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**Contributors**

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EAST SUFFOLK COUNTY COUNCIL

*44453*



**ANNUAL REPORT**  
OF THE  
**County Medical Officer**

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**1951**

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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
IPSWICH.



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EAST SUFFOLK COUNTY COUNCIL



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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
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CONTENTS.

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NUMBER.		PAGE.
I.	GENERAL STATISTICS ... ..	5
II.	STAFF ... ..	14
III.	NATIONAL HEALTH SERVICE ACT, 1946—	
	Section 21—HEALTH CENTRES ... ..	19
	„ 22—CARE OF MOTHERS & YOUNG CHILDREN ... ..	19
	„ 23—MIDWIFERY ... ..	21
	„ 24—HEALTH VISITING ... ..	23
	„ 25—HOME NURSING ... ..	24
	„ 26—VACCINATION & IMMUNISATION ... ..	24
	„ 27—AMBULANCES ... ..	25
	„ 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE ... ..	27
	„ 29—HOME HELP ... ..	28
	„ 28 & 51—MENTAL HEALTH ... ..	29
IV.	SANITARY CIRCUMSTANCES OF THE AREA—	
	WATER ... ..	30
	SEWERAGE & SEWAGE DISPOSAL ... ..	32
	HOUSING ... ..	34
	INSPECTION & SUPERVISION OF FOOD ... ..	36
V.	PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES ... ..	40
VI.	NATIONAL ASSISTANCE ACT, 1948 ... ..	44

## TABLES.

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NUMBER	PAGE
I. POPULATION—CENSUS, 1951 ... ..	6
II. BIRTHS ... ..	8
III. ILLEGITIMATE BIRTHS ... ..	8
IV. DEATHS ... ..	8
V. MATERNAL MORTALITY ... ..	8
VI. INFANT MORTALITY ... ..	9
VII. INFANT MORTALITY—5 YEARLY PERIOD ... ..	9
VIII. CAUSES OF DEATH IN EACH DISTRICT ... ..	10
IX. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE	12
X. INFANT WELFARE CENTRES ... ..	19
XI. HEALTH VISITING ... ..	23
XII. VACCINATION ... ..	24
XIII. DIPHTHERIA IMMUNISATION ... ..	24
XIV. AMBULANCES ... ..	25
XV. HOSPITAL CARS ... ..	26
XVI. TUBERCULOSIS REGISTER—SUMMARY ... ..	27
XVII. WATER SUPPLY—SUMMARY ... ..	32
XVIII. HOUSING SURVEY ... ..	35
XIX. MILK SAMPLING—SUMMARY ... ..	38
XX. PASTEURISED MILK TESTS—SUMMARY ... ..	39
XXI. 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 1951.

Of the schemes prepared under the National Health Service Act 1946 there has been no major development, but it can be fairly said that the year has been one of steady consolidation. Quite clearly, there are still many problems to be solved, but the greater number of these would seem to be administrative rather than legislative. Some would seem to be capable of solution if only the administrative machinery of the three partners was not overloaded with separate problems, and it is to be regretted that the full co-operation looked for has not yet been achieved. The report of the Central Health Services Council (published in 1952) on co-operation between the three services may proffer some advice on this aspect, and it is hoped that advantage may be taken to move closer to the ideal through the media suggested.

As 1951 was a census year, some comparisons have been made between statistics for this year and those of 1931, the occasion of the last census. Often figures from year to year vary so little as to give no weight to comparisons, but in looking at these two widely separated years some notable gains in the field of preventive medicine can be seen. Especially is this so in respect of maternal and infant mortality, in which the rates shew great improvements.

In East Suffolk, the schemes prepared under the National Assistance Act, 1948 continue to be administered through the Health Department, and in these perhaps more visible progress has been made. Development continued of the services provided for the aged and the blind. Preliminary steps were taken to acquire and open (in 1952) a third old people's home and schemes were drafted for enlarging the scope of the welfare services to include all handicapped persons.

As this is the last Annual Report I shall submit before my retirement from office as your County Medical Officer, I would particularly like to express my grateful thanks for the support which has always been afforded to me by the Chairman and Members of the Health Committee. I am grateful, too, for the ready help I have always received from the Clerk of the Council and for the friendly co-operation of the Heads of the Council's Departments.

I would also record my thanks to the professional, technical and administrative staffs of the Health Department, more especially to Dr. S. T. G. Gray, my Deputy and successor, and to Mr. L. J. Bowling, my Administrative Deputy, without whose invaluable help my task as County Medical Officer would have been infinitely more difficult.

I have the honour to be,

Your obedient Servant,

HENRY ROGER,

*County Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
IPSWICH.  
July, 1952.

## GENERAL STATISTICS.

*Area* : 548,608 acres (*Census*, 1951).

*Population* : 217,061 (*Census*, 1951).

218,400 (Registrar-General's mid-year estimate, 1951).

*Number of inhabited houses*: 52,513 (*Census*, 1931).

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

*Rateable Value* : £1,123,511 (*year beginning 1st April*, 1951).

*Estimated product of a penny rate* : £4,547 (*year beginning 1st April*, 1951).

## Natural and Social Conditions of the Area.

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

1951

## Extracts from Vital Statistics for the Year.

<i>Live Births</i> :	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate ....	1,606	1,549	3,155	} Birth rate per 1,000 of estimated population :— 15.2.
Illegitimate ....	90	81	171	
Total live births	1,696	1,630	3,326	
<i>Stillbirths</i> :				} Rate per 1,000 total births (live and stillbirths) :—20.3.
Legitimate ....	38	28	66	
Illegitimate ....	3	—	3	
Total stillbirths	41	28	69	
<i>Deaths</i> :	1,454	1,419	2,873	} Crude death rate per 1,000 of estimated population :—13.1.

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

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	35	42	77
Illegitimate ...	12	6	18
Total ...	47	48	95



Deaths from Measles (all ages)	....	....	....	....	1
„ Whooping Cough (all ages)	....	....	....	....	5
„ Diarrhoea, Gastritis and Enteritis (under 2 years of age)	....	....	....	....	13
„ Cancer (all ages)	....	....	....	....	401
Cancer Death Rate per 1,000 population	....	....	....	....	1.8
Tuberculosis Death Rate per 1,000 population	....	....	....	....	0.24

### POPULATION.

The Preliminary Report on the Census of 1951 has been published and the figures provided relate to numbers only, by sex, of the population. An extract from this report is set out below, shewing the populations of the various districts in the Administrative County.

TABLE I.

POPULATION — CENSUS, 1951.

<i>District.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Aldeburgh M.B.	1,180	1,504	2,684
Beccles M.B. ...	3,195	3,674	7,869
Bungay U.D. ...	1,663	1,868	3,531
Eye M.B. ...	763	868	1,631
Felixstowe U.D. ...	6,792	8,288	15,080
Halesworth U.D.	1,042	1,112	2,154
Leiston U.D. ...	1,960	2,095	4,055
Lowestoft M.B. ...	19,972	22,865	42,837
Saxmundham U.D.	674	764	1,438
Southwold M.B. ...	1,032	1,441	2,473
Stowmarket U.D.	3,574	3,751	7,325
Woodbridge U.D.	2,439	2,871	5,310
Blyth R.D. ...	9,409	9,850	19,259
Deben R.D. ...	13,876	13,620	27,496
Gipping R.D. ...	10,512	9,999	20,511
Hartismere R.D.	8,824	8,495	17,319
Lothingland R.D.	7,065	7,643	14,708
Samford R.D. ...	8,393	6,929	15,322
Wainford R.D. ...	3,605	3,454	7,059
	<hr/>	<hr/>	<hr/>
	105,970	111,091	217,061
	<hr/>	<hr/>	<hr/>

Normally, a Census is held every ten years, but because of the war of 1939-45 there was for the first time since the series began in 1801 a gap of twenty years.

It has been the practice between each Census for the Registrar-General to issue mid-year estimates of population, and in some previous Annual Reports there has been some criticism of these figures.

The mid-year estimates between 1931 and 1951 are shewn below, and it is apparent that whatever discrepancy, real or imaginary, may have been present in the intervening years, this has virtually disappeared with publication of the Census figure for 1951.

<i>Year.</i>		<i>Population Figure.</i>
Census 1931		207,408*
Mid-year estimate	1932	208,740
"	1933	209,320
"	1934	209,090
"	1935	208,500
"	1936	207,100
"	1937	205,680
"	1938	205,700
"	1939	205,540 (a) 209,900 (b)
"	1940	199,500
"	1941	179,400
"	1942	172,980
"	1943	172,760
"	1944	176,080
"	1945	180,340
"	1946	194,870
"	1947	200,510
"	1948	210,776
"	1949	210,782
"	1950	216,076
Census 1951		217,061

\*There seems to have been some adjustment of the 1931 Census figure. In the Preliminary Report for 1931 the figure is given as 207,420, but this was subsequently corrected to 207,475, a figure which appeared as the Census, 1931 population in Annual Reports from 1932 onwards. In the Preliminary Report of the 1951 Census, the figure drops back to 207,408 and for the purposes of this present report I have included this number.

(a) and (b)—In 1939, and only in that year, two population figures were given by the Registrar-General (a) for the calculation of birth rates and (b) for the calculation of death rates.

The figures for the years 1940-1946 are naturally affected by the then existing conditions of mobilisation, evacuation, return to home and demobilisation. These figures apart, therefore, it would seem that there should have been a steady rise indicated throughout the twenty years from 207,000 to 217,000 which makes the drop in the figures between 1933 and 1939 difficult to interpret; it would also appear that the rapid jump between 1949 and 1950 was made just in time to level off to something like the approaching Census figures.

Continuing in the same strain, it is singularly odd that with a figure of 217,061 arising from the Census taken on 8th April 1951 the mid-year estimate of population (on which rates are calculated) should have risen by over 1,000 to 218,400 within the space of, presumably, two or three months. My predecessor, the late Dr. Wood-White, who was rather keen to debate such things, must have had this sort of thing in mind when he made his criticisms in the 1930's.

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

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1931	3163	15.0	15.6	15.3	15.8
1950	3292	15.3	15.2	15.2	15.8
1951	3326	14.7	15.6	15.2	15.5

A rise of 34 in the total number of births is not significant enough to affect the rate for the county, which remains as last year.

