[Report 1964] / Medical Officer of Health, Diss U.D.C.

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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 1964.

HEALTH COMMITTEE 1964/65

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DISS URBAN DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1964.

Mr. Chairman, Miss Oakes and Gentlemen,

I have the honour to present my Report on the state of the public health in this district during the year ending 31st December 1964.

INTRODUCTION

The health of a community is not easily measured. Mortality statistics have, of course, been available for many decades and conclusions have been drawn from them as to the health of the people. In 1964, the average age at death of Diss residents was seventy two point three years whilst the life expectancy at birth in England and Wales was 68.0 years for males and 73.9 for females; but whilst this indicates a reasonable longevity it would generally be agreed that the healthy person is he who keeps fit and active during his allotted span rather than he who lives a greater number of years but in indifferent health. Unfortunately there are few available statistics of sickness or morbidity and the most reliable of them, the National Insurance benefit figures, are of limited help because they apply only to employed persons and to those interruptions of positive health that cause absence from work. The notifications of infecticus diseases were once a reasonable index of the health of the community because so much of the sum total of the national morbidity was attributable to such illness. This, of course, is no longer true and although the section of the report on infectious diseases will show that Diss had an uneventful year, this happy fact has only limited public health significance.

A medical officer of health does not, therefore, depend only on statistics in judging the state of health of a community for which he is responsible. It is necessary to form a subjective impression and this is much helped by liaison with general practitioners and discussion as to the trend of health and disease in their patients, whilst the school and child welfare clinics offer a unique opportunity of examining sick and healthy alike. From all sources the conclusion is clear that health has never been better. The standard of living has continued to rise and standards of health have risen with it. Nutrition is excellent and this means that many illnesses are avoided altogether or, being contracted, are shaken off more easily. Education, too, has played a very considerable part in enabling the people to avoid disease or to co-operate successfully in the treatment of established disease. Beyond these national factors that have their bearing on health, Norfolk people have the added advantage of living in a clean atmosphere. There is a very striking contrast between the amount of chronic respiratory disease here and in the industrialized parts of Britain.

By most standards of measurement, then, the state of health has been good but there is a less satisfactory side of the picture.

Mention was made in the 1963 Report of the years of life lost by those who die in middle age and there has been no subsequent evidence that this important tragedy of our times is becoming any less. The tragedy lies not only in the loss of people who are at the peak of their working lives and often involved in the maximum of family responsibility but also in the probability that many of the deaths might have been prevented. Figures are now available to show the years of working life lost by persons dying in England and Wales in 1963 between the ages of 15 and 64 years. They demonstrate that nearly half (49%) of the wasted years were due to one of three diseases or to accidents. The percentage of the total wastage that was due to each cause is as follows:-

Cancer	17%	(including 3% due to cancer of the lung and 2% due to cancer of the breast)
Bronchitis (and pneumonia)	12%	
Coronary disease	10%	
Accidents	10%	

A vast amount of research work is constantly going forward to add to our knowledge of how to prevent these deaths but it is important not only to look hopefully to the future but to consider whether our present knowledge is properly used. It is probable that the public is not very well served by the press in this respect because publicity is given to subjects of "news value" and the news value of a topic is more related to its unusual nature than to its importance. One appreciates, of course, that the press is primarily concerned with selling newspapers and not with educating the public but it remains unfortunate, for example, that accidents involving radioactivity are given exhaustive coverage, although it is now likely that they present no real hazard, whilst seven thousand annual deaths on the road receive no more than passing mention as incidents and the very occasional general comment in the editorial column. The twenty five thousand lung cancer deaths get a good deal less publicity and the tobacco manufacturers contribute generously to the newspapers' advertising revenue.

What can the public do to reduce this loss of life insofar as our present knowledge extends? Cancer is not generally preventable but is generally curable if the diagnosis is made early. Unfortunately there is still a proportion of people who do not realize this and they sometimes keep a symptom secret for fear of having their suspicions confirmed. The common cancers of breast, stomach, bowel and uterus all lend themselves to early treatment and the outlook is then excellent. On the other hand the commonest site of all cancers is now the lung and this, together with various less important growths, is preventable. It is seen from the above figures that the latter disease is responsible for 3% of all the wasted years and it follows that the individual may smoke as hard as he is able and still expect, on chance, to die of something other than lung cancer. However, it might be held that the gamble is not the act of a responsible individual and to encourage, or even permit, a young person to start smoking is certainly a great deal less responsible.

