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EAST SUFFOLK COUNTY COUNCIL




ANNUAL REPORT
OF THE
County Medical Officer



1950

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



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EAST SUFFOLK COUNTY COUNCIL



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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

CONTENTS.

NUMBER.	PAGE
I. GENERAL STATISTICS	5
II. STAFF	12
III. NATIONAL HEALTH SERVICE ACT, 1946—	
Section 21—HEALTH CENTRES	14
,, 22—CARE OF MOTHERS & YOUNG CHILDREN	14
,, 23—MIDWIFERY	16
,, 24—HEALTH VISITING	17
,, 25—HOME NURSING	17
,, 26—VACCINATION & IMMUNISATION	18
,, 27—AMBULANCES	18
,, 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE	20
,, 29—HOME HELP	21
,, 28 & 51—MENTAL HEALTH	22
IV. SANITARY CIRCUMSTANCES OF THE AREA—	
WATER	25
SEWERAGE & SEWAGE DISPOSAL	29
HOUSING	30
INSPECTION & SUPERVISION OF FOOD	33
V. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES	40
VI. NATIONAL ASSISTANCE ACT, 1948	42

TABLES.

NUMBER	PAGE
I. BIRTHS	6
II. ILLEGITIMATE BIRTHS	6
III. DEATHS	6
IV. MATERNAL MORTALITY	7
V. INFANT MORTALITY	7
VI. INFANT MORTALITY—5 YEARLY PERIOD	7
VII. CAUSES OF DEATH IN EACH DISTRICT	8
VIII. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE	10
IX. INFANT WELFARE CENTRES	14
X. HEALTH VISITING	17
XI. VACCINATION	18
XII. DIPHTHERIA IMMUNISATION	18
XIII. AMBULANCES	19
XIV. HOSPITAL CARS	19
XV. TUBERCULOSIS REGISTER—SUMMARY	20
XVI. SEWERAGE AND SEWAGE DISPOSAL	29
XVII. HOUSING SURVEY	32
XVIII. MILK SAMPLING—SUMMARY	38
XIX. PASTEURISED MILK TESTS—SUMMARY	39
XX. INFECTIOUS DISEASES—NOTIFICATIONS	40

To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report on the health of the County of East Suffolk for the year 1950.

I have very little I need add to the observations made last year, for the comments then expressed are still applicable and the year under review has seen a further gradual but tangible development of the schemes made under the National Health Service Act. There has been co-operation with the Regional Hospital Board and the Executive Council, but it is clear that the most efficient health service will be achieved when the three partners to it are indeed partners and not so concerned, as at present, with developing their own limited fields. There is still a long way to go before the local health services in East Suffolk are developed to the extent hoped for, but the experience of the last three years tends to confirm that the schemes approved by the Council constitute an adequate blue print for the future.

The year's work reveals two points which give considerable satisfaction. Firstly, the very low maternal and infant mortality rates, and secondly, the absence for the first time of any case of diphtheria. On the other hand it is to me a sobering thought that almost the two biggest items of expenditure by the local health authority is in relation to the Home Help Service and to the Hospital Car Service; both desirable, perhaps both necessary, but equally both far removed from what one would term the field of positive health work.

The year has been one of difficulty because of the serious depletion of the medical and dental staffs and much is owed to the loyalty and very hard work of most members of the Health Department.

Once again I am glad to have this opportunity of expressing my appreciation of the kind understanding shown to me by the Chairman and all Members of the Health Committee.

I have the honour to be,

Your obedient Servant,

HENRY ROGER,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

GENERAL STATISTICS.

Area : 548,607 acres.—1st April, 1934.

Population 1950 : 216,076.

(As estimated by the Registrar-General).

Population, Census 1931 : 207,475.

Number of inhabited houses, Census 1931 : 52,513.

Number of families or separate occupiers, Census 1931 : 53,933.

Rateable Value : £1,107,817 (year beginning 1st April, 1950).

Estimated product of a penny rate : £4,401 (year beginning 1st April, 1950).

Natural and Social Conditions of the Area.

Geology, Industry, Commerce. These subjects are dealt with in the Survey Report for 1930 and there has been no alteration requiring comment; those desiring information are referred to that Report.

1950

Extracts from Vital Statistics for the Year.

Live Births :	M.	F.	Total.	
Legitimate	1,637	1,488	3,125	} Birth rate per 1,000 of estimated population :— 15.2.
Illegitimate	91	76	167	
Total live births	1,728	1,564	3,292	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and stillbirths) :—23.1.
Legitimate	47	28	75	
Illegitimate	2	1	3	
Total stillbirths	49	29	78	
<i>Deaths :</i>	1,331	1,308	2,639	} Crude death rate per 1,000 of estimated population :—12.2.

	No. of Deaths.	Rate per 1,000 total births.
<i>Deaths from Puerperal Causes :</i>	1	0.3

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	23.7
Legitimate Infants per 1,000 legitimate live births	22.7
Illegitimate Infants per 1,000 illegitimate live births	42.0
Deaths from Measles (all ages)	1
„ Whooping Cough (all ages)	2
„ Diarrhoea (under 2 years of age)	2
„ Cancer (all ages)	415
Cancer Death Rate per 1,000 population	1.9
Tuberculosis Death Rate per 1,000 population	0.27

Population.

Year.	Population.	
1931	207,475	Census Return.
1948	210,776	(Estimated by Registrar-General).
1949	210,782	
1950	216,076	

At the time of writing, the 1951 Census has become an historical fact, and the results are awaited. It will be of interest in next year's report to be able to compare in more detail the changes in population which have occurred between the 1931 and 1951 Census.

TABLE I.
BIRTHS.
(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1948	3762	18.2	17.5	17.8	17.9
1949	3497	16.4	16.7	16.6	16.7
1950	3292	15.3	15.2	15.2	15.8

The number of live births continues on the downward trend, and the rate for the County has fallen slightly further below the rate for England and Wales.

TABLE II.
ILLEGITIMATE BIRTHS.
(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.		
		Urban.	Rural.	Administra- tive County.
1948	213	1.1	0.9	1.0
1949	158	0.8	0.7	0.75
1950	167	0.8	0.7	0.77

The increase of 9 in the number of illegitimate births may not be very significant, but it is sufficient to affect slightly the rate per 1,000 population.

This figure is one which is perhaps hopefully expected to be less each year, yet at the same time is rather unpredictable.

TABLE III.
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1948	2377	11.5	11.0	11.3	10.8
1949	2670	13.1	12.3	12.6	11.7
1950	2639	12.7	11.8	12.2	11.6

Although the total number of deaths is slightly less than last year, the crude death rate for the County still exceeds the rate for England and Wales.

Causes of deaths are analysed in Tables VII and VIII.

TABLE IV.
MATERNAL MORTALITY.
DEATHS FROM PUERPERAL CAUSES.

Year.	Puerperal Sepsis	Other Puerperal Causes	Total	Death Rate per 1,000 total births
1948	2	1	3	0.8
1949	—	1	1	0.28
1950	—	—	1	0.29

Again only one maternal death occurred in the 3,370 confinements during the year, a satisfactory position about which those providing the practical medical and nursing maternity services can be justly proud.

Infant Mortality Rate.

TABLE V.
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Live Births.			
		Urban.	Rural.	Administrative County.	England and Wales.
1948	74	20	19	20	34
1949	95	27	27	27	32
1950	78	25	23	24	30

Infant mortality is one of the features to which attention is drawn when vital statistics for the country are made known each year as indicating progress in the maternity and child welfare services being provided. Because of the fall in the total numbers of deaths of children under one year, the county rate is again well below the rate for England and Wales.

TABLE VI.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Live Births.	Number of Deaths.	Infant Mortality Rate per 1,000 Live Births.		
1941 } 1942 } 1943 } 1944 } 1945 }	2,873 } 2,949 } 3,053 } 3,555 } 3,462 }	15,892	132 } 119 } 107 } 122 } 117 }	597	37.6
1946 } 1947 } 1948 } 1949 } 1950 }	3,919 } 4,295 } 3,762 } 3,497 } 3,292 }	18,765	131 } 140 } 74 } 95 } 78 }	518	27.6