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

Year.	Total.	Birth Rate per 1,000 Population.		
		Urban.	Rural.	Administra- tive County.
1931	165	0.6	1.0	0.8
1950	167	0.8	0.7	0.77
1951	171	0.7	0.8	0.78

Illegitimacy will presumably always be present and, it would seem, at about the rate per 1,000 population of this year, which is comparable with rates in respect of other years when economic and social conditions are not abnormal.

TABLE IV.  
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1931	2578	11.1	13.1	12.6	12.3
1950	2639	12.7	11.8	12.2	11.6
1951	2873	14.2	12.3	13.1	12.5

An increase of 234 deaths over last year has raised the county rate again. 190 of this figure occurs in the older age groups, 65 + years.

Causes of deaths are analysed in Tables VIII and IX.

TABLE V.  
MATERNAL MORTALITY.  
DEATHS FROM PUERPERAL CAUSES.

Year.	Puerperal Sepsis	Other Puerperal Causes	Total	Death Rate per 1,000 total births
1931	5	9	14	4.26
1950	†	†	1	0.29
1951	†	†	1	0.29

† From 1950 deaths were no longer classified as between sepsis and other causes.

For the third year in succession only one maternal death has occurred, which represents a notable achievement for the maternity and midwifery services. Comparison with 1931 will shew how marked this is. In the period 1923-1931 the average number of women dying from causes associated with childbirth was 12, and in December 1930 the Minister of Health issued a long Memorandum on this subject containing suggestions for improving the obstetric services. It was some time before the effect of their application became apparent, but happily it is now rare for a death to occur.

TABLE VI.  
INFANT MORTALITY RATE.  
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Live Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1931	171	48	59	54	66
1950	78	25	23	24	30
1951	95	27	29	28	30

This number has risen again to the same figure as that for 1949 and the increase is sufficient to produce higher rates per 1,000 live births. Again comparing with 1931, however, it will be seen that great improvements have been made in the care of the newborn baby, whose chance of survival is much greater than it was even a few years ago.

TABLE VII.  
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Live Births.	Number of Deaths.	Infant Mortality Rate per 1,000 Live Births.
1927	3,352	193	53.2
1928	3,294	157	
1929	3,303	160	
1930	3,441	151	
1931	3,163	171	
	16,533	832	
1942	2,949	119	35.2
1943	3,053	107	
1944	3,555	122	
1945	3,462	117	
1946	3,919	131	
	16,938	596	
1947	4,295	140	26.5
1948	3,762	74	
1949	3,497	95	
1950	3,292	78	
1951	3,326	95	
	18,172	482	

TABLE VIII.

## CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.						Grand Total					
	Aldeburgh	Becles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping		Hartismere	Lothlingland	Samford	Wainford	Total
All causes ... ..	53	108	43	15	217	40	63	595	22	45	90	67	1358	283	322	230	258	170	176	76	1515	2873
1. Tuberculosis, respiratory ... ..	2	1	2				1	13		1	2		22	5	7	3	4	1	3	1	24	46
2. Tuberculosis, other ... ..						1		1					2	1			2		1		4	6
3. Syphilitic diseases ... ..								3		1			4		1				1	1	3	7
4. Diphtheria ... ..																						10
5. Whooping cough ... ..								2					2			1	2				3	5
6. Meningococcal infections ... ..		1											1		1						1	2
7. Acute poliomyelitis ... ..								1					1									1
8. Measles ... ..																			1		1	1
9. Other infective and parasitic diseases ... ..					2						1		3	2		1	2				5	8
10. Malignant neoplasm, stomach ... ..		2	1		5	1	3	10	1	1	1	1	26	4	8	3	9	6	1	1	32	58
11. Malignant neoplasm, lung, bronchus ... ..		2	1		7		1	13		2	1	1	28	2	4	4	4	6	3	3	26	54
12. Malignant neoplasm, breast ... ..		2			1	1	1	11			1	3	20		5	4	1	2	2	2	16	36
13. Malignant neoplasm, uterus ... ..					5			3				1	9	3	3						6	15
14. Other malignant and lymphatic neoplasms ... ..	4	6	4	1	17	4	4	62	2	2	5	5	112	20	31	19	17	15	17	7	126	238



TABLE IX.  
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—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—
ALL CAUSES	M	676	17	—	3	3	28	133	215	277	30	5	8	9	31	149	200	346
	F	682	21	7	2	5	20	100	153	374	27	4	1	4	21	129	171	380
1. Tuberculosis, respiratory	M	13	—	—	—	—	3	6	4	—	—	—	—	—	—	—	—	—
	F	9	—	—	—	—	3	4	2	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other	M	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	M	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	M	16	—	—	—	—	1	6	5	4	—	—	—	—	—	—	—	8
	F	10	—	—	—	—	—	1	2	7	—	—	—	—	—	—	—	10
11. Malignant neoplasm, lung, bronchus	M	22	—	—	—	—	1	13	7	1	—	—	—	—	—	—	—	2
	F	6	—	—	—	—	—	4	1	1	—	—	—	—	—	—	—	2
12. Malignant neoplasm, breast	F	20	—	—	—	—	2	5	6	7	—	—	—	—	—	—	—	4
13. Malignant neoplasm, uterus	F	9	—	—	—	—	2	4	3	6	—	—	—	—	—	—	—	1
14. Other malignant and lymphatic neoplasms	M	75	—	—	—	—	4	17	25	29	—	—	—	—	—	—	—	33
	F	37	—	—	—	—	2	13	11	11	—	—	—	—	—	—	—	14
15. Leukaemia leukaemia	M	4	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—





## 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:*

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

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

K. M. Harding, M.B., Ch.B., D.P.H. (from 1.11.51).

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

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

*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 M. Vaughan Jones.

*Deputy County Nursing Officer:*

Miss M. T. Connaughton (from 12.9.51).

*Health Visitors:*

At the end of the year, the staff of Health Visitors was 18 whole-time and 2 part-time.

*District Nurse/Midwives:*

At the end of the year, 69 district nurse/midwives and 7 district nurses were being employed.

**County Sanitary Staff.**

*County Sanitary Officer (seconded to Clerk of Council's Department as Officer in charge of Water Supplies and Sewerage Section):*

A. E. Chapman, F.S.I.A.

*Assistant County Sanitary Officers:* I. W. Fenn, M.S.I.A.

D. W. Copperwheat

*Senior Dental Officer:* C. D. Macpherson, L.D.S. (from 2.10.51)

*Dental Officers:* J. E. Benfield, L.D.S. (from 10.12.51).

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	...	Vacant (Dr. A. C. Gee acting).
Bungay	...	Vacant.
Eye	...	Dr. M. A. Dawson.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Vacant.
Leiston	...	Vacant.
Lowestoft	...	Dr. A. C. Gee.
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. A. C. Gee.
Stowmarket	...	Dr. M. A. Dawson
Woodbridge	...	Dr. C. H. Imrie.

*Rural Districts:*

Blyth	...	Vacant.
Deben	...	Dr. C. H. Imrie.
Gipping	...	Dr. M. A. Dawson.
Hartismere	...	Dr. M. A. Dawson.
Lothingland	...	Dr. A. C. Gee.
Samford	...	Dr. M. A. Dawson.
Wainford	...	Vacant.

Comment was made in the 1950 report of the loss towards the end of the year of three District Medical Officers. Dr. Gee, Medical Officer of Lowestoft, has been acting as Medical Officer to three of these districts—the Boroughs of Beccles and Southwold and the Rural District of Lothingland—and he continued to do this until the new arrangements for the combination of county districts (see below) was effective. The remaining districts shewn as vacancies were covered for District M.O.H. purposes by Dr. Gray, Deputy County Medical Officer.

**COMBINATION OF COUNTY DISTRICTS.**

In accordance with provision made in the Local Government Act 1929, which provision was contained in the Local Government Act 1933, a scheme was prepared for the combination of county districts to provide . . . . "that every medical officer of health subsequently appointed for a district shall be restricted by the terms of his employment from engaging in private practice as a medical practitioner."

This scheme divided the administrative county (excluding Lowestoft) into six combined areas, each administered by a medical officer undertaking the public health work of the District Councils in his area and, in addition, carrying out medical duties of the County Council in the same area. The implementation of this scheme depended on the replacement—on retirement or otherwise—of the then holders of the part-time appointments in the various districts, and the process was gradual over a period of years.

In 1948 when, under the National Health Service Act 1946, Lowestoft came within the ambit of this scheme, and with some minor variations of the combinations of districts, the county was covered for these purposes by five District Medical Officers, with the exception of the Saxmundham Urban District which was, and still is, administered by a part-time Medical Officer who is also a general practitioner.

Three of these five District Medical Officers resigned or retired in September/October 1950, and it became obvious after a short while that replacements would be difficult. At that time, negotiations were still continuing in respect of Medical Officer's salaries generally, and repeated advertisements of the vacancies produced no suitable applications.

Opportunity was taken then to review the original scheme for the combination of county districts, and negotiations were opened with the various District Councils concerned with a view to the scheme being amended. The first proposal was that the county should be divided into five combined districts, but after consultations had been held and on the suggestion of the District Councils, the combined districts were reduced to four. The allocation of medical officer's time to county districts was based on sessions of half-days per week, related to population and acreage.

Set out below are the combined districts and number of sessions for each district finally agreed:—

	<i>Combined District.</i>	<i>Sessions per week.</i>
1.	Lowestoft M.B. ... ..	3
	Southwold M.B. ... ..	$\frac{1}{4}$
	Lothingland R.D. ... ..	1
2.	Beccles M.B. ... ..	1
	Bungay U.D. ... ..	$\frac{1}{2}$
	Halesworth U.D. ... ..	$\frac{1}{4}$
	Leiston U.D. ... ..	$\frac{1}{2}$
	Blyth R.D. ... ..	1
	Wainford R.D. ... ..	$\frac{1}{2}$
3.	Eye M.B. ... ..	$\frac{1}{4}$
	Stowmarket U.D. ... ..	1
	Gipping R.D. ... ..	2
	Hartismere R.D. ... ..	1
	Samford R.D. ... ..	1
4.	Aldeburgh M.B. ... ..	$\frac{1}{4}$
	Felixstowe U.D. ... ..	2
	Woodbridge U.D. ... ..	$\frac{1}{2}$
	Deben R.D. ... ..	4

Saxmundham U.D. would be included in district 2 when the present holder of the part-time appointment retired or resigned.

