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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1952

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
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To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you my first Annual Report on the health of the County of East Suffolk, for the year 1952, although during the greater part of the year my predecessor, Dr. Henry Roger, was in office.

The Report contains in full the Special Survey of Local Health Services which has already been submitted to the Minister of Health in accordance with Circular 29/52. It will, therefore, suffice if I confine myself to brief comments to supplement the information given elsewhere in the Report.

Vital Statistics.

Both the live birth and death rates have fallen again, but an increase of 10 in the numbers of stillbirths has raised the rate per 1,000 total births from 20.3 to 24.5.

One death from puerperal causes occurred for the third successive year, but infant mortality (81 this year against 95 in 1951) showed further improvement, though it is interesting to note that the difference is entirely among the illegitimate births, for whereas in 1951, 18 illegitimate children died before attaining the age of 1 year, only 2 such deaths occurred in 1952.

Staff.

It was a matter of satisfaction that the medical staff was strengthened with the advent of Dr. K. M. Harding and Dr. J. B. Kershaw, but unfortunately the dental staff remains sadly depleted and it has not been possible to make any headway in providing dental treatment for the priority groups. An attempt made to augment the dental resources by the employment of general dental practitioners on a part-time basis, met with no success.

Care of Mothers and Young Children.

Infant Welfare Centres.

Details of the Infant Welfare and Weighing Centres provided are shown in Table X. An odd feature of the records was that more children attended the Centres, but the total number of attendances made fell over the whole year. Requests are still being received for Centres to be provided in various parts of the County not so served. Arrangements were in hand at the end of the year to provide for the attendance of a doctor and a health visitor at all Centres, including the Weighing Centres, but I think this expansion needs to be reviewed from time to time, because it makes heavy demands on the officers' time, and if the Centres are not well attended, becomes economically unsound.

Health Visiting.

The development of the Health Visiting Service has been comparatively slow, not only because there has not been the full complement of staff, but because in many minds there is doubt as to the direction in which the service should be developed. It may well be that the role of the health visitor in heavily urbanised areas should be very different from that in rural areas with very scattered population. There have already been suggestions that health visitors should be made available for specialised services only, whilst on the other hand there are many advocates of the appointment of health visitors who are also responsible for the home nursing and midwifery work, and it seems clear that within the next two years there must be a very serious review of the whole of the Health Visiting Service.

Midwifery and Home Nursing.

The past year indicates on the whole a record of very efficient work, but it still seems that there is scope for re-organising the areas which might well produce a more efficient and, at the same time, less expensive service. It must be realised, however, that personal considerations must be taken into account and many of the nurses are getting on in years and have spent the best part of their lives in a particular district.

A good deal has been done to allocate more fairly the distribution of work and to improve the arrangements for off-duty and holiday periods, but much remains to be done. The whole problem is affected very much by housing accommodation and it is difficult to prepare and implement a housing programme whilst there is little possibility in many cases of making drastic revisions of the home nursing and midwifery districts for a considerable time.

The factors to be taken into account in revising the Home Nursing and Midwifery Service cannot be set out briefly in such a report as this. Changed outlook and regulations regarding volume of work, off-duty periods and so on, affect the issue, but it is a matter for thought that when one takes into account the great improvement over the last few years in the provision of motor cars and thus greater mobility, the marked reduction in the birthrate over the years, no increase in the amount of home nursing work, and the development of the separate Health Visiting Service, there has been no significant reduction in the number of staff employed in the Home Nursing and Midwifery Service.

Vaccination and Immunisation.

Primary vaccinations are again less by 181 (2,082 in 1951, 1,911 in 1952) and re-vaccinations have fallen from 747 to 414 this year. Successive Reports have urged the need for continued regard being had about this negative attitude towards vaccination and as poster and pamphlet propaganda do not seem to achieve the necessary object, it must rest on the health visitors, in their capacity as family health teachers, to use all their powers of health education to stimulate the interest in the need for vaccination.

As a direct result of the autumn campaign on immunisation, some slight improvement in the overall figures can be recorded. The most pleasing feature was that records were received of 517 children under one year of age who were immunised this year against 190 in 1951, although even this figure is much below the ideal.

There were in 1952 four recorded cases of diphtheria, one more than the previous year. Two of these were adults (whose immunisation state was not ascertained) in different parts of the County, while the other two were a brother and sister, aged 17 years and 3 years respectively, both immunised, living at Lowestoft. Each of these patients was diagnosed on clinical grounds, but diphtheria organisms were not isolated bacteriologically.

Although the public campaign achieved a fair measure of success, as with vaccination, the spearhead of the attack against falling immunisation figures must again be the ardent health visitor using her most persuasive powers.

Ambulance Service.

The fact that there has been marked increase in the work of the ambulances and in the Hospital Car Service will occasion no great surprise, but the cost is still a matter of concern. It can be said that so far as lies within the Department's powers, the services have been restricted to essential work

only, but the members of the Health Committee will know from previous reports the very real difficulties encountered in ensuring adequate control of the service.

Apart from the question of cost, it is a matter of satisfaction that the whole of the service has worked so efficiently and once again acknowledgment must be made of the efficient and whole-hearted co-operation of voluntary personnel of the St. John Ambulance Brigade, the British Red Cross Society and the Hospital Car Service.

Progress was made in the programme for replacement of old vehicles and it is thought that by the end of 1954, under the long term programme approved, the position in the County will be very satisfactory.

Prevention, Care and After Care.

In the tuberculosis field, excellent co-operation has been maintained at all levels. The two Chest Physicians appointed by the Regional Hospital Board are employed by the County Council as part-time officers and, as recorded in the Survey Report, there has been a regular and helpful interchange of information between these officers and the field officers. This co-operation and the efficiency and enthusiasm of the health visitors can achieve positive results, but it is a matter now under consideration as to whether an even more efficient service would be achieved by having at least two health visitors almost solely responsible for the initial work arising from the Chest Clinics.

Here I would like to pay tribute to the excellent work done by the East Suffolk County Tuberculosis Care Committee. The Christmas Seal Sale organised by the Committee was again most successful, over £600 being realised from this source. The Committee works in very close co-operation with the County Council, and assistance—supplementary to that given by the local health authority—was provided in various forms to 145 families, expenditure in this respect amounting to £683 in the financial year ending 31st March, 1953.

Home Help Service.

Apart from the information given in the Survey Report, additional details have been given elsewhere. Unless extreme caution is displayed, the cost of the Home Help Service shows a tendency to soar immediately, but on its present basis there is little doubt that the service produces value for money and it may well be that although the benefits may be more particularly appreciated by other partners in the Health Service, even further expenditure may be worth while in the general public interests.

Mental Health Service.

The year has produced some useful work, but I think there is a good deal more which can be done and this is a subject which must be borne in mind in connection with the proposed review of the Health Visiting Service.

Infectious Diseases.

Except for poliomyelitis, there was no localised outbreak of any infectious disease. Notifications of measles and scarlet fever were slightly higher than in 1951, but the figure for whooping cough was markedly low, only 301 notifications being received as compared with 1,176 in the previous year. Dysentery and food poisoning were not very prevalent and the other notifiable diseases were at about their usual yearly level.

Poliomyelitis appeared quite early in the year, the first patient being admitted to hospital on 2nd April. Unfortunately, this proved to be a fatal case and the patient—an adult male of 31 years—died from acute polioencephalitis within a week of admission. Cases followed at intervals until the end of the year, the main groups of admissions occurring in April and May, and end-July to September. Altogether 58 patients were admitted to hospital for observation, but of these 18 were quickly discharged as unconfirmed cases. Half of the remaining 40 cases were diagnosed as having paralysis in varying degrees and one other of these—an adult female of 43 years—died within a day of admission to hospital, also from acute polioencephalitis. Most of the cases occurring in the April-May group lived in and around the Leiston area, and included in three instances members of the same family.

Welfare Services.

In the previous Report an adequate survey was given of the Welfare Services. These do not normally form part of the Annual Report of a County Medical Officer, but as these services are administered by the Health Committee, it has been felt some reference should be made to them. I think that it will suffice this year to say that there has been steady and satisfactory development of all branches of the Welfare Services and that the co-ordination of the health and welfare functions have shown good results, not only in efficiency but in economy of administration.

I would like to conclude this first Report by mentioning what a pleasure and encouragement it was to work under Dr. Roger, and the satisfaction it has given me to have received the same enthusiastic and efficient co-operation of my Administrative Deputy and County Welfare Officer, Mr. L. J. Bowling, and, indeed, all the staff of the Department, whether in the central office or in the field.

I have the honour to be,

Your obedient Servant,

S. T. G. GRAY,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

IPSWICH.

December, 1953.

SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

GENERAL.