TABLE VII.
CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.						Grand Total					
	Aldeburgh	Beccles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping		Hartismere	Lothingland	Sanford	Wainford	Total
All causes	37	88	51	20	199	27	57	513	19	49	74	80	1214	279	341	211	201	165	152	76	1425	2639
1. Tuberculosis, respiratory	...	3	2	1	2	...	...	7	...	...	1	1	17	6	8	8	5	3	1	2	33	50
2. Tuberculosis, other	...	1	...	...	...	...	1	3	...	...	1	1	4	1	3	3	...	...	...	...	4	8
3. Syphilitic diseases	...	...	...	...	...	...	...	2	...	...	...	...	5	1	...	...	...	1	1	1	7	12
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
5. Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
6. Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
7. Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Other infective and parasitic diseases	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
10. Malignant neoplasm, stomach	1	2	...	2	4	...	2	15	1	2	1	1	31	11	7	3	10	4	7	3	45	76
11. Malignant neoplasm, lung, bronchus	1	1	1	...	2	...	1	16	...	2	3	2	29	4	3	4	3	1	4	...	19	48
12. Malignant neoplasm, breast	1	1	1	...	2	1	...	9	...	2	...	4	21	8	3	...	4	3	4	...	22	43
13. Malignant neoplasm, uterus	...	1	...	...	3	...	...	3	...	1	...	...	8	3	1	1	...	2	4	...	11	19
14. Other malignant and lymphatic neoplasms	6	5	1	1	19	3	8	43	2	5	3	7	103	21	30	20	23	14	12	6	126	229
15. Leukaemia	...	1	1	...	1	...	...	4	...	1	...	...	...	...	...	...	...	...	...	...	1	5
16. Diabetes	...	2	...	...	...	...	...	3	...	...	...	...	6	...	...	...	...	...	...	1	14	20
17. Vascular lesions of nervous system	2	12	7	5	37	3	7	72	2	6	8	10	171	42	54	25	31	4	1	9	202	373
18. Coronary disease, angina	6	7	6	1	29	2	11	67	2	9	10	7	157	26	43	25	16	20	10	9	149	306
19. Hypertension with heart disease	...	1	2	...	9	1	...	12	...	2	8	7	42	9	10	8	4	5	4	...	40	82
20. Other heart disease	11	30	12	7	37	14	17	114	3	7	14	16	282	70	78	48	45	34	39	23	337	619
21. Other circulatory disease	...	3	3	2	8	...	3	17	2	1	4	3	46	8	7	7	5	4	5	...	36	82

TABLE VIII.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

CAUSES OF DEATH.	SEX.	AGGREGATE OF URBAN DISTRICTS.					AGGREGATE OF RURAL DISTRICTS.								
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
		ALL CAUSES	M F	595 619	23 13	4 3	2 2	28 31	147 84	391 486	736 689	23 19	8 6	5 2	41 36
1. Tuberculosis, respiratory	M F	11 6				6 2	5 3	1	16 17				8 9	6 5	2 3
2. Tuberculosis, other	M F	3 1		1			3		3		1		1	1	1
3. Syphilitic disease	M F	3 2	1				2 1	1 1	6 1					3	3 1
4. Diphtheria	M F	— —	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M F	1 1	1					1	1	1					
6. Meningococcal infections	M F	— —	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M F	— —	—	—	—	—	—	—	1 1		1 1			1	
8. Measles	M F	— —	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M F	1 1				1		1	2 2	1				2	1 16
10. Malignant neoplasm, stomach	M F	17 14				1		8 11	22 23					6 1	22 22
11. Malignant neoplasm, lung, bronchus	M F	25 4				1		5 2	16 3				1	5	10 3
12. Malignant neoplasm, breast	F	21				2		12	22				2	8	12
13. Malignant neoplasm, uterus	F	8				1		2	11				2	2	7
14. Other malignant and lymphatic neoplasms	M F	60 43		1		1 5	15 12	43 26	74 52				3 2	18 16	53 34
15. Leukaemia aetukaemia	M F	2 2					1 1	1 1	—				1		

II.

STAFF.

Medical Staff.

County Medical Officer: Henry Roger, M.A., M.B., Ch.B., D.P.H.

Deputy County Medical Officer:

S. T. G. Gray, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

I. M. O. Allan, M.A., M.B., Ch.B., D.P.H. (resigned 12.1.50).

P. J. H. Clarke, M.B., B.S., D.P.H. (resigned 30.4.50).

G. M. Cubie, M.B., Ch.B., D.P.H. (resigned 8.10.50).

M. A. Dawson, M.B., Ch.B., D.P.H.

A. C. Gee, M.R.C.S., L.R.C.P., D.P.H.

C. H. Imrie, M.B., Ch.B., D.P.H.

H. C. G. Pedler, M.R.C.S., L.R.C.P., D.P.H. (retired 21.9.50).

I. Sim, M.B., Ch.B., D.P.H.

J. Sleigh, M.B., Ch.B., D.P.H. (resigned 30.9.50).

Consultant Chest Physicians:

C. J. Stewart, M.D., B.S., D.obst.R.C.O.G.

I. M. Young, M.B., Ch.B.

Administrative Deputy to County Medical Officer:

L. J. Bowling.

Nursing Staff.

County Nursing Officer:

Miss E. Stephenson (resigned 31.10.50).

Miss M. Vaughan Jones (from 11.11.50).

Deputy County Nursing Officer:

Miss M. Vaughan Jones (to 10.11.50).

Vacant.

Health Visitors:

At the end of the year, the staff of Health Visitors was 14 whole-time and 2 part-time.

District Nurse/Midwives:

At the end of the year, 69 district nurse/midwives and 6 district nurses were being employed.

County Sanitary Staff.

County Sanitary Officer: A. E. Chapman, F.S.I.A.

Assistant County Sanitary Officers: I. W. Fenn.

W. R. Saunders (resigned 28.2.50).

D. W. Copperwheat (from 1.5.50).

Senior Dental Officer: Vacant.

Dental Officers: C. D. Macpherson, L.D.S.

Miss J. Hepburn, L.D.S.

Miss V. H. Sim, L.D.S.

District Medical Officers of Health.*Boroughs and Urban Districts:*

Aldeburgh	...	Dr. C. H. Imrie.
Beccles	...	Dr. G. M. Cubie (resigned 8.10.50).
		Dr. A. C. Gee (acting from 9.10.50).
Bungay	...	Dr. H. C. G. Pedler (retired 21.9.50).
Eye	...	Dr. H. C. G. Pedler (retired 21.9.50).
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. J. Sleigh (resigned 30.9.50).
Leiston	...	Dr. J. Sleigh (resigned 30.9.50).
Lowestoft	...	Dr. A. C. Gee.
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. G. M. Cubie (resigned 8.10.50).
		Dr. A. C. Gee (acting from 9.10.50).
Stowmarket	...	Dr. P. J. H. Clarke (resigned 30.4.50).
		Dr. M. A. Dawson (from 1.7.50).
Woodbridge	...	Dr. C. H. Imrie.

Rural Districts:

Blyth	...	Dr. J. Sleigh (resigned 30.9.50).
Deben	...	Dr. C. H. Imrie.
Gipping	...	Dr. P. J. H. Clarke (resigned 30.4.50).
		Dr. M. A. Dawson (from 1.7.50).
Hartismere	...	Dr. H. C. G. Pedler (retired 21.9.50).
Lothingland	...	Dr. G. M. Cubie (resigned 8.10.50).
		Dr. A. C. Gee (acting from 9.10.50).
Samford	...	Dr. P. J. H. Clarke (resigned 30.4.50).
		Dr. M. A. Dawson (from 1.7.50).
Wainford	...	Dr. H. C. G. Pedler (retired 21.9.50).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 21—Health Centres.

The continued restrictions on capital building projects has precluded any consideration of the provision of Health Centres.

Section 22—Care of Mothers and Young Children.

During the year it was possible to up-grade two more Weighing Centres to Infant Welfare Centres—at Blundeston and Somerleyton, and additional Centres were opened at Belton, Chelmondiston and Southwold. The Centre at Stradbroke was closed in October.

The position at 31st December is shewn in the table below.

TABLE IX.
INFANT WELFARE CENTRES.

Weekly.	Twice monthly.	Monthly.
Aldeburgh	Bramford (a)	Belton
Beccles	Brantham (a)	Blundeston
Bungay	Carlton Colville	Chelmondiston
Felixstowe (i) (a)	Eye	Debenham
do. (ii)	Halesworth	Farnham
Stowmarket (a)	Kesgrave	Framlingham
Woodbridge (a)	Kessingland	Grundisburgh
Lowestoft (i) (a)	Leiston	Kirton
do. (ii) (a)	Wrentham	Nacton
do. (iii)	Yoxford	Needham Market (a)
		Saxmundham
		Somerleyton
		Southwold
		Wenhaston
		Wickham Market

(a) = Centre also functions as ante-natal and post-natal clinic.

Additional Weighing Centres were opened during the year at Felixstowe (Landguard Fort), Hollesley and Somersham, and at 31st December the following Weighing Centres were being attended by Health Visitors or District Nurse-Midwives:—Charsfield, Claydon, Copdock, Corton, Earl Soham, Felixstowe (Landguard Fort) Friston, Hollesley, Lound, Newbourne, Otley, Somersham, Wattisham R.A.F., Waldringfield, Weybread Wenham.

Summary of Attendances for 1950.

INFANT WELFARE CENTRES.

<i>Centres provided.</i>	<i>Sessions per month.</i>	<i>No. of Children attending during year.</i>	<i>Total number of attendances made.</i>
35	79	3,935	27,713

ANTE-NATAL AND POST-NATAL CLINICS.

<i>Clinics provided.</i>	<i>Sessions per month.</i>	<i>No. of Women attending during year.</i>	<i>Total number of attendances made.</i>
8	14	336—A 52—P	1,468—A 59—P

A=*ante-natal*. P=*post-natal*.

The valuable help of the voluntary workers who support these Infant Welfare and Weighing Centres is again gratefully acknowledged.

The Rhesus Factor.

In co-operation with the National Blood Transfusion Laboratory, arrangements for the examination of specimens of blood from expectant mothers attending ante-natal clinics continued, and reports were received on 101 specimens submitted.