What to do about coronary disease is less clear and various ideas, such as the use of vegetable in place of animal fat, have

been rejected. However, a few things are certain -

(a) Physical activity tends to protect and the sedentary life tends to promote coronary disease.

(b) Over eating and overweight favours this disease.

(c) Coronary disease is common in communities in which the tempo of life is brisk e.g. Britain, U.S.A.; whilst it is rare in the undeveloped countries.

(d) The risk of coronary thrombosis in cigarette smokers is twice that in non-smokers.

Bronchitis, the English disease, is particularly a problem of our industrial areas and it is not intended to dwell on it. It is to be hoped that the extension of smoke control will before long have an effect on this national disgrace.

Finally, it is not for me to pontificate on the subject of accidental deaths but there would be little argument that a large proportion of them must be regarded as preventable. The England and Wales figures for 1964 (1963 in brackets) may be of interest -

Accidental deaths in the home	7,160	(7,754)
" " on the road	7,673	(6,743)
Total of accidental deaths	17,722	(17,414).

STAFF

Dr. D.F. Hadman was appointed Medical Officer of Health as from 1st January 1964, and served throughout the year.

Mr. D. Newson served as Public Health Inspector throughout 1964. It should be noted that the volume of work undertaken by the health inspector increases year by year, and this trend will probably continue. It was further added to in 1964 by the coming into operation of the Offices, Shops and Railway Premises Act of 1963.

VITAL STATISTICS

(a) General

The Registrar-General provides data giving, for each District, the annual number of live and still births and details of deaths by age, sex and cause. He also makes an estimate of the population and from all this it is possible to work out the following rates and these can be compared with the corresponding rates for England and Wales. However, it is sometimes unwise to draw any rigid conclusion from the comparison because certain of the local calculations depend on very small numbers. The birth and death rates, on the other hand, are based on larger numbers and can reasonably be compared with the national rates after correction for age differencesas between the district and the nation.

(b) Population

The mid-year population of Diss Urban District in 1964 was

estimated at 3,880 compared with 3,720 in 1963.

(c) Births

There were 66 live births in 1964 - 35 boys and 31 girls. The crude birth rate (live births per 1,000 population) was therefore 17.0 and the corrected rate 18.5 (16.4 in 1963). This compares with a provisional rate for England and Wales of 18.4 live births per 1,000 population.

There were 6 illegitimate births compared with 2 in 1963, and 5 in 1962.

Two infants were born prematurely.

(d) Stillbirths

None was notified. The provisional still birth rate for England and Wales was 16.3 still births per 1,000 total births and the Diss experience was therefore highly satisfactory.

(e) Infant Mortality

It is extremely pleasant to be able to report that no infant death occurred in Diss in 1964. This certainly reflects great credit on the maternal and child care services and on the mothers of the district. It must be recognized, however, that the cause of most congenital malformations remains unknown and that such malformations can cause unpreventable still birth or infant death. The district was spared these unhappy occurrences in 1964. The England and Wales infant mortality rate for the year, 20.0 infant deaths per 1,000 live births was again the lowest ever.

(g) Deaths

Deaths numbered 58 compared with 32 in 1963. The crude death rate was therefore 14.9 deaths per 1,000 population and the adjusted rate was 13.0. This latter compares with an England and Wales provisional rate for 1964 of 11.3 deaths per 1,000 population.

The causes of death are listed in Table 11 and it will be seen from Table 10 that 31 of the total of 58 deaths occurred at 75 years or more of age, a proportion of 54 which compared satisfactorily with the 1963 figure of 47%. The matter of premature death and life wastage has already been discussed in general terms. What of Diss? It emerges that there were 11 deaths (6 men and 5 women) in the age group 45 to 65 years and the number of these attributable to the causes already discussed is as follows (1963 data in brackets).