1. Administration.

The local health services are administered by the Public Health Committee working through three Sub-Committees. These are:—

- (a) the Ambulance Sub-Committee which deals with all matters relating to the ambulance and sitting-case car services;
- (b) the Health Services Sub-Committee which deals with all local health services (except the ambulance service) in the Boroughs of Aldeburgh, Beccles and Eye; the Urban Districts of Bungay, Felixstowe, Halesworth, Leiston, Saxmundham, Stowmarket and Woodbridge; and the Rural Districts of Blyth, Deben, Gipping, Hartismere, Samford and Wainford;
- (c) the Lowestoft and District Sub-Committee for Health Services which acts as an Area Sub-Committee with the same functions as the Health Services Sub-Committee in the Boroughs of Lowestoft and Southwold, and the Rural District of Lothingland.

The Public Health Committee consists of elected members of the County Council together with a smaller number of co-opted members representing various interests, including the medical profession and the East Suffolk County Executive Council.

The Ambulance Sub-Committee and the Health Services Sub-Committee consist of a majority of members of the Public Health Committee together with a small number of members representing outside interests; the Lowestoft and District Sub-Committee for Health Services consists of six elected members of the County Council, eight members of Lowestoft Borough Council, three members of Lothingland Rural District Council, two members of Southwold Borough Council, and a small number of co-opted members.

The County Council is represented on the Suffolk County Joint Mental Health Board, the body responsible for the administration of the Council's proposals relating to Mental Health under Sections 28 and 51 of the National Health Service Act, 1946. Proposals to disband the Joint Board on 31st March, 1953 have been approved and from 1st April the Public Health Committee of the East Suffolk County Council will take over the administration of the Mental Health Services in East Suffolk.

There are joint arrangements for operation of the ambulance service with adjacent local health authorities although no joint committee is in existence.

The administration at officer level is under the direction of the County Medical Officer. There is one Area Medical Officer at Lowestoft, three Assistant Medical Officers holding joint appointments as District Medical Officers of Health, and four Assistant Medical Officers for clinics and special domiciliary examinations.

The non-medical Supervisor of Midwives who is also the Superintendent Health Visitor, is designated County Nursing Officer, and with her Deputy is responsible to the County Medical Officer for the health visiting, home nursing and midwifery services and the overall supervision of the Home Help Service.

The County Council's welfare services under the National Assistance Act, 1948 are administered within the Health Department.

The County Welfare Officer acts also as Administrative Deputy to the County Medical Officer thereby ensuring liaison between the welfare and local health services.

Decentralisation occurs only in the north of the County where the Area Medical Officer at Lowestoft is responsible for the day to day administration of the local health services in the Boroughs of Lowestoft and Southwold, and the Rural District of Lothingland.

2. Co-ordination and Co-operation with other parts of the National Health Service.

There is in existence machinery for securing co-ordination between the local health service and the hospital and specialist services and the general practitioner service. Members of the Public Health Committee of the East Suffolk County Council are members of the East Anglian Regional Hospital Board, and its several Hospital Management Committees and House Committees, although not necessarily as appointed representatives of the County Council. The County Council does appoint representatives to the East Suffolk County Executive Council, and the County Medical Officer is a member of the Local Medical Committee. The County Medical Officer also attends regular meetings of the Liaison Committee of Medical Officers of Health convened by the Regional Hospital Board.

In addition to these general arrangements, there is close and happy co-operation between the County Medical Officer and the individual specialists attached to the various hospitals in the County, particularly with the paediatricians and the chest physicians. Copies of clinical information are made available for the health visitors and conversely the specialists are informed of any sociological information which the health visitor has been able to obtain.

A working arrangement has been in operation for some time with the various hospitals whereby patients discharged from hospital requiring general nursing are referred to the district nurses, and mothers discharged from hospital before the fourteenth day are immediately referred to the midwives.

Midwives are encouraged to attend ante-natal sessions held by general practitioner-obstetricians, though it may be some time before the practice is general throughout the County. There is, however, good liaison between the general practitioners and the general nurses and midwives, but the health visiting service is still treated with suspicion by a large number of general practitioners. This service is of course still comparatively new, but it may be that in a predominantly rural area specialisation can be overdone. It may, therefore, be more satisfactory to appoint generalised district nurse-midwife-health visitors and experiments to this end are being put into operation.

General practitioners are kept informed by means of circulars issued through the County Executive Council and by discussion at meetings of the Local Medical Committee.

Information is available to the public through the field workers (health visitors, welfare officers, district nurse-midwives) and many enquiries about local health services can be answered at the offices of County District Councils. No guide to the local health services has been issued, mainly because of the constant change which has been going on while the services have been

organised and built up. There is, however, a pamphlet of general information about the Home Help Service which is at present being revised and a copy of this is included as an appendix. Now that the services have settled down, consideration will be given to the issue of a guide for the information of the public.

3. Joint use of Staff.

Apart from the arrangements in connection with the joint use of Consultant Chest Physicians, the Local Health Authority does not use medical or other officers employed in the hospital and specialist services nor do the officers employed by the Authority work in the hospitals. In one instance only, an Infant Welfare Centre is conducted by a general practitioner who is paid a sessional fee.

4. Voluntary Organisations.

The Local Health Authority has arranged for the care of unmarried mothers to be undertaken by the two Diocesan Moral Welfare Associations operating in the County.

The Local Health Authority has an arrangement with the Joint Committee of the British Red Cross Society and St. John Ambulance Brigade for the provision of Medical Loan Depots in various parts of the County as required by the County Council; these voluntary organisations help also in the administration of the Hospital Car Service and the Ambulance Service.

The Local Health Authority has an arrangement with the East Suffolk County Tuberculosis Care Committee for the provision of care and after-care services to persons suffering from tuberculosis.

The County Nursing Association and a number of its constituent District Nursing Associations have continued in being and act in an advisory capacity although the district nurse-midwives have been employed since July, 1948 by the Local Health Authority.

There is an arrangement with the Women's Voluntary Service for the recruitment of home helps in Lowestoft and district, although the administration of the service is carried out in the Area Health Office in Lowestoft. The recruitment and administration of the Home Help Service in Beccles is carried out on a voluntary basis by the local St. John Committee.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Young Children.

Expectant and Nursing Mothers.

On 5th July, 1948 the County Council had nine Ante-Natal and Post-Natal Clinics. Because of the development of the general practitioner-obstetrician service this number has fallen to seven at the end of 1952. At these Local Authority Clinics blood testing is carried out for the Rhesus factor and general ante-natal and post-natal care is given under the guidance of an Assistant Medical Officer with midwives and health visitors in attendance. In all cases expectant mothers are advised to book a general practitioner-obstetrician even though they may continue in attendance at one of the Local Authority Clinics. No treatment is given at these Clinics and where it is felt that treatment is required they are referred to their booked general practitioner-obstetrician, or (in cases where no booking has been made) to their family doctor. The health visitors and/or midwives give talks in mothercraft and general care of the children and pamphlets demonstrating ante-natal and post-natal exercises are given to each expectant mother. In addition, advice is given to patients wishing to claim National Insurance Maternity Benefits.

As has already been stated, some of the general practitioner-obstetricians who hold Ante-Natal and Post-Natal Clinics invite midwives to attend. This is of course an excellent arrangement and has been of benefit both to the general practitioner and the midwife. In many cases still, however, the midwife has no facilities for seeing the patient with the doctor and, having been booked late in pregnancy, may have only sketchy information of the ante-natal history.

Maternity outfits are supplied free of charge to all expectant mothers who have booked a domiciliary confinement. These are usually supplied through the Local Health Authority midwife, but can also be supplied direct to the patient on request where for some reason the services of the Local Health Authority midwife are not required.

The two Diocesan Moral Welfare Associations operating in the County undertake the field work in connection with the care of unmarried mothers. There is mutual exchange of information and the Moral Welfare Associations are responsible for obtaining vacancies in hostels where necessary and for the general well being of the girls and their babies. Arrangements are made by the Associations for adoptions, sometimes through the Children's Committee of the County Council, but mostly through the Voluntary Adoption Societies. The Moral Welfare Associations are aware of the local health services available and these are provided for unmarried mothers as for other members of the community.

Child Welfare.

At the end of 1952 there were 37 Child Welfare Centres in the County. Attendances at these Centres vary according to whether the general practitioner in the area holds similar Clinics for his patients. Until the end of last year some of the Clinics were Weighing Centres, but these have recently been up-graded and a Medical Officer will attend from time to time to carry out diphtheria immunisation and to give advice to mothers and young children. No treatment is given at the Local Authority Centres and all children requiring it are referred to their family doctor.

It has become a growing practice for general practitioners to hold their own clinics and up to the present the Local Health Authority has not assisted in any way. Consideration is being given, however, to arranging for the health visitor to attend from time to time on the invitation of the general practitioner to give health education talks to the mothers.

