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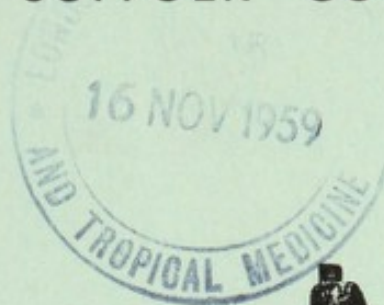
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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1957

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH



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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 the Annual Report on the health of the County of East Suffolk for the year 1957.

It is only a short while since a detailed report was submitted to all members of the County Council as to the administration of the health and welfare services during the preceding three years. It is not thought necessary to repeat much of what was written then and this report therefore is comparatively brief and conforms generally with the formal requirements of the Ministry of Health.

The year under review has been an unspectacular one, but it is gratifying to know that some progress has been achieved although it was not possible to maintain a full complement of staff. The bare statistical details given in the report cannot in any way reflect the real effort which has been necessary on the part of most of the staff from time to time to keep the work going, quite apart from effecting improvements.

I am glad to have this opportunity of expressing my appreciation of the team spirit and industry of all of the staff. It has also meant a great deal to me to have the continued confidence of the Chairman and members of the Council's Health Committee and its Sub-Committees, and I express my grateful thanks for this.

I have the honour to be,

Your obedient Servant,

S. T. G. GRAY,

County Medical Officer.

HEALTH DEPARTMENT,
COUNTY HALL, IPSWICH.

July, 1958.

Vital Statistics.

Total live births registered rose by nearly 100 over the 1956 figure and the number recorded—3,398—is the highest since 1949. The adjusted rate per 1,000 population—16.9—is 0.8 above that for England and Wales.

Registered deaths fell by 202 to 2,613, the lowest number since 1952, and the adjusted death rate of 9.3 per 1,000 population is well below the national rate of 11.5. Attention having been focussed in recent months on deaths from cancer, it is interesting to see that the number of such deaths in East Suffolk during 1957 is less than in the previous year, 427 (1957) against 456 (1956). Included in this small reduction is a drop of 78 to 64 in those assigned to cancer of the lungs and bronchus. Heart disease (1,007) remained the only other significant cause of death; 95% of all deaths occurred in the age groups 45 plus.

Deaths of infants under 1 year of age fell from 77 in 1956 to 66, an appreciable drop which made the adjusted rate per 1,000 live births 15.3, very much below the national rate of 23.0. Research into the causes of infant deaths is unceasing, and the mortality rate steadily decreases.

Care of Mothers and Young Children.

Attendances at Infant Welfare Centres remained steady, evidence—it would seem—that succeeding generations of mothers appreciate the opportunity of meeting the doctors and health visitors at these sessions. Two new centres were opened during the year, raising the total number of clinic sessions each month to 118.

The ante-natal clinic at Stowmarket, where the local general practitioners use the Council's clinic premises, had another very active year, and at Aldeburgh a full ante-natal clinic was organised at the doctor's surgery with regular attendance by the local midwife/health visitor. Other ante-natal clinics received good support through the year. The task of manning and equipping all these centres is a formidable one, and increasing demands are costly in manpower and finance.

Meetings, convened by the Ipswich Group and the Norwich, Lowestoft and Gt. Yarmouth Group Hospital Management Committees, were held during 1956 on the subject of Ante-Natal Care related to Toxaemia, and conclusions were circulated to hospitals and local health authorities late in December, 1956. Generally, it was agreed that the standard of ante-natal care in the Eastern region was good and only exceptionally was proper use not made of hospital and local health authority services; that the number of hospital maternity beds fell short of requirements, a position which it was hoped would be remedied as soon as possible; and that, although early treatment of cases of toxaemia was of great importance, it would not be practicable or desirable to suggest that all patients should be referred to hospital as a routine measure, particularly during the continuance of the present shortage of hospital maternity beds. No other official action has been taken on this subject.

