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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT  
OF THE  
**County Medical Officer**

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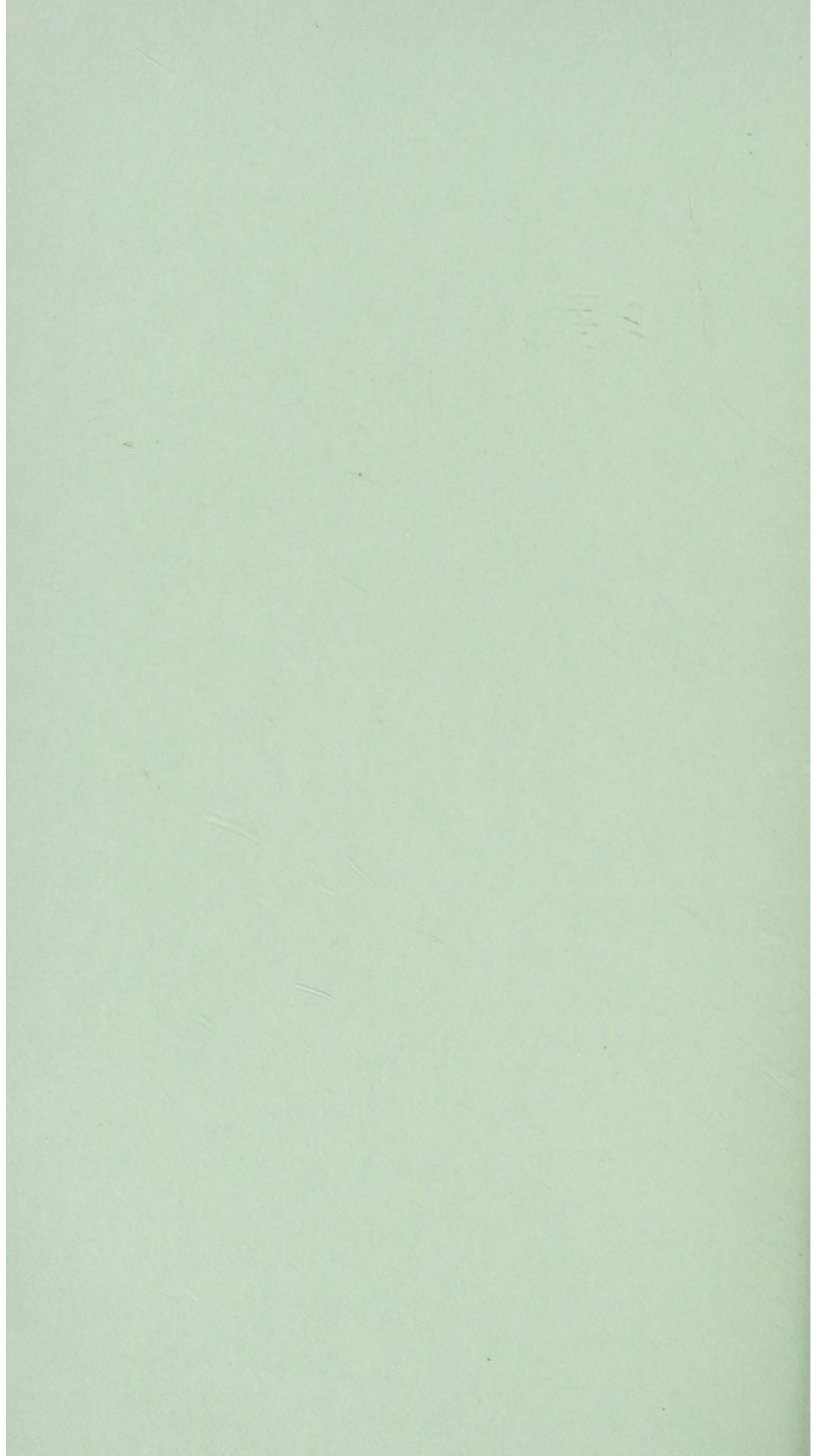
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**1956**

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HEALTH DEPARTMENT  
COUNTY HALL  
IPSWICH



EAST SUFFOLK COUNTY COUNCIL



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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 Annual Report for the year 1956.

The report is prepared on the lines required by the Ministry of Health and I think can be said gives essential information statistically and otherwise as to the work of the East Suffolk Health Authority. At the same time, it must be said that there was no real highlight during the year under review except for a visit by the Minister of Health (The Rt. Hon. R. H. Turton, M.C., M.P.) in August. He met representatives of the Health Authorities and Executive Councils for East Suffolk, West Suffolk and Ipswich and later saw some of the health services in East Suffolk in operation.

The foundations of the Council's health services were laid in the administrative schemes prepared under the National Health Service Act, 1946, which were submitted to and approved by the Minister of Health in 1947 and 1948. There is a long way to go before full development of the services has been achieved and there is that close co-operation with the hospital authorities and the Executive Council which is necessary to secure the most efficient service. On the other hand, after nine years it is justifiable to say that the foundations were properly laid.

The Health Committee is only one of the major committees of the Council which asks for a large slice of the county financial cake and it can be said that finance does influence policy, but I think it is truer to say that the pace of development is governed more by the shortage of staff on whom in the last resort the actual operation of the service depends, i.e., doctors, dentists, health visitors, nurse/midwives and home helps. Perhaps the day will arrive when there is complete availability of finance and personnel, but in the meantime concentration has been on making the best use of the resources available.

Brief comments on many aspects of the work of the Health Department are appended. It is often customary to emphasise in an Annual Report one particular aspect of the health work. This year it may be rather illogical to refer to a matter which is not the responsibility of the local health authority, that is the provision of institutional accommodation for the low grade mental defective. The justification is that the field staff of the department are only too well aware of the intolerable strain which is often put on mothers and which sometimes can cause a breakdown of family life. As a local health authority we are trying to develop a domiciliary service for mental defectives and increasing the provision for occupation centres and handicraft classes, but in the really bad cases there is little help which can be given to the family. This is not a particularly popular subject because, comparatively, the cases are few, but it is hoped that the Government departments concerned will give the greatest priority to the provision of further accommodation for the low grade defective and thus bring essential help to those in the greatest need.

It has been indicated that the year under review has been an unspectacular one, but such success as has been achieved has been due to real hard work and a good team spirit. I must record my appreciation of the very great help which has been given me by Mr. L. J. Bowling, my Administrative Deputy and County Welfare Officer, and indeed all the staff of the department whether engaged in the central office or in the field. Those of us concerned with the administration of the local health service have been encouraged by the kindly interest and support of the Chairman and members of the Health Committee and its Sub-Committees and it is fitting that this report should conclude with an appreciation of this.

I have the honour to be,

Your obedient Servant,

*County Medical Officer.*

S. T. G. GRAY,

HEALTH DEPARTMENT,  
August, 1957.  
COUNTY HALL, IPSWICH.



### **Vital Statistics.**

There were only slight changes in the main rates. The birth rate rose by .9 to 14.9 per thousand population, and the death rate rose by .3 to 12.7 per thousand population. Diseases of the heart (1,061) and cancer (456) were again the main causes of the total of 2,815 deaths. It is good to be able to record again that there was no death from maternal causes, and that four fewer infants died under the age of one year, bringing this rate per 1,000 live births down to 23.3 (.5 less than the rate for the country).

### **Care of Mothers and Young Children.**

Five new clinics were opened during the year, bringing the number of clinics operating in the county to 59, and the number of monthly sessions provided to 113 (as against 104 last year). While every effort is made to meet the demands for new clinics to be opened, it is plain that the smaller ones are time-consuming from the point of view of the medical officer and the health visitor, and this aspect needs to be closely watched to ensure that staff are used to the best advantage.