Care of Unmarried Mothers and their Children.

The County Council accepted financial responsibility for 21 unmarried mothers in Mother and Baby Homes, for whom arrangements were made by the Diocesan Moral Welfare Associations in accordance with the agreement between the Associations and the County Council.

The homes to which these girls are admitted were as under:—

St. Bridgets Hostel, Lowestoft	...	...	6
Sunnedon House, Coggeshall, Essex	...	...	4
Hostel of Good Shepherd, Colchester, Essex	...	...	1
Main Memorial Home, West Hampstead	...	...	1
Amherst Park, Stamford Hill	...	...	1
St. Paul's Lodge, Gt. Yarmouth	...	...	4
Haygarth Witts Memorial Home, Wimbledon	...	...	1
National Adoption Association Hostel, Paddington	...	...	1
Ely Diocesan Home, Cambridge	...	...	1
St. Faiths, Dudley Lodge, Coventry	...	...	1
			—
			21
			—

Care of Premature Infants.

143 babies were notified as premature in accordance with Circular 20/44, and each one was the subject of special visits by a Health Visitor.

72 of these babies were born in their own homes in the county, and of these, 15 had to be admitted to hospital. The other 57 babies were nursed entirely at home and of these 54 survived beyond 28 days.

The six sets of equipment for the care of the premature baby, which are sited in various parts of the county, have been used throughout the year with success in cases where it was not necessary or desirable to move a baby to hospital.

Dental Care.

Another dental officer was appointed at the beginning of the year, so that the staff then was two officers working wholly in the Borough of Lowestoft and one in the remainder of the administrative County. Arrears of work required by school children were such that no progress could be made in the provision of dental service for the priority groups of expectant and nursing mothers and pre-school children.

In the 1949 report, mention was made of the dental facilities available at the clinic arranged in co-operation with the Regional Hospital Board at the East Suffolk & Ipswich Hospital. In fact, it became increasingly difficult to persuade mothers and children to attend for treatment, despite repeated requests by the Council's Medical Officers and second and third appointments being made, and in July, 1950, it was decided that attendances were so irregular that the allocation by the Dental Surgeon of one morning each week to this work could no longer be justified.

Between January and July, 7 expectant mothers and 33 pre-school children only had attended.

Section 23—Midwifery.

During the year the nurse-midwives employed by the Council attended 912 cases as midwives and 1,113 as maternity nurses. Medical aid under the Midwives Act, 1918 was sought on 181 occasions.

The staff at 31st December totalled 69 nurse-midwives; four less than the previous year. It has not yet been possible to make adequate arrangements for relief staff during holidays and sickness.

Supervision of Midwives.

Miss E. Stephenson, County Nursing Officer, whose duties included the supervision of midwifery throughout the County, resigned on 31st October. She was succeeded by her Deputy, Miss M. Vaughan Jones. The post of Deputy County Nursing Officer had not been filled at the end of the year.

Refresher Courses.

Four midwives attended refresher courses during the year.

Gas/Air Analgesia.

Sixty-four of the 69 midwives in employ at 31st December were qualified in gas/air analgesia administration.

During the year the number of patients for whom analgesia was provided was 1,359; in 556 cases by midwives acting as such and in 803 cases by midwives acting as maternity nurses.

Revision of Midwifery Areas.

The revision of the areas of the nurse-midwives referred to in the last report, has progressed in consultation with the local Nursing Associations. The implementation of the final plan will depend on many factors, but the long term planning of areas has enabled a start to be made with the scheme for improving housing facilities and it is hoped that by the next report some of the agreed revisions will have been put into effect.

Housing Programme.

In conjunction with the revision of midwifery areas, a programme of building houses for midwives has been prepared. In 1950, Ministry approval was granted for the erection of two houses at Lound and Hollesley, and sites were being sought.

Women's Welfare Clinic.

In co-operation with the County Borough of Ipswich, facilities were provided at Allington House Clinic, Ipswich, for County patients to attend for advice and treatment on birth control.

Appointments are made at the request of the family doctor, and women attending were asked to pay only for the cost of any appliance supplied.

The clinic started in May and by the end of the year 28 women had attended.

Registration of Nursing Homes.

Six registrations were cancelled during the year because of the closure of premises by the owners for various reasons, and as no other premises were newly registered, the number of maternity and/or nursing homes remaining registered at 31st December was five.

Name.	Number of beds available.		
	Maternity	Other	Total
St. Monica's, Felixstowe ...	1	—	1
Chatsworth, Felixstowe ...	—	26	26
Savile Court, Felixstowe ...	4	7	11
Orme House, Lowestoft ...	4	5	9
Thorndene, Oulton Broad ...	5	4	9
	—	—	—
	14	42	56
	—	—	—

The certificate in respect of Savile Court, Felixstowe, was varied during the year to provide for 4 maternity and 7 general beds instead of 8 general beds.

Nurseries and Child Minders Regulations Act, 1948.

One application for registration as a nursery was received. This was investigated, but subsequently the proposer withdrew the application. No other application was received.

Section 24—Health Visiting.

Three Health Visitors resigned to take other appointments during the year, and at 31st December, the Health Visiting staff was 14 whole-time and 2 part-time officers.

Student Health Visitors.

Two students completed their studies successfully and took up duties as qualified Health Visitors. Three other scholarships were awarded during the year.

Refresher Courses.

Two Health Visitors attended refresher courses during the year.

TABLE X.

Summary of Visits made by Health Visitors (excluding School Health Service visits).

	1st Visit	Total Visits
Expectant Mothers	392	500
Children under 1 year	3,447	20,900
Children 1-5 years	904	28,711
Other visits	325	2,176

Section 25—Home Nursing.

Six District Nurses were employed whole-time in Lowestoft on home nursing, and in the remainder of the County it continued to be a part of the work of the nurse/midwives.

There was an increase in the number of patients attended for home nursing, but the total number of visits made was lower than in the previous year. The figures were 7,067 patients and 98,456 visits.

Section 26—Vaccination and Immunisation.

Vaccination.

TABLE XI.

Number of Persons Vaccinated (or re-vaccinated) during year.

Age at date of vaccination.	Under 1	1-4	5-14	15 or over	Total
Primary	951	828	153	168	2,100
Re-vaccination	—	6	182	355	543

Over 500 more primary vaccinations were completed than in 1949, when the figure was 1,569, while re-vaccinations more than doubled (1949—259). Possibly the major epidemics at Glasgow and Brighton proved the most effective form of propaganda as to the value of vaccination.

Diphtheria Immunisation.

TABLE XII.

Number of children at 31st December, 1950 who had completed a course of immunisation at any time before that date.

Age at 31.12.50 i.e., born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5-9 1941-45	10-14 1936-40	Total 0-14
Number immunised	110	2021	2445	3129	2773	8134	2724	21336
Estimated mid-year child population 1950.	children under 5 18650					children 5-14 30810		

Although the number of children immunised in the first year of life is not as high as desired, the total number of children protected is comparatively good. It still seems to be more popular to have a child immunised after the first birthday rather than before, and more intensive propaganda methods will be needed if first-year immunisation is to be achieved.

Nevertheless it is highly satisfactory to be able to report that in 1950—for the first time—there was no confirmed case of diphtheria in the county.

Section 27—Ambulance Service.

Ambulances.

The statistical information will show the extent to which the service has developed. It has operated efficiently and by comparison, very economically, and tribute must be paid to the continued excellent work of the members of the St. John Ambulance Brigade and the British Red Cross Society.

It is clear that the policy to build up the Ipswich and Lowestoft Stations as the two main bases was the right one.

TABLE XIII.

Summary of Mileage, Journeys and Patients Carried.

<i>Month.</i>	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients Carried.</i>
January ...	14,669	601	645
February ...	13,070	590	617
March ...	16,210	767	818
April ...	17,315	725	789
May ...	17,619	794	822
June ...	17,087	824	857
July ...	16,292	709	753
August ...	17,590	742	765
September ...	14,211	562	575
October ...	18,036	835	858
November ...	16,560	791	819
December ...	18,086	762	812
	<hr/> 196,745	<hr/> 8,702	<hr/> 9,126

Hospital Car Service.

There was a further increase in the work of the Hospital Car Service, as shown below, but there is some reason to hope that the service has stabilised. It is an expensive service and although in most cases it means much to the person assisted, it is certainly not one of the most satisfying activities of a health department. The service has operated efficiently and would certainly be very much more costly if it were not for the help willingly given by so many voluntary drivers.

TABLE XIV.

Summary of Mileage and Journeys.

<i>Month.</i>	<i>Total Miles.</i>	<i>No. of Journeys.</i>
January ...	22,826	586
February ...	21,291	578
March ...	24,782	621
April ...	21,984	525
May ...	23,499	604
June ...	23,765	583
July ...	23,054	536
August ...	22,312	553
September ...	23,348	572
October ...	24,978	608
November ...	25,393	669
December ...	23,548	643
	<hr/> 280,780	<hr/> 7,078

Section 28—Prevention of Illness, Care and After-care.

TABLE XV.
Tuberculosis Register, Year 1950.

This register is kept in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1930.

