HEALTH (1959)

The estimated population of Diss Urban District in 1959 was 3,610 - the same as the estimated figure for 1958. The corrected birth rate (19.9) was higher than that of England and Wales (16.5) while the corrected death rate (11.3) compared favourably with the corresponding figure for England and Wales (11.6). The infantile mortality rate was 14.5 compared with 22.0 (a new low record) for England and Wales as a whole.

### TETANUS IMMUNISATION

The drama of tetanus deaths provides good material for coroners' comments and press headlines. Public concern over the accident of tetanus (for accident it is) is thoroughly justified, but at the same time there is no reason why the statistical position of deaths from this disease, in relation to other "headline" deaths, should not be put in its proper place. Here is a comparative list of deaths in England and Wales in 1957; the selected causes of deaths are those of particular public concern at the present time;





Motor Vehicle Accidents	4,898	Tuberculosis of the Lung	4,249
All other accidents	11,000	Poliomyelitis	226
Cancer of the Lung	19,028	Tetanus	46

The death rate is 50, which means that there are less than 100 cases per annum in England and Wales.

The risk of contracting tetanus in Norfolk is rather higher than in many other parts of England; the actual risk in Norfolk (Administrative County) is about 1 in 65,000; there were 7 cases and 4 deaths in 1958 and 6 cases and 2 deaths in 1959.

Needless to say many cases of tetanus are prevented by the injection of "ready-made" protectors (antibodies) into injured persons shortly after an accident. Unfortunately horse-serum is a necessary component of this injection and may cause severe reactions in those allergic to serum; moreover a protection of this sort lasts for a few weeks only. Far better to have one's own "tailor-made" protection. This can be obtained by a course of injections (three) which gives protection for years and, as serum is not involved, the risk of unpleasant reaction is negligible.

Anxiety about tetanus is hardly comparable with anxiety about a communicable disease like poliomyelitis. The incidence of tetanus is relatively low and, unlike many other dangerous infections, it cannot appear in epidemic form; moreover, certain injuries are themselves a danger warning permitting the timely use of antitoxin in preventing the disease becoming established.

During 1959 there was a general broadening of tetanus immunisation schemes in Area 5 to cover school children and those exposed to special risk. At school booster doses are now given to fortify the tetanus protection given in infancy and primary immunisations offered when other immunisations are being carried out.

#### POLIOMYELITIS

The incidence of poliomyelitis in England and Wales from 1955 to 1959 is as follows:

Year	Notifications		Deaths
	Paralytic	Non-paralytic	
1955	3,711	2,617	241
1956	1,715	1,482	114
1957	3,175	1,666	226
1958	1,417	575	129
1959	733	289	91



In Norfolk the incidence for the same period is as follows:

Year	Notifications		Deaths
	Paralytic	Non-paralytic	
1955	29	28	5
1956	8	2	1
1957	28	11	3
1958	5	1	-
1959	2	2	-

The notifications of poliomyelitis in 1959 were the lowest recorded during the past 13 years in England and Wales.

Poliomyelitis vaccination was instituted in 1956.

The school and pre-school population in Area 5 is approximately 9,000. The number of children vaccinated in this group, since the introduction of the vaccination campaign up to December 1959, was 7,550. Of these, 5,954 have had the full course (three injections) and 1,596 have had the initial two injections. The population of the age group 16 to 25 in Area 5 is approximately 6,000. In this group 620 have had the full course of injections and 1,296 have had two injections. The extension of the vaccination scheme to young adults was made in September 1958; the figures shown cover the period from that date to December 1959.

#### DYSENTERY

During the past six years the incidence of dysentery of the "Sonne" type has shown considerable increase; the number of notifications for England and Wales has fluctuated between 30,000 and 50,000 a year. Sonne dysentery is a winter disease probably for the reason that low temperature and high humidity favour the survival of the bacillus outside the body.

The incidence of the infection falls most heavily on children under 15 years of age and this fact gives rise to much difficulty in control. It is not easy to persuade children to keep their hands clean and away from their mouths; as personal contact is the chief means of the spread of infection and as only a small dose of the bacillus is necessary to start the illness it is not difficult to understand how whole families become rapidly infected. Moreover, mild undetected cases may harbour the bacillus for weeks after recovery.