The amended scheme (a copy of which is included in this Report for record purposes) was submitted to and received the approval of the Minister of Health, with effect from 1st October 1951.

## LOCAL GOVERNMENT ACT, 1933.

**Arrangements relating to appointment of Whole-Time Medical Officers in County Districts.**

WHEREAS by Section 111 (1) of the Local Government Act 1933 the East Suffolk County Council (hereinafter called "the County Council") were required after consultation with the Councils of County Districts situate wholly or in part within the administrative County to formulate arrangements for securing whether by means of a combination of districts or otherwise that every Medical Officer of Health subsequently appointed by a County District should be restricted by the terms of his employment from engaging in private practice as a medical practitioner.

AND WHEREAS by Instrument made in pursuance of a resolution passed at a Quarterly Meeting of the County Council on the Ninth day of July Nineteen hundred and thirty five (hereinafter called "the principle Instrument") the County Council formulated certain arrangements in accordance with the said Act.

AND WHEREAS by Section 111 (5) of the said Act the County Council after consultation with the said Councils of County Districts can vary any such arrangements as aforesaid.

NOW THEREFORE the County Council after consultation with the said Councils of County Districts as required by the said Act have resolved to vary the provisions of the principal Instrument and to make the following arrangements in lieu thereof:—

1. THE administrative County of East Suffolk shall be divided into four combined areas comprising the County Districts set out in Column 2 of the Schedule hereto opposite the number of the combined area set out in Column 1 of the said Schedule.

2. THE County Council and each of the Councils of the County Districts in the combined areas numbered 1 to 4 in Column 1 of the said Schedule shall as and when it may be expedient appoint Medical Officers in manner provided by Clauses 3 hereof.

3. FOR the purpose of making the appointment of Medical Officers in accordance with the provisions of Clause 3 hereof the County Council and each of the said Councils of County Districts included in the combined areas numbered 1 to 4 shall combine together in order to secure the appointment of persons who shall act as Medical Officers of Health of each of the said County Districts and as Assistant County Medical Officers such persons to be selected by a Joint Committee consisting of representatives of the County Council and of the said County Districts and it shall be a term of the appointment of the persons appointed as aforesaid that they shall not engage in private practice unless the Ministry of Health dispense with this requirement in accordance with the proviso to Section 111 (4) of the Local Government Act 1933.

4. THE County Council shall from time to time appoint such number of Assistant County Medical Officers as shall be necessary for the efficient working of these arrangements.

5. IN THE EVENT of temporary absence due to holiday leave, illness or unavoidable cause of a Medical Officer for any of combined areas numbered 1 to 4 the County Council on the request of any of the Councils of the County Districts set out in Column 2 of the said Schedule shall make such arrange-

ments as may be necessary for the temporary performance of duties of any such Medical Officers and on the like request when necessary shall make arrangements for the purpose of rendering assistance to any Medical Officer the volume of whose work is for the time excessive.

6. THIS Instrument shall come into operation on the First day of October Nineteen hundred and fifty-one.

7. FROM the date of the coming into operation of this Instrument the principal Instrument shall be revoked and cease to have effect.

#### THE SCHEDULE.

1.	2.
<i>Number of combined area.</i>	<i>County Districts included in the combined area.</i>
1.	Lowestoft Municipal Borough Southwold Municipal Borough Lothingland Rural District
2.	Beccles Municipal Borough. Bungay Urban District. Halesworth Urban District. Leiston Urban District. Saxmundham Urban District. Blyth Rural District. Wainford Rural District.
3.	Eye Municipal Borough. Stowmarket Urban District. Gipping Rural District. Hartismere Rural District. Samford Rural District.
4.	Aldeburgh Municipal Borough. Felixstowe Urban District. Woodbridge Urban District. Deben Rural District.

THE COMMON SEAL of the EAST SUFFOLK COUNTY COUNCIL was hereunto affixed in pursuance of a resolution of the said Council passed at a Quarterly Meeting duly convened and held at Ipswich on Tuesday the tenth day of July One thousand nine hundred and fifty-one in the presence of:—

Cranbrook  
R. E. S. Gooch

{ The Members of the Council  
having custody of the Keys of  
the Seal.

Peter Hutchinson

{ Deputy Clerk of the East Suffolk  
County Council.

## III.

## NATIONAL HEALTH SERVICE ACT, 1946.

**Section 21—Health Centres.**

No action of any sort has been taken during the year regarding the provision of Health Centres.

**Section 22—Care of Mothers and Young Children.****Infant Welfare Centres.**

Hollesley Centre, previously a Weighing Centre, was upgraded to an Infant Welfare Centre during the year, and a new Infant Welfare Centre was opened at Metfield to meet the needs of a number of young mothers and children living on a converted camp site.

Shortage of medical staff made it difficult to provide a doctor regularly at every Welfare Centre, and in the northern part of the county, it was necessary early in the year to reduce two Centres—at Carlton Colville and Kessingland—from fortnightly to monthly sessions.

Needham Market Centre which was equipped to provide ante- and post-natal services, had no patients attending for these purposes, and has therefore been taken off the list of such clinics.

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

TABLE X.

**Infant Welfare Centres.**

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

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

### Weighing Centres.

A Weighing Centre at Lt. Bealings had for some time before been organised by voluntary workers, and at their request, the attendance of a Health Visitor was arranged from January. The Centre at Wenham was closed during the year, and at 31st December the following Weighing Centres were being attended by Health Visitors or District Nurse/Midwives:—

Lt. Bealings, Charsfield, Claydon, Copdock, Corton, Earl Soham, Felixstowe (Landguard Fort), Friston, Lound, Newbourne, Otley, Somersham, Wattisham R.A.F. Camp, Weybread.

### Summary of Attendances for 1951.

#### 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>
37	79	3,193	26,819

#### 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>
7	14	240—A 43—P	1,388—A 51—P

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

Acknowledgement is again made of the valuable assistance given at these Centres by the voluntary workers, without whose help it would be quite impracticable to organise them.

### The Rhesus Factor.

67 specimens of blood taken from expectant mothers attending ante-natal clinics were sent to the National Blood Transfusion Laboratory for examination.

### Care of Unmarried Mothers and their children.

In the financial year 1951/52, the County Council increased the grant made to the St. Edmundsbury & Ipswich Diocesan Moral Welfare Association from £150 to £200 per annum.

Good relations have been maintained between the Council and the Moral Welfare Associations, and during the year the County Council accepted responsibility for the maintenance of 21 unmarried mothers in Mother and Baby Homes in accordance with the terms agreed between the Council and the Association.

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

St. Bridgets Hostel, Lowestoft	...	...	...	1
Sunnedon House, Coggeshall, Essex	...	...	...	4
Hostel of Good Shepherd, Colchester, Essex	...	...	...	1
Main Memorial Home, West Hampstead	...	...	...	1
St. Paul's Lodge, Gt. Yarmouth	...	...	...	3
National Adoption Association Hostel, Paddington	...	...	...	5
Ely Diocesan Home, Cambridge	...	...	...	3
St. John's Training Home, Clewer	...	...	...	1
St. Joseph's Home, Grayshott	...	...	...	1
St. Agnes Lodge, Aldershot	...	...	...	1

—  
21  
—

### **Care of Premature Infants.**

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

88 of these babies were born in their own homes in the county, and of these, 13 had to be transferred to hospital. The other 75 babies were nursed entirely at home and of these 68 survived beyond 28 days.

The six premature baby outfits, fully equipped with oxygen apparatus, which are sited in various parts of the county, were put to full use and proved of great help in caring for those premature babies who were nursed at home.

### **Dental Care.**

The continuing shortage of staff made it impossible for the County Council to provide a dental service for the priority groups. In December, however, Mr. Benfield took up duty as an Assistant Dental Officer, which had the effect of increasing the total dental staff to one Senior Dental Officer and three Assistant Dental Officers, two of whom work solely within the Borough of Lowestoft.

### **Section 23—Midwifery.**

During the year, the nurse-midwives employed by the Council attended 897 patients as midwives and 1,142 patients as maternity nurses. The number of times when midwives had to seek medical aid under the Midwives Act was considerably less this year, only 71 calls being made. This follows of course because the greater number of patients receive treatment from their doctors which is given under Part IV, General Medical Services, of the National Health Service Act.

There were some "comings and goings" of staff, but at the end of the year, the number of nurse-midwives employed was the same as previously, namely 69. Although no additional whole-time relief staff could be recruited, by the employment of part-time staff for holiday duties and by arranging the midwives into small groups, some considerable improvements were affected in the provision of reliefs for holidays and off-duty periods.

### **Supervision of Midwives.**

Miss M. Vaughan-Jones, County Nursing Officer, continued to act as the non-medical Supervisor of Midwives, and after some months of delay the post of Deputy Nursing Officer was filled, Miss M. Connaughton taking up duty in this appointment in September.

### **Refresher Courses.**

Four midwives attended refresher courses during the year, thus continuing the policy of sending all the midwives on such courses in turn.

### **Gas/Air Analgesia.**

Only two of the 69 midwives in employ at 31st December were not qualified in gas/air analgesia administration. These were two of the older midwives coming up to retiring age, for whom it was not considered practicable to arrange a course of training.

During the year the number of patients to whom analgesia was administered was 1,416; in 583 cases analgesia was given by midwives acting as such, and in 833 cases by midwives acting as maternity nurses.

### **Revision of Midwifery Areas.**

Consultations continued with the local District Nursing Associations, and the whole of the county was covered in this respect. The plan for the revision was then complete, on paper, but staff changes and illnesses and the important problem of housing accommodation precluded bringing any of the projected changes into effect.