Allowing for new clinics opened, more children attended the various centres than for the past eight years. That some of these centres are able to function smoothly is due in no small way to the admirable work of voluntary helpers.

The bulk of ante-natal work continues to be done by the general practitioners, but the five local health authority clinics are still holding a number of patients, and indeed attendances at them increased slightly in 1956. At the Stowmarket Clinic, the local family doctors made full use of the facilities for their ante-natal work, and the Council's midwives' attendance at these sessions with their patients makes a valuable link between the three partners—doctor, midwife and patient—at confinement.

Expectant/nursing mothers and pre-school children receiving dental treatment and made dentally fit totalled 44 and 147 respectively (last year 15 and 78). These numbers are small, but for East Suffolk they are a welcome sign of progress in a service which has long been stationary, and in which much more can still be done if dental officers can be attracted into the local health authority service.

### **Midwifery and Home Nursing.**

It was something of a jig-saw puzzle, with those one or two pieces which are always "missing", to cope with the midwifery and home nursing problems during the year, and the County Nursing Officer and her Deputy had a particularly trying time administratively. All demands were met once again but so often this was due to the willing co-operation of the nursing staff, who are to be commended for their unstinted service to the public.

Mention has been made in that particular section relating to Home Nursing of the difficulties experienced in keeping up the establishment of district nurses in Lowestoft, as is also the fact that again more than half the nursing visits were to patients aged 65 years or over. In co-operation with the hospitals in the area, a good deal of help has been given in the preparation of patients for admission to or attendance at hospitals for treatment, and in giving nursing attention to patients on discharge from hospitals. Many enquiries have also been made for the hospitals in respect of applications for admission for confinement, and in a number of instances, home confinements have been arranged in conjunction with the Home Help Service.

Progress, although slow, was made in providing adequate housing accommodation, and sites were still being sought in three areas for building in anticipation of the retirement of the existing midwives.

### **Health Visiting.**

No major changes have occurred in this service in the county, but in extension of the policy mentioned in last year's report, another district



nurse-midwife/health visitor was appointed, bringing the total of such staff to 8. Much of the health visitor's work is of a routine nature and can be reduced to a mere record of "visits made". In her work however, the health visitor has direct contact with the family unit probably more than any other field worker. Often this may well be the first liaison between a particular family and the local health authority services, and its importance can be easily seen. In East Suffolk, the number of health visitors is still not sufficient adequately to cover the whole county, but the existing staff have completed a good year's work during which more domiciliary visits have been made, more child welfare sessions attended, and an active part has been taken in dealing with the loosely termed "problem families".

It is pleasing to be able to report that it has not been so easy to find families to which this label can be attached, and except for the hard core for whom little or nothing seems to be able to be done, the work of the Co-ordinating Committee and the Case Conferences—at which the health visitors and the welfare officers of the department confer with their colleagues—has produced some tangible and lasting results.

### **Vaccination and Immunisation.**

Vaccination against smallpox remained at about the same level, just over 50% of children aged 1 or under being vaccinated.

Diphtheria immunisation showed a slight improvement in the number treated, and the immunity index—percentage of estimated mid-year child population who completed a course of immunisation in the past five years—rose from 43.0% to 45.6%. Again no diphtheria occurred in the county in the year under review.

The introduction of vaccination against poliomyelitis was an outstanding feature of 1956. This received wide publicity in the national press and it is unnecessary to reiterate it here. Figures of the numbers of children treated are given in the section of the Report on Vaccination, and although East Suffolk did not attain prominence in the number of registrations, a good start was made to the campaign. It seems fair comment to say that a large number of parents were "waiting to see what happens", though in the result this did not really matter because—due to the stringent tests applied to the vaccine before it was released for use—the supplies were very limited and only a small number of children registered were able to be vaccinated. There was no single report of any reaction following the vaccinations, and—writing in 1957—it is clear that those who "waited to see" are satisfied and are hurrying to join the queue!

The campaign is slow in progress, but as vaccine becomes more readily available, it will without doubt grow as did the diphtheria immunisation scheme in the mid-40s. It has been an exacting—and an additional—task on the medical and administrative staff.

### **Ambulance Service.**

For the first time since 1948 it is possible to say that the mileage run by the ambulances, the journeys made and the patients carried have not risen above the previous year. Whether this means the peak demand has been reached is difficult to forecast, but it does point to the work which has been done—especially at the two main ambulance stations at Ipswich and Lowestoft—to co-ordinate journeys, and some of the reduction in mileage, etc. can be attributed to this. It may also be due in part to greater use of hospital cars instead of ambulances, because the Hospital Car Service has increased by about 1% in the year. The whole service has worked smoothly throughout 1956, and reflects much credit on the whole-time ambulance staff and the voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society, and the voluntary car drivers.

In the 1955-6 financial year, provision was made for the replacement of



one old ambulance, and early in 1956 a diesel-engined vehicle was put into service. Experience with this has been satisfactory, but no decision on the policy of general replacement with diesel vehicles has been taken.

### **Home Help Service.**

There was again an increase in the assistance given to maternity and to chronic sick patients, but this was in part compensated by a fall in the number of other types of patients helped. Overall, 801 households (770 in 1955) received help from this service, and at the end of the year 267 part-time Home Helps were being used.

It can only be repeated that, judging from the number of letters of thanks received, the Home Helps are doing a good job of work, and there is no doubt that this service, costly though it may appear to be, is saving the country and the county money by keeping the patients helped in their own homes.

### **Mental Health.**

The problem of the admission to permanent places in institutions of the mentally deficient shows no sign of lessening in intensity; 21 places (10 male and 11 female) were obtained for East Suffolk patients during 1956, but at the end of the year the number on the waiting list had increased over the previous year by 3 to 42. Those doctors and health visitors who are in touch with these patients know at first hand of the distressing state of the patients and the homes in which they live, and it is one of the more unpleasant jobs of those administering the health services to have to tell some of the parents that there is little hope of the admission of their defective children for some long time.

### **Co-operation within the Health Service.**

Mention was made in last year's report and is again referred to in the appropriate sections of this report of the appointments of the Tuberculosis and Mental Health visitors. These officers have afforded the closest liaison with the Regional Hospital Board's Chest Clinics and the Mental Hospitals, and their work has been of great value in linking the local health authority services with the hospital services. The department has worked very closely with the Consultant Chest Physician in the south of the county in special surveys, and will be continuing this in 1957 when the scheme for the Community X-Ray Survey begins. At fixed clinics—especially at Saxmundham and Stowmarket—considerable use is made of the facilities available by various officers of the Regional Hospital Board. Almost all the general practitioners undertake vaccination against smallpox and diphtheria immunisation and send the records to the department, and a number of doctors are joining in the poliomyelitis vaccination campaign.

### **National Assistance Act, 1948—Welfare Services.**

The Welfare Service does not form part of the Annual Report of a County Medical Officer, but the co-ordination of the Health and Welfare Services has a beneficial effect on various Health Service activities and it should therefore be recorded that steady progress has continued to be made in all aspects of the Welfare Service.

During the year Dr. Eileen Younghusband, C.B.E., Chairman of the Working Party on Social Workers, with another of the Party and its Secretary, spent three days in East Suffolk with all the welfare officers. The Working Party was set up to enquire into the proper field of work and the recruitment and training of social workers at all levels in the local authorities' health and welfare services under the National Health Service and National Assistance Acts, and it was clear they were interested in the co-ordination of the health and welfare services here, and particularly the development of the "all-purpose" welfare officer in the welfare services.



## I.

## GENERAL STATISTICS.

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

547,397 acres.