The detection of symptomless excretors (particularly food handlers) causes much inconvenience to the public and considerable field and laboratory work; but it has to be done to check the spread of infection.



The greatest weapon in the avoidance of spread is scrupulous personal hygiene. This means cleanliness of body and clothing and, above all, thorough washing of the hands after each visit to the toilet. Written advice on precautions to be taken are issued to families in which cases occur; food handlers who are suspected or proved carriers are excluded from work.

It is obvious from the fore-going that good environmental hygiene - particularly where schools are concerned - is all important; we must practice what we preach to school children if they are not to view their school sanitation with a questioning (or fearful) eye.

Once Sonne dysentery becomes established in an urban community it is very difficult to eradicate. In the autumn dysentery appeared in epidemic form in Area 5 and other parts of Norfolk. Fortunately, no notifications were received from Diss District during 1959.

#### MENTAL HEALTH ACT, 1959.

"Disorders of the mind are illnesses which need medical treatment. Great progress has been made during the present century in developing methods of treatment for many forms of mental disorder. Even when the disorder cannot be completely cured, it is often possible for the patient to live a happy and useful life in spite of some continuing mental weakness. This is now recognised by many of the general public as well as by those who are directly concerned with the care of patients and most people are coming to regard mental illness and disability in much the same way as physical illness and disability". So reads the opening paragraph of the main conclusions of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in a Report published in 1957; it is this acceptance of a new attitude towards mental disorders which has found expression in the Mental Health Act, 1959. This Act repeals the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, and makes fresh provision for the treatment and care of mentally disordered persons, their property and affairs.

In future all hospitals for mentally ill patients will be known as "psychiatric hospitals"; all forms of mental ill-health will be termed "mental disorder" and, under the Act, all terms such as "mental defective", "idiot", "imbecile", "feeble-minded", and "moral defective" will be abolished.

Under the 1959 Act, four main categories of mentally disordered patients are recognised i.e. those suffering from "Mental illness", "severe subnormality", "subnormality", and "psychopathic disorder".

Long hospitalisation is now out of fashion in mental medicine and there is a shift of emphasis from compulsory treatment to voluntary treatment. One of the most important provisions of the



new Act is to make possible the admission and discharge of many cases of mental disorder without constraint and without the complications of legal procedure. The magistrate will no longer take any part in the certification of insane persons; the procedure for compulsory admission to hospital will be by application, with the recommendation of two doctors, one of whom has been registered by the local health authority as a psychiatric practitioner.

### FOOD HYGIENE

Even when environmental hygiene reaches the desired standard we are still left with the greater problem of personal hygiene. Indeed, good environmental hygiene may produce a false sense of security leading to failure in personal care. Mr. Morley Parry, the Food Hygiene Advisory Officer; Ministry of Health, has said that in America the housewife is the true guardian of the family health; she refuses to accept food from premises which are not, to the naked eye, models of hygienic display. The management, fully alive to the facts, puts cleanliness in the front rank of their advertising and selling methods. Highly polished vans manned by crews clothed from head to foot in angelic whiteness deliver the goods to the retailer; goods so attractively packaged that the housewife feels impelled to follow them into the shop and be the first to buy. Nevertheless, cases of food poisoning continue to occur because, no doubt, the habit of personal hygiene is so difficult to acquire.

Authority is bound by limitations in securing the freedom of the community from communicable diseases; after that it's up to the individual. In America, at any rate, the housewife refuses to be handed a doctor's bill (very expensive) with the grocer's invoice and it is significant that the slogan which most appeals to her is "Protect Yourself, Yourself". We still have a long way to go: many foods capable of conveying infection if contaminated are still found insufficiently protected when displayed by retailers and the dangerous practice of using hands instead of implements when selling such foods continues to be widespread.

## 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; this represents no change in the estimated population for 1958.

(b) Births

There were 69 live births recorded during the year: 33 boys and 36 girls. The crude birth rate was 19.1 per 1,000 of the resident population compared with 18.7 in 1958.

(c) Deaths

The number of deaths during the year was 48 compared with 45 in 1958; the crude death rate was, therefore, 13.3 compared with 12.5 in 1958. Cancer deaths were unusually high (19) and represented 39% of the total deaths. These deaths, together with deaths from diseases of the heart and circulation (17), accounted for 75% of all deaths. There were only two deaths (one infant and child) under the age of 40. Thirty of the total deaths were of persons aged seventy or over.