Midwifery and Home Nursing.

Staffing problems were only slightly easier in 1957 than previously, and whereas in 1956 there was a near crisis in Lowestoft due to shortage of

home nurses, in mid-1957 it was the midwifery service which was badly understaffed when for a period—due to sickness and unfilled vacancies—only 5 of the 8 midwives needed in Lowestoft were available.

The number of domiciliary confinements was a few more than in 1956 (1,747 against 1,665) and two interesting features of these were that in only 37 instances was a doctor not booked to attend confinement, and that analgesia was used at 90% of the home confinements.

For some years it had been the practice to send up to four midwives on refresher courses annually. Revision of the Central Midwives Board's rules requiring all midwives to have such a course by the end of 1958 (unless they had done so in the previous five years) and five-yearly thereafter meant that a back-log of some 40 East Suffolk midwives were due for a refresher course by the end of 1958. Early in 1956 plans were made to organise a course locally, and a reservation for use of Belstead House, a residential centre for further education owned by the East Suffolk County Education Committee, was made for April, 1957. Lecturers covering a wide range of subjects were engaged, and the course was approved by the C.M.B. as satisfying their Rule G.1. The course was attended from 31st March to 6th April, 1957 by 25 East Suffolk midwives and 23 midwives in private practice or from other local health authorities, the total cost working out at £9 for each midwife. The course was highly successful from all aspects and many letters of appreciation were received at its conclusion, not the least gratifying of which was one from the Regional Nursing Officer of the Ministry of Health indicating that such a course was the first of its kind organised in its entirety by a County Council.

The need for the remainder of the Council's midwives to complete a course during 1958 and requests received from out-county midwives indicated that the 1957 success should be repeated, and arrangements are in hand for a similar course to be held in September, 1958.

The pattern of the home nursing services remained much the same, with emphasis again on increased visiting to patients aged 65 years and over (58% of all visits). Except in Lowestoft where separate home nurses are employed, these duties are carried out by the district nurse/midwives. Statistical evidence has not been kept as to the value of the home nursing services in reducing demands for hospital beds, but there can be no doubt that this is so, especially in regard to the early discharge of patients to their homes after treatment.

At Eye, where difficulty had been experienced in obtaining a site, a midwife's house was completed and occupied during the year, and in the Bramford district (at Sproughton) a house was purchased and occupied by a midwife. A site for building during 1958 was obtained at Debenham but land was still being sought at Haughley.

Through the co-operation of the Halesworth Urban District Council, a council house in that town was made available to the County Council and was occupied by two nurse/midwives in March, 1957.

Five new cars (Ford Populars) were bought in the year for use by midwives. These were for new appointments or in replacement of older cars in accord with the general policy of maintaining the fleet of 40 cars in fair condition. At the year's end, only two cars more than 10 years old were in regular use.

Health Visiting

Changes in personnel occurred during the year and vacancies in establishment remained unfilled for varying periods, some continuing over the end of the year, when there was in total one less health visitor than at the end of 1956. As a result, the overall number of home visits was somewhat less. The shortage of staff has prevented any major expansion of the health visiting services, in which of course essential routine visiting has had to continue. There was however an increasing interest in health education matters, notably mothercraft, and local refresher classes in this are being organised for the health visitors, who in turn will conduct their own classes at infant welfare and special sessions as opportunity occurs.

The health visitors have continued to be associated closely with their other field officer colleagues, in the work of the Co-ordinating Committee and Case Conferences dealing with problem families.

Vaccination and Immunisation.

Reference to vaccination against smallpox and against Asian influenza has been made under that section in the report. Diphtheria immunisation calls for little comment beyond what has become almost an annual reference to the fact that less than 50% of the children (up to age 15 years) at risk have been immunised. Fortunately, no diphtheria occurred in the county in 1957.