Cancer	3	(4)
Coronary disease	2	(-)
Accidents	2	(-)
Bronchitis	1	(-)
	8	(4)

Six accidental deaths were reported, a disturbing contrast with 1963 in which no fatal accidents occurred. However it is some comfort that there were again no accidental deaths in childhood and this says much for the common sense of the young and for the efforts of those who guide them in such matters as road safety.

(h) Road Injuries Data

The following details of road accidents are made available by the Chief Constable and are included with the vital statistics for convenience.

Class of Casualty	Killed	Serious	Slight
Drivers	-	-	5
Pedestrians	-	-	9
Motor Cyclists	-	4	3
Pillion Passengers	-	-	-
Pedal Cyclists	-	3	5
Other Persons	-	-	3
Totals	-	7	25

COMMUNICABLE DISEASES

Seventy six cases of infectious diseases were notified during 1964, the details being appended in Tables 15 and 16. It will be seen that 63 of these were of MEASLES and occurred in the early months of the year as an extension of the 1963 epidemic.

Eight cases of SCARLET FEVER were notified. The continuing importance of this disease was demonstrated in one of the affected households where a contact developed rheumatic fever and, elsewhere in Area 5, by a contact of another patient developing acute nephritis. These two serious hazards of scarlet fever are sufficient reason for continuing to treat the disease with respect even though it is usually a much milder illness than in former times.

One case of PULMONARY TUBERCULOSIS was notified, the patient being a man of 60 years. The source of infection remained obscure.

Only one case of FOOD POISONING was notified, and the infection, by Salmonella blockley, was contracted outside Diss and possibly on the Continent. The patient was a food handler and special precautions were therefore necessary.

Epidemic nausea and VOMITING was troublesome during two periods of the year. This illness is fortunately very mild but has a high infectivity and may involve more than half the pupils of a school in one outbreak. It is presumed to be due to a virus, although no single virus has yet been identified, and is probably spread by droplet infection. Certainly the ordinary rules of personal and food hygiene seem to offer little protection.

INFECTIOUS HEPATITIS occurred in one case and proved fatal. It was not notified.

ENVIRONMENTAL HYGIENE

The many aspects of this subject are dealt with fully in the appended report of the Public Health Inspector and the following paragraphs are intended only as a general review.

(a) Housing

The 1961 Census report has recently been published and the following figures in regard to housing conditions are now available.

(i) Average number of persons per room: Diss 0.56
Norfolk County 0.6

(ii) Percentage of all households with:

	No cold tap	No hot tap	No fixed bath	No waterborne sanitation	Exclusive use of all four facilities
Diss U.D.C.	7.8	34.2	32.5	15.4	60.9
Norfolk County	14.1	40.3	37.1	31.1	55.2
All Municipal Boroughs and U.D.Is.	4.7	32.6	26.2	8.1	62.7

It emerges from these figures that whilst Diss does not suffer overcrowding, there is nevertheless scope for the extension of modern housing amenities. There has, of course, been considerable advance since 1961 both in encouraging provision of basic housing amenities by the award of standard improvement grants and in requiring the clearance of dwellings unfit for habitation and unsuited to modernisation. In fact 45 unfit dwellings were dealt with in the period 1955 - 1961 and 59 (out of an estimated 1961 total of 114) in the period 1961-1964. The remaining 55 were still to be dealt with at the end of the year although 19 of them had been repaired and improved to a greater or lesser degree. It must be noted that the standard of unfitness becomes constantly more exacting and the number of dwellings in need of clearance in the long term (say 20 years) has recently been estimated at 178.

(b) Sewage Disposal

It is intended to comment only on the continuing need to provide a night soil collection service in Diss. Fortunately the number of properties dependent on pail sanitation becomes smaller each year and was 80 odd at the close of 1964, having been 154 in 1960. However further progress will be unsatisfactorily slow until appropriate sewer extensions are made.

(c) Water Supply

All samples of mains water sent for bacteriological examination were satisfactory. Since it comes from deep chalk borings the water is in need of softening (from about 30° to 10° of hardness - Clark Scale) and being of neutral reaction is not regarded as plumbo-solvent i.e. there is no danger from lead. The fluorine content is variable but is usually markedly lower than the level most favourable to dental health and a case exists for adjusting the fluoride level to a steady 1 part per million.