(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 19.9 compared with 16.5 for England and Wales and the death rate 11.3 compared with 11.6 for England and Wales.

(e) Infant Mortality

There was one infant death (haemorrhagic disease). The infant death rate (deaths under one year of age per 1,000 live births) was, therefore, 14.5 compared with 22.0 for England and Wales.

Year after year the infant death-rate in England and Wales reaches a new low record. In 1959 the infant mortality rate was 22.0. If this figure is to be reduced to the lowest possible level the exact time factor of death during the first 52 weeks of life becomes of importance; moreover the causes of stillbirths also require study. For this reason the Ministry of Health now requires additional returns relating to infant deaths: deaths of infants during the first four weeks (Neo-natal mortality); deaths of infants under one week (early neo-natal mortality); still births plus deaths under one week (perinatal mortality).

#### IV COMMUNICABLE DISEASES

(a) Eleven cases of communicable diseases were notified by general practitioners during 1959: five cases of measles, two of pneumonia, two of infective jaundice and one case of scarlet fever.

(b) Diphtheria

The district remained free from this disease and primary immunisation of infants by inoculation continued at a satisfactory



level during 1959. Because of the urgency of the poliomyelitis campaign, diphtheria booster doses for school children were reduced below the normal level but this is being rectified in 1960.

(c) Poliomyelitis

No cases were notified. 3,490 persons were given primary immunisation and 5,502 persons received booster doses during 1959 in Area 5.

Statistical details of poliomyelitis vaccinations from 1956 to 1959 are shown in Table 21 of the appendix to this Report.

(d) Scarlet Fever

One case was notified. This disease continues to appear in its present-day mild form, i.e. a fairly short illness characterised by a sore throat and rash and generally without complications.

(e) Vaccination against Smallpox (Table 20).

The satisfactory vaccination rate in Diss District continued to be maintained. During the past five years 75% of children in the 0-4 age group have been vaccinated.

V TETANUS

As reported in the introduction to the Report, action was taken in 1959 to widen the immunisation service (school children in particular) by the inclusion of primary tetanus immunisation and booster doses for children already immunised in infancy. Table 23 in the appendix to this Report shows a record of work under this heading. Certain personnel at special risk in Diss District (members of the Fire Brigade and Public Cleansing in particular) were also immunised as a precautionary measure.

VI TUBERCULOSIS

In England and Wales the dramatic fall in the number of annual deaths from tuberculosis continues. Notifications also continue to decline steadily. In 1948 the death rate, per 100,000 living, of males in the 15-30 age group was 52. That figure has now been reduced to 2. For females the death rate was 78 and this figure, too, has been reduced to 2. This statistical pattern is found in all the younger age groups. Taking the ten year period 1948 to 1958 the fall in notifications is 43 per cent.

At the present time the accepted method of control within the community is case finding by mass radiography and B.C.G. vaccination of school-leavers; this procedure is followed in your District. For obvious reasons the main reservoirs of infection are found today in the older age groups.

In Diss District there were no notifications of tuberculosis during 1959. Details of notifications during the past five years are shown in Table 18 of the appendix to this Report.



## VII CANCER

The number of cancer deaths in Diss District was 19 compared with 5 in 1958; that is to say, the cancer deaths were approximately 39% of total deaths - much higher than the yearly average (Table 24). Of the total cancer deaths, five (all males) were caused by cancer of the lung. The yearly average of lung cancer deaths in the district is less than one; there was only one lung cancer death in 1958. The national deaths from lung cancer continue to rise.

## VIII HOUSING

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

The main interest of the year was the development of Mere Manor Housing Estate. A very satisfactory feature of this Estate is the inclusion of grouped dwellings for the elderly incorporating a Communal Room and Warden's house. Your Council is to be congratulated on your acceptance of this social service - a service which will prove to be the most important contribution to the happiness and sense of security of the elderly in your District.

## IX WATER SUPPLIES

Bacteriological tests continued to be made during the year and gave satisfactory results. Routine sampling of the water from your Council's public swimming-pool showed that the purification plant was satisfactorily maintained.

## X SEWAGE DISPOSAL

Matters of interest under this heading are contained in the Public Health Inspector's Report (appended).