Poliomyelitis vaccination was again a major feature of the year's work under this section of the National Health Service Act. As reported last year, when registrations were invited during 1956 and early in 1957, the response was slow. Release of vaccine did not speed up very much, but was sufficient for treatment to be organised at a rate which gradually caught up with registrations, so that the number of children treated during the year—2,099—plus the 259 completed in 1956 had almost cleared the 1956 initial registrations.

In November 1957, Ministry of Health circular 16/57 was issued indicating that vaccine from the U.S.A. and Canada would arrive in greater quantity; that the age limits of children eligible to register were to be extended to take in all children over six months old and under age 15; and that vaccination would also be offered to certain other priority groups, e.g. expectant mothers, general practitioners and families, and ambulance personnel and families. Such was the publicity given to this nationally and locally that the response was almost overwhelming, and registrations were received during December at the rate of 200-300 daily. Over 18,000 registrations were awaiting treatment at the end of the year and the campaign was poised to go ahead at full stretch as soon as supplies of vaccine were received.

Ambulance Service

The number of journeys made and patients carried by ambulances was for the second year in succession below that of the previous year, but there was a slight increase of just over 1% (2,971 miles) in the total mileage run. Offsetting this, the hospital car mileage was some 10,000 miles less, a reduction of just under 2%, total journeys and number of patients carried

falling in proportion. The conjecture made last year that the peak had been reached in use of these two ambulance services seems to have been reasonable. The year has again been almost trouble free, a state which plainly indicates the attention to duty and the willing co-operation of the whole-time and the voluntary personnel engaged in the ambulance and hospital car services.

Approval was given during 1957 for the ambulances to be fitted with radio-telephone equipment, and the work was put in hand. When this is fully operative, it will prove a valuable accessory in the efficiency of the service.

Prevention of Illness, Care and After Care.

Much had been heard and said, seen and read in newspapers, on radio and television about the relationship between tobacco smoking and lung cancer, before the Ministry's circular 7/57 was issued on this subject. Because of this, it was considered that further propaganda by the local health authority directed at the general public would be inopportune. A review of the subject would be made during 1958, and meanwhile, the co-operation of the teaching staff would be sought to include references to the dangers to health from smoking as opportunity occurred in the curriculum.

Important progress on the preventive side of the department's work arose from the setting up of the Community X-ray Survey team during the year. Tuberculosis has been known as a world-wide "killer" disease for many hundreds of years, and methods to combat it are of comparatively recent origin. Isolation of the germ, discovery of X-rays, new drugs, improved nutrition, housing and hygiene have contributed in increasing degree to the progress which has been made, but there still remain pockets of infection arising from the untraced sufferer from the disease. Research continued and notable advances were made in the Scandinavian countries and the Netherlands, especially the latter where after the privations of the 1939-45 war tuberculosis had greatly increased. In Holland was developed the idea of the community X-ray survey, with its object the X-ray of every adult in a defined community. Dr. C. J. Stewart, Consultant Chest Physician of the Ipswich Group Hospital Management Committee, visited Holland and Scandinavia in 1955 to make a close study of this work in particular, and hospital and domiciliary work generally in the treatment of tuberculosis. Upon his return, his excellent report was such as to persuade the East Anglian Regional Hospital Board to sponsor a community X-ray survey unit in East Suffolk. The County Council and the East Suffolk County Tuberculosis Care Committee were advised of this venture and the latter were asked and undertook to form a steering committee of representatives of the County Council, the Hospital Management Committee and the Care Committee to advise on the arrangements, conduct and programme of the surveys.

The X-ray unit, the first of its kind in England, was purchased by the Regional Hospital Board at a cost of approximately £7,000. It is highly mobile and can be used in almost any village or hamlet which has an electricity supply. The object of the survey by this unit is to visit every parish or community and to X-ray every adult in the district and thus trace out the unknown case of tuberculosis who may unwittingly be passing on infection.

Preliminary pilot surveys were carried out at widely separated parishes in the County during the summer and autumn of 1957 to gain experience

on the problems likely to be encountered, and in November the systematic survey of the County began with a group of parishes in the Samford area.