### Housing Programme.

As mentioned above, housing problems have been an ever present factor in the revision of nursing and midwifery areas. The programme of building houses has progressed, but the actual provision of houses has been subjected to seemingly interminable delays. Last year, it was reported that approval had been granted for the erection of the two houses at Lound and Hollesley and that sites were being sought. A site was found at Lound and all the necessary plans and preparations were made, and tenders were obtained. But because of a technical fault in the lowest tender received, and despite consultations between the Council's and the Ministry's officers, the tender could not be approved by the Ministry and the work could not be started. By the time the problem was solved, the builder concerned was unable to accept the contract because of other commitments which had accrued, and (in 1952) the work had to be put out for fresh tenders to be submitted. With the Hollesley house, the position was even more exasperating, because by the end of 1951 a site had still not been found. It is not worth while recording the details of these transactions which have been so disappointing. Sufficient to say that the plans for a housing programme may be made with the best intentions, but obtaining the sites and building the houses seems to be quite another story!

During the year, Ministry approval was obtained for three further midwives' houses to be built at Eye, Kesgrave and Wickham Market.

Meanwhile, it is pleasing to report that in co-operation with the County District Councils of Deben and Blyth, council houses have been made available to the County Council for housing midwives at Shottisham, Peasenhall and Framlingham, pending the building of houses by the County Council in accordance with the programme.

At Hintlesham, in the Samford District, the District Nursing Association had provided through Trustees, a bungalow for their district nurse-midwife and during the year negotiations were completed for the County Council to take over the mortgage on the bungalow, which then formed part of the overall housing programme.

### Women's Welfare Clinic.

There was a growing use of this service provided in co-operation with the County Borough of Ipswich, and the number of women attending for the first time during the year was 95.

### Registration of Nursing Homes.

No premises were closed during the year and one fresh Nursing Home—at Field Stile, Southwold,—was registered for the first time.

The position at 31st December was therefore as follows:—

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
Field Stile, Southwold ...	—	8	8
	—	—	—
	14	50	64
	—	—	—

## Nurseries and Child Minders Regulations Act, 1948.

No applications for registration either as a nursery or as a child minder were received.

### Section 24—Health Visiting.

This service has in some respects been disappointing, mainly because changes in staff and difficulties of obtaining replacements or new entrants have slowed up the work of re-organising the health visitor's areas.

It is unfortunate that there is such a lack of suitable candidates for this important work, with an ever widening field, because the health visitor provides the essential personal link between the local health authority and the public it tries to serve. So much more could be done if it were possible to have a full complement of qualified health visitors, but until this is so, a makeshift service leaves much to be fulfilled.

At the end of the year, the health visiting staff was 18 whole-time and 2 part-time officers. The visits made by these officers during the year are summarised below.

TABLE XI.

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

			<i>1st Visit</i>	<i>Total Visits</i>
Expectant Mothers	...	...	513	758
Children under 1 year	...	...	3,574	23,459
Children 1-5 years	...	...	975	30,941
Other visits	...	...	758	4,257

### Problem Families.

Attention which has been focussed on problem families recently culminated in the issue of a joint circular by the Ministries of Health and Education and the Home Office.

These families were well known already to the Council's Health Visitors who were in touch with them in the course of their routine duties, but the past year has seen an intensification of their work, with some measure of success. Failures also there have been, and it is clear that the solution, if such there be, of many of these problem families, is a long term project.

### Student Health Visitors.

The three students on course at the end of 1950 successfully completed their studies and were appointed as Health Visitors during the year. Two of these had been nurse/midwives on the Council's staff and the third had applied from elsewhere. No other applications for scholarships were forthcoming and the scheme had lapsed in early 1951. Later in the year, however, with the staffing position worsening, it was decided to re-institute the scholarship scheme, and—in amended form to bring it more into line with salaries and service conditions of comparable officers—the scheme was approved in September. Applications were received from two candidates who were suitable, and they were granted scholarships, which will be taken up in January 1952.

### Refresher Courses.

Two Health Visitors attended refresher courses during the year.

### Section 25—Home Nursing.

In the county other than Lowestoft, home nursing was carried out by the nurse/midwives, and only in Lowestoft were whole-time district nurses (7) employed for home nursing.

Working in conjunction with the Home Help Service, home nursing provides a valuable adjunct to the health services as a whole in helping to keep open hospital beds which might otherwise be filled by patients who are able to be nursed at home with the aid of these two services.

The number of patients attended and home nursing visits made was 6,378 and 116,615 respectively, the former being some 700 less and the latter over 18,000 more than in 1950.

### Section 26—Vaccination and Immunisation.

#### Vaccination.

TABLE XII.

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

Age at date of vaccination.	Under 1	1	2-4	5-14	15 or over	Total.
Primary ...	951	613	104	246	168	2,082
Re-vaccination	—	16	26	200	505	747

The tendency for these figures to drop—as they slowly but surely do—is to be deplored, especially when it is realised, too, that included in these figures are a number of persons who are leaving the country and must be vaccinated to conform to international regulations. Mention has been made in my last two Annual Reports, as indeed it has been in almost every Medical Officer's Report, of the two major outbreaks of smallpox at Glasgow and Brighton as being perhaps the best means of propaganda for vaccination. Yet it would seem there is still much opposition to vaccination, and it will be most unfortunate if the country is to be assailed by major epidemics every so often with half the population at risk. Despite every endeavour by international health authorities, in these days of fast transport, the odd infectious case may escape unnoticed into the country, with startling and unhappy results.

The need for vaccination and re-vaccination should be brought before the public mind as an urgent and continuing necessity.

#### Diphtheria Immunisation.

TABLE XIII.

Number of children at 31st December 1951 who had completed a course of immunisation at any time before that date.

Age at 31.12.51 i.e., born in year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5-9 1942-46	10-14 1937-41	Total 0-14
Number immunised	190	1762	2358	2503	3157	10181	2938	23089
Estimated mid-year child population 1951.	children under 5 18650					children 5-14 31678		50328

Mention has been made in that part of the report dealing with infectious diseases of the three cases of diphtheria which occurred in 1951, two of whom were young children and one a male adult, none of whom had been immunised.

That diphtheria immunisation has proved successful is beyond any doubt, but there must not be any relaxation of effort to ensure that the highest possible number of children receive this protection, and more especially in the first year of life. The numbers immunised in this group are beginning to fall away, a fact which is due no doubt to the false sense of security into which the public has been lulled by the absence of diphtheria in recent years. This and other negative attitudes must be overcome and every means of health education should be employed to see that they are.

## Section 27—Ambulance Service.

### Ambulances.

TABLE XIV.

#### 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 ...	18,189	834	870
February ...	17,558	743	793
March ...	19,997	838	973
April ...	17,420	639	923
May ...	19,060	657	1,059
June ...	19,523	676	1,131
July ...	21,533	701	1,049
August ...	19,066	611	1,077
September ...	19,031	603	1,000
October ...	18,272	604	1,079
November ...	18,029	576	1,074
December ...	21,757	593	1,221
	229,435	8,075	12,249

This service has continued to operate satisfactorily and economically, factors which have been contributed to in no small way by the excellent work of the voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society.

Although calls on the service have been less than in the previous year, the mileage run and the number of patients carried have increased. The former may be due to greater specialisation in the hospital services necessitating the transport of patients over longer distances for specialist consultations while the latter is directly the result of the County ambulance service taking an increasing number of inter-hospital transfers.

During the year two new ambulances were obtained, and arising from the extra work falling on the Beccles station an additional whole-time driver was employed from October.

**Hospital Car Service.**

TABLE XV.

**Summary of Mileages, Journeys and Patients carried.**

<i>Month.</i>	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients carried.</i>
January ... ..	29,315½	784	966
February ... ..	22,721	625	794
March ... ..	24,747½	635	807
April ... ..	24,901½	670	891
May ... ..	21,595	626	819
June ... ..	26,468½	681	876
July ... ..	25,695½	656	880
August ... ..	27,290	657	906
September ... ..	26,362	705	893
October ... ..	24,425	647	858
November ... ..	29,646	785	1,097
December ... ..	19,728	549	771
	<hr/> 302,895½ <hr/>	<hr/> 8,020 <hr/>	<hr/> 10,558 <hr/>

Hopes expressed last year that the service had stabilised have not materialised. Whereas last year the total mileage run and the average monthly mileage were 280,780 and 23,381 respectively, during this year the total mileage has increased by over 22,000 miles, which has raised the average monthly mileage to 25,241 miles.

Fortunately, some of this increase can be well accounted for. Before August 1951, the County Council had been paying the Norwich Corporation for an average of 1,200 miles monthly in respect of discharges from hospitals within the City boundary. From 1st August however, the County Council sited a sitting case car at Lowestoft to take over journeys in the northern part of the County, including all the Norwich journeys.

The work done by this vehicle is as follows:—

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
August	1,663	53	133
September	2,094	87	161
October	2,556	81	172
November	2,122	95	159
December	1,793	68	124
	<hr/> 10,228 <hr/>	<hr/> 384 <hr/>	<hr/> 749 <hr/>

At the same time, in co-operation with the Ipswich Corporation, arrangements were made for the County Council to take over the greater number of hospital car journeys arising from the discharge of patients from hospitals within the Ipswich Borough boundary.

From 1st May 1951, all orders for hospital cars were directed to and issued from the County Ambulance Station and an appreciable saving of "dead" mileage was effected by the consequent doubling up of journeys made possible.

Despite these savings, the overall cost of the service is still somewhat startling, and it is difficult to see where further economies can be made.

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

TABLE XVI.

### Tuberculosis Register, 1951.

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 1.1.51	698	350
New (Primary) Notifications during 1951	176	62
Inward transfers and cases restored to register in 1951	47	7
Total	921	419
<i>Cases written off register in 1951:</i>		
	<i>Pulmonary</i>	<i>Non-pulmonary</i>
Non-tuberculous	3	—
Died	50	5
Recovered	11	26
Removed or lost sight of	47	7
Total	111	38
Cases remaining on register at 31.12.51	810	381

The figures shewn as being on the register at 1st January are different from those which remained on the register at 31st December 1950. During the first quarter of this year, a thorough check of District registers and that held centrally revealed some differences, so that whereas the figures brought forward were 720 pulmonary and 354 non-pulmonary, these were subsequently revised to 698 pulmonary and 350 non-pulmonary.

The higher number of cases on the register should not be taken a shewing an increase in the incidence of the disease, but rather reflects improved case-finding by the Consultant Chest Physicians.