Care of Premature Infants.

As far as possible premature infants are nursed at home and the County Council has six special cots complete with oxygen equipment for this purpose. These cots and equipment are kept at convenient points and can be requisitioned by any midwife or general practitioner at short notice. On a few occasions the equipment has been loaned to a small hospital in the County.

Where it has been necessary to remove the premature baby to hospital there has never been any difficulty in obtaining an immediate vacancy at the nearest hospital.

Supply of Dried Milk, etc.

Most of the Child Welfare Centres in the County were originally opened by voluntary workers living in the districts. In these and in any new Clinics which have been opened since 5th July, 1948 the County Council has always encouraged the voluntary Committees to make arrangements with the Ministry of Food for the distribution of welfare foods and to purchase

direct from the various firms other dried milks and nutrients for sale at the Centres. In this way the County Council has had no direct responsibility in the provision of welfare and other foods and the work has been satisfactorily carried out by the voluntary Committees. The Local Health Authority has never provided proprietary brands of infant food free of charge or at less than cost price.

Dental Care.

This is one of the black spots of the local health services and in common with other Local Health Authorities the service in East Suffolk has been hampered by the difficulty in recruiting dental officers. Up to the end of 1952 no routine arrangements could be carried out except in the Borough of Lowestoft. It is hoped that in 1953 more dental officers will be appointed with the result that arrangements can be made for the dental care of expectant mothers and young children.

Women's Welfare Clinic.

The County Borough of Ipswich operates a Women's Welfare Clinic to give contraceptive advice to women who for medical reasons are recommended to have no further pregnancies. A special session is held for County patients, the Local Health Authority making payment on a per capita basis and individual patients paying the cost price of any contraceptive provided. Similar facilities exist for women in the northern half of the County, who can attend either the County Council clinic in Lowestoft, or the Family Planning Association's clinic in Norwich.

Problem Families.

As a result of the joint circular issued by the Ministries of Education and Health and the Home Office in July, 1950, the County Council set up a Joint Committee of officers of the Authority and officials of voluntary organisations concerned, to consider the best way of helping children considered to be ill-treated or neglected in their own homes. The Problem Families Co-ordinating Committee, as it has become known, meets at regular intervals to consider reports submitted by the officers of the Committee. The Committee has also tackled the problem of over-visiting which often arises in cases where several Social and Welfare Officers are interested. The County Medical Officer is a member of this Committee.

6. Domiciliary Midwifery.

Except in the Borough of Lowestoft the Administrative County is covered by district nurse-midwives who combine general nursing and midwifery duties. In the Borough of Lowestoft the duties are separated and seven midwives are employed. All but four of the midwives and district nurse-midwives in the Administrative County are qualified in the use of analgesia. They are supervised by the County Nursing Officer and her Deputy who also make periodical supervisory visits to midwives in hospitals and nursing homes in the Administrative County so as to ensure that the regulations laid down by the Central Midwives' Board are being adhered to.

All applications for confinement in hospital are referred to the district nurse-midwife concerned and a standard report on the home circumstances is completed. On receipt of this report the County Medical Officer is able to decide whether to ask the Hospital Management Committee to allocate a bed or whether confinement can take place at home with the assistance of a home help.

Four district nurse-midwives are sent on Refresher Courses annually and in addition the midwives meet each month in groups to discuss with the County Nursing Officer or her Deputy matters of common interest. Recently invitations have been extended to general practitioners to attend these group meetings, with a view to obtaining closer co-operation.

There are no arrangements in the County for the training of pupil midwives and vacant posts are filled by advertising in the nursing journals. There is, however, close liaison with the County Borough of Ipswich whereby any pupil midwives training with that Authority are referred to East Suffolk if they express a desire to work in a County district.

In the rural areas all the midwives are given the option of providing their own cars or using a car provided by the County Council. A few of the nurses in the urban areas are not qualified to drive and cover their districts on bicycles.

Since taking over the home nursing and midwifery services the Local Health Authority has given consideration to the most efficient distribution of staff. In some cases this has involved the re-adjustment of the nursing district boundaries. At the same time the question of suitable accommodation has been investigated, and where necessary, the County District Councils have been asked to assist by making available Council houses.

In eight instances, however, it has been found necessary to obtain approval to build standard flats each accommodating two nurses.

In the rural areas there is a general arrangement for adjacent nurses to relieve one another for off-duty and holiday periods and this has enabled the number of full-time relief nurses to be reduced to three.

7. Health Visiting.

The establishment of full-time health visitors is at present twenty. Duties include domiciliary visiting of expectant and nursing mothers and young children; attendance at school medical inspections and subsequent follow-up of individual cases; and domiciliary visiting of patients suffering from tuberculosis. Their clinic duties include attendance at Child Welfare Centres, Ante-Natal Centres (where appropriate); and Tuberculosis Clinics and Sub-Clinics (where appropriate). During the past 4½ years eight scholarships have been awarded by the County Council to enable suitable nurses to take the health visitor's course. In addition, two health visitors have been sent to refresher courses each year. The Local Health Authority is arranging a Week-end School for their health visitors in the Spring of 1953 and health visitors from adjacent Local Health Authorities will be invited to attend.

The health visitors are given the opportunity of seeing the work of the local paediatrician and Chest Physicians; regular monthly meetings are held, at which officers from voluntary and statutory authorities attend to discuss points of common interest.

The health visitors are encouraged to make contact and work in close liaison with local general medical practitioners, but as has already been stated there is still some misunderstanding among general medical practitioners about the duties of health visitors and the scope of the health visiting service.

The health visitors are engaged to act as health teachers and to visit families in their own homes as a means of establishing confidence. This is considered to be of more importance than their clinic work, and domiciliary visiting must, therefore, take first place in a rural area.

Consideration has been given to the appointment of generalised nurse-midwives-health visitors in some of the more rural areas and experiments will take place in specially selected districts in the County in the next year or so.

8. Home Nursing.

As mentioned in Paragraph 6 above, the home nursing in the County with the exception of the Borough of Lowestoft is carried out by nurses who also act as midwives in the same districts.

In the Borough of Lowestoft there are six general nurses.

Normally, general nursing is carried out at the request of the general practitioner, although when a patient is discharged from hospital it is usual for the Almoner of the hospital to inform the Local Health Authority of any general nursing required.

The majority of cases referred by general practitioners are aged and infirm, who need blanket bathing, etc. This group includes a high proportion who suffer from carcinoma. Other patients require routine injections of insulin or mercurial diuretics. The winter months see a number of pneumonias for whom penicillin injections are prescribed.

Patients discharged from hospital requiring home nursing include those who have had supra-pubic cystotomy, appendicectomy, colostomy and limb amputation.

No arrangements exist for a night service, apart from a limited service provided through voluntary agencies.

The Local Health Authority is affiliated to the Queen's Institute of District Nursing and the Institute makes arrangements for any district nurse training required.

9. Vaccination and Immunisation.

Vaccination against smallpox is carried out exclusively by local general medical practitioners. The parents of each living child are sent a letter from the County Medical Officer when the baby is just over four weeks old, advising them to consult their general medical practitioner with a view to the baby being vaccinated. Health visitors also stress the importance of vaccination during home visits and at Child Welfare Centres.

When a child is six months old one of the Ministry of Health postcards with a consent slip attached, is sent to the parents. In addition the health visitor stresses the importance of immunisation against diphtheria to mothers in an attempt to persuade parents to have immunisation carried out before the child reaches its first birthday. Immunisation can be carried out at any of the Child Welfare Centres and attendance is arranged by the health visitor to coincide with a visit by a medical officer. Where no clinic facilities are available, parents are urged to take the children to the local general medical practitioner. In some areas where there are neither clinic facilities nor is it a simple matter for the mother to take the child to her doctor's surgery, young children are given the first injection of primary immunisation at a special session held at the end of routine school medical inspections. A special follow-up visit is made later to complete primary immunisation.

Booster injections are almost always given at the conclusion of routine school medical inspections or at the surgery of a local general medical practitioner. Occasionally, however, booster injections are administered at Child Welfare Centres.

The Local Health Authority has no arrangements for immunisation against whooping cough and where parents require to have this done it is carried out by the family doctor.

In common with other Authorities there has been a decline in the number of children immunised during the past three years and during the autumn of 1952 an intensive campaign in which the local press and cinemas co-operated was held throughout the County. It is proposed to hold a similar campaign in the autumn of each year if necessary in order to bring to the notice of parents the importance of early immunisation followed by a reinforcing injection when school age is reached. Provisional figures for 1952 show a very satisfactory increase which has fully justified the campaign.

10. Ambulance Service.

The Ambulance Service, including provision for sitting cases, continued satisfactorily on the basis of full co-operation with the St. John Ambulance Brigade and British Red Cross Society. The combination of paid personnel and voluntary helpers has continued smoothly and efficiently.