(d) Food Hygiene and Meat Inspection

Particular attention was given to food hygiene enforcement during the early summer when the final extent of the Aberdeen typhoid outbreak was uncertain. The effort began with enquiries into the possibility of suspect corned beef having been distri-

buted in Diss but none was found. In general the standard of hygiene observed by the local shopkeepers is satisfactory and compares favourably with that obtaining in most urban areas.

(e) The Swimming Pool

The operation of the pool continued satisfactorily from a public health point of view. There are, however, a number of points requiring attention in the not too distant future.

HEALTH EDUCATION

It will be clear from my introductory remarks that I see the present day threat to the public health as stemming from a faulty mode of life rather than from the old whipping horse, the faulty environment. If this is true, then a public health authority should be at least as concerned with health education as with environmental control. It is therefore with regret that I have to report that no progress was made in this field in 1964.

CONCLUSION

I am grateful to the Chairman of the Council and the Chairman and members of the Public Health Committee for their encouragement throughout the year.

I would like also to acknowledge the co-operation of the Clerk of the Council, and the Public Health Inspector, as well as all those other members of the staff at Diss and the Norwich office who have always shown themselves eager to contribute to the care of the public health.

I have the honour to be,

Your obedient servant,

D.F. Hadman.

Local Health Office,
Aspland Road,
Norwich,
Norfolk,
NOR 19S.

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,674
Estimated Resident Population	3,880
Rateable Value	£133,626
Sum produced by a Penny Rate	£560

Table 2.. LIVE BIRTHS

	Males	Females	Total
Legitimate	32	28	60
Illegitimate	3	3	6
Totals	35	31	66

Live Birth Rate per 1,000 of estimated resident population = 17.0

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	NIL	NIL	NIL
Illegitimate			
Totals	-	-	-

Still Birth Rate per 1,000 total births = 0.0

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	35	31	66
Still	-	-	-
Totals	35	31	66

Table 5. INFANT DEATHS

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

	Males	Females	Total
Legitimate Illegitimate	NIL	NIL	NIL
Totals	-	-	-

Infant Mortality Rates:

Total = 0.0 (per 1,000 live births)
Legitimate = 0.0 (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	-	-	-
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 0.0

(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) = 0.0

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

	Males	Females	Total
Legitimate	-	-	-
Illegitimate		-	

Perinatal Mortality Rate (per 1,000 total births) = 0.0

Table 6. ILLEGITIMATE BIRTHS

Males - 3 Females - 3 Total = 6 = 9% of total live births.

Table 7. MATERNAL DEATHS (Including abortion) = NIL

Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Totals
33	25	58

Crude Death Rate (per 1,000 of estimated resident population) = 14.9

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR = NIL

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

	Males	Females	Total
Under 4 weeks	-	-	-
4 wks. and under 1 yr.	-	-	-
1 " " 5	-	-	-
5 " " 10	-	-	-
15 " " 25	1	-	1
25 " " 35	-	-	-
35 " " 45	-	1	1
45 " " 55	-	-	-
55 " " 65	6	5	11
65 " " 75	9	5	14
75 and over	17	14	31
Totals	33	25	58

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

Cause		Males	Females	Total
9.	Other infective and parasitic diseases.	1	-	1
11.	Malignant neoplasm, lung, bronchus.	2	-	2
12.	Malignant neoplasm, breast.	-	2	2
13.	Malignant neoplasm, uterus.	-	1	1
14.	Other malignant and lymphatic neoplasms.	3	3	6
17.	Vascular lesions of nervous system.	5	2	7
18.	Coronary disease, angina.	7	5	12
20.	Other heart disease.	3	4	7
21.	Other circulatory disease.	1	-	1
23.	Pneumonia.	3	1	4
24.	Bronchitis.	2	1	3
26.	Ulcer of stomach and duodenum.	1	-	1
32.	Other defined and ill-defined diseases.	1	3	4
34.	All other accidents.	3	3	6
35.	Suicide.	1	-	1
	Totals	33	25	58