*Population* 1956 : 220,900 (As estimated by the Registrar-General).

*Population, Census* 1951 : 217,124.

*Number of dwellings (occupied and vacant); Census* 1951: 67,609.

*Number of private households; Census* 1951: 65,651

*Rateable Value* : £2,185,104 (year beginning 1st April, 1956).

*Estimated product of a penny rate* : £8,513 (year beginning 1st April, 1956).

TABLE I.

## Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate ....	1,606	1,541	3,147	} Birth rate per 1,000 of estimated population :— 14.9.
Illegitimate ....	87	71	158	
Total live births	1,693	1,612	3,305	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and still- births) :—18.9.
Legitimate ....	24	36	60	
Illegitimate ....	1	6	7	
Total stillbirths	25	42	67	
<i>Deaths :</i>	1,464	1,351	2,815	} Crude death rate per 1,000 of estimated popu- lation :—12.7.

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

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	42	30	72
Illegitimate ...	3	2	5
Total ...	45	32	77

Deaths from Measles (all ages)	....	....	....	....	—
„ Whooping Cough (all ages)	....	....	....	....	1
„ Diarrhoea, Gastritis and Enteritis (under 2 years of age)	....	....	....	....	5
„ Cancer (all ages)	....	....	....	....	456
Cancer Death Rate per 1,000 population	....	....	....	....	2.06
Tuberculosis Death Rate per 1,000 population	....	....	....	....	0.04

TABLE II.

## BIRTHS.

*(Still Births are excluded).*

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administrative County.	England and Wales.
1954	3328	14.6	15.6	15.1	15.2
1955	3097	14.0	14.0	14.0	15.0
1956	3305	14.9	15.0	14.9	15.7

TABLE III.

## ILLEGITIMATE BIRTHS.

*(Still Births are excluded).*

Year.	Total.	Birth Rate per 1,000 Population.		
		Urban.	Rural.	Administrative County.
1954	174	0.8	0.8	0.8
1955	147	0.7	0.6	0.7
1956	158	0.7	0.6	0.7

TABLE IV.

## DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1954	2715	11.7	12.8	12.3	11.3
1955	2743	12.5	12.3	12.4	11.7
1956	2815	12.6	12.8	12.7	11.7

TABLE V.

## MATERNAL MORTALITY.

## DEATHS FROM PUERPERAL CAUSES.

Year.	Total	Death Rate per 1,000 total births
1954	1	0.29
1955	2	0.63
1956	—	—

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.
1954	77	25	21	23.1	25.5
1955	81	32	21	26.1	24.9
1956	77	20	26	23.3	23.8



TABLE VII.

## CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.							Grand Total				
	Aldeburgh	Beccles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping	Hartismere		Lothlingland	Samford	Wainford	Total
All causes	41	112	50	31	206	23	47	527	16	36	70	77	1236	254	429	281	208	186	167	54	1579	2815
1. Tuberculosis, respiratory	...	...	...	...	...	...	1	2	...	...	1	...	4	1	2	1	...	...	1	...	5	9
2. Tuberculosis, other	...	...	...	...	...	...	...	...	...	...	...	...	—	...	...	...	...	...	...	...	—	—
3. Syphilitic disease	...	...	...	...	...	...	...	1	...	1	...	...	2	...	2	...	1	1	1	...	5	7
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	—	...	...	...	...	...	...	...	—	12
5. Whooping cough	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	—	1
6. Meningococcal infections	...	...	...	...	...	...	...	1	...	...	...	...	—	...	...	...	1	...	...	...	1	1
7. Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	—	1
8. Measles	...	...	...	...	...	...	...	...	...	...	...	...	—	...	...	...	...	...	...	...	—	—
9. Other infective and parasitic diseases	...	...	...	...	...	...	...	1	1	...	...	...	2	1	...	...	...	2	...	...	3	5
10. Malignant neoplasm, stomach	...	1	1	...	7	1	...	23	...	...	1	2	36	8	9	8	4	6	...	...	35	71
11. Malignant neoplasm, lung, bronchus	...	1	...	1	6	1	2	21	...	1	1	2	36	7	10	11	6	3	3	2	42	78
12. Malignant neoplasm, breast	...	...	...	1	3	1	2	7	2	1	2	...	19	4	12	4	2	1	1	...	24	43
13. Malignant neoplasm, uterus	...	1	...	...	1	...	1	4	...	...	...	...	8	1	2	...	...	2	1	1	7	15
14. Other malignant and lymphatic neo-	1	9	3	5	27	2	3	50	1	5	6	10	122	21	34	23	13	19	10	7	127	249

[illegible]



TABLE VIII.

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

CAUSES OF DEATH.	SEX.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.										
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
1. Tuberculosis, respiratory	M	608	18	2	1	4	22	122	183	256	856	27	5	2	19	18	144	239	402
	F	628	11	1	2	3	11	75	143	382	723	21	5	1	3	26	104	182	381
2. Tuberculosis, other	M	1						1			3					2	1		
	F	3						2	1		2					1	1		
3. Syphilitic disease	M	—									—								
	F	—									—								
4. Diphtheria	M	1						1			2								
	F	1							1		3					2	1		
5. Whooping Cough	M	—									—								
	F	—									—								
6. Meningococcal infections	M	1									—								
	F	—									—								
7. Acute poliomyelitis	M	1					1				1							1	
	F	—									—								
8. Measles	M	—									—								
	F	—									—								
9. Other infective and parasitic diseases	M	1						1			2						1	1	
	F	1						1			1						1	1	
10. Malignant neoplasm, stomach	M	23						11	7	5	20						3	7	10
	F	13					1	5	3	4	15						5	3	7
11. Malignant neoplasm, lung, bronchus	M	31						13	13	5	37						20	14	3
	F	5						1	3	1	5					1		4	
12. Malignant neoplasm, breast	M	—									—								
	F	19					1	9	1	8	24					2	8	8	6
13. Malignant neoplasm, uterus	F	8						5	1	2	7					1	2	3	1
14. Other malignant and lymphatic neoplasms	M	55		1			4	13	18	19	74				1	2	20	24	27
	F	67					3	11	28	25	53					9	11	9	24
15. Leukaemia aleukaemia	M	3					1	1		1	4				1				
	F	3		1			1	1		1	—								



No.	Disease	M	F	Total
16.	Diabetes	3	3	6
17.	Vascular lesions of nervous system	74	98	172
18.	Coronary disease, angina	119	94	213
19.	Hypertension with heart disease	14	15	29
20.	Other heart diseases	89	131	220
21.	Other circulatory disease	21	34	55
22.	Influenza	11	11	22
23.	Pneumonia	10	18	28
24.	Bronchitis	27	16	43
25.	Other diseases of respiratory system	8	3	11
26.	Ulcer of stomach and duodenum	11	2	13
27.	Gastritis, enteritis and diarrhoea	3	5	8
28.	Nephritis and nephrosis	6	3	9
29.	Hyperplasia of prostate	15	—	15
30.	Pregnancy, childbirth, abortion	—	3	3
31.	Congenital malformations	3	6	9
32.	Other defined and ill-defined diseases	50	45	95
33.	Motor vehicle accidents	6	3	9
34.	All other accidents	12	20	32
35.	Suicide	9	4	13
36.	Homicide and operations of war	1	—	1

## II.

## STAFF.

*County Medical Officer:* S. T. G. Gray, M.B., Ch.B., D.P.H.

*Assistant County Medical Officers:*

P. G. Cannon, 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.  
 I. Sim, M.B., Ch.B., D.P.H.  
 C. S. Webster, M.B., Ch.B., D.P.H., (from 14.5.56.)  
 E. A. Parkinson, M.B., Ch.B., D.P.H. (part-time).  
 G. E. Pryce, M.B., Ch.B., B.A.O. (part-time).  
 J. F. Morrison, M.D., D.C.H. (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.