Very good co-operation was maintained between the Council's officers and the two Consultant Chest Physicians—Dr. C. J. Stewart at Ipswich and Dr. I. M. Young at Lowestoft, and during the year an additional Chest Clinic session was added at Stowmarket. Clinics continued at Saxmundham also, and whenever possible the Council's Health Visitors attended for liaison purposes.

#### B.C.G. Vaccination.

It was possible to make a start with this form of protection early in the year, and altogether, notifications have been received from the Chest Clinics of the successful vaccination of 96 persons.

#### Circular 64/50.

Unfortunately it was not found possible to start the scheme of examining all school entrants by means of the Mantoux jelly test, but the Council's Health Visitors have carried out the test on all contacts at the request of the Consultant Chest Physicians. A number of the staff attached to the Children's Department have been X-rayed in accordance with the recommendation of this Circular.

### Provision of Milk.

The supply of one or two pints of milk daily free to tuberculosis patients at home continued, granting of this being based on recommendations made by the Consultant Chest Physicians or Health Visitors.

At 31st December, 97 patients (45 in Lowestoft) were being helped in this way.

### Tuberculosis Care Committee.

The Voluntary Care Committee had another successful year (April 1951 to March, 1952) during which assistance was given to 120 families, involving expenditure of over £600.

Three more District Care Committees were formed and there are now few places in the county not covered by one of these Voluntary District Committees. Occupational Therapy was provided for 27 patients under the auspices of the Lowestoft District Committee and they produced some very good articles which found a ready market in Lowestoft.

The Christmas Seal sale again had a highly satisfactory result, the sum of £669 10s. 9d. being raised by this method.

### Provision of Nursing Equipment.

The provision of loan equipment has been carried out most satisfactorily by the British Red Cross Society and the St. John Ambulance Brigade in accordance with the arrangements made and it has been agreed to extend these arrangements for an indefinite period, with informal discussions taking place between Officers of the two Associations and of the County Council as often as is thought necessary.

Additional Medical Loan Depots were opened by the British Red Cross Society at Redgrave, and by the St. John Ambulance Brigade at Holbrook, Henstead and Needham Market.

### Other Forms of Illness.

A formal scheme in relation to prevention, care and after-care has not yet been prepared and it is not considered necessary to do this at present.

### Section 29.—Home Help Service.

The administrative arrangements for this Service remain as hitherto, namely, that the day to day work is done in the Departments at Ipswich and Lowestoft, field work being undertaken by Health Visitors, District Nurses and Welfare Officers. The review of this service which was made during last year was effective in keeping the hours allocated to each case to the minimum, and this scrutiny continued during 1951, with the result that expenditure on this service was well within the estimated figure.

There was a slightly lower demand for Home Helps, and an arrangement made with the National Assistance Board whereby certain types of applications, especially for long term help, were referred to the Board, who were able to make supplementary grants so that private arrangements for help could be made also effected a reduction in the County Council's expenditure on this service.

At 31st December, 112 part-time Home Helps had been enrolled, and help had been provided in 522 households as follows:—

Maternity cases (including expectant mothers)	...	237
Tuberculosis cases	... ..	25
Other cases	... ..	260

## 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. The arrangement with the Management Committee of the Suffolk Mental Hospitals in respect of the part-time services of their psychiatric social worker terminated on 30th June, 1951.

### 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 65 male and 72 female patients to Mental Hospitals. These numbers are comprised as follows:—

#### Under the Lunacy Act.

	<i>Males.</i>	<i>Females.</i>
On certification ... ..	30	36
On three-day Orders under Section 20 ... ..	11	10

#### Under the Mental Treatment Act.

	<i>Males.</i>	<i>Females.</i>
As voluntary patients over the age of 16 years ... ..	23	23
As temporary patients ... ..	1	3

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.



### **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 7 male and 11 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, 1951 were 27 males and 21 females.

### **Supervision.**

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

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision ...	119	115	234
Friendly Supervision ...	47	46	93

### **Home Training.**

The Home Training Scheme has continued to develop most satisfactorily and on the 31st December 10 male and 49 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 great 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 17 girls were in attendance.

### **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 9 girls.

### **Ascertainments.**

During the year 43 new cases (23 males and 20 females) were ascertained.

### **Guardianship.**

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 and Sewerage Schemes.**

The following report on water supply and sewerage schemes has been prepared by the County Sanitary Officer, who is responsible for examining and reporting on such schemes to the County Council.

#### **Water Supply.**

The steady progress of the various schemes of water supply to the rural areas has been maintained during 1951, and the following summary shows the work completed during the year.

**Blyth R.D.** The Regional Scheme has been revised to include Thorpeness, and the Ministry of Housing and Local Government have given approval. The main-laying for the supply to Kelsale has been completed. Work is in progress for the supply to Hacheston, Marlesford and Little Glemham, three-quarters of the mains having been completed.

**Deben R.D.** About 16 miles of the mains to serve the north-east and south-east regions have been laid, and the work is continuing. The pumping station at Pettistree is nearing completion and work on the water tower at Rendlesham is expected to start early in 1952. No service can be given from this scheme until the water tower is completed.

A scheme has been approved for a piped supply to Great and Little Bealings and Playford.

New extensions, totalling 10½ miles, have been completed at Martlesham, Bucklesham, Kirton, Falkenham, Hemley, Waldringfield and Nacton.

An extension, mainly for agricultural demand, between Clopton and Monewden has been completed.

**Gipping R.D.** The final details of the Regional Scheme are still under consideration.

**Hartismere R.D.** Stage III of the Regional Scheme has been completed. Stage IV, which covers the remainder of the rural district, has been prepared, and the approval of the Minister is awaited.

County Council approval has been given to an application for a link main between Stoke Ash and Thorndon and an extension to Yaxley and Mellis.

**Lothingland R.D.** The Joint Regional Scheme with the Borough of Beccles and Wainford R.D. has been approved and provisional grant assessed.

An extension along Jay Lane, Lound, has been approved and a little over half of the proposed length has been laid.

A temporary scheme to augment the supply to the Kessingland water scheme from a well at "The Nordalls" has been approved.

Extensions of the Lowestoft Water Company's mains in Carlton Colville have been completed.

Other proposed extensions are awaiting approval.

**Samford R.D.** The Regional Scheme has been revised and approved. The second borewell at Raydon has been completed and tested and found to be satisfactory.

An extension to Higham and Raydon has been laid and water is being supplied temporarily from the South Essex Water Company at Stratford St. Mary.

Stage II of the Regional Scheme, to serve Brantham, Stutton and Holbrook has been started.

**Wainford R.D.** Zone I of the Regional Scheme, serving Flixton, Homersfield, St. Cross, St. Peter and St. Margaret South Elmham, has been completed.

Main laying in Zone III of the Regional Scheme is scheduled to start in the near future, and agreement has been reached for the purchase of the Holton Air Ministry waterworks which are to supply this zone.

The Regional Scheme, which is a joint scheme with Beccles Borough and Lothingland R.D., has been approved.

No major improvements or extensions have been made to the water supply services in the Urban Districts.

TABLE XVII.

**Approximate number of miles of water mains laid and proposed to be laid in Rural Districts.**

District.	Length of Water Mains in Miles.			Total when schemes completed.
	Laid before 1944	Laid after 1944	Proposed to be laid	
Blyth ... ..	12½	14½	158	184½
Deben ... ..	54	21 + 16*	73	164
Gipping ... ..	35½	9	136	180½
Hartismere ... ..	58	80	73	211
Lothingland ... ..	4	1	65	70
Samford ... ..	13½	12	69½	95
Wainford ... ..	8½	8¾	81½	98½
	185½	162½	655½	1003½

\*These mains not yet in use.

The figures given for Deben and Lothingland exclude mains within the Statutory Water Areas of the Felixstowe and Lowestoft Water Companies.

### SEWERAGE.

Some progress has been made on sewerage schemes during the year, but not to the same extent as that on water schemes.

A conference was held during May between representatives of the Rural District Councils and the County Council, and agreement was reached on a programme of sewerage development in the rural districts of the County during the next 20 years. The parishes concerned were arranged in three categories, viz. Stage I—1951-1955, Stage II—1956-1960, Stage III—1961-1970.

Stage I includes the following schemes:—

**Blyth R.D.** Framlingham (Disposal Works only), Kelsale, Thorpeness.

**Deben R.D.** Melton, Kesgrave (East) & Rushmere, Kesgrave (West) and Martlesham, Grundisburgh.

**Gipping R.D.** Bramford, Debenham, Stowupland, Haughley (Disposal Works only), Needham Market.

**Hartismere R.D.** Mendlesham, Hoxne, Fressingfield and Weybread, Botesdale and Rickinghall, Yaxley and Mellis.

**Lothingland R.D.** Bradwell, Kessingland, Wrentham, Hopton, Carlton Colville.

**Samford R.D.** Shotley, Brantham, East Bergholt, Holbrook, Chelmondiston, Sproughton.

**Wainford R.D.** None.

The following brief summary shows progress made during the year on sewerage schemes.

**Blyth R.D.** Schemes have been prepared and are under consideration for Framlingham sewage disposal works and Kelsale village sewerage.

**Deben R.D.** A scheme has been prepared for sewerage of the parish of Melton with Woodbridge Urban District. Approval of the Ministry is awaited.

**Gipping R.D.** Sewerage schemes for Bramford and Debenham are ready to be started. Permission to start is awaited.

Schemes for Needham Market and Stowupland have been submitted to the Ministry for approval.

A Scheme for the reconstruction of Haughley sewage disposal works has been submitted to the County Council, who have suggested that the possibilities of a less costly scheme be investigated.

**Hartismere R.D.** Construction of the scheme for Mendlesham has progressed well and the laying of the sewers and the building of the pumping station are nearing completion.

**Lothingland R.D.** Construction has started on the new pumping station at the Kessingland sewage disposal works, and on the sewerage scheme for Bradwell.

A Public Inquiry was held into the Hopton scheme during September. The result is not yet known.

The County Council have approved a scheme for Wrentham for which a Public Inquiry is to be held early in 1952.

**Samford R.D.** Construction on the Shotley sewerage scheme started in October.

Inquiries have been held into the schemes for Brantham, East Bergholt and Holbrook, and Ministry approval in principle has been given.