## XI CONCLUSION

It has been said that we are presented with three health services rather than one, all acting independently, i.e. the general practitioner service, the Regional Hospital Boards and the Local Authority Services. However this may be I should like to record here my acknowledgement and appreciation of the co-operation in local authority work of the general practitioners in Area 5 particularly in the rapidly expanding work of immunisation.

I wish to thank the Chairman, the Clerk of the Council, and members of the Public Health Committee for their continued support and encouragement and for the efficient help given me by the Public Health Inspector and Council staff, and by the Clerical staff at the Health Office, Norwich.

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

Your obedient servant,

W.E. Holmes

Local Health Office,  
Aspland Road,  
NORWICH.



DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,628
Estimated Resident Population	3,610
Rateable Value	£45,330
Sum produced by a Penny Rate	£182

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	31	36	67
Illegitimate	2	-	2
Totals	33	36	69

Live Birth Rate per 1,000 of estimated

Resident Population = 19.1

Table 3. STILL BIRTHS

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

Still Birth Rate per 1,000 total births: 14.3

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	33	36	69
Still	-	1	1
Totals	33	37	70

Table 5. INFANT DEATHS(a) Infant Mortality (Deaths of Infants under 1 year)

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

Infant Mortality Rates per 1,000 live births:

Total = 14.5  
 Legitimate = 14.9 (per 1,000 legitimate births)  
 Illegitimate = Nil (per 1,000 illegitimate births)

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

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Neo Natal Mortality rate (per 1,000 live births) = 14.5

(c) Early Neo-natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	-	-

Early Neo-natal Mortality rate (per 1,000 live births) = Nil

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 14.3

Table 6. ILLEGITIMATE BIRTHS

Males - Nil, Females - 1, = Total 1, 1.4% of Total Live Births



Table 7. MATERNAL DEATHS (including abortion)

Maternal mortality rate per 1,000 total births

= Nil

Table 8. DEATHS (All ages)

Males	Females	Total
30	18	48

Crude Death Rate per 1,000 of estimated  
Resident Population = 13.3

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Haemorrhagic disease of the new born	-	1	1
Totals	-	1	1

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

	Males	Females	Totals
Under 1 year	-	1	1
1 and under 5	-	-	-
5 " " 10	1	-	1
10 " " 20	-	-	-
20 " " 30	-	-	-
30 " " 40	-	-	-
40 " " 50	1	1	2
50 " " 60	4	1	5
60 " " 70	4	5	9
70 " " 80	9	4	13
80 " " 90	9	4	13
90 " " 100	2	2	4
100 and over	-	-	-
Totals	30	18	48

Table 11.

## CAUSE OF TOTAL DEATHS (Registrar - General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	-	-	-
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	3	2	5
11. Malignant neoplasm, lung, bronchus.	5	-	5
12. Malignant neoplasm, breast.	-	3	3
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	3	2	5
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	2	1	3
18. Coronary disease, angina.	7	3	10
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	3	1	4
21. Other circulatory diseases.	-	-	-
22. Influenza.	1	-	1
23. Pneumonia.	3	1	4
24. Bronchitis.	-	1	1
25. Other diseases of respiratory system.	-	-	-
26. Ulcer of stomach and duodenum.	-	1	1
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	1	-	1
32. Other defined and ill-defined diseases.	2	1	3
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	-	1	1
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals.	30	18	48



Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1952	1953	1954	1955	1956	1957	1958	1959
<u>Live Births (per 1,000 pop)</u>	(62)	(47)	(50)	(64)	(53)	(64)	(68)	(69)
Diss U.D.	17.8	13.4	14.1	17.8	14.8	17.8	18.7	19.1
Area 5.	15.6	14.3	13.4	14.3	14.2	13.3	14.9	13.7
England & Wales (Provisional)	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5
<u>Still Births (per 1,000 total births)</u>	(2)	(3)	(1)	(Nil)	(Nil)	(1)	(Nil)	(1)
Diss U.D.	31.2	60.0	19.7	0.0	0.0	15.4	0.0	14.3
Area 5.	28.0	17.1	26.0	20.8	23.7	22.0	9.9	19.9
England & Wales (Provisional)	22.6	22.4	24.0	23.1	23.0	22.4	21.6	20.7
<u>Crude Deaths (per 1,000 pop)</u>	(49)	(44)	(45)	(34)	(44)	(42)	(45)	(48)
Diss U.D.	14.1	12.6	12.7	9.5	12.3	11.7	12.5	13.3
Area 5.	12.6	10.9	11.6	11.8	11.4	11.1	12.1	12.4
England & Wales (Provisional)	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6
<u>Infant Mortality (per 1,000 live births)</u>	(2)	(2)	(Nil)	(Nil)	(1)	(Nil)	(2)	(1)
Diss U.D.	32.2	42.5	0.0	0.0	18.9	0.0	29.4	14.5
Area 5.	28.8	34.8	7.1	19.0	20.8	15.0	8.3	25.4
England & Wales (Provisional)	27.0	26.8	25.5	24.9	23.8	23.0	22.5	22.0