*County Nursing Officer:*

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

*Deputy County Nursing Officer:*

Miss H. Place, S.R.N., S.C.M., H.V. Cert.

*Health Visitors:*

At the end of the year, the staff of Health Visitors was 23 whole-time (8 of whom were holding combined appointments as district nurse/midwife-health visitor), and 2 part-time, and 2 whole-time Tuberculosis Health Visitors.

*District Nurse/Midwives:*

At the end of the year, 57 district nurse/midwives (including 8 who were also district nurse/midwives-health visitors), 6 district midwives, and 9 district nurses were being employed.

*County Water Engineer:*

A. E. Chapman, F.I.P.H.E., F.A.P.H.I.

*County Health Inspector:*

R. E. Law, M.A.P.H.I.



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

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

F. W. Walmsley, L.D.S. (from 1.3.56).

Miss J. Hepburn, L.D.S.

Mrs. H. A. Bell, L.D.S.

J. D. F. Helme, L.D.S. (part time) (from 8.2.56).

*District Medical Officers of Health:*

*Boroughs and Urban Districts:*

Aldeburgh	...	Dr. C. H. Imrie.
Beccles	...	Dr. P. G. Cannon
Bungay	...	Dr. P. G. Cannon
Eye	...	Dr. K. M. Harding.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. P. G. Cannon
Leiston	...	Dr. P. G. Cannon
Lowestoft	...	Dr. A. C. Gee.
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. A. C. Gee.
Stowmarket	...	Dr. K. M. Harding.
Woodbridge	...	Dr. C. H. Imrie.

*Rural Districts:*

Blyth	...	Dr. P. G. Cannon
Deben	...	Dr. C. H. Imrie.
Gipping	...	Dr. K. M. Harding.
Hartismere	...	Dr. K. M. Harding.
Lothingland	...	Dr. A. C. Gee.
Samford	...	Dr. K. M. Harding.
Wainford	...	Dr. P. G. Cannon

### III.

#### NATIONAL HEALTH SERVICE ACT, 1946.

##### Section 21—Health Centres.

There is nothing further to report under this Section.

##### Section 22—Care of Mothers and Young Children.

##### Infant Welfare Centres.

One Centre—held monthly at Otley—closed during 1955, was re-opened during 1956, and four other new Centres were started at East Bergholt—fortnightly, and at Bradwell, Hopton and Reydon—monthly. These new centres brought the number up to 59 in the county, and the number of sessions each month up to 113.



At the end of the year, centres were being held as shown below.

TABLE IX.

## Infant Welfare Centres.

Twice weekly.	Weekly.	Twice monthly.
Lowestoft (i) (a)	Aldeburgh Beccles Bungay Felixstowe (i) (a) do. (ii) do. (iii) Stowmarket (a) Woodbridge (a) Lowestoft (ii) (a) do. (iii)	Bramford Brantham Carlton Colville Claydon East Bergholt Eye Halesworth Kesgrave Leiston Shotley Southwold Wattisham R.A.F. Camp Wrentham Yoxford

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

## Monthly.

Belton	Laxfield
Blundeston	Lt. Bealings
Bradwell	Lound
Charsfield	Metfield
Chelmondiston	Nacton
Copdock	Newbourne
Corton	Orford
Debenham	Otley
Earl Soham	Peasenhall
Farnham	Reydon
Framlingham	Saxmundham
Friston	Somerleyton
Grundisburgh	Somersham
Hollesley	Waldringfield
Hopton	Wenhaston
Kessingland	Wickham Market
Kirton	Yaxley

## Summary of Attendances for 1956.

### 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>
59	113	4,910	30,438

### 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>
5	11	247—A	804—A
		7—P	7—P

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

### Care of Unmarried Mothers and their Children.

There has been no need to vary the agreements existing between the Council and the two Moral Welfare Associations—St. Edmundsbury & Ipswich, and Norwich, and the interchange of information has been of great help to both sides. Sometimes the Moral Welfare worker is handicapped by late knowledge of illegitimate pregnancies, but none the less, satisfactory arrangements were made during the year for 28 expectant mothers and 1 post-natal mother to be admitted to various Mother and Baby Homes.

### Care of Premature Infants.

Particular care is still taken of those babies who at birth weigh  $5\frac{1}{2}$  lbs. or less and are—in accordance with Circular 20/44—dubbed premature. In some instances, this may be a misnomer, but nevertheless, each one receives special follow-up visits to ensure that progress is made along normal lines. The reports of the Consultant Paediatrician, under whose care the majority of these babies come, have been of very great help to the health visitors in planning advice to the mothers of these delicate babies.

Two hundred and sixteen premature live-births were notified during the year; 117 were born in hospitals and 3 in private nursing homes, and of these 105 survived beyond 28 days. Of 96 premature babies born in their own homes, 83 were nursed at home, and 77 of these lived beyond 28 days. The other 13 were transferred to hospitals and only one of these died.



**Dental Care.**

TABLE X.  
Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	59	59	76	44
Children under 5 ...	195	174	182	147

**Forms of dental treatment provided.**

	Extractions	General Anaesthetics	Fillings	Scalings or gum treatment	Silver Nitrate treatment	X-rays	Dentures provided	
							Complete	Partial
Expectant/Nursing Mothers	119	16	48	66	—	—	6	10
Children under 5	133	38	136	—	115	—	—	—

Shortage of staff prevents a rapid expansion of the dental service which can be offered to expectant and nursing mothers, and to pre-school children, but the numbers of each category treated this year again shows a welcome advance.

**Women's Welfare Clinic.**

Increased use was made of the facilities provided at the Women's Welfare Clinics at Ipswich—by arrangement with the County Borough, and at Lowestoft, where Dr. Sim has sessions at the Connaught House and Southwell Road clinics.

At Ipswich, 90 women visited for the first time during the year, and attendances totalled 151.

At Lowestoft, 155 patients (of whom 57 were making their first attendance) made 236 visits to the clinics.

**Welfare Foods.**

A summary of the returns for the year shows the distribution of the various items as follows:—

National Dried Milk (tins)	...	...	87,470
Orange Juice (bottles)	...	...	153,803
Cod Liver Oil (bottles)	...	...	25,055
Vitamin A & D (packets)	...	...	9,823

The bare figures give little indication of the volume of work necessary to ensure that these welfare foods are available throughout the county. The paper work involved is very time consuming, and the Council is greatly indebted to the large number of voluntary workers—householders, shopkeepers and the like—for their willing help in keeping this service going.



### Section 23—Midwifery.

During the year the Council's midwives attended 1,012 patients as midwives, and 653 patients as maternity nurses.

Of the total of 1,665 confinements attended, in 70 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 50 cases.

Gas/air analgesia was administered at 1,549 domiciliary confinements; in 854 cases by midwives acting in that capacity, and in 695 cases by midwives acting as maternity nurses.

Pethidine was given to 590 patients by midwives acting as such, and to 484 patients by midwives acting as maternity nurses.

Six midwives attended refresher courses and one completed a district training course during the year.

### Section 24.—Health Visiting.

TABLE XI.

#### Summary of visits made

(excluding School Health Service visits).

		<i>1st Visit.</i>	<i>Total Visits.</i>
Expectant mothers	...	586	1,403
Children under 1	...	3,206	19,881
Children over 1 but under 2	...	—	9,786
Children over 2 but under 5	...	—	16,318
Tuberculosis households	...	—	1,290
Other visits	... ..	—	2,534

11,323 children under 5 years of age are recorded as having been visited during the year, and in addition to the figures given above, health visitors reported 2,877 "no access" visits, i.e., visits made to a household when the person for whom the visit was intended (or a responsible representative of such a person) could not be seen.