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1958	1959	1960	1961	1962	1963	1964
Live Births (per 1,000 pop)	(68)	(69)	(56)	(57)	(79)	(56)	(66)
Diss U.D.	18.7	19.1	15.4	15.8	21.6	15.1	17.0
Area 5.	14.9	13.7	14.1	14.2	13.9	15.2	14.9
England & Wales (provisional)	16.4	16.5	17.1	17.4	18.0	18.2	18.4
Still Births (per 1,000 total births	(Nil)	(1)	(2)	(2)	(Nil)	(2)	(Nil)
Diss U.D.	0.0	14.3	34.5	33.9	0.0	34.5	0.0
Area 5.	9.9	19.9	20.7	8.9	21.4	29.1	6.7
England & Wales (provisional)	21.6	20.7	19.7	18.7	18.1	17.3	16.3
Crude Deaths (per 1,000 pop)	(45)	(48)	(38)	(45)	(48)	(32)	(58)
Diss U.D.	12.5	13.3	10.5	12.5	13.1	8.6	14.9
Area 5.	12.1	12.4	11.8	12.4	12.1	12.2	12.9
England & Wales (provisional)	11.7	11.6	11.5	12.0	11.9	12.2	11.3
Infant Mortality (per 1,000 live births)	(2)	(1)	(3)	(1)	(2)	(1)	(Nil)
Diss U.D.	29.4	14.5	53.6	17.5	25.3	17.9	0.0
Area 5.	8.3	25.4	14.1	9.0	14.5	11.6	20.5
England & Wales (provisional)	22.5	22.0	21.7	21.4	21.4	20.9	20.0

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.
2. Area 5 comprises Depwade and Loddon R.Ds. and Diss and Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1958	1959	1960	1961	1962	1963	1964
Number of deaths.	5	19	7	5	16	11	11
Percentage of total deaths.	11	39	18	11	33	34	19

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1964	33	5	2	25	6	-
1963	13	3	1	19	8	-
1962	25	9	3	23	7	-
1961	27	3	2	18	2	-
1960	18	3	1	20	4	-
Totals	116	23	9	105	27	-

Table 15. 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	6	1	-	8
Measles	3	26	-	34	-	63
Whooping Cough	-	3	1	-	-	4
Food Poisoning	-	-	-	1	-	1
Totals	3	30	7	36	-	76

Table 16. INCIDENCE OF INFECTIOUS DISEASE (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Diss U.D.

	1960	1961	1962	1963	1964
Scarlet Fever	-	-	1	1	8
Measles	1	140	1	95	63
Whooping Cough	-	-	3	7	4
Pneumonia	-	2	-	-	-
Dysentery (Sonne)	-	5	-	-	-
Food Poisoning	-	-	-	-	1
Infective Jaundice	-	1	-	-	-
Pyerperal Pyrexia	-	1	-	-	-
Totals	1	149	5	103	76

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Diss U.D.

		1960	1961	1962	1963	1964
Pulmonary						
	Male	1	-	-	1	1
	Female	-	1	-	-	-
Non Pulmonary						
	Male	-	-	-	-	-
	Female	-	-	-	-	-
Diss U.D.	Total	1	1	-	1	1
Area 5.	Total	13	12	8	6	7

Table 18. DIPHTHERIA IMMUNISATION

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

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1964	204	486	28	125	342
1963	244	547	97	94	861
1962	155	448	28	48	304
1961	295	598	157	89	766
1960	377	472	314	27	1,233

Table 19. VACCINATION AGAINST SMALLPOX

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

	Diss U.D.					Area 5.				
	1960	1961	1962	1963	1964	1960	1961	1962	1963	1964
Number of live births registered.	56	57	79	56	66	567	556	550	601	592
Number of vaccinations recorded (0-4 yrs).	47	62	33	45	15	508	458	420	222	276
Percentage vaccinated.	84	100	42	80	23	89	82	76	37	46

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (Oral) which became generally available in mid-1962.