Investigations have been held into the schemes for Washbrook and Copdock and Sproughton but the findings have not yet been received.

**Wainford R.D.** No report.

No further progress has been made with the schemes for Beccles Borough, Bungay Urban District and Stowmarket Urban District.

### Rivers Pollution.

Two River Boards, each embracing some rivers in the county, were set up during the year. They were not, however, to function until April, 1952.

The rivers in the county remained in much the same state as in previous years. No further work having been carried out at Stowmarket Urban District sewage works, the river Gipping immediately below those works continued to be seriously polluted.

Pollution of the rivers Alde and Ore, with death of fish, occurred in July, and an investigation was made in co-operation with the County District concerned. It appeared that the pollution was caused by a firm specialising in the large scale spraying of weedkillers and insecticides for agricultural purposes who occupied a disused aerodrome and allowed a considerable spillage of dinitrocresol to flow from premises under their control either into a stream or into surface water drains which discharge into the stream. A heavy downpour of rain (reported to be 2 ins.) washed into the stream and thence into the river Ore a considerable quantity of dinitrocresol. The river Ore at Marlesford, Lt. Glemham and Blaxhall was discoloured a greenish-yellow on the days immediately after the rain, and this coincided with death of fish in the river.

A sample of water taken from the stream 10 days after the alleged pollution still showed dinitrocresol in 30 p.p.m., which is considered to be toxic to fish life.

No legal action was taken, but the firm—in conjunction with the local authority—made arrangements to prevent a recurrence of the pollution.

## HOUSING.

### Existing Housing Conditions.

The Housing Survey has been completed by all Rural Districts with the sole exception of Hartismere where just under 40% of houses had been inspected.

The results of the Survey are given below.

<i>Category in which house placed.</i>					<i>No. of Houses.</i>
I	Fit in all respects	...	...	...	6,799
II	With minor defects	...	...	...	6,863
III	Requiring extensive repair or structural alterations				7,519
IV	Appropriate for Reconditioning	...	...	...	1,621
V	Unfit for habitation and beyond repair at reasonable cost	...	...	...	4,447

It can be seen that about 13,000 or half of the "working class" houses in the Rural Districts are unfit for human habitation by reason of disrepair and sanitary defects. A sustained, all out effort at all levels is required to deal with this major social and economic problem.

The activities of the Rural Districts in the whole field of housing is shewn in Table XVIII,

TABLE XVIII.  
Summary of Housing Activities of Rural Districts in East Suffolk.

	Rural District.						
	Blyth.	Deben.	Gipping.	Hartismere	Lothingland	Samford.	Wainford.
(1) No. of New Houses completed by Local Authorities during 1951 ...	52	62	61	37	38	34	28
(2) Total No. of permanent houses and flats owned by Councils on 31.12.51	640	688	889	625	410	323	256
(3) Houses inspected other than for housing Survey ...	327	574	141	94	72	49	8
(4) Houses in which sanitary defects were found ...	233	137	112	71	68	47	3
(5) No. of dwellings in respect of which Statutory notice served under Public Health Act ...	3	0	1	0	3	4	0
(6) No. of dwellings in respect of which Statutory Repair Notices served under Housing Acts ...	2	0	0	0	0	0	0
(7) No. of dwellings in respect of which Demolition Orders were made either as—							
(a) Individually unfit ...	2	0	4	5	0	0	2
(b) In Clearance areas ...	0	0	0	0	0	0	0
(8) No. of houses demolished in pursuance of Orders made under both 7(a) and 7(b) above ...	1	4	2	2	0	8	2
(9) Houses occupied on 31.12.51 in respect of which Demolition or Clearance Orders have been made ...	76	36	12	2	20	14	68
(10) Housing Act, 1949							
No. of applications for grants ...	8	14	1	0	1	3	0
No. of applications approved during year ...	10	11	0	0	1	5	0
(11) Overcrowding							
No. of dwelling houses overcrowded at end of year ...	6	No record	39	No record	No record	5	No record
No. of cases of overcrowding reported during year ...	4	1	3	17	0	1	No record
No. of cases of overcrowding relieved during year ...	3	1	5	17	0	0	9

## Inspection and Supervision of Food and Drugs.

### Staff and Administration.

The staff and administrative arrangements reported last year remain and continue to work satisfactorily.

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 193. Of these, 17 were found to be not genuine and particulars regarding these samples, together with the action taken, are summarised below:—

1. *Baking Powder*—6.4% deficient in available carbon dioxide. Vendor warned.
2. *Bun Flour (Unsweetened)*—excess of sodium bicarbonate. Manufacturer and Vendor warned.
3. *Devonshire Cream*—derived from goat's milk—not labelled as such. Vendor warned.
4. *Sweetened Fat*—name misleading. Vendor warned.
5. *Jelly Dessert*—46.7% deficient in sugar. No legal proceedings as a similar case in neighbouring Authority dismissed.
6. *Jelly Tablets*—failed to pass setting test. Manufacturer and wholesaler warned.
7. *Table Jelly*—24.6% deficient in sugar. Failed to pass setting test. Referred to Food and Drugs authority where manufactured, who instituted legal proceedings—conviction obtained.
8. *Pork Sausage Meat*—12.8% deficient in meat. Ministry of Food advised. Legal proceedings—conviction obtained £1 fine and £6 19s. 0d. costs.
9. *Pork Sausage Meat*—20.3% deficient in meat. Ministry of Food advised. Legal proceedings—conviction obtained £2 fine.
10. *Tomato Ketchup*.—excess of copper. Manufactured before Standard made. Manufacturer and Wholesaler warned.
11. *Tomato Sauce*—excess of copper. Referred to Food and Drugs authority where manufactured. Manufacturer has since ceased production.
12. *Blended Non-Brewed Vinegar*—mixture of brewed vinegar and diluted synthetic acetic acid. Inaccurate and misleading label. Manufacturer and Vendor warned.
13. *Vinegar*—21.5% deficient in acetic acid. Legal proceedings—conditional discharge on payment of costs.
14. *Port*—deficient in alcohol and not the produce of Portugal. Legal proceedings—conditional discharge on payment of costs.
15. *Whisky 70° proof*—1.4% deficient in alcohol. Vendor warned.

16. *Whisky 70° proof*—1.4% deficient in alcohol. Vendor warned.  
 17. *Whisky 70° proof*—1.6% deficient in alcohol. Vendor warned.

Informal samples, numbering 15 were also procured.

### Pharmacy and Medicines Act, 1941.

No serious contraventions of the Act were discovered during the year; co-operation with the Pharmaceutical Society of Great Britain continued.

### (II) Milk.

#### General.

There was a reduction of 70 in the number of Registered Dairy Farms during the year bringing the total down to 1,610 on which 605 were licensed Tuberculin Tested and 66 licensed Accredited herds. There has also been some reduction in the number of producer/retailers.

#### Chemical Composition: Adulteration etc.

##### Formal Sampling.

Samples of milk procured formally under the Act numbered 236 of which 110 were submitted to the Public Analyst who certified 49 to be not genuine by reason of:—

(i)	Milk fat content of less than 3%	...	...	22
(ii)	Solids-not-fat of less than 8.5%	...	...	10
(iii)	Both milk-fat and solids-not-fat below standard	...	...	14
(iv)	Fats and solids both above minimum but containing added water—(Freezing point depression Hortvet)	...	...	3

In all, 22 samples were considered to contain added water.

Legal proceedings were instituted against 5 producers in respect of 16 samples all of which contained added water in quantities varying from 1.9% to 17.7%. Convictions were obtained in all but one case where the defence submission that the prosecution had failed to prove ownership of milk, was upheld by the Bench.

##### Informal Sampling.

Samples of milk procured and tested by the Sampling Officers numbered 423; of these 95 were unsatisfactory, there being:—

48 milks naturally low in solids and/or fats;

37 duplicates of those reported as not genuine by the Public Analyst;

10 which were followed up by formal sampling—legal proceedings resulting in one instance.

##### Composition.

The high number of milks found to be below the presumptive standards is a cause of some concern and considerable work for the Sampling Officers especially when low fats are discovered. The freezing point test results can show a milk to be unadulterated when other results raise a presumption of watering but "Appeal to Cow" sampling, with all its drawbacks, must still be relied upon to differentiate between the low fats as given by the cow and those resulting from deliberate skimming or careless handling of the milk.



The results of all analyses shows that the average composition of all except "Appeal to Cow" samples was

Milk fat	...	...	3.49%
Solids-not-fat	...	...	8.79%

#### Tuberculous Milk etc.

The sampling and biological examination of milk for the presence of tubercle bacilli continued during the year. A serious outbreak of Foot and Mouth Disease interrupted the normal practice of sampling at farms and samples were for a time taken at the collecting dairies. The target of 400 samples a year was hit.

All results are notified to District Medical Officers of Health who in most instances require infected supplies to be pasteurised.

Once again as a result of this sampling a cow from a Tuberculin Tested herd was dealt with under the T.B. Order.

TABLE XIX.

#### Biological Examination of Milk, 1951.

	<i>Grade of Milk</i>				<i>Total</i>
	<i>Non-designated</i>	<i>Accredited</i>	<i>T.T.</i>	<i>Others</i>	
(a) No. of samples examined at Public Health Laboratory ...	248	21	124	9	402
(b) No. found to contain tubercle bacilli ...	7	3	1	0	11
(c) No. found to contain brucella organisms ... (* includes brucella melitensis).	26	7	19*	0	52*
(d) No. of cows slaughtered under—					
(a) T.B. Order ...	4	2	1	0	7
(b) Melitensis Order as a result of investigations made at request of C.M.O.	0	0	3	0	3

#### Tuberculosis Order, 1938.

The following figures relate to the number of cows slaughtered under the Order during the 12 months ending January, 1952 and are supplied by the Ministry of Agriculture and Fisheries:—

Chronic cough and definite clinical signs	...	...	2
Tuberculosis with emaciation	...	...	0
Tuberculosis of the udder	...	...	8
Other conditions	...	...	0
Total number of cattle slaughtered	...	...	10

### Q Fever.

Assistance has been given during the year to the Medical Research Council in an investigation into the incidence, cause and transmission of Q Fever.