			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Cases on Register at 1.1.50	...	...	658	367
New (Primary) Notifications during 1950	...	...	125	46
Inward transfers and cases restored to register in 1950	...	...	41	5
		Total	824	418
<i>Cases written off register in 1950:</i>				
			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Non-tuberculous	...	...	7	3
Died	...	...	51	7
Recovered	...	...	22	47
Removed or lost sight of	...	...	24	7
		Total	104	64
			104	64
Cases remaining on register at 31.12.50	...	...	720	354

The value of the services of the two Consultant Chest Physicians—Dr. C. J. Stewart and Dr. I. M. Young—whose appointments were reported in last year's report, was recognised by the County Council agreeing in consultation with the Regional Hospital Board to pay 1/11th of the salary of each officer. Co-operation between the Department and these Consultants continues and the Council has been able to foster this by providing facilities for clinics to be held in premises at Saxmundham and Stowmarket. Health Visitors have attended at these and at the main Chest Clinics in order to provide continuity of clinic and domiciliary care.

B.C.G. Vaccination.

The formal scheme submitted under Section 28 of the National Health Service Act was amended early in 1950 to provide for B.C.G. Vaccination to be carried out in conjunction with the Consultant Chest Physicians. Supplies of the vaccine were not available until late in the year and action in this connection was consequently delayed.

Circular 64/50.

This circular included recommendations for active measures to be taken to prevent the spread of tuberculosis, in particular referring to the protection of organised groups of children. Arrangements were made through the Chest Physicians for staff whose work brought them into contact with children, e.g., Health Visitors, staff of the Children's Department and school teachers, to be X-rayed. The Mass Radiography Unit of the Regional Hospital Board toured the county during the year and the facilities provided by the Unit were of great assistance in this respect.

In addition, a report was submitted to the County Education Committee recommending that all school entrants should be examined by means of the Mantoux jelly test. This scheme was in process of being organised and it was hoped to make a start with it during 1951.

Provision of Milk.

The County Council took over from the Tuberculosis Care Committee the responsibility for the provision of free milk to tuberculous patients, with effect from 1st January, 1950.

Tuberculosis Care Committee.

The Voluntary Care Committee has continued to flourish and has been able to expand its activities by the setting up of further District Committees. During the year ended 31st March, 1951, assistance was afforded to 107 patients, including the provision of clothing, bedding, materials for handicrafts, extra nourishment and coal, payment of travelling expenses of relatives to visit patients in sanatoria and financial help.

The Christmas Seal Sale produced the sum of £684 15s. 10d., an all-time record for East Suffolk.

Other Forms of Illness.

It is still not considered necessary to prepare a formal scheme in relation to prevention, care and after-care.

Provision of Nursing Equipment.

The Council continued its policy of making a grant for each new medical loan depot set up by the British Red Cross Society or the St. John Ambulance Brigade. In addition to those listed in the 1949 report, new depots have been opened during 1950 as follows:—

British Red Cross Society ...	Debenham
	Wickham Market
	Sudbourne
	Somerleyton
	Stowmarket
St. John Ambulance Brigade ...	Bungay
	Saxmundham

Section 29—Home Help Service.

The rapid expansion of this service gave rise to considerable concern from the financial point of view. It has still been a matter of difficulty to keep expenditure within the revised estimate approved by the County Council and this has been done by instituting something in the nature of a system of priorities and by curtailing the hours to the absolute effective minimum in each case. The service is particularly valuable in freeing hospital beds, particularly for maternity cases, and for helping old people to remain in their own homes instead of providing accommodation in the homes provided under the National Assistance Act.

It was not deemed necessary to appoint an organiser and administrative costs have been kept to a minimum by the day to day work being carried out in the Departments at Ipswich and Lowestoft, field work being undertaken by Health Visitors, District Nurses and Welfare Officers.

At 31st December, 146 part-time Home Helps had been enrolled and help had been provided in 586 households as follows:—

Maternity cases (including expectant mothers) ...	...	281
Tuberculosis cases ...	...	18
Other cases ...	...	287

Sections 28 and 51—Mental Health.

Administration.

The arrangement whereby the Suffolk County Joint Mental Health Board perform the functions relating to Mental Health which devolve upon the East and West Suffolk County Councils, continues to work satisfactorily. The following information is given in relation to the work of the Joint Board in East Suffolk.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The following arrangements continue:—

1. With the Management Committee of the Royal Eastern Counties Institution which is in the area of the North East Metropolitan Regional Hospital Board for the supervision by the Officers of the Joint Board of patients on licence from the Institution and for the provision of necessary reports upon the home circumstances of patients.

2. With the East Anglian Regional Hospital Board for the supervision of patients on licence from institutions in the Hospital Board's area and for the provision of reports on home circumstances.

3. With the Management Committee of the Suffolk Mental Hospitals Management Committee for the part-time services of their psychiatric social worker for the carrying out of duties in connection with the after-care of patients discharged from Mental Hospitals and the investigation and care of persons living in the community and suffering from mental illness, whose cases would be referred in the first instance to the Joint Board.

Work Undertaken in the Community.

Admissions to Mental Hospitals.

Lunacy and Mental Treatment Acts.

During the year the Duly Authorised Officers of the Joint Board attended on the admission of 55 male and 91 female patients to Mental Hospitals. These numbers are comprised as follows:—

Under the Lunacy Act.

	<i>Males.</i>	<i>Females.</i>
On certification	34	57
On three-day Orders under Section 20	5	7

N.B.—On the expiration of the three days and a further 14 days ordered by the Medical Superintendent under Section 21A, one female patient was certified; four males and six females remained in Hospital as voluntary patients and one male remained as a temporary patient under the Mental Treatment Act.

	<i>Males.</i>	<i>Females.</i>
On an Urgency Order under Section 11	—	1

N.B.—As from the expiration of the Urgency Order, the patient remained in the Hospital as a voluntary patient.

Under the Mental Treatment Act.

	<i>Males.</i>	<i>Females.</i>
As voluntary patients over the age of 16 years	12	25
As voluntary patients under the age of 16 years	1	—
As temporary patients	3	1

The Welfare Officers of both the East and West Suffolk County Councils, whose part-time services are available to the Joint Board to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts have in addition given much useful help in a number of cases of patients discharged from Mental Hospitals where it was felt that after-care and assistance in coping with the problems involved in returning to normal community life were necessary. The results have been very encouraging and by this arrangement it has been possible to restrict the use of the services of the psychiatric social worker to the small number of cases where the specialised services of this worker were felt to be necessary.

Mental Deficiency Acts.—Admissions to Institutions.

The shortage of institutional accommodation for mental defectives has remained very acute. During the year arrangements were made for 13 male and 6 female East Suffolk patients to be admitted to Institutions for defectives. The numbers of East Suffolk cases remaining on the waiting list on the 31st December, 1950 were 28 males and 27 females.

Supervision.

The numbers under supervision on the 31st December were as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision	115	118	233
Friendly Supervision	45	48	93

During the year a review was held of all the cases under Statutory Supervision; each case was considered carefully, not only from the medical aspect, but also having regard to the case histories and the Joint Board decided to discontinue supervision in the cases of 6 males and 10 females. The circumstances under which these patients had been placed under Statutory Supervision—in some cases some years ago—had changed materially and most of these cases have proved themselves able to live a useful life in the community.

The numbers of cases under Friendly Supervision on the 31st December, 1949 were 138 males and 121 females and during the year all these cases were carefully reviewed in the same manner as were the cases under Statutory Supervision and in a great number of the cases it was considered that further supervision was not necessary and the number of cases under Friendly Supervision was thus reduced to 45 males and 48 females.

Home Training.

The Home Training Scheme has continued to develop most satisfactorily and on the 31st December 12 male and 47 female defectives were receiving training in their own homes. This work has proved of great value in affording occupation for defectives who would otherwise have little interest in life, with the consequent possibility that their mental condition would deteriorate when they would become a serious problem both to their families and the community. It is felt even in some cases that the necessity

for institutional care has been averted or postponed, which is of course of great value at the present time when there is such a severe shortage of institutional accommodation.

The Home Training class continues to be held in Ipswich on alternate Wednesday afternoons and at the end of the year one boy and 13 girls were in attendance. Towards the end of the year a new Home Training class was started at Lowestoft on alternate Wednesday afternoons and six girls were in attendance at the end of the year. This has proved of great benefit to the girls and is much appreciated by the parents. It is hoped as time goes on, that the number in attendance will increase.

Owing to a drop in the numbers in attendance at the fortnightly class held at Leiston, the holding of this class was discontinued at the end of the year. The patients formerly in attendance are receiving home training in their own homes.

Lowestoft Occupation Centre.

The Occupation Centre continues most successfully as a full-time one with school meals supplied under an arrangement made with the Education Authority on the same terms as meals are supplied in the schools. At the end of the year there were in attendance 8 boys and 8 girls.

Ascertainments.

During the year 46 new cases (23 males and 23 females) were ascertained.

Guardianship.

As stated in the report for 1949, the majority of the patients under Guardianship were discharged in 1949 from Order on the assumption of financial responsibility in their case by the National Assistance Board. During the year two female patients who had been on long licence from the Royal Eastern Counties Institution were transferred to the Guardianship of their foster-parents. The numbers of patients of East Suffolk origin under Guardianship at the end of the year were 3 males and 7 females.