(A) Salk:

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1964	24	5	1	30	5	-	5
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) Sabin:

Year	Primary			Booster (3rd - after 2 Salk)			Booster (4th)	
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age	Others
1964	554	129	22	5	1	-	785	-
1963	424	221	15	66	2	-	483	-
1962	197	131	1359	230	312	1077	426	-

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5 during the last five years.

Year	Under 1	Age 1-4	Age 5-14	Total
1964	202	276	8	486
1963	244	301	5	550
1962	149	291	12	452
1961	291	300	26	617
1960	368	100	124	592

Table 22. IMMUNISAGION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's 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+
1964	204	282	136	124	131	418	65
1963	242	306	704	219	100	284	44
1962	152	312	725	399	50	103	37
1961	282	329	1651	580	73	80	63
1960	374	198	1825	691	22	56	87

Table 23. B.C.G. VACCINATION

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1964	474	68	382
1963	472	97	352
1962	586	146	434
1961	426	104	303
1960	544	91	429

THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1964.

Mr. Chairman, Miss Oakes and Gentlemen,

I submit for your information the Annual Report of your Public Health Inspector for the year 1964.

I would thank the Chairman and Members of the Health Committee for their interest and help during the year and to express my appreciation for the assistance given by Dr. D.F. Hadman, Mr. C.R. Williamson and his staff.

D. Newson.

Public Health Inspector.

SEWERAGE, CONSERVANCY AND DRAINAGE

The town sewers and sewage disposal works continued to function satisfactorily during the year. The total flow through the works for the year was 78 million gallons - some 7 million gallons less than in 1963.

Samples of effluent from the works have been regularly taken and, although fluctuating somewhat, results have been fairly satisfactory.

The weekly emptying of those pail closets remaining in the district has been satisfactorily carried out by the Council's contractors.

WATER SUPPLIES

The completion in 1963 of the new water tower has resulted in there being no water shortages during the year and the works functioned satisfactorily except for a short period due to a pump failure.

Total water consumption again rose during the year by 11 million gallons to a total of 118 million gallons. Of this latter figure some 51 million gallons was supplied to Depwade Rural District Council and approximately 20 million gallons went to metered consumers for business and industrial use. The average domestic user of water takes approximately 32 gallons per person per day.

The water has been of a good bacterial quality and chemically pure. After treatment the total hardness of the water is about 10° Clark.

A sample of water submitted to the Public Analyst gave the following results:-

Appearance when received	- Clear
Nature of deposit	- Nil
Colour	- Nil
Odour	- Nil
Reaction	- faintly alkaline pH 7.7
Taste	- satisfactory.

Results of Chemical Analysis in Parts per million

Ammoniacal nitrogen	0.01	Hardness as $CaCO_3$:-	
Albuminoid nitrogen	0.05	Total	140
Nitrate nitrogen	1.0	Carbonate (temporary)	105
Nitrite nitrogen	Nil	Non-carbonate (permanent)	35
Chloride as Cl	60	Alkalinity as $CaCO_3$	105
Permanganate value (4 hr)	0.05	Free Carbon Dioxide	5
Fluorine as F	0.45	Total solids (at 180°C)	470
		Iron (total)	0.10
		Metals in solution	Nil.

Opinion.

This water is of good organic quality and the chemical analysis as a whole shows no sign of pollution. The water has been partially softened, with the total hardness being about 10° Clark. The iron content is negligible and the fluorine content is about half the optimum from the point of view of dental health. In our opinion this water is very suitable for use as a public supply.

for Lincolne Sutton & Wood Ltd.,
(signed) Eric C. Wood.

HOUSING

(a) New Housing Accommodation.

The third phase of the Council's Skelton Road area estate was commenced during 1964 and this will provide a further 109 dwellings by the early part of 1966. The scheme incorporates two bedroom bungalows, one and two bedroom flats as well as two and three bedroom houses. By the end of 1964 a total of 4 houses and 12 bungalows were completed and occupied.

During the year 18 private dwellings were completed and occupied. Private house building in Diss could well be carried out at an appreciably faster rate during the coming few years as a result of plans approved by the Council during 1964. There are now sites available for over 200 private dwellings in the town.

(b) Council House Applicants.