It has not been considered desirable for the Council to provide sitting-case cars other than in Lowestoft and, with this exception, all transport for sitting cases has been made available through the Hospital Car Service Committee.

The total mileages for the year ended 31st December, 1952 as compared with the preceding year are as follows:—

1951. Ambulances, 229,435. Cars, 302,895.

1952. Ambulances, 239,264. Cars, 359,940.

The condition of the ambulances was giving rise to some concern and it is reassuring to know that there will be five new ambulances in commission next year.

There has been good co-operation with the hospital staffs with a view to ensuring that transport is ordered only when essential and that journeys are co-ordinated as much as possible. The full co-operation of the medical practitioners has been sought in the use of sitting-case cars, but there is still cause to believe that, despite precautions exercised, cars are used when public transport would have sufficed. This problem is particularly difficult in such a scattered rural area where public transport facilities are often not readily available.

11. Prevention, Care and After-care.

(a) Tuberculosis.

The Administrative County is covered by two Chest Clinics, one at Lowestoft covering the Boroughs of Lowestoft, Beccles and Southwold, the Urban District of Bungay and the Rural Districts of Lothingland and Wainford; the other at Ipswich covering the rest of the County. The Ipswich Clinic holds regular sub-clinics at Stowmarket, Eye, Halesworth, Saxmundham and Felixstowe. Arrangements with the Chest Physicians in charge of the two clinics vary slightly, but in the main there is a high degree of co-operation obtained. Most of the contact by the Lowestoft Chest Clinic with the Local Health Authority is made through the Area Health Office at Lowestoft. The health visitors meet the Consultant Chest Physicians at the Clinics and Sub-Clinics and from time to time the Chest Physicians attend the monthly meetings of the health visitors.

In addition to these personal contacts, there are arrangements for the free exchange of information. The health visitors obtain the environmental and sociological data, and forward it through the Local Health Authority

to the Chest Clinics, whilst the Chest Physicians supply all the necessary information in return.

Case finding is accepted as being one of the most important duties of the Chest Physicians, and the search for contacts and jelly testing of groups of such children as the class mates of a case of tuberculosis is carried out jointly.

The care and after-care of tuberculosis patients is generally shared between the Local Health Authority and the East Suffolk County Tuberculosis Care Committee, of which the County Medical Officer is an ex-officio member. The Local Health Authority is directly responsible for provision of one pint of free milk in necessitous cases; provision of out-door shelters; acceptance of financial responsibility for rehabilitation and colonisation in Village Settlements; provision of domestic help; assistance in finding homes for children if necessary (through the Children Committee); provision of nursing requisites (through Medical Loan Depots). The Voluntary Care Committee accepts responsibility for the provision of material assistance in the form of beds and bedding; clothing for patient and members of his family; payment for extra fuel; payment for grocery orders to assist the family budget; assistance with arrears of rent or other outstanding accounts which have accrued and cannot be paid because of loss of income; assistance with fares for relatives visiting patients in sanatoria. The East Suffolk County Tuberculosis Care Committee, which is affiliated to the National Association for the Prevention of Tuberculosis, does most of its work through local Care Committees and these local Committees are advised of the needs of patients by the health visitors.

(b) Other Forms of Illness.

The Local Health Authority has no proposals under Section 28 to deal with the prevention, care and after-care of other forms of illness, though the health visitor in her domiciliary visiting will come across households where she is required to give advice regarding the prevention and spread of infection and from time to time cases are referred from hospitals and general practitioners where care and after-care are required. In these cases, the health visitor or welfare officer will visit and give advice as to how material assistance can be obtained if necessary.

12. Domestic Help.

The Home Help Service in East Suffolk developed rapidly after its introduction in January, 1949. There was a consistent increase in demand, particularly to meet the needs of old people, and for a time it was extremely difficult to estimate the annual cost of the service. After four years, however, the service appears to have stabilised. Home help is available for confinements from the day the baby is born for fourteen days; for households where there are young children and the mother is ill either at home or in hospital; for households where the mother is suffering from tuberculosis or some other form of chronic illness; for the aged and infirm in their own homes. In the Borough of Lowestoft home helps are recruited by the W.V.S. but the administration of the service is through the Area Health Office. In Beccles home helps are recruited by the local St. John Committee which administers the service with the exception of assessing the ability of the householder to pay. In the remainder of the County recruitment of home helps is carried out by the health visitors, welfare officers and district nurse-midwives.

There is no paid home help organiser in East Suffolk, and general supervision of the Service is carried out by the County Nursing Officer.

In the early days of the Home Help Service it was hoped that at least 50% of the expenditure would be recoverable from householders. This did not prove to be so and subsequent revision of the methods of assessing householders' contributions has not resulted in any great increase in the income which has remained fairly constant at about 20% of gross expenditure. The apparent smallness of income has undoubtedly been due to the increasing number of old and infirm people receiving help in their own homes and who are unable to make any contribution at all.

13. Health Education.

The Local Health Authority is alive to its responsibilities as the Authority responsible for undertaking an intensive and continual health education campaign in the County. Health visitors are encouraged to give health talks with practical demonstrations at clinics and in schools, as well as to educate households in their own homes. Propaganda material is obtained through organisations such as the Central Council for Health Education and the Royal Society for the Prevention of Accidents.

As regards accidents in the home, health visitors are continually pointing out to mothers the most likely dangers and talks are underlined by distribution of leaflets issued by the Royal Society for the Prevention of Accidents. Particular stress is laid on the dangers of giving young babies a soft pillow and the Ro.S.P.A. pamphlet "Just Arrived" is sent to the parent of every child, together with the "vaccination letter" previously referred to.

14. Mental Health.

Administration.

The Suffolk County Joint Mental Health Board perform the functions relating to Mental Health which devolve upon the East and West Suffolk County Councils. Ten members are appointed by each of the County Councils from amongst their elected members and the Joint Board are empowered to co-opt five members. Experience has shown that the establishment of the Joint Board has not permitted of the easy integration of the Mental Health Service with the other local health services, particularly in achieving the best and most economical use of staff, and as previously mentioned, towards the end of the year each Authority decided to recommend that the Order constituting a joint Mental Health Service should terminate in 1953.

Staff.

The Medical Officer is the County Medical Officer for East Suffolk. The County Medical Officer of Health for West Suffolk and Assistant Medical Officers for both East and West Suffolk are available for work for the Joint Board and are all approved to give certificates under Section 5 of the Mental Deficiency Act, 1913.

There is one full-time Mental Health Visitor (unqualified) who investigates all new cases. Arrangements are made whereby the Welfare Officers of the two County Councils carry out work under the Mental Deficiency Acts, such as affording Statutory and Friendly Supervision. They also act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts.

An Occupation Centre Supervisor (qualified) is employed in the Lowestoft Occupation Centre.

The Joint Board employ one full-time Home Teacher.

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

The following arrangements obtain:—

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 the 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.

WORK UNDERTAKEN IN THE COMMUNITY IN EAST SUFFOLK.

Admissions to Mental Hospitals.

During the year the Duly Authorised Officers of the Joint Board attended on the admission of 56 male and 82 female patients from East Suffolk to mental hospitals.

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 to a number 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 the admission to institutions of 12 male and 2 female patients. The numbers remaining on the waiting lists on 31st December, 1952 were 33 males and 18 females.

Supervision.

The numbers under supervision on 31st December, 1952 were as follows:—

		<i>Males.</i>	<i>Females.</i>
Statutory Supervision	...	125	125
Friendly Supervision	...	47	50

Lowestoft Occupation Centre.

The occupation centre continues most successfully as a full-time one, with meals provided by arrangement with the Local Education Authority. At the end of the year there were 9 boys and 10 girls in attendance.

Home Training.

The Home Training Scheme continues to function very satisfactorily and on 31st December, 1952, 11 males and 45 females were receiving training in their own homes.

The training class at Ipswich is held fortnightly and at the end of the year it was being attended by 1 boy and 18 girls.

Ascertainment.

During the year 50 new cases (29 males and 21 females) were ascertained.

Guardianship.

There are 3 males and 6 females of East Suffolk origin under Guardianship.

GENERAL STATISTICS.

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

547,397 acres (from 1/4/52).

Population 1952 : 218,240 (As estimated by the Registrar-General).

Population, *Census* 1951 : 217,061.

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

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

Rateable Value : £1,138,207 (year beginning 1st April, 1952).

Estimated product of a penny rate : £4,532 (year beginning 1st April, 1952).

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 alteration requiring special comment ; those desiring information are referred to that Report.