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.

2. Area 5 comprises Depwade &amp; Loddon R.Ds. and Diss &amp; Wymondham U.Ds.

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
Scarlet Fever	-	1	-	-	-	1
Measles	-	-	5	-	-	5
Whooping Cough	-	-	-	-	-	-
Pneumonia	-	-	-	-	2	2
Infective Jaundice	-	-	-	1	1	2
Puerperal Pyrexia	-	-	-	-	1	1
Totals	-	1	5	1	4	11

Table 14. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)

	Quarters				Total
	1st	2nd	3rd	4th	
Scarlet Fever	-	-	1	-	1
Measles	2	-	3	-	5
Whooping Cough	-	-	-	-	-
Pneumonia	2	-	-	-	2
Infective Jaundice	2	-	-	-	2
Puerperal Pyrexia	-	-	-	-	1
Totals	6	-	5	-	11

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

	1955	1956	1957	1958	1959
Scarlet Fever	-	1	2	-	1
Measles	27	9	141	2	5
Whooping Cough	27	9	22	-	-
Pneumonia	5	1	-	-	2
Erysipelas	-	-	-	1	-
Dysentery (Sonne)	-	-	1	-	-
Food Poisoning	1	-	-	-	-
Infective Jaundice	-	-	-	-	2
Puerperal Pyrexia	-	-	-	-	1
Totals	60	20	166	3	11



Table 16. TUBERCULOSIS (DETAILS OF NEW CASES DURING 1959) - Diss U.D.NILTable 17. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.59)  
Diss U.D.

	Males	Females	Total
Pulmonary	6	7	13
Non-Pulmonary	3	2	5
Total	9	9	18

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

		1955	1956	1957	1958	1959
Pulmonary	Male	-	3	-	-	-
	Female	1	-	-	-	-
Non-Pulmonary	Male	-	-	-	1	-
	Female	-	-	-	-	-
Diss U.D.	Total	1	3	-	1	-
Area 5.	Total	13	17	18	8	7

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	
1959	302	466	23	20	74	583
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

Table 20. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the years 1955 to 1959 resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Number of live births registered.	64	53	64	68	62	577	576	533	599	551
Number of vaccinations recorded (0-4 years)	33	62	43	31	63	361	500	410	445	472
Percentage vaccinated.	51	100	67	46	98	62	87	77	74	86

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	
1959	593	677	2,220	1377	3,261	864	9,492
1958	1,648	3,159	154	32	1,284	2	6,279
1957	197	1,115	-	-	-	-	1,312
1956	40	121	-	-	-	-	161

Table 22. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping-cough primary immunisations notified in Area 5. Although whooping cough was included in the Council's immunisation scheme in May 1953, notification was on a voluntary basis until August 1957 when the combined vaccine (diphtheria/whooping cough) was officially approved. A very high percentage of the immunisations recorded 1954 to 1957 were given by means of this combined antigen.

Year	Under 1	Age 1-4	Age 5-14	Totals
1959	318	227	16	561
1958	265	106	8	379
1957	329	89	7	425
1956	329	117	-	446
1955	237	151	7	395
1954	246	255	16	517



Table 23. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations notified in Area 5 during the last two years.  
Immunisation against this disease was included in the Council's immunisation scheme in September, 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1959	307	258	218	144	11	27	39
1958	125	50	12	7	1	1	4

Table 24. DEATHS DUE TO CANCER - Diss U.D.