Before the unit sets up in any particular parish, an initial approach is made to a representative of the Parish Council to explain the purpose of the proposed visit and to ask for local co-operation, which might be taken over by the Parish Council itself or by nominees of the Council, such as the Women's Institute or the Women's Voluntary Service or some other local voluntary body. Visitors are called for who are prepared to visit approximately a dozen houses in the locality, the number of visitors depending upon the size of the parish. These visitors are issued with appointment cards and are able to make definite appointments for each adult resident of each house. By this method each individual in the locality is approached and it has been found that on an average approximately 80% of the available population are X-rayed. This procedure is for the adult (over 15 years) population of any area, but when the unit visits a parish and there is a school in the area it is considered advisable, both from a health education and a preventive point of view, to arrange for all the school children to be X-rayed as a group.

The team working with this mobile unit is endeavouring to interview every adult in the County to persuade them to attend for an X-ray examination as a measure of the prevention of illness, and reaches far more people than the Mass X-ray Unit which sets up in the more populous areas and invites the people to attend from workshops, business houses and the like, and the residents of the area. It is anticipated that it will take the Community X-ray Survey Unit some three years before the whole County has been visited, but first results have been most encouraging, and Dr. Stewart and his team are to be congratulated on their pioneer efforts in this new field of preventive medicine.

Home Help Service.

It is reported that the net cost of the Home Help Service provided by local health authorities in England and Wales has risen from £2½ million in 1949/50 to £7½ million in 1957/8. In East Suffolk the increase has kept level with the national trend, the net expenditure in 1949/50 being £6,326, and in 1957/8 £19,163. The latter figure is influenced by the arrangements made with the National Assistance Board who supplement the income of elderly applicants for home help to enable them to meet a minimum charge, without which the net cost to the County Council would be appreciably higher. The number of households in which help was provided rose again from 801 in 1956 to 883 in 1957, the greater number of which were chronic sick or aged and infirm patients (542) and maternity patients (283).

Of all the health services, the benefits of this service are perhaps the most obvious, and this no doubt accounts for the fact that all authorities seem quite ready to meet the continuous increase in cost.

Mental Health Service.

Detailed information on mental health and mental deficiency is given under the section heading. More work was dealt with in the year, and there is no lessening of the urgency for the admission to hospital care of mental defectives; 14 patients (8 male and 6 female) were admitted to permanent

institutional care in the year, but at 31st December there were still 26 males and 13 females awaiting places.

Mention was made in last year's report of the day class started at Leiston during 1956. It is good to be able to report a small class starting at Stowmarket in May, 1957 and that another class is to be held in Felixstowe early in 1958. These classes, inadequate as they may be when measured against the whole problem, do afford considerable relief to households and parents for brief periods.

Two years ago the opportunity was taken to move the day occupation class held in Lowestoft from premises which were not very satisfactory to hired premises at St. Mark's Church Institute. Here many improvements were made in the nature and outlook of the teaching facilities available. During 1957 the possibility arose of the County Council purchasing property to develop as a permanent building for use by the class and as the year closed financial arrangements for this were completed and the work of adapting the premises put in hand for occupation in mid-1958.

I.

GENERAL STATISTICS.

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

547,397 acres.

Population 1957 : 221,700 (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 : £2,141,830 (*year beginning 1st April*, 1957).

Estimated product of a penny rate : £8,348 (*year beginning 1st April*, 1957).

TABLE I.

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,689	1,548	3,237	} Birth rate per 1,000 of estimated population :— 15.3.
Illegitimate	78	83	161	
Total live births	1,767	1,631	3,398	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and still- births) :—19.9.
Legitimate	33	31	64	
Illegitimate	2	3	5	
Total stillbirths	35	34	69	
<i>Deaths :</i>	1,385	1,228	2,613	} Crude death rate per 1,000 of estimated popu- lation :—11.8.