1952

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,503	1,455	2,958	} Birth rate per 1,000 of estimated population :— 14.4.
Illegitimate	95	86	181	
Total live births	1,598	1,541	3,139	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and still- births) :—24.5.
Legitimate	42	34	76	
Illegitimate	2	1	3	
Total stillbirths	44	35	79	
<i>Deaths :</i>	1,342	1,221	2,563	} Crude death rate per 1,000 of estimated popu- lation :—11.7.

	No. of Deaths.	Rate per 1,000 total births.
<i>Deaths from Puerperal Causes :</i>	1	0.31

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	46	33	79
Illegitimate ...	2	—	2
Total ...	48	33	81

Deaths from Measles (all ages)	....	....	....	....	—
„ Whooping Cough (all ages)	....	....	....	....	—
„ Diarrhoea, Gastritis and Enteritis (under 2 years of age)	....	....	....	....	4
„ Cancer (all ages)	....	....	....	....	439
Cancer Death Rate per 1,000 population	....	....	....	....	2.01
Tuberculosis Death Rate per 1,000 population	....	....	....	....	0.18

TABLE I.
POPULATION.

Year.	Population.
1950	216,076 (Registrar-General's estimate).
1951	217,061 (Census, 1951).
1951	218,400 (Registrar-General's estimate).
1952	218,240 (Registrar-General's estimate).

The winding up of the Local Government Boundary Commission left undetermined (*inter alia*) one particular problem, namely the extension of the boundaries of the County Borough of Ipswich into the adjacent areas of the county. This question continued to be the subject of negotiation between the two Councils, and finally the Minister of Housing and Local Government made an Order (East Suffolk and Ipswich (Alteration of Boundaries) Order, 1952) which was effective on 1st April, 1952.

As a result of this 1,211 acres were transferred from the County to the County Borough of Ipswich as follows:—

From the area of the Deben Rural District	... 648 acres.
„ Gipping Rural District	... 112 „
„ Samford Rural District	... 451 „

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

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administrative County.	England and Wales.
1950	3292	15.3	15.2	15.2	15.8
1951	3326	14.7	15.6	15.2	15.5
1952	3139	14.7	14.1	14.4	15.3

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

Year.	Total.	Birth Rate per 1,000 Population.		
		Urban.	Rural.	Administrative County.
1950	167	0.8	0.7	0.77
1951	171	0.7	0.8	0.78
1952	181	0.8	0.8	0.8

TABLE IV.
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1950	2639	12.7	11.8	12.2	11.6
1951	2873	14.2	12.3	13.1	12.5
1952	2563	11.8	11.6	11.7	11.3

TABLE V.
MATERNAL MORTALITY.
DEATHS FROM PUERPERAL CAUSES.

Year.	Total	Death Rate per 1,000 total births
1950	1	0.28
1951	1	0.29
1952	1	0.31

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.
1950	78	25	23	24	30
1951	95	27	29	28	30
1952	81	25	26	26	27.6

TABLE VII.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Live Births.	Number of Deaths.	Infant Mortality Rate per 1,000 Live Births.
1943	3,053	107	33.7
1944	3,555	122	
1945	3,462	117	
1946	3,919	131	
1947	4,295	140	
1948	3,762	74	24.8
1949	3,497	95	
1950	3,292	78	
1951	3,326	95	
1952	3,139	81	

TABLE VIII.

CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.							Grand Total				
	Aldeburgh	Beccles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping	Hartismere		Lothingland	Samford	Wainford	Total
All causes	26	92	51	23	183	30	57	479	17	37	79	62	1136	259	314	196	227	164	175	92	1427	2563
1. Tuberculosis, respiratory	1	2		1	2	2	1	7		1			17		2	4	6	3	3		18	35
2. Tuberculosis, other			1					2					3						1		1	4
3. Syphilitic disease					1			1					2	1	4	1		1			7	9
4. Diphtheria																						
5. Whooping cough																						
6. Meningococcal infections																						
7. Acute poliomyelitis														1	1						2	2
8. Measles																						
9. Other infective and parasitic diseases			1				1						2	3		2					5	7
10. Malignant neoplasm, stomach		2			6		2	13		1	1	1	26	3	11	2	9	1	7	1	34	60
11. Malignant neoplasm, lung, bronchus	1		4		3	3	2	15		2	2	2	34	3	5	1	2	3	3	2	19	53
12. Malignant neoplasm, breast		2		1	2		1	10		1		2	19	8	7	2	5	5	3	1	31	50
13. Malignant neoplasm, uterus		1	1		3		1	5			2	2	15				1	1	1		3	18
14. Other malignant and lymphatic neoplasms	3	9	4	3	19	3	6	52	2	2	13	7	123	23	32	17	22	13	17	11	135	258

15. Leukaemia aleukaemia	...	...	1	1	3	1	5	2	4	3	2	11	16
16. Diabetes	...	...	2	2	2	1	7	3	4	3	1	17	24
17. Vascular lesions of nervous system	...	5	5	26	4	4	165	36	49	26	17	203	368
18. Coronary disease, angina	...	2	4	33	3	13	167	28	35	25	21	169	336
19. Hypertension with heart disease	...	1	1	13			37	8	10	8	4	47	84
20. Other heart disease	...	3	9	28	11	12	220	71	52	37	45	309	529
21. Other circulatory disease	...		5	8	3	20	48	13	8	4	13	62	110
22. Influenza	...	1					1	2	2		2	4	5
23. Pneumonia	...	2	1	3	2	12	26	4	14	6	3	40	66
24. Bronchitis	...	1	2	1	17	1	32	9	8	4	5	38	70
25. Other diseases of respiratory system	...	1	1	1	1	1	5	2	1	2	1	8	13
26. Ulcer of stomach and duodenum	...	1	2	8			14	2	3	2		11	25
27. Gastritis, enteritis and diarrhoea	...	2	1				4	1	3	1	1	8	12
28. Nephritis and nephrosis	...		1	1	2		4	3	5	3	1	20	24
29. Hyperplasia of prostate	...		2	5			8	3	2	2	1	12	20
30. Pregnancy, childbirth, abortion	...						—			1		1	1
31. Congenital malformations	...	2	2	4	1		9	2	3		1	7	16
32. Other defined and ill-defined diseases	...	5	9	3	48	2	96	27	30	31	9	138	234
33. Motor vehicle accidents	...	1	2	1	1		5	3	6	5	1	21	26
34. All other accidents	...	2	5	3	11		29	6	13	5	3	33	62
35. Suicide	...		1	6	1	2	12		4	1	1	13	25
36. Homicide and operations of war	...		1				1					—	1

II.

STAFF.

Medical Staff.

County Medical Officer: Henry Roger, M.A., M.B., Ch.B., D.P.H. (retired 30.9.52).

S. T. G. Gray, M.B., Ch.B., D.P.H. (from 1.10.52).

Deputy County Medical Officer:

S. T. G. Gray, M.B., Ch.B., D.P.H. (to 30.9.52).

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.D., D.P.H.

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

J. B. Kershaw, M.B., Ch.B., D.P.H. (from 3.1.52).

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

E. A. Parkinson, M.B., Ch.B., D.P.H. (part-time).

G. E. Pryce, M.B., Ch.B., B.A.O. (part-time).

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 and County Welfare Officer:

L. J. Bowling.

Nursing Staff.

County Nursing Officer:

Miss M. Vaughan Jones, S.R.N., S.C.M., H.V. Cert.

Deputy County Nursing Officer:

Miss M. T. Connaughton, S.R.N., S.C.M., H.V. Cert.

Health Visitors:

At the end of the year, the staff of Health Visitors was 15 whole-time and 2 part-time.

District Nurse/Midwives:

At the end of the year, 66 district nurse/midwives and 8 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

Dental Staff.

Senior Dental Officer: C. D. Macpherson, L.D.S.

Dental Officers: J. E. Benfield, L.D.S.

Miss J. Hepburn, L.D.S.

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

District Medical Officers of Health.

Boroughs and Urban Districts:

Aldeburgh	...	Dr. C. H. Imrie.
Beccles	...	Dr. J. B. Kershaw (from 3.1.52).
Bungay	...	Dr. J. B. Kershaw (from 3.1.52).
Eye	...	Dr. M. A. Dawson.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. J. B. Kershaw (from 3.1.52).
Leiston	...	Dr. J. B. Kershaw (from 3.1.52).
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	...	Dr. J. B. Kershaw (from 3.1.52).
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	...	Dr. J. B. Kershaw (from 3.1.52).

From 1st June, 1946, Dr. Henry Roger had held the somewhat unusual position of County Medical Officer to two authorities, the East Suffolk and the West Suffolk County Councils. When it became known that it was his intention to retire from the service in September, 1952, consultations took place between the two Councils, as a result of which it was agreed that each Council should have its own whole-time County Medical Officer. This became effective upon Dr. Rogers' retirement on 30th September, and as from 1st October, 1952, Dr. S. T. G. Gray, formerly Deputy County Medical Officer, was appointed, with Mr. L. J. Bowling, hitherto Administrative Deputy to the County Medical Officer, as Administrative Deputy and County Welfare Officer.