Milk from 200 herds and the sera of guinea pigs inoculated with milk from another 300 herds in the County were examined and one fifty-cow herd only was found to be infected. This herd has been chosen for detailed investigation and regular individual samples of milk and sections of all placentae are sent to the Cambridge Laboratory for examination.

### Milk (Special Designation) Pasteurised and Sterilised Milk Regulation 1949.

Six licences were renewed and remained in force during the year. No new licences were granted, but three dairies installed new pasteurising equipment and one dairy replaced an old plant with new.

Frequent visits were made to all plants and inspection of methods and apparatus carried out. Samples of milk were either taken at the dairies or immediately before delivery to the consumer.

The results of tests on these samples are given in Table XX.

The four failures recorded are shared equally between the two holder plants—the 4 H.T.S.T. plants having had a “clean slate” for the year.

TABLE XX.

### Summary of Results of Tests on Samples of Pasteurised Milk taken during the Year Ended 31st December, 1951.

<i>Class of Milk.</i>	<i>Test.</i>	<i>Number of Samples.</i>	
		<i>Passed.</i>	<i>Failed.</i>
Pasteurised ...	Phosphatase ...	140	3
	Methylene Blue ...	143	1
Tuberculin Tested (Pasteurised)	Phosphatase ...	13	0
	Methylene Blue ...	13	0

### Food and Drugs Act, 1950. Use of Special Designations.

No part of the county has yet been included in any Specified Areas. There were however an increasing number of dairymen licensed to sell a designated milk.

Nine dairymen not holding the appropriate licences were found to be using Special Designations in relation to milk. It was not considered necessary to institute legal proceedings in any instance, warnings being sufficient to stop the contraventions.

### Provision of Milk for School Children.

208 out of the 211 schools in the county received a supply of designated milk, and supervision of this 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 XXI.

Notifications of Infectious Diseases.

Infectious Disease.	Number of cases notified	Number of deaths.
Scarlet Fever ... ..	88 (192)	—
Whooping Cough ... ..	1,176 (691)	5
Poliomyelitis—paralytic ... ..	3 (10)	1
do. —non-paralytic ... ..	5 (6)	—
Measles ... ..	1,657 (3,014)	1
Diphtheria ... ..	3 (—)	—
Pneumonia ... ..	233 (157)	81
Dysentery ... ..	218 (8)	—
Smallpox ... ..	— (—)	—
Encephalitis—infective ... ..	1 (1)	—
Enteric or typhoid fever ... ..	1 (—)	—
Paratyphoid fever ... ..	30 (—)	1
Erysipelas ... ..	20 (29)	—
Meningococcal infection ... ..	7 (—)	—
Food poisoning ... ..	9 (39)	—
Puerperal pyrexia ... ..	24 (6)	—
Ophthalmia neonatorum ... ..	— (1)	—
Infective hepatitis ... ..	44 (52)	—

Bracketed figures are notifications for 1950, and comparison of the two sets of figures is sufficiently indicative of the fluctuation of attack rates, especially in the three "children's complaints", scarlet fever, whooping cough and measles.

Comments where relevant, on other figures are below.

### Poliomyelitis.

Throughout the country poliomyelitis was considerably less prevalent than in 1950 or 1949. The number of cases notified nationally was slightly higher than in 1948, which following the epidemic of 1947 was regarded as a relatively quiet year. It is of interest to note that the peak figures were reached at different times: in 1948 the highest weekly total was 88 in September and October, whereas in 1951 the highest weekly total of 132 was reached in July.

In the county, 10 patients suspected to be suffering from poliomyelitis were admitted to hospital. In 3 of these however the diagnosis was not confirmed, and of the 7 confirmed cases, 5 had paralysis in varying degrees while 2 were of the non-paralytic type. The difference between the number of notifications recorded and the number of cases reported on is due to correction of diagnosis after admission to hospital.

The 2 non-paralytic patients were discharged from hospital completely recovered after a short spell of treatment.

Progress of the 5 confirmed paralytic patients was as follows:—

1. Female, aged 18. Admitted to general hospital 9th July; transferred to isolation hospital 10th July—paralysis of both legs. Returned to general hospital orthopaedic ward and discharged to attend out-patient department twice weekly for radio- and physiotherapy. At end of year making definite but slow improvement—able to walk with aid of two sticks.
2. Male, aged 6½. Admitted to isolation hospital 16th August—paralysis of right upper arm. Discharged to attend out-patient department for physiotherapy—complete recovery.
3. Male, aged 11½. Admitted to isolation hospital 16th August—paralysis of lumbar region. Discharged to attend out-patient department with slight weakness of back and abdominal muscles—at end of year resting from strenuous exercises but otherwise complete recovery.
4. Male, aged 8. Admitted to isolation hospital 7th September while on holiday from boarding school—paresis of palate. Discharged with slight residual weakness affecting swallowing but no speech defect—otherwise complete recovery.
5. Female, aged 1. Admitted to isolation hospital 31st October—paralysis of left arm and hand. Discharged after three weeks to attend out-patient department for physiotherapy. At end of year progressing towards complete recovery.

#### **Virological and Epidemiological Enquiry conducted by Medical Research Council.**

In furthering efforts to trace the cause and course of this disease, the Medical Research Council amended its method of enquiry in 1951. Previously, this had taken the form of the collection of information relating to the patient regarding his/her illness, home conditions, food, movements, family and close contacts.

Two different and separate lines of approach were started in 1951, one involving the collection of a series of sewer swabs in endeavour to isolate the causal virus, and the other by using a system of "controls" to try to trace the epidemiology of the illness. In the first method, it was necessary for certain conditions to be satisfied to enable the swabs to be taken, and in the county two Urban Districts—Beccles and Stowmarket—were selected for these trials. The respective District Medical Officers and District Sanitary Officers took a keen interest in this, and working in close co-operation with the Director of the Public Health Laboratory Services a number of swabs were submitted for analysis throughout the year.

The procedure with regard to "controls" was that as soon as a case of poliomyelitis was confirmed in a school child or a pre-school child, efforts were made by recourse to the School Medical Inspection records or the Notification of Births records to find a child who corresponded most nearly to the patient, i.e. same sex, date of birth within 14 days either side of confirmed case's date of birth, same school and—if possible—same class (when school age child), or same street or locality (when pre-school child). One of the Council's Health Visitors then visited the parents of the "control" child and arranged for Dr. P. J. Wormald, of the Medical Research Council,

Cambridge, to meet the parents and the child at their home, and at a friendly and informal interview to obtain as much data as possible about the "control" as would be of assistance in the enquiry. The results of these two series of investigations are still being examined, but it is understood that, possibly in a modified form, the investigations will continue during 1952.

### **Diphtheria.**

The pleasure with which it was recorded that no case of diphtheria occurred in 1950 was short lived, 3 cases being notified in 1951.

Early in February, a suspected case was admitted to isolation hospital from a village adjacent to the County Borough of Ipswich, and the diagnosis was confirmed. The patient was a master baker, aged 37, not immunised, who after six weeks treatment in hospital was discharged recovered, with no ill effects. In view of the patient's business, a number of contacts were swabbed and from this group an employee of the bakery was found to be a carrier. He was admitted to isolation hospital for observation on the day following the admission of his employer but was only detained a short time.

In the middle of May, a male child, aged 3-4 years, was admitted to isolation hospital from the north of the county suspected to be suffering from diphtheria. The diagnosis was confirmed. The child had not been immunised, but after treatment recovered with no ill effects.

At the end of July, a female school child, aged 6, was admitted to isolation hospital from a village in the southern part of the county. She, too, was not immunised, but after treatment recovered with no ill effects. Although this patient was notified as a case of diphtheria, the diagnosis was made on clinical grounds only, and was not confirmed bacteriologically.

### **Dysentery.**

There was a very marked increase in the number of notifications of dysentery during the year. Apart from two isolated cases in Lowestoft, all the notifications came from the southern half of the county. Of the 218 cases, 171 occurred in the first quarter of the year, 44 in the second quarter, and only 3 in the last six months.

The main outbreak was of an explosive nature, occurring between the middle of February and the beginning of April, reaching its peak in the first week of March when 36 cases were reported. Cases appeared to spread from two sources, one centred on Leiston and district, and one centred in the County Borough of Ipswich which spread generally along the main routes out of the town to the surrounding rural districts.

The majority of cases notified were children, but it was quickly apparent to the officers investigating the outbreak that although it was the illness of the child which caused the family doctor to be called in, the adult members of the household very often gave a history which suggested that they too had had a mild attack. This mildness, and the very infectious nature of the disease, made it difficult to control the epidemic, but fortunately such measures as could be taken checked the epidemic before the warm weather and the flies appeared.

### **Paratyphoid Fever.**

Of the 30 cases notified, 3 were widely separated and isolated, but 27 produced a minor epidemic centred on Stowmarket and the surrounding villages. The outbreak was first brought to notice early in December when a report was received in the department from the Public Health Laboratory

that a patient in hospital had a positive Widal. Other patients followed in succession almost every day until Christmas Eve when three patients who were admitted to hospital that day proved to be the last of the epidemic. From the start there was the closest co-operation between the Health Departments of the county and the county district councils, the general practitioners, the hospitals and the laboratory which undoubtedly limited the epidemic.

As soon as the first case came to light, enquiries were begun which revealed that two other patients were being nursed at home suffering from pyrexia and abdominal pains. These were admitted to hospital and the diagnosis of paratyphoid was confirmed. Unfortunately one of them, a spinster aged 52 years, died after about a week.

Investigations were made into possible associations. By a process of elimination, the only common factor which could be found appeared to be confectionery. There were three bakeries of any size in Stowmarket and specimens were obtained from the staffs of each of them, with in the first instance negative results. One specimen arrived a day behind the others, however, and this was found to contain *Salm. paratyphi. B.* On being referred to the Central Enteric Reference Laboratory, London, it was confirmed as belonging to *Salm. typhi. Vi-phage, Type I.* This specimen came from a female employee of one of the bakeries who was the main counter hand handling all the food stuffs, and also assisted in loading trays into the delivery vans for the surrounding districts. Enquiries shewed that all the patients had consumed goods from the shop at which this girl worked, and circumstantial though the evidence may be, the localised nature of the epidemic and the fact that it ended somewhat abruptly ten days after she was excluded from work on the 13th December indicated that therein lay the source. No other cases which could be associated with the Stowmarket outbreak occurred after the end of December.