IV.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

In April, 1950, A. E. Chapman, Esq., County Sanitary Officer, was seconded to the office of the Clerk of the Council with the duty of examining and reporting on schemes of Water Supply and Sewerage submitted by the District Councils under the Water Supplies and Sewerage Act of 1944. At the same time a Water Supplies Committee was formed and the consideration of such schemes was transferred to that Committee from the Public Health Committee. The progress report which is given has been prepared and supplied by Mr. Chapman.

The necessity for the provision of a satisfactory supply of water for domestic purposes more especially in those areas relying on shallow wells to meet their present need, was borne out by two cases of methaemoglobinaemia, one fatal, both of which were attributed to the consumption by infants of well water with a high nitrate content.

Nitrate haemoglobinaemia, although known to be not uncommon in the country districts of North America and the Netherlands, had not previously been recognised in Great Britain.

It would seem that a water with a high nitrate content, whilst not harmful to adults, is dangerous to a young infant and should not be used to make up artificial feeds. The nitrate after ingestion, undergoes chemical changes and the resultant products interfere with the capacity of the blood to absorb oxygen. This leads to cyanosis of the infant which, if untreated, may prove fatal. The condition, if suspected, is easily diagnosed and treatment simple and effective.

Shallow wells are, of course, particularly prone to contamination and where there is an artificially fed baby in the household it is more important than ever to ensure that there is an adequate supply of wholesome water. It should be noted that boiling such water—so often advocated as a safeguard—does not destroy the nitrate content and may in fact, by concentrating the solution, make the liquid more dangerous. Chlorination, likewise, does not render such water fit for drinking.

The circumstances of the two cases were as follows:—

Case A.—Samford R.D.—May, 1950.

Case history. A male child—4 weeks old—died in ambulance on way to hospital. Death attributed to methaemoglobinaemia.

Water Supply. The child had received milk feeds made up from dried milk powder and well water.

The well was old and brick built, the water being drawn from the subsoil overlying the London Clay which was very close to the surface, the water level in winter rising almost to ground level.

Nitrate content of water.

Nitrogen as nitrates—200 p.p.m.—(Certificate I.)

Bacteriological standard of water.

Unsatisfactory with faecal coli present—(Certificate II.)

*Certificate I.***Chemical Analysis.**

Sample of water marked "Shallow well" 22.5.50.

Physical Characteristics: Rusty deposit with a little vegetable matter.

Results of Analysis:—

			<i>Grains per Gallon.</i>
Free and Saline Ammonia	...	...	0.0014
Albuminoid Ammonia	...	...	0.023
Combined Chlorine	...	...	21
Nitrogen as Nitrates	...	...	14.0
Nitrites	...	...	Trace
Metals	...	...	Trace of zinc present

Opinion:—

The organic quality of this water is bad and the nitrate content is extremely high. The water is heavily polluted and is quite unfit for drinking purposes: its use must constitute a constant menace to health.

*Certificate II.***Bacteriological Examination.**

Sample of well water, 19.5.50.

	<i>Tap.</i>	<i>Well.</i>	<i>Filter.</i>
Plate Count at room temperature		Uncountable.	
Plate Count 2 days at 37° C.	... 240	312	Uncountable
Probable coliform bacilli	... More	than 250 per 100 ml.	
Faecal coli present	... 4/5	5/5	Not found.
	tubes.	tubes.	

Case B.—Deben R.D.—October, 1950.

Case history. A male child, one month old, noticed to be "a bit blue" when attending a clinic. Provisionally diagnosed as well-water cyanosis, admitted to hospital and diagnosis confirmed as methaemoglobinaemia. Treated by injection of methylene blue and completely recovered and discharged when an alternative satisfactory water supply was made available.

Water supply. The child had received milk feeds made up from dried milk powder and boiled well water.

The well, constructed of open jointed brickwork, was 8 feet deep and contained 18 inches of water; situated close to the house and to the highway. Water was obtained by bucket and windlass. No obvious cause of pollution has been determined although night soil has been deposited within 100 yards of the well.

Nitrate content of water.

Nitrogen as nitrates—68 p.p.m.—(Certificate III.)

Bacteriological standard of water.

Unsatisfactory—*B. coli* Type I. (faecal) isolated—(Certificate IV.)

Certificate III.

Chemical Analysis.

Sample of water marked "Shallow Well," 27.10.50.

	<i>Parts per million.</i>			
Nitrogen:				
Ammoniacal	Trace
Albuminoid	0.12
Chloride as Chlorine	54
Nitric Nitrogen	68
Nitrous Nitrogen	Nil
Hardness	304=21° Clark
Physical Character	Very slight rusty deposit.	

The organic quality of this water is moderate, but the nitrate content is excessively high. This water would undoubtedly be dangerous to the health of infants and young children. Chemically, there is little evidence of recent pollution, and if the water were found to be satisfactory bacteriologically it would be fit for consumption by older children and adults.

Certificate IV.

Bacteriological Examination.

Sample of water from windlass bucket, 27.10.50.

Plate Count Yeastrol agar, 2 days 37°C. aerobically 360 per ml.

Plate Count Yeastrol agar, 3 days R.T. aerobically Many 100's per ml. (uncountable).

Probable number of coliform bacilli, MacConkey 2 days, 37°C. 250 per 100 ml.

Probable number of faecal coli present—not less than 25 per 100 ml.

Other Examinations:

Count of *B. coli* Type I (faecal) actually isolated 14 per 100 ml.

Remarks:

Bacteriological findings very unsatisfactory.

Water Supplies.

The progress which was shown to have been made in the water schemes of the Rural District Councils during 1949 has been maintained. The following is a summary for the year 1950.

Blyth R.D. The second borewell at Walpole has been completed and tested, and the yield on sustained test has proved sufficient in quantity. The quality of the water is said to be satisfactory.

The two schemes which form the complete district scheme have been approved.

A stage of the southern scheme, to supply the parish of Kelsale, is almost completed.

Deben R.D. The principal network of mains in the north-west region has now been completed.

The borewells at Pettistree which are to serve the eastern area and augment the western supply have been completed, tested and found satisfactory.

Mains at Bucklesham and Levington have been completed.

Gipping R.D. The trial borehole at Baylham has been completed, tested and found to have a satisfactory yield.

A short extension of main from Haughley to Haughley Green has been completed.

Hartismere R.D. Stage III of the Council's Regional Scheme is nearly completed.

A trial borehole for the Council's Regional Scheme has been made and tested and found to give a very satisfactory yield.

An ex-Air Ministry waterworks at Mendlesham has been taken over and mains laid in the parishes of Mendlesham, Wetheringsett, Stoke Ash and Thwaite.

A link main has been provided between the waterworks of the Borough of Eye and the Syleham works of the Rural District Council, to give inter-connection and ensure an efficient service.

Lothingland R.D. Mains have been laid in the parish of Bradwell.

A regional scheme, which is a joint scheme with the Borough of Beccles and the Wainford Rural District Council has been prepared and the initial works started (see under Wainford).

Samford R.D. One of the borewells for the regional scheme has been completed and found to give a satisfactory yield. The second is being constructed.

Stage II of the Regional Scheme for the parishes of Brantham, Stutton and Holbrook, has been approved and main-laying is to start early in the year.

Wainford R.D. The Wainford Rural District Council, with the Borough of Beccles and the Lothingland Rural District Council have formed themselves into a Joint Committee for the production of water for schemes for the three areas. Duplicate borewells have been made and proved to be satisfactory.

No new mains have yet been laid in the rural district, but it is expected that a start will be made with Stage I in the early part of the year. That stage includes the parishes of Flixton, Homersfield and some of the South Elmhams. They will receive water from the Bungay waterworks.

The following developments have been made in the urban areas.

Beccles M.B. The Borough Council have decided to construct new sewage disposal works outside the town, and their proposals have been approved by the Ministry.

Bungay U.D. The sewage disposal works are being re-designed and enlarged and the work is to start in the new year.

Stowmarket U.D. Stage I of the sewerage proposals for the town have been completed.

Rivers Pollution.

The condition of the smaller rivers in the County remained reasonably satisfactory during the year; a number, however, were grossly polluted in the immediate vicinity of sewage works which discharge an inadequately treated sewage effluent either by reason of obsolete and over-loaded works or bad management.

The River Waveney, which on past occasions has been connected with cases of paratyphoid in Beccles, has been frequently sampled by the Borough Inspector during the year and examination of the samples failed to isolate salmonella organisms.

The River Gipping has for some time past been subject to gross pollution from both domestic sewage and trade wastes, particularly in Stowmarket. During July, new and improved pumping apparatus, mains, screening and sedimentation tanks came into operation for dealing with the town's waste at the sewage disposal works, and tests were being made to ascertain what further treatment would be necessary. Pollution by the effluent of the sewage works still occurred, but slight improvement in the condition of the river has been observed since July.

HOUSING.

New Housing—The Demand.