On 3rd January, 1952, Dr. J. B. Kershaw took up duty as Assistant Medical Officer and District Medical Officer of Health for six Borough, Urban and Rural Councils, thus filling the gaps in the scheme for the Combination of County Districts mentioned in the Report for 1951.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 21—Health Centres.

Nothing further has occurred in this county which calls for comment on this Section.

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

The centres at Eye and Metfield were reduced from fortnightly to monthly sessions, but otherwise there were no changes from the previous year. The number of children attending centres went up from 3,193 (1951) to 3,549, but total attendances fell from 26,819 (1951) to 24,360.

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	Halesworth	Carlton Colville
Felixstowe (i) (a)	Kesgrave	Chelmondiston
do. (ii)	Leiston	Debenham
Stowmarket (a)	Wrentham	Eye
Woodbridge (a)	Yoxford	Farnham
Lowestoft (i) (a)		Framlingham
do. (ii) (a)		Grundisburgh
do. (iii)		Hollesley
		Kessingland
		Kirton
		Metfield
		Nacton
		Needham Market
		Saxmundham
		Somerleyton
		Southwold
		Wenhaston
		Wickham Market

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

Weighing Centres.

Except that Felixstowe (Landguard Fort) was discontinued there was no change of Weighing Centres. Health Visitors or District Nurse-Midwives continued to attend those held at Little Bealings, Charsfield, Claydon, Copdock, Corton, Earl Soham, Friston, Lound, Newbourne, Otley, Somersham, Wattisham R.A.F. Camp, Weybread.

Summary of Attendances for 1952.

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	3,549	24,360

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	245—A 34—P	1,308—A 39—P

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

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

The Rhesus Factor.

In co-operation with the National Blood Transfusion Laboratory, arrangements for the examination of specimens of blood from expectant mothers attending ante-natal clinics continued, and reports were received on 72 specimens submitted.

Care of Unmarried Mothers and their Children.

Under arrangements made with the Moral Welfare Associations responsibility was accepted for the maintenance in Mother and Baby Homes of 23 unmarried mothers and they were admitted as under:—

Princess Alice Mother and Baby Home, Castlebar, Sydenham	7
Salvation Army Hostel, Mare Street, Hackney	2
Ely Diocesan Home, Cambridge	2
St. Paul's Lodge, Gt. Yarmouth	2
St. Mary's Maternity Home, Stamford Hill	2
Salvation Army Hostel, Sapsworth House, Clapton	1
Heworth Moor Hostel, Yorkshire	1
The Haven, Yately, nr. Camberley	1
The Quarry Maternity Home, Lincoln	1
Heigham Grove, Norwich	1
Sunnedon House, Coggeshall	1
Myford House, Horsehay, Salop	1
St. Bridget's Hostel, Lowestoft	1

It has not been necessary to amend the terms of the agreement between the Moral Welfare Associations and the Council, and good liaison has been maintained.

Care of Premature Infants.

Good co-operation was obtained from the hospitals and other local health authorities in following up the progress of premature babies. 172 such babies were notified, as recommended in Circular 20/44. 99 of these babies were born in their own homes in the county, 7 of whom were transferred to hospital. The remaining 92 were nursed entirely at home, 81 surviving beyond 28 days.

Dental Care.

Although it has been possible for the Council's Dental Officers to catch up with some of the arrears of work among school children, it has been impracticable to embark on any scheme of treatment for the other priority groups. This position must unfortunately persist while the shortage of staff continues, and there is as yet little sign of improvement in this direction.

Section 23—Midwifery.

During the year, the Council's nurse-midwives attended 802 patients as midwives, and 1,109 patients as maternity nurses.

Medical aid under the Midwives' Act was summoned in 97 cases.

Gas/Air Analgesia.

Analgesia was administered at 1,426 domiciliary confinements; in 554 cases by midwives acting in that capacity and in 872 cases by midwives acting as maternity nurses.

Pethidine was given to 148 patients by midwives acting as such, and to 221 patients by midwives acting as maternity nurses.

Housing Programme.

Compared with reports in previous years, the housing programme made some appreciable progress in 1952.

At Lound where the first double-flatted midwives' house was included in the 1950-51 programme, building had actually started towards the end of the year, and at Hollesley, also in the 1950-51 programme, negotiations for a site were at last completed.

Of the 1951-52 programme, no site could be found at Eye; completion of the arrangements to purchase a site at Wickham Market were held up by one small outstanding question; and at Kesgrave a number of sites having been inspected without success, serious consideration was being given to applying for a Compulsory Purchase Order in respect of the first site inspected.

Of those districts included in the 1952-53 programme, sites had been obtained at Mendlesham and Tunstall.

Women's Welfare Clinic.

A slightly less number of women attended this clinic, provided in co-operation with the County Borough of Ipswich, 81 visiting for the first time during the year, while total attendances made were 181.

Registration of Nursing Homes.

One Home—Thorndene, Oulton Broad, was closed, and two new Registrations—Field Stile, Southwold and Lyncote, Felixstowe—were approved.

Amendments to certificates were approved for Savile Court, Felixstowe and Orme House, Lowestoft, and the position at 31st December was:—

Name.	Number of beds available.		
	Maternity	Other	Total
St. Monica's, Felixstowe	1	—	1
Chatsworth, Felixstowe ...	—	26	26
Savile Court, Felixstowe	—	6	6
Orme House, Lowestoft	2	7	9
Field Stile, Southwold ...	—	8	8
Thorndene, Oulton Broad	5	4	9
	—	—	—
	8	51	59
	—	—	—

Nurseries and Child Minders Regulations Act, 1948.

One application for registration as a nursery was received and investigated. The applicant withdrew her application, however, upon removal from the area.

Section 24—Health Visiting.

Domiciliary visits made during the year are rather below those of 1951, due mainly to resignations and the inevitable delay before a replacement can take up appointment.

TABLE XI.

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

			1st Visit	Total Visits
Expectant Mothers	...	...	500	1,127
Children under 1 year	...	...	3,151	19,328
Children 1-5 years	...	...	646	25,342
Other visits	...	...	878	4,141

Student Health Visitors.

The two students granted scholarships at the end of last year completed their courses successfully, and were to take up their appointments early in 1953. Another student was granted a scholarship for a combined health visitor/district nurse-midwife course, which extended into mid-1953.

Section 25—Home Nursing.

In Lowestoft, 8 nurses were employed whole-time on home nursing duties, and elsewhere in the county this service was provided by the nurse-midwives.

The number of patients attended was 6,229, and 122,381 home nursing visits were made.

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 ...	942	580	101	175	113	1,911
Re-vaccination	2	5	16	115	276	414

Diphtheria Immunisation.

TABLE XIII.

Number of children at 31st December 1952 who had completed a course of immunisation at any time before that date.

Age at 31.12.52 i.e., born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5-9 1943-47	10-14 1938-42	Total 0-14
Number immunised	517	1738	2097	2451	2550	12211	4023	25587
Estimated mid-year child population 1952.	children under 5 17300					children 5-14 32800		50100

Section 27—Ambulance Service.

TABLE XIV.

Ambulances.

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 ...	20,889	575	998
February ...	20,898	593	1,066
March ...	20,549	555	1,065
April ...	20,252	675	1,238
May ...	24,149	719	1,366
June ...	19,593	630	1,111
July ...	20,536	671	1,193
August ...	20,710	664	1,153
September ...	17,950	647	1,164
October ...	17,312	617	1,157
November ...	18,128	620	1,053
December ...	18,298	592	1,050
	<hr/> 239,264 <hr/>	<hr/> 7,588 <hr/>	<hr/> 13,619 <hr/>

TABLE XV.

Hospital Car Service.

Summary of Mileage and Journeys.

<i>Month.</i>	VOLUNTARY CAR POOL.		C.C. SITTING CASE CAR.		
	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients Carried.</i>
January ...	30,233	817	1,452	60	110
February ...	21,656	595	1,711	72	121
March ...	26,085	688	2,032	106	204
April ...	23,833	642	2,903	88	178
May ...	27,615½	728	2,440	82	146
June ...	30,213	722	2,446	96	178
July ...	26,207	683	1,982	67	151
August ...	28,129	689	1,796	95	151
September ...	30,071	731	2,038	79	196
October ...	34,993	869	2,287	80	164
November ...	29,427	730	1,861	69	136
December ...	26,838½	689	1,641	80	162
	<hr/> 335,351 <hr/>	<hr/> 8,583 <hr/>	<hr/> 24,589 <hr/>	<hr/> 974 <hr/>	<hr/> 1,897 <hr/>

Total Mileage ...	...	359,940
„ Journeys ...	...	9,557
Average Monthly Mileage	...	29,995
„ Miles per Journey	...	37

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

TABLE XVI.
Tuberculosis Register, 1952.