Two health visitors attended refresher courses during the year, and one award of a training scholarship was made.

#### Tuberculosis Health Visitors.

During August, the second whole-time Tuberculosis Health Visitor was appointed for duties in co-operation with the Consultant Chest Physician in the south of the county, and from then to the end of the year 366 home visits were made.

The health visitor attached to the Chest Clinic in the north of the county made 2,393 visits in 1956. She was also able to attend a refresher course for Tuberculosis Health Visitors in the year.

### Section 25.—Home Nursing.

Home nursing is carried out by the district nurse/midwives in the county, except in the Borough of Lowestoft where at the end of the year nine district nurses were engaged on these duties. Sickness and resignation produced an acute problem once or twice during the year at Lowestoft, and it was with difficulty that home nursing requests were met.

Just over 54% (62,285 out of a total of 114,214) nursing visits were made to patients 65 years of age or over, and less than 1% (1,060 visits) to children under 5 years old.

TABLE XII.

#### Summary of visits made.

				<i>Patients attended.</i>	<i>Total visits.</i>
Medical	...	...	...	3,145	87,497
Surgical	...	...	...	1,127	23,894
Infectious Diseases	...	...	...	1	10
Tuberculosis	...	...	...	34	992
Maternal complications	...	...	...	58	332
Other	...	...	...	85	1,489

### Section 26—Vaccination and Immunisation.

#### Vaccination against Smallpox.

TABLE XIII.

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

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Primary ...	1,773	49	53	37	113	2,025
Re-vaccination ...	1	—	22	109	405	537

#### Vaccination against Poliomyelitis.

The first age groups selected for the registration of children for vaccination against poliomyelitis were those children born in the years 1947 to 1954 inclusive. As requested in the Ministry of Health scheme, publicity was given locally by advertisements in newspapers, by posters and by leaflets at infant welfare centres.

Registrations were slow in the first weeks, and during March and April forms were received for 1,342 boys and 1,315 girls, which represented just under 10% of the eligible children, a figure which proved to be somewhat lower than the national average.

During May and June when the actual vaccinations were done, the limited supply of vaccine made it necessary for nominated age groups to be selected from those registered, and it was possible only to complete the vaccination of 121 boys and 138 girls before a halt was called at the end of June.



Another 50 boys and 31 girls received one injection only of the vaccine and these were in course of completing the vaccination at the end of the year when the campaign was resumed.

### Diphtheria Immunisation.

TABLE XIV.

Number of children at 31st December 1956 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1942).

Age at 31.12.56 i.e., born in year	Under 1 1956	1—4 1955-52	5—9 1951-47	10—14 1946-42	Under 15 Total
Last complete course of in- jections (primary or booster)					
A. 1952-1956 ...	643	8,724	11,355	2,919	23,641
B. 1951 or earlier ...	—	—	3,007	7,091	10,098
Estimated mid-year child population ...	3,250	12,950	35,600		51,800
Immunity Index ...	19.8	67.4	40.1		45.6

It is good to be able to report some improvement (from 14.6% to 19.8%) in the number of children under 1 who completed a course of diphtheria immunisation, and that some 87% of children under 5 are estimated to be protected.

### Section 27—Ambulance Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Whole-time ambulances ...	226,750	7,762	14,982

### Hospital Car Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Sitting case cars—			
Whole-time ...	22,837	1,523	2,506
Voluntary ...	499,646	13,273	34,925
Total ...	522,483	14,796	37,431



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

TABLE XV.

## Tuberculosis Register, 1956.

			<i>Pulmonary</i>	<i>Non- pulmonary</i>
Patients on Register at 1.1.56	...	...	948	333
New (Primary) Notifications during 1956	...	...	93	30
Inward transfers and restored to register in 1956	...	...	65	3
Total	...	...	1106	366

*Taken off register in 1956:*

			<i>Pulmonary</i>	<i>Non- pulmonary</i>
Non-tuberculous	...	...	—	—
Died	...	...	14	1
Recovered	...	...	29	39
Removed or lost sight of	...	...	58	15
Total	...	...	101	55
			101	55
Patients remaining on register at 31.12.56	...	...	1005	311

The balance of names "added to" and "taken from" the register was slightly in favour of the former, with the result that the number remaining on the books at the year's end was higher by 35 (1,316 against 1,281 last year).

The scheme for the provision of one pint of milk daily free to tuberculous patients continued as previously, and at 31st December 87 patients were benefiting from this extra help.

Notifications were received from the Consultant Chest Physicians of the successful vaccination by B.C.G. of 191 patients in the year.

No changes were made in the arrangements for medical loan depots—organised and manned by the voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society, but a review of these—as to location and equipment—is planned in the 1957/58 financial year.

## Section 29—Home Help Service.

At 31st December, 267 part-time workers were being employed, and the types of cases to which help has been given during the year were as follows:—

(i) Maternity (including expectant mothers)	...	240
(ii) Tuberculosis	...	9
(iii) Chronic sick, including aged and infirm	...	496
(iv) Other	...	56

## **Sections 28 and 51—Mental Health.**

### **Administration.**

No special Sub-Committee has been appointed to deal with the work relating to Mental Health and the work has been delegated to the Health Services Sub-Committee of the Public Health Committee.

### **Staff.**

The County Medical Officer and his Assistant Medical Officers are all approved for the purpose of giving certificates under Section 5 of the Mental Deficiency Acts, 1913. They also carry out other medical examinations as in the ascertainment of cases. The County Medical Officer is approved by the Minister to give recommendations under Section 5 of the Mental Treatment Act, 1930.

The supervision of boys up to the age of 16 years and girls up to the age of 20 years under Statutory Supervision is carried out by the County Council's health visitors.

The supervision of the remainder of the patients under Statutory Supervision and of those under Friendly Supervision is given by the welfare officers of the County Council.

A specially qualified health visitor has been appointed to carry out specialist work under the Mental Deficiency Acts and to give after-care to patients discharged from mental hospitals.

The male welfare officers of the County Council are appointed as duly authorised officers under the Lunacy and Mental Treatment Acts. Members of the staff of the Health Department are also authorised to act and do so when a welfare officer is not available. Home teaching under the Mental Deficiency Acts is given by those welfare officers who are qualified home teachers.

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

The following arrangements obtain:—

1. With the Management Committee of the Royal Eastern Counties Hospital, Colchester, which is in the area of the North-East Metropolitan Regional Hospital Board, for the supervision by the officers of the Council of patients on licence from the hospital, 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 hospitals in the Hospital Board's area and for the provision of reports on home circumstances.



### Admissions to Mental Hospitals.

During the year the duly authorised officers attended on the admission of 62 male and 87 female patients to mental hospitals, as follows:—

<i>Under the Lunacy Acts:</i>			<i>Males</i>	<i>Females</i>	<i>Total</i>
On certification	...	...	34	55	89
On "Three day" Orders under					
Section 20	...	...	7	2	9
 <i>Under the Mental Treatment Act:</i>					
As voluntary patients	...	...	20	29	49
As temporary patients	...	...	1	1	2
			<hr/> 62	<hr/> 87	<hr/> 149

The duly authorised officers have given 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 Hospitals.

During the year arrangements were made for the admission of 10 male and 11 female patients. The numbers remaining on the waiting list on 31st December, 1956 were 25 males and 17 females.

During the year 16 males and 10 females were admitted for periods of temporary care.