There were about 7,000 applicants for Council houses on the waiting lists of all the Housing Authorities in East Suffolk at the end of 1950; of these, about 3,000 were on the lists maintained by the Rural Districts which authorities had, in addition, about 300 applicants for building licences.

Houses in the Rural Districts which were unfit for human habitation and beyond repair at reasonable cost, as classified in the recent Housing Survey, numbered at least 4,000 and would include 226 houses in respect of which demolition orders have already been made but which are still occupied for human habitation.

From these facts it can be seen that to meet the demand for new houses and to provide separate accommodation for each family, and to replace unfit houses, at least 7,000 new houses need to be built in the Rural Districts of the County.

The number of homes provided in these districts during 1950 numbered 458, of which 371 were Council houses. It is interesting to note that only 224 houses were built by Local Authorities in these same districts during 1937.

The seriousness and magnitude of the situation need no further comment.

Existing Housing Conditions.

The condition of the houses in the Rural Districts as shown by the Housing Survey is little different from that given in my last Annual Report; the figures for the end of 1950 for the County were:—

Total number of houses classified	...	...	24,442
Houses placed in Category	I.	...	6,480
	II.	...	5,957
	III.	...	6,860
	IV.	...	1,456
	V.	...	3,689

The alteration from 1949 is due solely to inspections being continued in Samford Rural District.

Details of housing activities of the Councils is given in Table XVII—B, from which it can be seen that in 43 instances only has formal action been taken under either the Public Health or Housing Acts to enforce repairs, whereas houses in need of attention were numbered in thousands. Granted the financial hardship suffered by some property owners it is still difficult to believe that more could not be achieved by Housing Authorities to lessen housing defects within their districts.

The 1949 Housing Act was not very effective in obtaining improvements in housing conditions during 1950 for only 11 applications under the Act received approval. It is interesting to recall that in 1937 the owners of 79 properties received grants under the Housing Rural Workers Acts.

TABLE XVII.
HOUSING SURVEY.
A.—NEW HOUSES BUILT.

	RURAL DISTRICT COUNCIL.						
	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
(1) No. of New Houses completed by Local Authorities during 1950	55	48	60	70	56	56	26
(2) No. of dwellings provided by private enterprise during 1950 (Temporary and Permanent)	14	18	20	19	8	13	4

B.—FORMAL ACTION TAKEN DURING 1950.

	RURAL DISTRICT COUNCIL.						
	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
(1) Under Public Health Act. (a) No. of dwellings in respect of which notices served	9	0	6	0	6	1	0
(2) Under Housing Acts. (a) No. of dwellings in respect of which repair notices served	9	0	0	0	0	0	0
(b) No. of dwellings in respect of which demolition orders were made	0	2	1	4	0	5	0
(c) No. of houses demolished	0	1	1	4	0	1	3
(d) No. of houses in respect of which demolition orders have been made but which are still occupied for human habitation	75	37	9	0	20	16	69

Inspection and Supervision of Food and Drugs.

Staff and Administration.

In October, 1950, W. Lincolne Sutton, Esq., F.R.I.C., who had held the appointment of Public Analyst to this Authority since 1899, retired at the age of eighty-three and Eric C. Wood, Esq., PH.D., A.R.C.S., F.R.I.C., of Norwich was appointed in his place.

All duties of a Food and Drugs Authority under the Acts, Defence Regulations and kindred legislation, are carried out by the staff of the Health Department, the Council's Sanitary Officers having been appointed as Authorised Officers for that purpose. The advantages of this arrangement are manifest, more especially where the supervision of milk is concerned, for it is the same Officers who are in contact with Producers and Dealers regarding—

- (a) Chemical composition and adulteration; use of preservatives.
- (b) Sale of tuberculous milk, etc.
- (c) Licensing and supervision of pasteurising plants.
- (d) Specified areas and the use of Special Designations.
- (e) School milk supplies.

The set-up enables the officers concerned to maintain an up-to-date knowledge of the overall position regarding production, treatment and distribution of milk in the County and facilitates co-operation with other interested bodies, i.e., County Agricultural Committee, Ministry of Food, Milk Marketing Board, Ministry of Agriculture and Fisheries, Animal Health Division and other local authorities.

Samples for examination are either sent to the Public Analyst for analysis, or to the Public Health Laboratory for bacterial or biological examination. Here must be mentioned the valuable service rendered by Dr. P. H. Martin, the Medical Officer in charge of the Public Health Laboratory, who gives unstinted time and attention to all matters referred to him.

That part of the report which follows deals with (I) Food and Drugs—other than milk, and (II) Milk.

(I) Food and Drugs.

Formal samples of food, including drugs but excluding milk, submitted for analysis during the year, numbered 198. Of these, 16 were found to be not genuine and particulars regarding these samples, together with the action taken, are summarised below:—

1. *Pork Sausages*—7% deficient in meat. Ministry of Food advised.
2. *Pork Sausages*—7% deficient in meat. Ministry of Food advised.
3. *Pork Sausage Meat*—2.4% deficient in meat. Ministry of Food advised.
4. *Pork Sausage Meat*—8% deficient in meat. Ministry of Food advised.
5. *Vinegar*—4% deficient in acetic acid. Vendor warned.
6. *Pork Sausage Meat*—12% deficient in meat. Vendor warned.
7. *Cake, Sponge and Pudding Mixture*—Infested with acari (mites). Unfit for human consumption. Legal proceedings.—Conviction recorded—absolute discharge.
8. *Cream*—derived from goats' milk—not labelled as such. Vendor warned.

9. *Non-brewed Vinegar*—Term "Vinegar" not legal, when applied to substances other than brewed vinegar. Wholesaler and vendor warned.
10. *Cream*—Derived from goats' milk—not labelled as such. Producer and vendor warned.
11. *Beef Sausages*—4.4% deficient in meat. Vendor warned.
12. *Choc-bars*—Misleading description. Vendor warned.
13. *Rum*—1.1% deficient in proof spirit. Vendor warned.
14. *Marzipan*—Ground almonds absent. Vendor warned.
15. *Marzipan*—Not labelled in accordance with Labelling of Food Order. Vendor warned.
16. *Battacrisp*—Infested with acari (mites). Unfit for human consumption. Legal proceedings—defendant fined £5 with £5 costs.

Informal samples, numbering 29, were also procured and included foodstuffs examined for mineral oil, fish for identification of species, and cream derived from goats' milk. All were found to be genuine.

Pharmacy and Medicines Act, 1941.

The sampling of drugs disclosed apparent widespread contraventions of this Act in that substances recommended as medicines were being retailed by persons not authorised by the Act. The co-operation of the Pharmaceutical Society of Great Britain and of a firm of Manufacturing Chemists enabled the matter to be dealt with satisfactorily.

(II) Milk.

General.

Certain details regarding the Dairy Industry in East Suffolk which are given below, provide a suitable background against which can be set the work of the Department in the supervision of the milk supply.

Production (as at 31.10.50).

(i) Number of licensed "Tuberculin Tested"	463
herds	
(ii) Number of licensed Accredited herds	164
(iii) Number of undesignated herds	1,056
Giving a total of 1,683 herds containing approximately 25,000 milking cows.	

Apart from those producers who supplied milk only to their employees, there were about 330 producer/retailers, the majority of whom were in the more remote areas and sold a gallon or so a day from the door to nearby customers. The milk from a further 80 farms was supplied to distributors who retailed that milk untreated in the area. The milk from these 410 herds thus reaching the consumer in its raw and untreated state was produced under the following designations:—

(i) Tuberculin Tested	140 herds
(ii) Accredited	30 herds
(iii) Non-designated	240 herds

Collection and Distribution.

Some of the milk produced in the vicinity of the urban areas goes direct from the farm to distributors, but by far the greater quantity is handled at the two large Dairies situated at Halesworth in the North East, and Stowmarket in the West of the County, where also is handled milk collected from parts of Norfolk and West Suffolk.

Milk from these creameries was either brine cooled or pasteurised and despatched to retail dairies in East Anglia and London, or used for manufacturing purposes.

The distribution of milk by retail was carried on by about 80 distributors in addition to the 330 producer/retailers who held licences to use special designations in relation to milk, as follows:—

(a) "Tuberculin Tested"—Producers with retail licence ...	36
(b) "Accredited"—Producers with retail licence ...	6
(c) "Tuberculin Tested"—Distributors with dealer's licence	29
(d) Pasteurised—Distributors with dealer's licence ...	33

Milk pasteurised at 12 dairies was distributed in various parts of the County, that from six was treated at dairies outside the area of the Council.

Chemical Composition—Adulteration, etc.

The testing of milk for fats and solids-not-fat by the Sampling Officers was continued during the year and in addition the procedure was commenced whereby, whenever possible, duplicates of formal samples were procured and tested by the Sampling Officers; an early indication of the genuineness of the samples was thus obtained and only doubtful samples were submitted to the Public Analyst.

By this means and by testing informal samples, procured without the knowledge of the vendor, taken at schools, institutions and small dairies without laboratory facilities, closer control over the adulteration of milk was obtained at no greater cost to the Council.

A further advance in the control of adulteration resulted from the use, towards the end of the year, by the Public Analyst of the Hortvet cyroscope to determine the freezing point of samples suspected to contain added water. From first impressions it seems that these determinations will be of considerable assistance to the prosecution in legal proceedings in respect of added water and may save the taking of "Appeal to Cow" samples in cases of genuine low non-fatty-solids.