	No. of Deaths.	Rate per 1,000 total births.
<i>Deaths from Puerperal Causes :</i>	3	0.9

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	37	25	62
Illegitimate ...	2	2	4
Total ...	39	27	66

TABLE II.
POPULATION, BIRTHS, DEATHS, ANNUAL RATES.

	POPULATION		LIVEBIRTHS			STILLBIRTHS			INFANT DEATHS			ALL DEATHS		
	Census 1951	Esti- mated mid 1957	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Aldeburgh M.B.	2,689	2,780	33	35	68	—	—	—	—	—	—	13	24	37
Beccles M.B.	6,870	7,000	53	43	96	2	—	2	1	1	2	51	30	81
Bungay U.D.	3,535	3,570	36	27	63	3	1	4	2	1	3	16	28	44
Eye M.B.	1,631	1,610	7	13	20	2	—	2	—	—	—	8	20	28
Felixstowe U.D.	15,081	15,650	149	149	298	1	5	6	6	4	10	75	100	175
Halesworth U.D.	2,155	2,330	25	20	45	—	—	—	—	—	—	14	11	25
Leiston U.D.	4,056	4,160	33	25	58	—	—	—	1	—	1	30	22	52
Lowestoft M.B.	42,834	44,050	322	307	629	6	9	15	6	5	11	262	226	488
Saxmundham U.D.	1,438	1,450	7	5	12	—	1	1	—	—	—	14	6	20
Southwold M.B.	2,473	2,400	8	12	20	—	—	—	—	—	—	20	22	42
Stowmarket M.B.	7,325	7,580	48	42	90	1	—	1	2	1	3	42	29	71
Woodbridge U.D.	5,310	5,620	55	36	91	1	2	3	1	2	3	30	36	66
Total (M.B., U.D.)	95,397	98,200	776	714	1,490	16	18	34	19	17	36	575	554	1,129
Blyth R.D.	19,281	19,100	153	146	299	5	2	7	—	2	2	114	137	251
Deben R.D.	27,505	29,620	233	212	445	3	7	10	5	1	6	205	195	400
Gipping R.D.	20,515	19,260	176	160	336	3	—	3	2	—	2	162	108	270
Hartismere R.D.	17,317	16,940	130	128	258	3	2	5	—	1	1	89	71	160
Lothlingland R.D.	14,716	15,460	115	82	197	1	2	3	7	1	8	98	85	183
Samford R.D.	15,324	16,330	123	127	250	3	1	4	4	4	8	114	54	168
Wainford R.D.	7,069	6,790	61	62	123	1	2	3	2	1	3	28	24	52
Total (R.D.)	121,727	123,500	991	917	1,908	19	16	35	20	10	30	810	674	1,484
Total (County)	217,124	221,700	1,767	1,631	3,398	35	34	69	39	27	66	1,385	1,228	2,613

	Crude	Adjusted by comparability factor	England and Wales
Livebirth rate per 1,000 population	15.3	16.9	16.1
Stillbirth rate per 1,000 total births	19.9	22.0	22.4
Infant Death rate per 1,000 live births	19.4	15.3	23.0
Death rate per 1,000 population	11.8	9.3	11.5

TABLE III.

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 ...	37	81	44	28	175	25	52	488	20	42	71	66	1129	251	400	270	160	183	168	52	1484	2613
1. Tuberculosis, respiratory	2	...	1	...	...	...	1	4	1	6	...	1	1	1	...	10	14
2. Tuberculosis, other	1	...	...	...	...	1	1	...
3. Syphilitic disease	4	...	...	1	1	6	...	...	2	...	...	1	1	4	10
4. Diphtheria	14
5. Whooping cough
6. Meningococcal infections
7. Acute poliomyelitis	2	...	1	...	...	3	1	...	...	...	...	1	...	2	5
8. Measles
9. Other infective and parasitic diseases	1	...	1	...	...	...	...	2	1	...	1	...	...	...	...	2	4
10. Malignant neoplasm, stomach ...	1	1	...	...	7	1	...	8	...	...	3	1	22	8	5	7	3	3	2	...	28	50
11. Malignant neoplasm, lung, bronchus	3	3	1	3	2	4	13	...	1	3	3	36	4	2	9	2	4	7	...	28	64
12. Malignant neoplasm, breast	2	1	...	4	...	1	1	1	10	6	7	4	2	4	...	23	33	
13. Malignant neoplasm, uterus	2	...	...	5	...	...	...	3	10	...	1	1	1	1	1	...	5	15
14. Other malignant and lymphatic neoplasms ...	3	5	2	5	18	1	4	50	2	5	7	5	107	20	32	25	17	37	20	7	158	265