### Supervision.

The numbers under supervision on 31st December, 1956 were:—

		<i>Males</i>	<i>Females</i>
Statutory Supervision	...	143	126
Friendly Supervision	...	57	46

### Occupation Centres.

The Lowestoft 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 12 boys and 10 girls in attendance.

During the year the children have all been inspected by a School Medical Officer. Where necessary, dental treatment has been given by the School Dental Officer.

Since October an Occupation Centre has been held at Leiston each Thursday afternoon. It has been attended by 6 boys and 5 girls. It has been much appreciated by both children and parents. Transport arrangements have been carried out by members of the W.V.S.

Three girls and 1 boy were attending the Ipswich Occupation Centre by arrangement with the Ipswich Mental Welfare Association.

### **Home Training.**

On 31st December, 1956 12 males and 28 females were receiving home training.

The training class at Ipswich continues to be held on alternate Thursday afternoons and at the end of the year it was attended by 1 boy and 13 girls.

Three male and four female patients attend a weekly handicraft class at Lowestoft.

### **Ascertainment.**

During the year 28 new cases (14 males and 14 females) were ascertained.

### **Guardianship.**

There are 2 males and 5 females of East Suffolk origin under Guardianship.

## **IV.**

### **SANITARY CIRCUMSTANCES OF THE AREA.**

#### **Water Supplies and Sewerage.**

This section of the report has been prepared by the County Water Engineer, who is responsible for examining and reporting upon schemes of water supply and sewerage submitted for the approval of the County Council for financial assistance.

#### **Water Supplies.**

The very satisfactory progress that has been achieved in the provision of piped water supplies in East Suffolk in previous years has been fully maintained during 1956, and the total length of water mains in the rural parishes of the County is now 901 miles, which represents approximately 91 per cent of the complete system for which the various approvals have been given.

Of the seven Rural Districts in the County, five have virtually completed their regional schemes (Blyth, Deben, Hartismere, Lothingland and ~~Sain~~ford) and the other two (Gipping with approximately 60 per cent. of the mains laid and Wainford with about 89 per cent.) have made substantial progress towards completion.

The following table shows the details for each District.



TABLE XVI.

Statement showing the Progress Made in Providing Water Mains in Rural Districts (Regional Schemes).

Rural District	Miles of Water Main						Percentage completed at 31.12.56
	Pre 1945	1945-1950	1951-1955	1956	Total at 31.12.56	Approved proposals	Total on completion
Blyth ...	12	6	139	4	161	—	161
Deben* ...	85	9	78	2	174	2	176
Gipping ...	35	11	35	26	107	75	182
Hartismere ...	65	48	65	30	208	1	209
Lothingland* ...	23	1	36	16	76	1	77
Samford ...	13	4	55	23	95	1	96
Wainford ...	5	—	56	19	80	10	90
All Rural Districts ...	238	79	464	120	901	90	991
							91

\* Figures include those for rural parishes within Statutory Water Areas.

In addition to the earlier arrangements for supply and demand in the County, an agreement was made for the Barsham Bores Joint Water Committee, which provides water for the Borough of Beccles and the Rural Districts of Lothingland and Wainford, to supply the Lowestoft Water Company with a bulk supply up to half a million gallons a day. The headworks have been enlarged to make this possible.

### Sewerage

It will be recalled that the County Council and the District Councils agreed in May, 1951, on a 20-year programme of sewerage development. In this programme the first 5-year period was scheduled to end in 1955 and the second in 1960.

During the year, schemes at Haughley, Stowupland, Fressingfield and Weybread, Palgrave, Hopton, Kessingland and Brantham (Stage I) were completed, or virtually completed, and others at Needham Market, Wrentham and Brantham (Stage II) were making good progress and were likely to be completed by about the middle of the coming year.

All the above-mentioned schemes were scheduled to be done within the first 5-year period, but several more of the same period have yet to be started.

Bearing in mind the almost completed state of the regional water schemes in the County, which must inevitably lead to a considerable increase in the consumption of water and a consequent worsening of the present unsatisfactory sewage disposal problems in many of the villages, the rate of progress cannot be said to be satisfactory from public health and amenity points of view.

The following table shows the present position in respect of the various sewage schemes scheduled to be done in the first two periods (1951-55 and 1956-60) of the agreed programme.



TABLE XVII.  
**PROGRESS MADE IN THE PROVISION OF SEWERAGE SCHEMES IN EACH RURAL DISTRICT.**  
 (Parishes in *Italic type*: Group I, Period 1951-55; Ordinary type, Group II, Period 1955-60).

State of Progress	Rural District and Parish.						
	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
Completed:		<i>Alderton</i>	<i>Debenham Haughey (S.D. Wks.) Stowupland</i>	<i>Mendlesham Fressingfield &amp; Weybread Palgrave</i>	<i>Bradwell Hopton Kessingland</i>	<i>Brantham Stage I Shotley</i>	
Works under construction:			<i>Needham Market</i>		<i>Wrentham</i>	<i>Brantham Stage II</i>	
Schemes anticipated to start in 1957:	<i>Kelsale</i>				<i>Carlton Colville</i>		
Approved but not yet allowed to proceed:	<i>Framlingham (S.D. Wks.)</i>	<i>Melton</i>	<i>Bramford Claydon &amp; Gt. Blakenham</i>	<i>Hoxne</i>		<i>E. Bergholt Holbrook Sproughton Washbrook &amp; Copdock</i>	
Ministry Inquiry held, result awaited:							<i>Worlingham Stage I</i>
Awaiting Ministry Inquiry:				<i>Botesdale &amp; Rickinghall</i>			
Not approved for grant purposes:				<i>Yaxley</i>			<i>Ringsfield Corner</i>
Schemes not submitted in detail:	<i>Thorpeness Earl Soham Knodishall Peasenhall &amp; Sibton Walberswick Yoxford</i>	<i>Orford Kesgrave &amp; Marlesham Kesgrave &amp; Rushmere Grundisburgh Bawdsey Charsfield &amp; Dallinghoo</i>	<i>Stonham Aspal</i>		<i>Belton Blundeston Lound Wangford</i>	<i>Chelmondiston Chapel St. Mary Stratford St. Mary</i>	<i>Worlingham Stage II Homersfield North Cove &amp; Barnby</i>

### Housing.

Once again an increase in the rate of demolition of unfit houses can be reported, although it is evident that this must increase very considerably if the proposals expressed in the Ministry Returns of 1955 are to be carried out.

The following tables show work carried out by the various authorities during 1956.



TABLE XVIII (a).

## Summary of Housing Activities in Boroughs and Urban Districts.

	Alde- burgh M.B.	Beccles M.B.	Bungay U.D.	Eye M.B.	Felix- stowe U.D.	Hales- worth U.D.	Leiston U.D.	Lowes- toft M.B.	Sax- mund- ham U.D.	South- wold M.B.	Stow- market U.D.	Wood- bridge U.D.
1. No. of houses inspected	97	357	46	—	59	61	25	1,201	31	135	113	—
2. No. found to be unsatisfactory	25	120	15	—	52	11	19	324	27	95	66	—
3. No. rendered fit by:												
(a) Informal action	16	85	9	—	52	11	2	160	5	79	36	19
(b) Action under Public Health Act	—	—	—	—	12	—	—	22	—	—	—	—
(c) Action under Housing Act	—	—	—	—	3	—	—	27	6	2	—	—
4. No. of Demolition Orders secured	5	3	44	4	—	4	—	9	—	—	—	1
5. No. of dwellings included in Clearance Orders secured	—	—	—	—	—	—	—	4	—	—	—	—
6. No. of dwellings demolished under Demolition Orders	—	2	5	—	2	3	—	10	—	—	—	—
7. No. of dwellings demolished under Clearance Orders	—	4	—	—	—	—	4	—	—	—	—	—
8. No. of dwellings in respect of which Closing Orders were made	—	1	4	—	—	4	—	26	—	—	9	—
9. No. of cases of Overcrowding known to exist at the end of 1956	—	3	—	—	2	—	—	—	—	Not available	—	—
10. Housing Act 1949—No. of Improvement Grants approved	3	9	5	—	7	2	11	44	4	7	13	2
11. No. of new houses erected:												
(a) by Local Authority	18	—	11	—	79	—	20	65	10	—	14	—
(b) by Private Enterprise	17	1	5	1	58	4	1	187	1	3	12	—