During the year 29 families were rehoused into Council accommodation (including 3 into bungalows in the aged persons scheme), whilst a further 114 new applications were added to the list of those desirous of obtaining Council accommodation in Diss.

(c) Unfit properties.

During the year 8 unfit houses were formally dealt with under the provisions of the Housing Act, 1957, and were made subject of Closing or Demolition Orders.

From houses subject to such orders 4 families (total of 9 persons) were rehoused whilst a further 3 families (9 persons) from unfit properties found accommodation privately.

(d) Improvement Grants.

During the year a further fourteen applications were approved for Standard Improvement Grants, bringing the total number of such grants approved to seventy eight. Payments of £1,149.4s.10d. were made in respect of nine properties in which improvement works were completed. The total amount of money paid out in Standard Improvement Grants has now reached £6,860.10s.8d. for 60 properties improved.

The Housing Act, 1964, has somewhat extended the scope of the financial assistance which the Council can give under the Standard Grant scheme. This will undoubtedly prove beneficial to owners of properties which need rather more extensive schemes than the straight forward adaptation of an existing room to form a bathroom and W.C.. The provisions of this new Act concerning the declaration of improvement areas might well be considered for implementation. No applications have so far been made by tenants for the service of improvement notices.

SLAUGHTERING FACILITIES AND MEAT INSPECTION

There was a slight reduction in the number of animals slaughtered at the Chapel Street slaughterhouse in 1964 as is shown in the comparative table overleaf. This is probably accounted for by the high cost of home produced beef animals during part of the year when competition from the overseas buyers was encountered.

Year	Cattle	Pigs	Sheep	Calves	Totals
1964	901	1207	302	3	2413
1963	1062	1205	403	3	2673
=1962	642	754	361	4	1761
1961	917	937	351	2	2207

= Premises only in operation for approximately eight months.

Meat and offal condemned amounted to 1 ton, 1 cwt. and 89 lbs. This is appreciably higher than for some years past. It is partly accounted for by the total condemnations of two "casualty" cattle sent in from local farms but even so the figure is 50% higher than the previous year and from a slightly lower throughput. Tuberculosis was again completely absent in cattle and only slight T.B. was found in 24 pigs (2% of the total). Four complete carcases (2 cattle and 2 calves) were condemned as unfit. No cases of cysticercus bovis were found during the year. The most noticeable increase in the minor infections (which necessitate condemnation of offal) was in cattle and pig livers affected with abscesses.

Although less animals were slaughtered in 1964, more visits were made to the slaughterhouse. The Meat Inspection Regulations of 1963 which require all meat to be inspected within six hours of slaughter has meant making more than one visit per day on quite frequent occasions. It has also involved your Public Health Inspector in being engaged on meat inspection outside official hours on 93 days during the year.

I would like to thank my colleagues from Hartismere Rural District Council for "stepping into the breach" during my "out of town" holiday period.

FOOD PREMISES

During the year a total of 165 visits was made to food premises in the town. The number of informal notices under the Food Hygiene Regulations (23) may seem rather high but most of these were in respect of fairly minor defects and which were best dealt with before developing into more serious matters.

The food premises generally are maintained in a satisfactory state of repair and cleanliness. It is particularly pleasing to be able to report that excellent co-operation is forthcoming from the majority of food shop proprietors.

Three complaints were made concerning food sold from local shops and which was out of condition. One related to ready-packed cartons of cream which were "soured" before arrival at the retailers shop due to delay in deliveries. Another complaint related to grease from machinery which had contaminated a sliced loaf prior to being sold from the roundsman's van. The third related to dried fruit which was sold and found to contain weevil. All three complaints resulted in the firms being warned as to the consequences should there be a recurrence.

Three cases of meat being improperly handled and transported were taken up. Two related to a local firm and were quickly taken up and rectified. A more serious case occurred in respect of deliveries of meat from outside town to a branch-shop. Co-operation from another local authority combined with a strong warning to the firm ensured there was no repetition of what had been a serious contravention of

the regulations controlling the transportation of meat.

During the year condemnations of unsound foods resulted in the following being dealt with as unfit:-

112 lbs. chickens
109 lbs. carcase meat
95 lbs. sausages
442 lbs. tinned meats
42 lbs. tinned fish
217 lbs. tinned fruit
98 lbs. tinned vegetables
17 lbs. cheese
119 tins and pkts. of various other foodstuffs.