	1951	1952	1953	1954	1955	1956	1957	1958	1959
Number of deaths.	5	10	7	8	5	9	10	5	19
Percentage of total deaths.	9	20	16	17	14	20	23	11	39

Table 25. DEATHS DUE TO CANCER - Area 5

	1951	1952	1953	1954	1955	1956	1957	1958	1959
Number of deaths.	86	82	74	87	73	65	55	81	102
Percentage of total deaths.	15.3	16.3	16.9	18.5	15.2	14.0	12.4	16.6	20.5

Table 26. 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
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	-
1959	30	11	5	18	8	-
Totals	159	31	10	143	32	-



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Sewerage, Conservancy and Drainage.

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

During the year further progress was made in the conversion of pail closets to water closets but due to the lack of sewers, the point has almost been reached when it will no longer be possible to bring about any further improvement in this.

It is to be regretted that "developers" now have no alternative but to develop in areas of the town where no sewers exist and bearing in mind the Planning Authority's policy not to permit development in areas which will require the extension of public services, it could well be that without further sewer extensions any further expansion in the town could be seriously curtailed.

The problem of surface water disposal again raised problems during the year but measures taken in Mere Street and Park Road to alleviate the flooding caused by sewers surcharging proved 100% successful but the problem of the two remaining areas of Church Street and Victoria Road which will have to be solved will, I am afraid, prove more difficult and expensive.

Samples of effluent from the disposal works continue to give satisfactory results.

Water Supplies.

The demand for main's water again increased during the year and your Council had under consideration the enlargement and improvements at the headworks.

It is difficult to envisage the effect of the possible amalgamation of your Council's water undertaking into the proposed "water-board" but although Diss will lose its individuality as a Water Authority undoubtedly the advantages of such a move will outweigh the disadvantages.

All samples submitted for examination were "Highly Satisfactory".

Refuse Collection and Disposal.

A weekly collection was maintained throughout the year for the "town area" and during the year the scheme was extended to provide for a "four-weekly" collection of tins, bottles, etc., to the whole of the remainder of the area. The total number of bins emptied weekly is estimated at 1439.

It became quite apparent that the total weight of refuse again increased and one wonders at the enormous variety of refuse which now awaits collection and which the public expect to be collected as normal "household refuse". It is often difficult to decide what the term "household" embraces.

Full credit must be given to the collectors who stick to their job in fine and foul weather under sometimes very trying conditions.



### Disposal.

Tipping facilities proved adequate during the year but were it not for the kind co-operation of local farmers things would have proved very difficult. Efforts were made to obtain further tipping sites; but it is becoming increasingly difficult to find a site with good access and with sufficient covering material available to finish off when tipping ceases.

### Housing. Rents Act 1957.

One Certificate of Disrepair was issued during the year and one was cancelled after the owner had carried out the necessary works in a satisfactory manner.

### Slum Clearance.

With the exception of four cottages the Council's programme of properties for Slum Clearance was completed; in all some 23 properties became subject to Demolition Orders and 2 subject to Closing Orders. Eight of the properties subject to Demolition Orders are Scheduled buildings under the Town and Country Planning Acts and in consequence the Demolition Orders were rescinded and Closing Orders applied. The two subject to "Closing Orders" are property of a similar character and this action was taken on receipt of information from the Ministry that further old property in the Town would be added to the list of properties of architectural interest. It seems extremely doubtful that a purchaser could be found who is prepared to repair and improve such property. In spite of inducements to owners to modernise and repair old property by means of grants many more properties will undoubtedly have to be dealt with under the Slum Clearance procedure.

It may well be that your Council may have to consider the purchase of suitable property to prevent it becoming unfit for human habitation and so help to ease the burden of new building.

### Improvement Grants.

Your Council does not operate the Discretionary Grant Scheme but since the introduction of the Standard grant in June of this year some 17 applications for grants had been received and approved. Work was completed in four cases and one only of these had been finally settled.

The introduction of the Standard grant has undoubtedly proved an extremely valuable asset to owner/occupiers and tenants alike but I feel that the provisions of the grant are not as comprehensive as would appear at first glance. Various points have arisen during the year regarding the interpretation of the Act, e.g. can a refrigerator be regarded as a "food store"? unquestionably the refrigerator has now taken the place of a "food store" in the accepted sense of the word but this cannot rank for grant.