## SUMMARY OF HOUSING ACTIVITIES IN RURAL DISTRICTS.

	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
<b>A. Existing Houses:</b>							
1. No. of Houses inspected ...	568	476	154	186	129	81	777
2. No. found to be unsatisfactory ...	353	225	65	60	119	39	378
3. No. rendered fit by—							
(a) Informal Action ...	126	115	16	42	77	9	69
(b) Action under Public Health Act ...	—	—	2	—	13	—	—
(c) Action under Housing Act ...	7	—	—	—	—	—	—
4. No. of Demolition Orders secured ...	19	15	2	39	16	26	16
5. No. of Dwellings included in Clearance Orders secured ...	—	—	—	—	—	—	—
6. No. of dwellings demolished under Demolition Orders ...	1	2	2	—	19	1	—
7. No. of dwellings demolished under Clearance Orders ...	—	—	—	—	—	—	—
8. No. of dwellings in respect of which Closing Orders were made ...	5	—	—	—	—	—	—
9. No. of cases of Overcrowding known to exist at the end of 1956 ...	9	—	2	15	10	—	2
10. Housing Act, 1949—No. of Improvement Grants approved ...		Not known	16	Not known	Not known	—	—
	60	108	36	46	40	39	16
<b>B. New Houses:</b>							
1. No of new houses erected by Local Authorities during 1956 ...	19	62	34	38	20	30	—
2. Total number of permanent houses and flats owned by the Council on 31.12.56	903	1201	1029	855	654	616	377
3. No. of new houses erected by private enterprise during 1956 ...	18	121	27	26	83	40	9



## Inspection and Supervision of Food.

### Food Hygiene Regulations, 1955.

These regulations came into force on 1st January, 1956; they replaced the general hygiene standard of the 1938 Food and Drugs Act. The new Regulations lay down a slightly higher standard and apply to a much wider range of premises, including clubs, canteens, schools. A great deal of work has been carried out by County District Public Health Inspectors in implementing the new standards and our own sanitary staff have co-operated with that of the Education Department in applying the Regulations to county schools.

### Meat Inspection.

There are in the county 56 licensed slaughterhouses. 100% inspection is carried out of the meat from animals slaughtered in all districts. The following table shows the amount of work involved in this service.

#### Inspection of Meat for Human Consumption.

	Cattle (including Calves)	Sheep	Pigs
Number of animals inspected ...	12,103	7,314	47,227
Whole carcasses condemned:			
Tuberculosis ... ..	146	—	13
Other causes ... ..	51	46	88
Carcasses of which some part or organ was condemned:			
Tuberculosis ... ..	881	—	1,556
Other causes ... ..	2,504	299	7,745

### Food and Drugs.

The County Council is the Food and Drugs Authority for the Administrative County with the exception of the Borough of Lowestoft.

During 1956, 853 samples were taken for analytical examination, representing 4.8 samples per 1,000 population. 110 samples (12.8%) proved unsatisfactory. 57.1% of sample taken were milk and 42.9% other food and drugs.

### Milk.

Total number of samples taken ... ..	487
Number submitted to Public Analyst ... ..	50
Number unsatisfactory by reason of:—	
(1) Fat content below standard ... ..	45
(2) Solids not fat content below standard ... ..	12
(3) Fat and solids below standard ... ..	36
Percentage unsatisfactory ... ..	19.1



Samples reported as unsatisfactory are those which did not comply with the presumptive standard of the Sale of Milk Regulations; or in the case of Channel Island Milk, where the fat content was less than 4%. In July, 1956, The Milk and Dairies (Channel Islands and South Devon Milk) Regulations came into force and provide an absolute standard of 4% milk fat.

In every case it was shown by samples taken at a supervised milking or by the Hortvet (Freezing Point) test that deficiencies were due to natural causes.

During the second quarter of the year milk from many herds in the county was known to be below standard and many thousands of gallons were rejected in order to ensure that the outgoing supply from dairies satisfied the presumptive standard.

### Other Food.

Total number of samples taken	...	...	332
Number submitted to Public Analyst	...	...	315
Number unsatisfactory	...	...	14
Percentage unsatisfactory	...	...	3.7

Despite the absence of a standard for sausages, samples were taken during the year and the results based on the Emergency Regulation Standard repealed in 1953 (i.e., Pork Sausages 65% meat and Beef Sausages 50% meat).

The average meat content of Pork Sausages was 74.1% and of Beef Sausages 58.6%.

Only one sample proved deficient and investigation revealed a mistake in the recipe. In agreement with the firm concerned this was revised on a satisfactory basis.

One sample of dried fruit was found to contain straw and stalk. The matter was raised with the importers and The Australian Dried Fruit Board, who co-operated by checking their methods of processing and gave an assurance of their desire to eliminate any imperfection in processing.

Two samples of butter sweets were found to be deficient in butter fat; the manufacturers were informed and reminded of the agreed Trade standard. Subsequent samples have proved satisfactory.

More foods and drugs are being manufactured and packed on a large scale and most defects found are technical offences or mistakes in labelling. Many large firms have their own laboratory facilities and occasionally differences of opinion on analysis methods arise. On the whole very good co-operation is obtained from the firms and suggestions made are usually implemented.

Whilst the public may not always appreciate the value of labelling of food, it is essential that appropriate Regulations in these matters are enforced to maintain food standards and to prevent the presence of certain colouring or flavouring matters added to mask inferior quality.

### Drugs.

Total number of samples taken	...	...	34
Number submitted to Public Analyst	...	...	34
Number unsatisfactory	...	...	3
Percentage unsatisfactory	...	...	8.8



The three samples of drugs reported as unsatisfactory were found to have inaccurate or misleading labels. In two cases the manufacturers were informed and agreed to alter the label and in the other case the remaining small stock was destroyed.

#### **Milk (Special Designation) (Pasteurised and Sterilized Milk) Regulations, 1949.**

Eight Dealers' (Pasteurisers') Licences were in force at the beginning of the year.

The licence in respect of Akenham Hall Dairies was returned in March when the premises ceased to be used as a dairy. In April a licence was issued to Mr. V. H. Boggis in respect of Elms Farm Dairy, Southwold.

During the year 290 samples of Pasteurised and 177 samples of Tuberculin Tested (Pasteurised) milk were taken. The following table gives a summary of the results of statutory tests carried out.

Designation.	Test.	No. of Samples	
		Passed	Failed.
Pasteurised	Phosphatase ... ..	279	11
	Methylene Blue ... ..	278	1
Tuberculin Tested (Pasteurised)	Phosphatase ... ..	174	3
	Methylene Blue ... ..	173	1

#### **Efficiency of Pasteurisation.**

The phosphatase test gives an accurate indication of the efficiency of heat treatment. With the exception of one occasion when the flow diversion mechanism was out of adjustment all failures occurred in low temperature Holder plants; in very few cases investigation reveals mechanical defects in the plants and errors in operation are the cause of most failures.