REFUSE COLLECTION AND DISPOSAL

The refuse collection service was carried on through the year with only occasional minor difficulties. There was again some increase in the total volume of refuse collected and this is a trend likely to become more noticeable.

The new disposal site which the Council acquired was brought into use early in the year and has proved a satisfactory site for the purpose.

The year had its difficulties with keeping a settled crew on the refuse collection service but the men employed carried out a heavy and somewhat unpleasant task in a reliable and efficient manner.

RODENT CONTROL

The number of complaints of infestations of rats and mice was again higher than in the preceding year but fortunately there were no large scale infestations in any area. All complaints were dealt with by the Council's part-time rodent operator, who also made regular visits to refuse tips, sewer beds etc. where permanent baiting points are maintained.

The test baiting of the town sewer system was again carried out and again showed only negligible infestation.

FACTORIES ACT, 1957

Fifty-five visits were made to premises on the factory register. Only one contravention had to be drawn to the attention of the occupier.

SWIMMING POOL

The swimming pool was well patronised during the year thanks to a good sunny season. Regular samples of the water were taken for bacteriological examination. On only one occasion was the water found to be at all suspect (1 B coli present and a plate count of 33 colonies per ml.). In the other 19 samples there were no B coli present and the plate count never exceeded 10 colonies per ml.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Your Public Health Inspector was appointed to enforce this Act

which came into operation during the year.

All premises were required to be registered with the appropriate authority and the Council register at the end of the year contained 123 registered premises (67 retail shops; 42 offices; 9 catering establishments open to the public; 3 fuel storage depots; 2 wholesale premises). This is believed to be a complete 100% registration.

The total number of persons declared to be employed in these registered premises is 607.

It will take an appreciable time for all premises to be fully inspected and, as an interim measure, all employers were circulated and advised of the main provisions of the Act. A total of 83 visits was made to premises - mainly to answer queries and to secure 100% registration, but it waspossible to fully inspect 10 premises and send detailed reports to the proprietors.

One accident to an employee in a registered premise was formally notified and this was investigated.

Prescribed Particulars Required By
Section 128(3), Factories Act, 1957.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority.	4	1	Nil	Nil
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority.	45	54	1	Nil
(iii) Other premises in which Sect. 7 is enforced by the Local Authority.	3	1	Nil	Nil

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(a) General

Complaints investigated	102
Visits re nuisances	149
Visits re insanitary conditions	32
Ditches, watercourses, etc.	42
Accumulations of rubbish, etc.	2
Swimming pool	11
Water supplies.	8
Factories	55
Smoke nuisances	8
Game licences	4
Pet Animals Act	3

(a) General (contd.)

Petroleum Regulations	9
Shops - General	44
Visits under Offices, Shops and Railway Premises Act.	83
Rodent Control.	318
Places of entertainment etc..	9
Schools	8
Visits under Noise Abatement Act.	7
Miscellaneous	77

(b) Housing

Visits under Housing and Public Health Acts	204
Visits re Improvement Grants.	107
Visits re overcrowding.	Nil
Visits to caravan sites	50
Council houses - general inspections.	38
Council houses - for disrepairs	822
Informal notices served	16
Formal notices served	Nil
Notices complied with	16
Visits re Rent Act..	5

(c) Infectious Diseases

Investigations.	16

(d) Visits to Food Premises

Bakehouses.	9
Grocers	36
Fish shops.	9
Ice cream manufacturers	7
Food manufacturing premises	16
Butchers shops.	47
Cafes and restaurants	26
Market stalls and mobile food premises.	23
Visits re unsound food.	29
Informal notices under Food Hygiene Regulations	27

(e) Meat Inspection

Visits to slaughterhouse.	319

(f) Drainage and Conservancy

Drains inspected and tested	145
Obstructed drains cleared	49
Drains found defective	27
Visits re septic tank/cesspools	12
Visits re pail closets.	12

(g) Refuse Collection and Disposal

Visits re collection and disposal	144