			Pulmonary	Non-pulmonary
Cases on Register at 1.1.52	...	...	810	381
New (Primary) Notifications during 1952	...	...	116	47
Inward transfers and cases restored to register in 1952	...	...	66	7
Total	...	...	992	435
<i>Cases written off register in 1952:</i>				
			Pulmonary	Non-pulmonary
Non-tuberculous	...	...	4	3
Died	...	...	44	4
Recovered	...	...	19	30
Removed or lost sight of	...	...	65	15
Through register check	...	...	3	—
Total	...	...	135	52
Cases remaining on register at 31.12.52	...	...	857	383

The Public Health (Tuberculosis) Regulations, 1952, which came into effect on 1st May, revoked and replaced the 1930 Regulations, which had become out of date with the development of the National Health Service. Although under the new Regulations the County tuberculosis register is not a statutory requirement, the Minister expressed the hope that local health authorities would continue to maintain such a register, and it is now kept as a check for the purpose of fulfilling the Council's duties regarding Care and After-Care and the Prevention of Tuberculosis.

B.C.G. Vaccination.

Protective treatment by this method is growing in use, and notifications were received from the Chest Clinics of the successful vaccination of 177 persons.

Provision of Milk.

The scheme for supplying one pint of milk daily free to tuberculous patients continued, grants being made on the recommendation of the Consultant Chest Physicians or the Council's health visitors.

At 31st December, 96 patients (48 in Lowestoft) were being helped in this way.

Provision of Nursing Equipment.

In a review of the service provided by the St. John Ambulance Brigade and the British Red Cross Society at medical loan depots, the local health authority acknowledged the good work being done and approval was given to the agreement between the Council and the voluntary organisations under which these depots are provided being continued indefinitely.

Section 29—Home Help Service.

Continuing the present policy, no whole-time Home Helps were engaged during the year, and at 31st December, 116 part-time workers were being employed.

Cases where help was provided in 1952 were:—

(a) Maternity (including expectant mothers) ...	224
(b) Tuberculosis	18
(c) Others	258

Sections 28 and 51—Mental Health.

The special survey report contains all the information required to be submitted on the work of the Suffolk County Joint Mental Health Board, the only addition necessary to that Report being an analysis of work of the Duly Authorised Officers in arranging the admission of patients to mental hospitals. These numbers were as follows:—

Under the Lunacy Acts.

	<i>Males.</i>	<i>Females.</i>
On certification	32	43
On three-day Orders under Section 20	9	14

Under the Mental Treatment Act.

As voluntary patients over the age of		
16 years	14	24
As temporary patients	1	1
	<hr/> 56	<hr/> 82

IV.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply and Sewerage.

The following section dealing with water supply and sewerage schemes has been prepared by the County Sanitary Officer; he is responsible for examining and reporting on such schemes to the County Council.

Water Supply.

It can now be reported that a regional water supply scheme has been approved for each Rural District in the County. The sources of water for these schemes have all been tested and found to be sufficient in quantity and satisfactory in quality. The development in some districts is already well advanced, but in two of them it has not yet been possible to make a start.

The proved yields from all sources and the estimated ultimate demands for the whole County are given below.

	<i>Proved Yield</i> <i>(gals. per day)</i>	<i>Ultimate Demand</i> <i>(gals. per day).</i>
Rural Authority Areas ...	7,806,330	4,257,260
Urban Authority Areas ...	1,637,000	1,209,000
Statutory Company Areas ...	4,550,000	2,223,000
	<hr/> 13,993,330	<hr/> 7,689,260

It will be noted that the proved yield is almost double the total ultimate demand.

The total progress made in the Rural Districts can be seen from the following statement, which shows the approximate number of miles of mains laid and proposed to be laid in the several districts.

District.	Length of Water Mains in Miles.				Total when schemes completed.
	Pre 1945.	1946 to 1952 incl.	Total to 1952.	Proposed.	
Blyth	12	17	29	125	154
Deben (incl. Stat. areas)	85	65	150	22	172
Gipping	35	11	46	136	182
Hartismere	58	76	134	67	201
Lothingland (incl. Stat. areas)	23	4	27	49	76
Samford	13	23	36	55	91
Wainford	5	18	23	66	89
Total	231	214	445	520	965

It will be noted that about 46 per cent. of the proposed final distributive system of water mains has now been laid.

The present economic situation in the country is holding up progress of major works in almost every district. In view of this delay, the County Council suggested the provision of minor extensions, where possible, on the existing framework of mains.

This suggestion was well received by the District Councils and steps are being taken by them to implement the suggestion.

SEWERAGE.

The agreed programme of sewerage development for the County was amended to bring into the first stage sewerage schemes for the parish of Alderton in Deben Rural District and that of Palgrave in Hartismere Rural District.

Very little progress has been made in the provision of sewerage schemes, due to the difficulty in obtaining approvals, and, in fact, in two instances approval was withdrawn.

The present position with regard to the 30 schemes scheduled for completion in the period 1951-1955 is as follows:—

Completed	2
Under construction	2
Awaiting starting date	3
Approved and proceeding to contract stage	7
Local Inquiry held and results awaited	2
Schemes prepared in outline and under consideration	8
Schemes not yet deposited	6

It is hoped that there may soon be some improvement in the conditions which govern approvals, so that at least the more urgent of the water supply and sewerage schemes may be proceeded with.

HOUSING.

A Table shewing some of the work of the Rural Districts is given in Table XVII. It is appreciated that much of the work done by the Officers concerned with maintaining and improving the housing conditions in the area is of an informal nature—this work is not shewn in the statistics given. Statutory action in the County appears to follow that in some other areas in that most statutory notices are served under the Public Health Acts, the Housing Act for various reasons, not being favoured.

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

	Rural District.						
	Blyth.	Deben.	Gipping.	Hartismere	Lothingland	Samford.	Wainford.
A. Existing Houses.							
(1) Houses inspected for all purposes ...	916	348	748	162	43	75	80
(2) Houses in which sanitary defects were found ...	148	194	29†	122	33	42	53
(3) No. of dwellings in respect of which Statutory notice served under Public Health Act ...	0	0	4	1	6	9	0
(4) No. of dwellings in respect of which Statutory Repair Notices served under Housing Acts ...	0	0	0	0	0	0	0
(5) No. of dwellings in respect of which Demolition Orders were made either as—							
(a) Individually unfit ...	0	3	0	7	4	0	0
(b) In Clearance areas ...	0	0	0	0	0	0	0
(6) No. of houses demolished in pursuance of Orders made under either 5(a) or 5(b) above ...	3	0	0	1	0	0	0
(7) Houses occupied on 31.12.52 in respect of which Demolition or Clearance Orders have been made ...	76	29	7	4	20	12	61
(8) Overcrowding							
No. of dwelling houses overcrowded at end of year ...	7	No record	30	No record	No record	4	0
No. of cases of overcrowding reported during year ...	6	1	5	1	0	0	0
No. of cases of overcrowding relieved during year ...	5	0	12		No record	0	14
B. New Houses.							
(1) No. of New Houses completed by Local Authorities during 1952 ...	60	92	62	53	36	44	36
(2) Total No. of permanent houses and flats owned by Councils on 31.12.52	693	780	867	681	446	407	278
(3) Housing Act, 1949							
No. of applications for grants ...	15	8	4	0		5	1
No. of applications approved during year ...	7	7	0	0	0	4	0

† Serious defects only.

Food and Drugs Administration.

Staff and Administration.

The staff remained the same as previously and slight alterations only were found to be necessary in administrative arrangements.

The subject is dealt with under two headings (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 297. Of these, 25 were found to be not satisfactory and particulars regarding these samples, together with the action taken, are summarised below:—

1. *Pork Sausages*—3.7% deficient in meat. Manufacturer warned.
2. *Pork Sausages*—5% deficient in meat. Ministry of Food advised.
3. *Cascara Sagrada*—labelling offence. Pharmaceutical Society advised.
4. *Menthol and Eucalyptus Pastilles*—labelling offence. Pharmaceutical Society advised.
5. *Ice Cream*—42.2% deficient in fat. Manufacturer warned.
6. *Pork Sausages*—14.6% deficient in meat. Ministry of Food advised, legal proceedings instituted. Defendant fined £6.
7. *Pork Sausages*—5.4% deficient in meat. Vendor warned.
8. *Vinegar*—not vinegar but dilute acetic acid. Legal proceedings—case dismissed.
9. *Potted Meat (Imported)*—contained 8% starchy filler. Ministry of Food advised.
10. *Orange Squash*—40 p.p.m. excessive sulphur dioxide. Manufacturer warned.
11. *Dressed Crab*—5% deficient in meat. Manufacturer advised.
12. *White Precipitate Ointment*—16% deficient in ammoniated mercury. Vendor warned.
13. *Baking Powder*—35.6% deficient in available carbon dioxide. Vendor warned.
14. *Vinegar*—falsely labelled. Manufacturer warned. Ministry of Food advised.
15. *Pork Sausages*—4.6% deficient in meat. Vendor warned.
16. *Pork Sausage Meat*—20% deficient in meat. Ministry of Food advised, legal proceedings instituted. Defendant fined £3.
17. *Pork Sausage Meat*—14.9% deficient in meat. Ministry of Food advised, legal proceedings instituted. Defendant fined £1 10s. 0d.
18. *Pork Sausage Meat*—16.4% deficient in meat. Ministry of Food advised, legal proceedings instituted. Defendant fined £2.
19. *Pork Sausage Meat*—8.6% deficient in meat. Vendor warned.