#### **Keeping Quality.**

At first sight, from the Methylene Blue Test results the keeping quality would appear to be a matter for some congratulation. Unfortunately, however, the test is not a satisfactory guide to the condition of milk or utensils. When the storage temperature is very high the test is declared void, but when the temperature is quite low the test is not made more strict with the result that for most of the year the standard required to satisfy the statutory test is very modest.

Additional precautions are taken, however, to ensure proper cleansing and sterilisation of dairy plant and vessels by frequent inspection and by taking swabs and rinses for bacteriological examination. On the whole the results of these examinations have been fairly satisfactory, but in many cases improved cleansing and sterilising methods have been recommended.

#### **Specified Areas.**

A large area of the county was specified in an Order which came into force in April, 1956, and parts of the county now specified include nearly 80% of the total population. In such areas it is the duty of the Food and Drugs Authority to ensure that only Specially Designated milk is sold by retail. The map shows clearly the parts of the county involved.



# SPECIFIED AREAS





### Biological Examination of Milk.

During 1956, 516 samples of milk were taken for biological examination.

Five were found to contain tubercle bacilli and as a result of subsequent action 3 cows were slaughtered under the Tuberculosis Order.

Thirty-one samples contained brucella organisms. These cases were referred to the District Medical Officers who arranged diversion of the milk supplies for heat treatment.

### Milk Production—General.

At the end of 1956 there were in the County 1,378 Registered Producers compared with 1,420 at the end of 1955; of these 1,090 were Licensed Tuberculin Tested Producers, compared with 1,067 at the end of 1955.

### Provision of Milk for School Children.

Full details are given in my Annual Report as Principal School Medical Officer, but it may be of interest to mention briefly that of 212 schools in the county 208 are receiving a pasteurised supply. In September 1956 the County Council assumed responsibility for the supply of milk to 36 non-maintained schools and of these 35 receive Pasteurised milk. The remaining schools receive a Tuberculin Tested supply.

## V.

### PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE XIX.  
Notification of Infectious Diseases.

Infectious Disease					Number of cases notified	Number of deaths
Scarlet Fever	...	...	...	...	143	—
Whooping Cough	...	...	...	...	212	1
Poliomyelitis—paralytic	...	...	...	...	4	1
do. —non-paralytic	...	...	...	...	—	—
Measles	...	...	...	...	1176	—
Diphtheria	...	...	...	...	—	—
Pneumonia	...	...	...	...	100	89
Dysentery	...	...	...	...	34	—
Smallpox	...	...	...	...	—	—
Encephalitis—infective and post infective	...	...	...	...	2	—
Enteric or typhoid fever	...	...	...	...	4	—
Paratyphoid fever	...	...	...	...	4	—
Erysipelas	...	...	...	...	22	—
Meningococcal infection	...	...	...	...	3	—
Food poisoning	...	...	...	...	8	—
Puerperal pyrexia	...	...	...	...	48	—
Ophthalmia neonatorum	...	...	...	...	—	—
Infective hepatitis	...	...	...	...	55	—
Malaria	...	...	...	...	—	—

## VI.

## GENERAL.

**Nurseries and Child Minders' Regulations Act, 1948.**

There were no applications for registration under this Act during the year, at the end of which there remained 3 premises registered as nurseries for the reception of 28 children.

**Registration of Nursing Homes.**

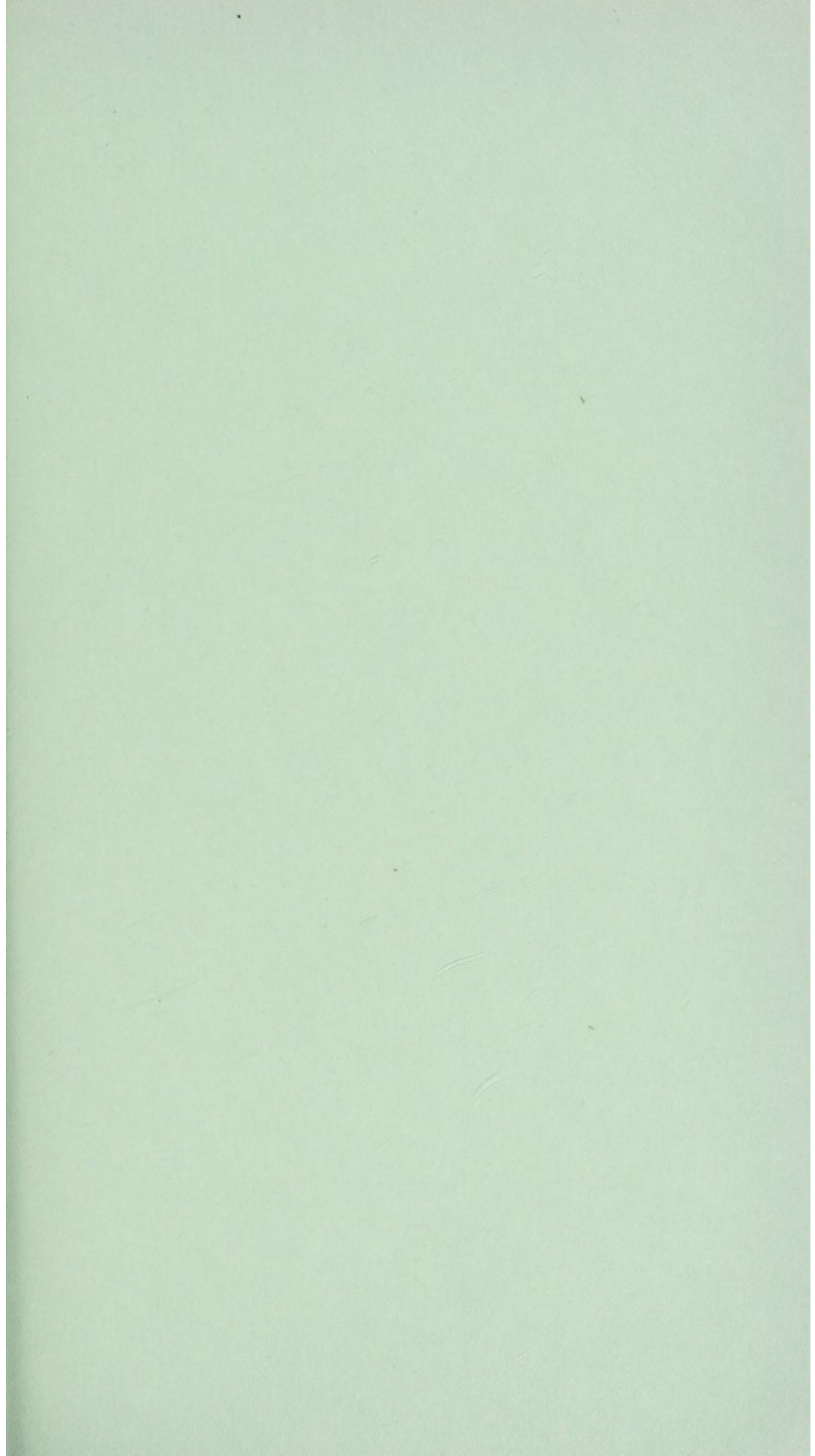
At 31st December, the following premises remained registered:—

<i>Name</i>		<i>Number of beds available</i>		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Orme House, Lowestoft	...	2	7	9
Field Stile, Southwold	...	—	8	8
		—	—	—
		2	15	17
		—	—	—

Since 1949 when there were fifteen maternity and nursing homes registered, the number of these homes has steadily fallen until only two remain in the county. Despite an apparent demand for this type of accommodation, the small maternity and/or nursing home is obviously economically unsound.









EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT  
OF THE  
**County Medical Officer**

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1956

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HEALTH DEPARTMENT  
COUNTY HALL  
IPSWICH

E.A.D.T. IPSWICH.