Details regarding sampling and the results of analyses follow:—

Formal Sampling.

Samples of milk procured formally under the Act numbered 203. 96 were submitted to the Public Analyst, of which 31 were certified to be not genuine by reason of

(i) Milk fat content of less than 3%	... ..	15
(ii) Solids-not-fat of less than 8.5%	... ..	7
(iii) Milk fat and solids-not-fat both below standard	... ..	9

Legal proceedings were instituted in respect of 15 samples, i.e. in all cases where added water was certified and in two instances of fat deficiency. A summary of these cases is given below:—

1. Milk purchased at farm prior to despatch to wholesale dairy.

Samples (a) S.N.F.—8.22% i.e. 3.3% added water presumed.

(b) S.N.F.—7.93% „ 6.7% „ „ „

(c) S.N.F.—8.06% „ 5.2% „ „ „

(d) S.N.F.—8.29% „ 2.5% „ „ „

"Appeal to Cow" samples—8.86% and 8.87% S.N.F.

Proceedings under Section 24 of Act—case dismissed—submission by defence that milk was as produced accepted by Bench.

“Appeal to Cow” Samples—

- (a) S.N.F.=8.33% (Hortvet test indicated samples free from
 (b) S.N.F.=8.88% (added water.

Proceedings under Section 9 (for sale of milk). Case dismissed. Defence submission that prosecution had failed to prove previous ownership of milk upheld by Bench.

Informal Sampling.

Informal samples of milk taken and tested by the Sampling Officers numbered 357, of these, 85 were found to be either below 3.0% of fat and/or 8.5% solids-not-fat. 50 of these unsatisfactory samples were milks naturally low in solids or fats; 26 were duplicates of those reported not genuine by the Public Analyst and 9 were followed up by formal sampling with satisfactory results.

Composition of Milk.

The results of all analyses shows that the average composition of all except “Appeal to Cow” samples was: milk-fat 3.47% and solids-not-fat 8.78%. This was a slight improvement on the 1949 figures.

Tuberculous Milk, etc.

The sampling of milk for biological examination continued during the year and in an effort to eradicate as much infection as possible and give the most safeguard to the consumer, a certain amount of selective sampling was entailed. This policy appears to have borne results, for a higher percentage of samples containing tubercle bacilli were reported than for many years.

Herds selected for sampling included those

- (a) where beasts had previously been slaughtered under the Tuberculosis Order of 1938;
- (b) where animals on slaughter were found to have been suffering from generalised or congenital tuberculosis, or tuberculosis of the udder;
- (c) supplying raw milk to notified cases of non-pulmonary tuberculosis, of which there are about 40 each year;
- (d) supplying raw milk under the Milk in Schools Scheme (these herds are sampled at least once in each year).

In all those cases where tubercle bacilli or brucella organisms were reported, the District Medical Officers were notified so that they could take any action they desired under the Milk and Dairies Regulations.

The Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries was asked to and investigated all herds the milk of which was found to be infected with tubercle bacilli and brucella melitensis. In this connection it is interesting to note that such investigations resulted in the slaughter of 13 cows out of a total of 23 dealt with under the Tuberculosis Order, 1938.

The investigation of the one case in which a “Tuberculin Tested” herd was concerned showed that the cow responsible for the infection had passed the Tuberculin Test with the remainder of the herd and the original positive sample was taken on the day after the “Tuberculin Tested” licence had become effective.

TABLE XVIII.

Biological Examination of Milk, 1950.

	<i>Non- designated</i>	<i>Grade of Milk Accredited</i>	<i>T.T.</i>	<i>Others</i>	<i>Total</i>
(a) No. of samples examined at Public Health Laboratory ...	141	23	58	10	232
(b) No. found to contain tubercle bacilli ...	7	6	1	—	14
(c) No. notified to contain tubercle bacilli by other authorities ...	1	1	—	—	2
(d) No. found to contain brucella organisms ... (* includes brucella melitensis).	16	9	8*	—	33*
(e) No. of cows slaughtered under—					
(a) T.B. Order ...	8	4	1	—	13
(b) Melitensis Order as a result of investigations made at request of C.M.O.	—	3	—	—	3

Tuberculosis Order, 1938.

The following figures relate to the number of cows slaughtered under the Order during the 12 months ending 31st January, 1951 and are supplied by the Ministry of Agriculture and Fisheries:—

Chronic cough and definite clinical signs	...	...	4
Tuberculosis with emaciation	...	...	—
Tuberculosis of the udder	...	...	16
Other conditions	...	...	3
			—
Total number of cattle slaughtered	...	...	23
			—

Milk (Special Designation) Pasteurised and Sterilised Milk Regulations, 1949.

Five Dealer's (Pasteuriser's) licences were renewed at the beginning of the year and one new licence was issued in September.

Of the six plants, four are the H.T.S.T. type and two are of the Holder type; capacities vary from 2,000 gals. per hour of the former to 75 gals. per hour of the latter.

Frequent visits were made to all plants and inspection of methods and apparatus carried out. Samples were either taken at the dairies or immediately before delivery to the consumer. The results of tests on these samples are given in Table XIX below. All samples from four plants were satisfactory. All except one sample from another plant were satisfactory—the failure of this to pass the phosphatase test was due to a new operator over-heating and under-holding a batch of 20 gallons in a 50-gallon holder.

Four samples (2 T.T. (Pasteurised) and two Pasteurised) that failed to pass the phosphatase test were from one dairy with an H.T.S.T. plant—this plant for a while at the beginning of the year gave considerable trouble due to a faulty diversion valve and some milk flowing direct from heating to cooling section without any period of holding.

TABLE XIX.

Summary of Results of Tests on Samples of Pasteurised Milk taken during the Year Ended 31st December, 1950.

Class of Milk.	Test.	Number of Samples.	
		Passed.	Failed.
Pasteurised ...	Phosphatase ...	121	3
	Methylene Blue	109	0
Tuberculin Tested (Pasteurised)	Phosphatase ...	14	2
	Methylene Blue	16	0

Provision of Milk for School Children.

The supervision of this supply continued. A full report is contained in the Annual Report of the School Medical Officer for the year.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND
OTHER DISEASES.

TABLE XX.

Notifications of Infectious Diseases.

Infectious Disease.	Number of cases notified.	Number of deaths.
Typhoid and Paratyphoid Fever ...	—	—
Scarlet Fever ...	192	—
Whooping Cough ...	691	2
Diphtheria ...	—	—
Erysipelas ...	29	—
Smallpox ...	—	—
Measles ...	3,014	1
Pneumonia ...	157	59
Acute poliomyelitis—paralytic ...	10	3
do. —non-paralytic ...	6	—
Acute poliomyelitis ...	1	—
Food poisoning ...	39	—
Dysentery ...	8	—
Infective hepatitis ...	52	—
Puerperal pyrexia ...	6	—
Ophthalmia neonatorum ...	1	—

Bracketed figures are comparable notifications for 1949 and shew that there were in 1950 fewer notifications of Scarlet Fever (266), Whooping Cough (789) and Erysipelas (38), but Measles (1,727) increased sharply and others with higher notifications were Pneumonia (134), Food Poisoning (33), Dysentery (2) and Hepatitis (41).

Poliomyelitis.

The epidemic of infantile paralysis was not so marked this year as in 1949. Altogether 20 patients were admitted to hospital suspected to be suffering from this complaint, but 4 of these were diagnosed as other illnesses.

Of the 16 confirmed cases, 12 were of the paralytic type and 4 had no paralysis. It will be seen that these numbers differ from those shewn as notified and this is due to diagnosis being corrected after admission of patients to hospital.

The 4 non-paralytic patients made uneventful recoveries. 2 deaths occurred among the paralytic patients. 6 of the remaining 10 made good recoveries with no after effects, the other 4 patients had to attend hospital for out-patient treatment, the prognosis in each case being good.

It may be noted that 3 deaths are assigned to poliomyelitis, although only 2 are reported as arising from the cases investigated. The third death was of a female adult patient who died in hospital in November, and the diagnosis of poliomyelitis was not finally established until January, 1951.

Diphtheria.

Reference to this has been made earlier in the report, but it is worth repeating that for the first time on record no confirmed case of diphtheria was notified in the year.

Puerperal Pyrexia.

Six cases of pyrexia were notified, all domiciliary confinements. The patients were nursed at home and made good recoveries.

Ophthalmia Neonatorum.

One child was admitted to hospital suspected to be suffering from this infection and the case was notified. Subsequently, however, the diagnosis was confirmed as chemical conjunctivitis, and not ophthalmia neonatorum.

NATIONAL ASSISTANCE ACT, 1948.

Although this is the statutory report of the County Medical Officer of Health, the decision of the County Council that its duties under the National Assistance Act, 1948 should be carried out by the Health Committee, means that the Welfare Services occupy an important place in the work of the Department. It is thought, therefore, that this report should include some reference to them, but as last year a detailed survey of the various services and the proposals for the future were made, it will be adequate now if a short summary is given.

Residential Accommodation.