### Accommodation Available.

Five private properties were completed during the year and 10 three-bedroomed Council Houses bringing the total to 15. The proposal to build 18 bungalows, 6 2-bedroomed and 14 3-bedroomed houses received your Council's approval and work was commenced in September; good progress was made although some delay was caused by the shortage of bricks. The list of applications for Council



accommodation still contains some 175 names and the question now facing your Council is the ever present one - whether to build and try to keep pace with the demand or to carry on a steady building programme without causing too much of a financial burden.

Food and Drugs Acts;  
Food Hygiene.

Regular visits of inspection were made under the provisions of these Regulations and in all cases where premises fell short of the provisions of the Regulations the necessary works were carried out. Five premises were brought up to standard after informal action.

One wonders at the seeming reluctance of shop-keepers to comply with the Regulations before being requested to do so. Most people are now fully conversant with the Regulations and fully realise what the law requires; but they seem to pay so much attention to the front of the shop and what the customer sees that the rear of the premises seem to be almost forgotten.

Sec. 16 Food and Drugs Act, 1955.

22 retailers and 1 manufacturer of ice-cream are registered under the Act as are 12 premises for the manufacture and sale of preserved foods.

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

Meat Inspection.

The number of animals slaughtered during the year are as follows, the other figures are given for comparison only.

	Cattle	Pigs	Sheep	Calves	Total
1959	698	869	235	2	1804
1958	692	1024	299	3	2018
1957	895	1065	291	6	2257

Meat and Offal rejected as unfit for consumption.

8 cwt.      0 qrs.      9 lbs.

Again as in recent years the chief causes for condemnation were parasitic infections; no cases of cysticercus bovis were recorded. The incidence of virus pneumonia rose sharply with jaundice following as the secondary infection. T.B. was confined almost solely to pigs, the main infection being the submaxillary glands. Quite a large number of emergency slaughter of bovines were due to foreign bodies in the stomachs and intestinal tracts.

Three licences were issued to stun animals at the local privately owned slaughterhouse.

The greater percentage of the meat fit for consumption is export meat, there being only two local butchers who make use of the local slaughtering facilities, most butchers being content to buy "off the hook" because they know that all they pay for is



disease free whereas in buying live animals there is some risk that some part may be condemned on inspection.

Slaughterhouse (Hygiene) Regs. 1958 and Slaughter of Animals (Prevention of Cruelty) Regs. 1958.

This Act requires the occupiers of slaughterhouses to carry out certain works to improve the hygiene in slaughterhouses and provide equipment so that the animals suffer as little as possible.

The occupier of the sole slaughterhouse in your Council's area has agreed to carry out such works to bring the slaughterhouse to the required standard. I am quite convinced that there is a demand for such an establishment in the area and the occupier is to be commended on his willingness to co-operate. Undoubtedly the requirements of the Act will cause many small slaughterhouses to close and a greater volume of work will fall upon the one slaughterhouse in Diss.

Agricultural (Safety, Health and Welfare Provisions) Act 1955.

Of the 44 agricultural holdings in your Council's area, approximately 80% have some sanitary accommodation available for the employees. Under this enactment owners of holdings are required to provide sanitary accommodation "sufficient and accessible", but it is difficult to define "accessible", as some holdings are very compact units whereas some are extremely widespread and in each case can only be considered on merit.

Clean Air Act 1956.

No contraventions of the Act were observed during the year, but it was necessary to remind one owner of his responsibility not to emit dark smoke.

Rodent Control.

168 visits/inspections were made under this Act and the necessary treatments carried out.

The annual sewer treatment revealed that some sewers were not entirely free from rats but these were in areas of the town served by the old "brick barrel" sewers and undoubtedly, due to structural defects, access for rodents is comparatively easy.

Petroleum Acts.

43 visits were made under this Act and no contraventions were recorded.

Two storage licences were not renewed during the year the owners converting to diesel fuel.

Approximately 30% of the premises were brought to the standard required by the Model Code for petrol storage installations which your Council adopted last year. In two cases it was necessary for new storage tanks to be installed, and 4 others need repairs to pump and pipelines to prevent leakages. Fire extinguishers and sand were supplied in most cases and all electrical equipment was checked.

Shops Act 1950.

Three contraventions were recorded under the Act, two for



unclean conveniences and one lack of washing facilities. In each case compliance was brought about after informal action.