15. Leukaemia aleukaemia</
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TABLE IV.

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	M	575	19	4	2	5	18	118	158	251	810	20	5	3	4	18	139	218	403
1. Tuberculosis, respiratory	...	F	554	17	1	1	4	12	71	146	302	674	10	5	4	—	18	104	172	361	
2. Tuberculosis, other	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	4	—	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	
3. Syphilitic disease	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	4	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria	...	M	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	
	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infections	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute poliomyelitis	...	M	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	
	...	F	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	
8. Measles	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other infective and parasitic diseases	...	M	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
	...	F	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
10. Malignant neoplasm, stomach	...	M	14	—	—	—	—	—	3	—	3	7	18	—	—	—	—	8	5	5	
	...	F	8	—	—	—	—	—	—	—	4	4	10	—	—	—	—	1	1	8	
11. Malignant neoplasm, lung, bronchus	...	M	30	—	—	—	—	—	14	—	12	4	23	—	—	—	—	2	9	8	
	...	F	6	—	—	—	—	—	2	—	4	—	5	—	—	—	—	2	2	3	
12. Malignant neoplasm, breast	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F	10	—	—	—	—	—	1	—	1	2	23	—	—	—	—	1	10	7	
13. Malignant neoplasm, uterus	...	F	10	—	—	—	—	—	4	—	3	3	5	—	—	—	—	1	2	2	
14. Other malignant and lymphatic neoplasms	...	M	55	—	—	—	—	—	1	—	19	21	86	—	—	—	—	2	18	30	
	...	F	52	—	—	—	—	—	1	—	19	22	72	—	—	—	—	2	22	22	
15. Leukaemia	...	M	5	—	—	—	—	—	1	—	2	2	2	—	—	—	—	—	—	—	
	...	F	3	—	—	—	—	—	2	—	1	2	6	—	—	—	—	2	3	1	

	M	F	Total	% M	% F
16. Diabetes	8	1	9	88.9	11.1
17. Vascular lesions of nervous system ...	63	112	175	36.0	64.0
18. Coronary disease, angina ...	137	76	213	64.3	35.7
19. Hypertension with heart disease ...	9	11	20	45.0	55.0
20. Other heart diseases ...	77	98	175	44.0	56.0
21. Other circulatory disease ...	31	38	69	44.9	55.1
22. Influenza	3	1	4	75.0	25.0
23. Pneumonia	22	24	46	47.8	52.2
24. Bronchitis	27	8	35	77.1	22.9
25. Other diseases of respiratory system ...	3	2	5	60.0	40.0
26. Ulcer of stomach and duodenum ...	7	2	9	77.8	22.2
27. Gastritis, enteritis and diarrhoea ...	1	3	4	25.0	75.0
28. Nephritis and nephrosis ...	3	2	5	60.0	40.0
29. Hyperplasia of prostate ...	11	1	12	91.7	8.3
30. Pregnancy, childbirth, abortion ...	5	4	9	55.6	44.4
31. Congenital malformations ...	40	45	85	47.1	52.9
32. Other defined and ill-defined diseases	—	—	—	—	—
33. Motor vehicle accidents ...	12	17	29	41.4	58.6
34. All other accidents ...	3	5	8	37.5	62.5
35. Suicide	—	—	—	—	—
36. Homicide and operations of war ...	—	—	—	—	—