Reade House, Felixstowe, providing accommodation for 26 aged men and women, was opened and good progress made towards the opening of Kirkley House, Lowestoft, for 30 aged men and women.

Accommodation provided by voluntary organisations, particularly for persons with special handicaps, was utilised and the number of such cases for whom the Council was responsible at the end of the year was as follows:—

Deaf	6
Epileptic	10
Disabled	1
Blind	12
Others (mainly aged)	62
	—
	91
	—

A matter of considerable importance during the year was the joint re-classification with the Regional Hospital Board of persons in the former Public Assistance Institutions. This resulted in a considerable but not entirely unexpected increase in the number of Part III cases. It was agreed that the review should have effect as from 1st April, 1950, and the numbers finally agreed as the responsibility of the County Council were:—

Hartismere Hospital, Eye	13
Blythburgh & District Hospital	61
St. Mary's Hospital, Tattingstone	40
Stow Lodge Hospital, Onehouse	44
	—
	158
	—

At the end of the year the total number had reduced to 127.

The policy of making every effort to enable old people to stay in their own homes has achieved some success, but it is already clear that in the next five or ten years, residential accommodation in small homes such as Reade House and Cloncurry, will be needed beyond the provision already made or planned.

Temporary Accommodation.

Experience has shown the need for the closest co-operation with the County District Councils as housing authorities, and the difficulty of making any separate provision for temporary accommodation for persons homeless through unforeseen circumstances. Plans were, however, completed for the utilisation of schools to meet the remote possibility of it being necessary for the Council to provide temporary accommodation as a result of extensive flooding of the Waveney Valley.

Welfare of the Blind.

The number of blind persons on the Council's register at the end of the year was 509, an increase of 14. The policy of the Welfare Officers and the Home Teachers of the Blind co-operating in the services for the blind and partially sighted progressed very satisfactorily. It has achieved economy in staff and travelling and in no way has weakened the services to the blind.

A matter of concern has been the disposal of the goods made by the home workers, particularly the reversible mat makers. Total sales during the year were nearly £2,000.

The East Suffolk County Association for the Blind decided to extend its operations to the partially sighted and the high standard of the Blind Welfare Service is due to no small extent to the close co-operation between the Voluntary Association and the County Council.

Welfare of the Deaf.

The training of the Welfare Officers in the deaf manual has been very satisfactory. The Welfare Officers have commenced the routine visiting of the deaf and it is hoped that this will enable the more experienced officers of the Voluntary Association to devote more time to those deaf persons requiring particular care.

Welfare of Cripples and other Handicapped Persons.

In pursuance of the Committee's policy, all officers engaged in the welfare services have been encouraged to extend their interests to crippled and other handicapped persons, with particular reference to the development of handicrafts.

Old People's Welfare.

Co-operation with the Suffolk Old People's Welfare Association has continued and clubs and other activities sponsored by that Association and other voluntary organisations have done much to give an added interest to many old people in the County. The value of such clubs and other activities for the old people often lies in the fact that they bring to notice needs of the old people which so often otherwise would be unknown.

Inspection and Registration of Homes for Disabled or Aged Persons.

During the year 9 homes were registered and received periodical inspections.

Temporary Accommodation.

Experience has shown the need for the closest co-operation with the County District Councils regarding matters, and the difficulty of making any separate provision for temporary accommodation for persons homeless through unforeseen circumstances. Plans were, however, considered for the utilization of schools to meet the various possibilities of emergency necessity for the Council to provide temporary accommodation for a residential population of the Walsley Valley, and various other areas in the Walsley Valley.

Welfare of the Blind.

The number of blind persons on the Council's register at the end of the year was 504, an increase of 14. The policy of the Welfare Officer and the Home Teachers of the Blind co-operating in the services for the blind and partially sighted progressed very satisfactorily. It has achieved economy in staff and travelling and in no way has weakened the services to the blind. A matter of concern has been the disposal of the goods made by the home workers, particularly the restriction that must be placed during the year when the goods are sold. The Home Teachers and the Welfare Officer have decided to extend the operation of the partially sighted and the blind workers in the Walsley Valley. It is due to the small extent to the co-operation between the Voluntary Association and the County Council, and the need for



Welfare of the Deaf.

The training of the Welfare Officer, The Welfare Officer of the deaf, and it is hoped that the Voluntary Association for the deaf will be able to provide the deaf with the best of the deaf, and it is hoped that the Voluntary Association for the deaf will be able to provide the deaf with the best of the deaf.

Welfare of Cripples and other Handicapped Persons.

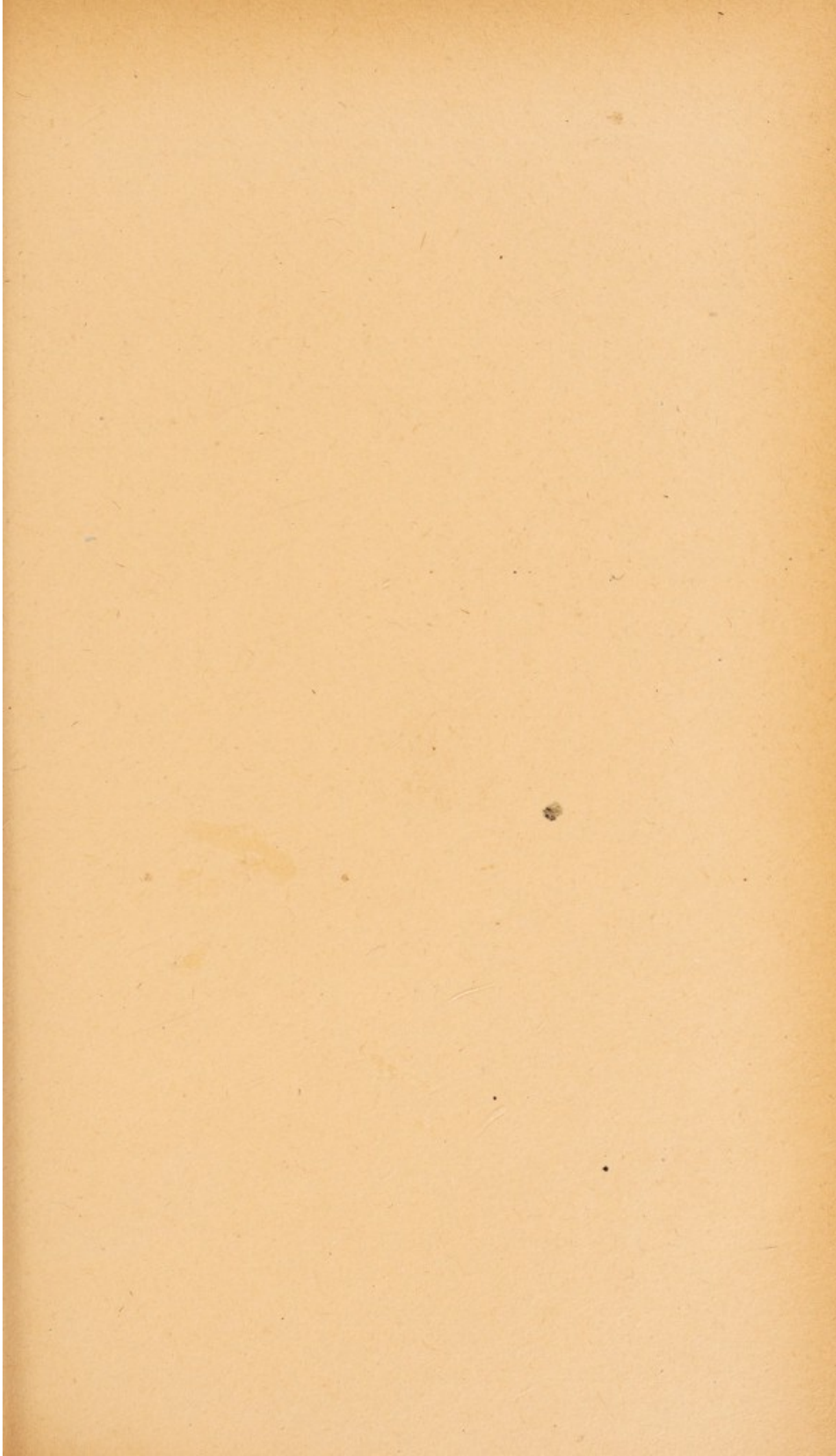
The Department of the County Council, which is engaged in the welfare of the handicapped persons, has been encouraged to extend their services to handicapped persons with physical defects to the development of handicapped persons. It is hoped that the County Council will be able to provide the handicapped persons with the best of the handicapped persons.

Old People's Welfare.

Co-operation with the Walsley Old People's Welfare Association has continued and clubs and other activities sponsored by the Association and other voluntary organizations have done much to give an added interest to many old people in the County. The clubs of such clubs and other activities for the old people often that important that they bring to notice needs of the old people which no other activities would be known.

Inspection and Registration of Homes for Disabled or Aged Persons.

During the year, the Welfare Officer and the County Council have been engaged in the inspection and registration of homes for disabled or aged persons. It is hoped that the County Council will be able to provide the disabled or aged persons with the best of the disabled or aged persons.



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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1950

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.