#### Factories Act 1937.

Regular visits of inspection were made to the registered factories and "building sites" for compliance with the Act.

One informal notice was served requiring cleansing of sanitary conveniences and in one further case additional conveniences were added. Five factories had Water Closets provided in place of earth closets.

Two informal notices were served on one factory requiring certain works to prevent a re-occurrence of a fine spray of hot creosote from storage tanks polluting the surrounding area.

Only one outworker is registered being employed in brush making, the premises being satisfactory.

#### Public Health Act 1936.

##### Sec. 75. Provision of Dustbins.

22 complaints were received regarding lack of or defective bins and in each case informal action was taken.

Undoubtedly your Council's "hire" scheme for bins has greatly reduced possible complaints and owners now realize the economic advantages of such a scheme.

##### Sec. 83. (Filthy or Verminous) Premises.

3 premises were disinfested during the year, in each case the property being vacated by old persons living alone. In two cases the tenants were rehoused and the property made subject to Demolition Orders; in the third case the tenant was moved to hospital.

##### Sec. 92. (Nuisances).

69 complaints were received during the year but only 61 were justified. Informal notices were served in all but one case which required formal action and all were complied with.

In the main these were complaints normally the responsibility of your Council. Some difficulty was experienced regarding the keeping of poultry in deep litter houses and the disposal of fouled litter, the high ammonia content causing a most objectionable smell particularly during damp or very warm weather.

##### Sec. 167. (Disinfestation).

It was not necessary to carry out any infestation or cleansing of any articles.

##### Sec. 269. (Tents, vans, sheds, etc.)

No new licences were issued to use caravans for human habitation during the year.

It was necessary to take forceful informal action in two cases for the unauthorised stationing of caravans but in each case removal was finally achieved.

Legislation is being prepared to bring both the requirements



of the Town and Country Planning Acts and the Public Health Acts closer together. The present "allowance" of 28 days notice to quit a site under the one and 42 days under the latter have been the cause of much concern to Councils and officials alike.

Pets, Animal Act.

One premise only is licensed under this Act and no contraventions were recorded.

Milk and Dairies Act.

Two new licences were issued during the year both for "pasteurised".

Milk (Special Designations) (Raw Milk) Regulations 1949-1954-8.

Principal Licences 6  
Supplementary " 6

Milk (Special Designations) (Pasteurised and Sterilized) Regulations 1949-1950-9.

Principal Licences 6  
Supplementary " 5

Conclusion.

I would take this opportunity to thank all members of the Council, all officers and staff for their kindness and assistance during the year.

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

# SUMMARY OF WORK OF PUBLIC HEALTH INSPECTOR

## A. GENERAL

Nuisances	....	....	114
Factories	....	....	37
Game Licences	....	....	6
Pets Animals	....	....	1
Petroleum Acts	....	....	54
Rodent Control	....	....	127
Shops	....	....	42
Water Supplies	....	....	17
Misc. visits	....	....	160

## B. HOUSING

Under Public Health and Housing Acts			144
Council house repairs	....		496
Tents, vans and sheds	....		17
Sheds etc.	....		64
Grants	....		68

## C. INFECTIOUS DISEASE

Investigations	....	....	12
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## D. FOOD PREMISES

Dairies	....	....	22
Under Food Hygiene Regulations	....		83
Market Stalls	....	....	46
Misc. food visits e.g. ice-cream...			66

## E. MEAT INSPECTION

Slaughterhouse	....	....	385
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## F. REFUSE

Collection, disposal and salvage....			174
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## G. DRAINAGE AND CONSERVANCY

Conversions to W.C.	....		162
Night soil collection	....		20

TOTAL VISITS 2,317



SUMMARY OF COMPLAINTS, NUISANCES, ETC.

No. of complaints received	....	....	69
No. of nuisances found	....	....	61
No. of informal notices served (written or verbal)	....	....	61
No. of informal notices complied with..	....	....	58
No. of formal notices served	....	....	1
No. of formal notices complied with	....	....	1
No. of outstanding notices	....	....	3

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

1. Inspections for purposes as to health:-

Premises (1)	Number on Register (2)	Inspect- ions (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities	6	8	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	41	20	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	4	2	-	-
<b>TOTAL</b>	<b>51</b>	<b>30</b>	<b>-</b>	<b>-</b>