20. *Pork Sausages*—18.9% deficient in meat. At least 7% of gristle present. Ministry of Food advised, legal proceedings instituted. Defendant fined £3 10s. 0d.
21. *Pork Sausages*—24.1% deficient in meat. Ministry of Food advised, legal proceedings instituted. Defendant fined £4.
22. *Pork sausages*—6.5% of insoluble and inedible animal matter. Ministry of Food advised.
23. *Potted Meat*—contained 14% moist filler. Vendor warned.
24. *Butter Drops*—75% deficient in fat. Manufacturer warned.
25. *Butter Mints*—25% deficient in butter-fat. Manufacturer warned.

Thirty informal samples were also procured, some for analysis and others such as fish, for identification.

Those found unsatisfactory were:—

Buttered bread and rolls where the fat used was not butter.

Cured haddock where the fish was cod.

An Ice Cream with a fat deficiency.

Sponge buns containing an excess of sodium carbonate.

The vendors in each case were warned and follow-up samples taken in each case, when no further contraventions were discovered.

Pharmacy and Medicines Act, 1941.

A number of minor contraventions of the Act were discovered during the year and were either dealt with by warnings to the vendor or by reference to the Pharmaceutical Society of Gt. Britain.

(II) Milk.

Production—General.

There was a further reduction in the number of Registered Dairy Farms during the year—the number so registered in December being 1,563, i.e., 47 less than in the previous December.

The number of Licensed Tuberculin Tested producers increased from 605 to 694 and of Licensed Accredited producers from 66 to 67.

The number of producer/retailers continued to drop.

Chemical Composition: Adulteration, etc.

Formal Sampling.

Samples of milk procured formally under the Act numbered 243, of which 72 were submitted to the Public Analyst who certified 26 to be not genuine by reason of:—

Milk-fat content of less than 3.0%	5
Solids-not-fat of less than 8.5%	10
Both milk-fat and solids-not-fat below standard ...	10
Fats and solids both above minimum but contain added water—(Freezing point depression Hortvet)	1

In all, 21 samples were considered to contain added water.

Legal proceedings were instituted against 3 producers in respect of 11 samples which contained added water in quantities varying from 6.0% to 16.0%. Convictions were obtained in every case. Legal proceedings, resulting in a conviction, were also instituted in one case of obstruction where the Sampling Officer was not permitted to take a sample of milk suspected of containing added water.

Informal Sampling.

Samples of milk procured and tested by the Sampling Officers numbered 618; of these, 104 were unsatisfactory, there being:—

- 73 milks naturally low in solids and/or fats;
- 24 duplicates of those reported as not genuine by the Public Analyst;
- 7 which were followed up by formal sampling—legal proceedings resulting in respect of 3 samples.

Composition.

The number of samples containing less than 3% milk-fat continues to be high. As is to be expected by far the larger number were morning's milk. The post-war tendency to milk later in the morning and earlier in the afternoons has increased the length of the night interval between milking and consequently lowered the fat content of the morning's milk. As it is common for producer/retailers to retail morning's milk and to send the evening's milk to the creamery, retail samples from these vendors often show a fat deficiency.

The analysis of all except "Appeal to Cow" samples gave the following average results:—

Milk-fat ...	...	...	3.62%
Solids-not-fat ...	...	...	8.88%

This was some improvement on last year.

Tuberculous Milk, etc.

Sampling and biological examination continued without any interference from Foot and Mouth or other diseases, so that in practically every instance samples were taken at the farm.

The District Medical Officers of Health were notified of all results and required infected milk to be pasteurised in most instances.

TABLE XVIII.

Biological Examination of Milk, 1952.

	<i>Grade of Milk.</i>				<i>Total</i>
	<i>Non-designated</i>	<i>Accredited</i>	<i>Tuberculin Tested</i>	<i>Others</i>	
(a) No. of samples examined at Public Health Laboratory ...	215	20	133	26	394
(b) No. found to contain tubercle bacilli ...	4	2	0	0	6
(c) No. found to contain tubercle bacilli by other authorities ...	1	1	0	0	2
(d) No. found to contain brucella organisms ...	39	0	10	0	49
(e) No. of cows slaughtered under—					
T.B. Order ...	6	3	0	0	9

Tuberculosis Order, 1938.

The following figures relate to the number of cows slaughtered under the Order during the 12 months ending 22nd January, 1953, and are supplied by the Ministry of Agriculture and Fisheries:—

Chronic cough and definite clinical signs	...	...	1
Tuberculosis with emaciation	...	...	0
Tuberculosis of the udder or excreting tubercle bacilli	...	...	8
			—
Total number of cattle slaughtered	...	...	9
			—

Q Fever.

Further assistance has been given to the Medical Research Council in the investigation into the incidence, cause and transmission of Q Fever. Interest has been centred on the one herd found in December, 1951 to be infected, and on a flock of sheep belonging to the same farm as the herd.

Sections of 15 placentas and 100 samples of milk from individual cows were taken at the farm. Fifty blood specimens from the sheep were taken at an abattoir. All these samples and specimens were sent or taken personally by a Sanitary Officer to the Cambridge Laboratory. One of the sheep of which blood was tested was found to have been infected by Q Fever. This was the first sheep found to have been so infected in Gt. Britain.

During July, Dr. Lennette from California, an expert on Q Fever, visited the farm with a doctor of the Medical Research Council's Laboratory at Cambridge.

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

Dealer's (Pasteuriser's) Licences.

Six licences were renewed for the year and three new applications for licences were granted. One licence ceased to be valid following upon a change of boundaries and a dairy thus being transferred to another Authority. Of the eight licences in force at the end of the year, five were in respect of holder plant and three of H.T.S.T. plant.

Supervision by inspection of premises and plant; bacteriological examination of apparatus and bottles, and sampling of the pasteurised milk, both at the processing dairy and immediately before sale to the purchaser.

The results of the tests on these samples of milk are given in Table XIX

The failures to pass the prescribed tests were distributed between six only of the dairies as follows.

Dairy.	Type of Plant.	No. samples failed.	
		Phosphatase	Methylene Blue
A.H.D.	Preheater and Holder	8	3
H.F.D.	Holder	5	2
B.C.D.	H.T.S.T.	4	0
A.D.	Holder	2	0
S.D.	Holder	1	1
U.D.	H.T.S.T.	0	1

TABLE XIX.

Summary of Results of Tests on Samples of Pasteurised Milk taken during the Year Ended 31st December, 1952.

<i>Class of Milk.</i>	<i>Test.</i>	<i>Number of Samples.</i>	
		<i>Passed.</i>	<i>Failed.</i>
Pasteurised ...	Phosphatase ...	306	15
	Methylene Blue ...	283	6
Tuberculin Tested (Pasteurised)	Phosphatase ...	87	5
	Methylene Blue ...	80	1

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

Although no part of the county has yet been included in a "Specified Area" the number of dairymen licensed to sell a designated milk continued to increase.

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 contravention.

Provision of Milk for School children.

A full report is contained in my report as School Medical Officer for the year. All except two of the 211 schools in the County received a supply of designated milk and all except one received the milk in one-third pint bottles.

V.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE XX.

Notifications of Infectious Diseases.

<i>Infectious Disease.</i>	<i>Number of cases notified</i>	<i>Number of deaths.</i>
Scarlet Fever	168	—
Whooping Cough	301	—
Poliomyelitis—paralytic	20	2
do. —non-paralytic	17	—
Measles	2,000	—
Diphtheria	4	—
Pneumonia	144	66
Dysentery	22	—
Smallpox	—	—
Encephalitis—infected and postinfective	2	—
Enteric or typhoid fever	1	—
Paratyphoid fever	3	—
Erysipelas	32	—
Meningococcal infection	1	—
Food poisoning	25	—
Puerperal pyrexia	51	—
Ophthalmia neonatorum	2	—
Infective hepatitis	26	—





EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1952

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