### **Puerperal Pyrexia.**

New regulations—The Puerperal Pyrexia Regulations, 1951—came into operation on the 1st August 1951. Whereas formerly it was necessary to notify as a case of Puerperal Pyrexia a patient having a raised temperature of 100.4°(F) on three successive days within the lying-in period, under the new regulations notification became necessary at any time within 14 days following childbirth or miscarriage when a temperature of 100.4° (F) occurred.

This new definition was introduced because with the advent of new drugs, it is considered possible that temperature may be reduced promptly thus making it not notifiable under the old regulations, while not eliminating the risk of spread of infection if adequate measures of control are not exercised.

The effect has been, of course, to increase considerably the number of cases notified, which is shewn in the difference between the figures for 1950 and 1951. Between January and July seven notifications were received; from August to the end of year seventeen patients were notified by general practitioners under the new regulations. In addition to these seventeen patients, seven others were not formally notified, but from information received from midwives were known to be notifiable. Although therefore a total of 24 patients were notified, records were kept of 31 cases during the year. 11 of these were admitted to hospital for treatment, and 20 were nursed at home, all the patients making uneventful recoveries.

### **Public Health (Leprosy) Regulations, 1951.**

New regulations making leprosy notifiable came into force on 22nd June, 1951. A small but appreciable number of patients are known to be in this country, and in order to make available to them improved facilities which were being provided, it was decided to make the disease notifiable. In spite of representations, the Minister decided that, because of the unusual circumstances and the great fear in the public mind of infection, all notifications should be sent to him and not—as is the normal procedure in infectious diseases—to the Medical Officer of the local sanitary authority.

### **Bornholm Disease.**

During the autumn of the year, an outbreak of Bornholm Disease in Oxford led to the question being raised as to whether the disease was widespread throughout the country. It was not a notifiable disease and had a 'nil' mortality rate, so that the incidence figures were not available. It was known to be a virus infection, normally diagnosed on clinical evidence. In an effort to find more information about it in East Suffolk, a circular letter was sent to all general practitioners inviting them to report, together with any clinical evidence they cared to add, any cases which had occurred or did occur in their practices. A number of interesting replies were received shewing that patients exhibiting the symptoms of Bornholm Disease had been treated in areas scattered over the county, but nowhere in sufficient numbers to produce an epidemic. By the end of the year no further reports were being received, and the illness seemed to have disappeared.

## **PART VI.**

### **NATIONAL ASSISTANCE ACT, 1948.**

Although the Annual Report of the County Medical Officer is in relation to the health services in the County, it is felt that as the welfare services under the National Assistance Act, 1948 are carried out by the Health Committee and occupy an important place in the work of the department, a brief reference to these services should be included in this report.

### **Residential Accommodation.**

In the early part of the year Kirkley House, Lowestoft was opened for 30 aged men and women. The accommodation at Reade House, Felixstowe remained full and the Council's beds at Cloncurry, Felixstowe were also occupied fully.

The number of residents for whom the Council was responsible in the former Public Assistance Institutions, now administered by the Hospital Management Committee, remained at approximately 100 and it is clear that for many years there will need to be provision for people who are in need of care and attention, but who are not suitable for the smaller homes.

The policy of endeavouring to help old people to keep in their own homes rather than be admitted to homes provided by the Council, has been pursued vigorously and with some success, but it is clear that additional beds in small homes are necessary rather urgently to enable the Council to fulfil its statutory obligations.

Good use was made of homes provided by voluntary organisations, particularly to meet the needs of handicapped persons, and at 31st December special accommodation had been provided for the deaf, epileptic, disabled and blind in 30 cases.

### **Temporary Accommodation.**

The question of responsibility for providing temporary accommodation for evicted families has been fully discussed at a conference with the Clerks and Housing Officers of the District Councils and, while it was generally agreed that the number of cases referred to the County Council for admission was comparatively few, these are inevitably what one might term 'problem' cases and point the need for some special provision being made when circumstances permit.

### **Welfare of the Blind.**

The policy of co-ordinating the activities of the Welfare Officers and Home Teachers in providing a welfare service for the blind, has continued to prove its worth in such a predominately rural area as East Suffolk. While achieving economy in staff and travelling, it has also had the effect of freeing the trained home teachers to devote more time to such specialised activities as handicraft centres, of which three have been initiated during the year. The disposal of goods made by blind workers, particularly of reversible mats, has been a matter for great concern, the total sales during the year having dropped to £1,300: in an attempt to make the display of goods more comprehensive and attractive, and with a view to the future when the expansion of the welfare service to the deaf and cripples which make such a course necessary, the Council has latterly decided to introduce into the retail shop at Ipswich, goods made by all classes of handicapped persons. The Ministry of Labour now makes grants towards the cost of providing tools and equipment and administration expenses, under the provisions of the Disabled Persons (Employment) Act, 1944.

It should be added that the high standard of the welfare services for the blind—in which the partially sighted participate to the fullest extent—is due in no small measure to the co-operation which exists between the Council and the County Association for the Blind, who, between them, have catered for the needs of some 504 blind and 100 partially sighted persons throughout the year.

### **Welfare of the Deaf and Other Classes of Handicapped Persons.**

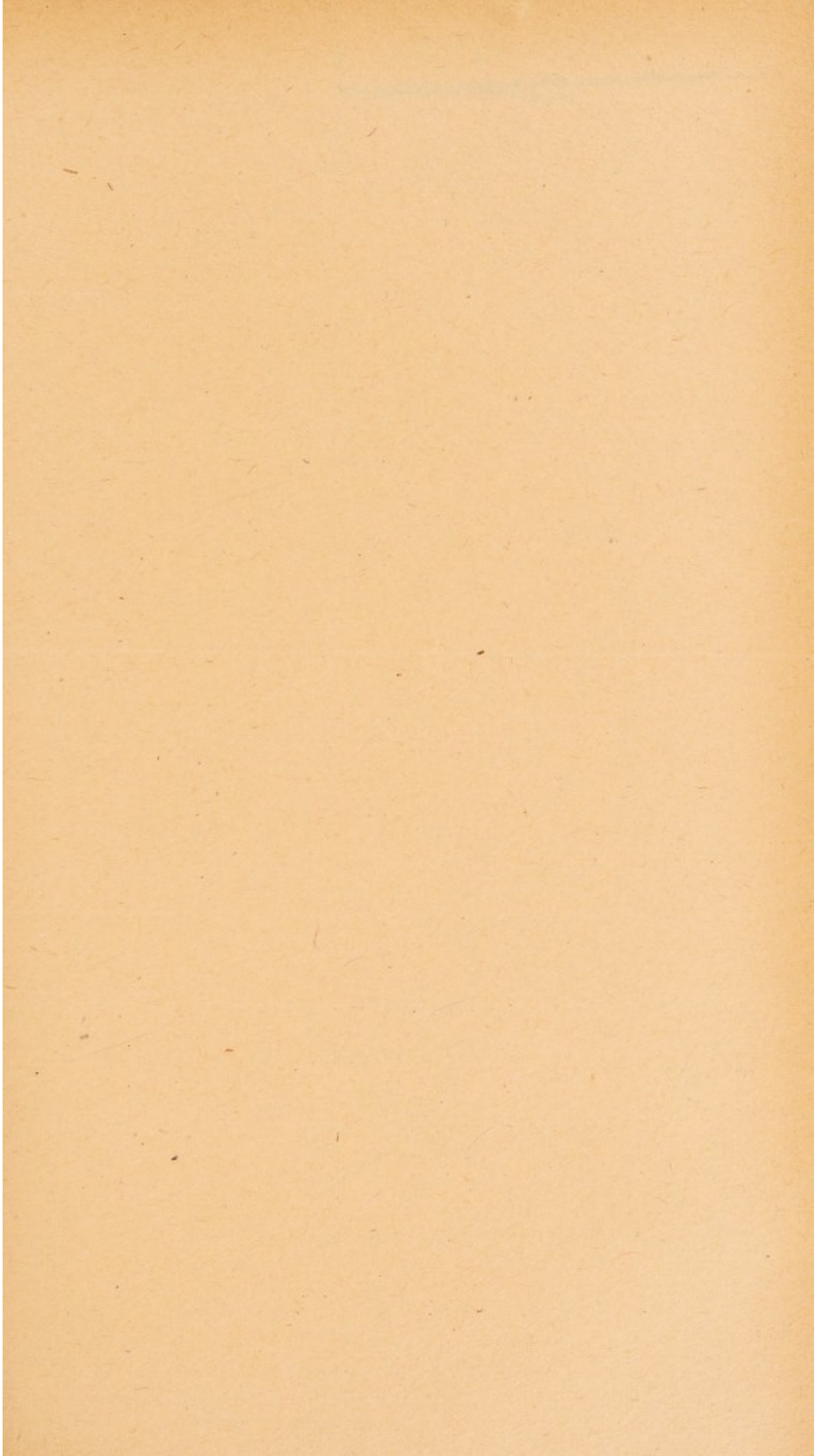
Towards the end of the year, the report of the Minister's Advisory Council on the provision of a welfare service for deaf and other classes of handicapped persons appeared in the form of Ministry of Health Circular 32/51. Briefly, local authorities wishing to extend their services to such persons are invited to do so in accordance with formal schemes, for which broad outlines have been laid down. These have been drawn in two parts, the first of which sets out the services the Council must or may provide immediately, while the second deals with the progressive development of the services as circumstances permit. Present conditions and the need for economy have dictated the sub-division of the first part into services which must be provided as a duty, and of those which are permissive, it being thought that the obligatory services can be introduced, largely from existing resources, without undue expenditure. Draft schemes based on the outlines contained in the Circular have been prepared for submission to the Minister of Health for approval; meanwhile the Council's officers are continuing to embrace in their existing activities the needs of both deaf and other handicapped persons in full co-operation with the various voluntary organisations.

### **Inspection and Registration of Homes for Disabled and Aged Persons.**

During the year a further three homes were registered, and routine visits were paid to those previously registered.







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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT  
OF THE  
County Medical Officer

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1951

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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
IPSWICH.