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. (to 31.1.57).
 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.
 H. E. Nutten, M.B., Ch.B., D.P.H. (from 1.2.57).
 I. Sim, M.B., Ch.B., D.P.H.
 C. S. Webster, 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).
 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 22 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, 60 district nurse/midwives (including 8 who were also district nurse/midwives-health visitors), 6 district midwives, and 10 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.
 Miss J. Hepburn, L.D.S.
 Mrs. H. A. Bell, L.D.S.
 J. D. F. Helme, L.D.S. (part time).

District Medical Officers of Health:

Boroughs and Urban Districts:

Aldeburgh	...	Dr. C. H. Imrie.
Beccles	...	Dr. P. G. Cannon (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).
Bungay	...	Dr. P. G. Cannon (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).
Eye	...	Dr. K. M. Harding.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. P. G. Cannon (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).
Leiston	...	Dr. P. G. Cannon (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).
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 (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).
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 (to 31.1.57). Dr. H. E. Nutten (from 1.2.57).

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.**

The only change in the existing pattern of Infant Welfare Centres was the opening of additional centres at Haughley (twice monthly) and at Mendlesham (monthly), and at the end of the year, centres were being held as shown below.

TABLE V.
Infant Welfare Centres.

Twice weekly.	Weekly.	Twice monthly.
Lowestoft (i) (a)	Aldeburgh (a) 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 Haughley 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	Mendlesham
Chelmondiston	Metfield
Copdock	Nacton
Corton	Newbourne
Debenham	Orford
Earl Soham	Otley
Farnham	Peasenhall
Framlingham	Reydon
Friston	Saxmundham
Grundisburgh	Somerleyton
Hollesley	Somersham
Hopton	Waldringfield
Kessingland	Wenhaston
Kirton	Wickham Market
	Yaxley

Summary of Attendances for 1957.

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>
61	118	5,715	31,861

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>
6	12	215—A	722—A
		4—P	4—P

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

Care of Unmarried Mothers and their Children.

The field workers of the Diocesan Moral Welfare Associations made arrangements for 27 expectant mothers to be admitted (often at short notice) to various Mother and Baby Homes when it was essential for their confinements to take place away from home. Home visits were made to other unmarried mothers under the arrangements agreed between the Council and the Associations.

Care of Premature Infants.

The number of premature babies (those who at birth weigh $5\frac{1}{2}$ lbs. or less) born each year remains around the 200 mark; 202 were notified in 1957. 97 were born in hospital and 1 in a private nursing home; 104 were born at home. 86 of those born in hospital/nursing home survived beyond 28 days. Of the home confinements, 9 babies were transferred to hospital, and 4 of these died. The remaining 95 were nursed at home and 90 survived beyond 28 days.

These babies need and receive special care to help them in the first vital weeks, and the interchange of information between the Consultant Paediatrician at the hospital, the general practitioner and the health visitor is of great value at this early stage.

Dental Care.

TABLE VI.
Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	36	32	45	27
Children under 5 ...	141	115	140	78

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	27	2	51	51	—	—	7	14
Children under 5	73	29	90	—	105	—	—	—

Fewer expectant/nursing mothers and pre-school children sought treatment in 1957, but this work must, in any event, remain limited by the time which the dental officers—still far below establishment—can give to it.

Women's Welfare Clinic.

In co-operation with the Family Planning Association, facilities were made available—without charge to the Association—for consultations in the Council's clinics at Saxmundham (from September, 1956) and Stowmarket (from January 1957).

At the Allington House clinic—by arrangement with the County Borough of Ipswich—177 attendances were recorded (58 being first visits), and at the Council's clinics in Lowestoft, 274 attendances were made by 151 women, 57 being first visits.

Welfare Foods.

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

National Dried Milk (tins)	...	...	72,271
Orange Juice (bottles)	...	...	165,108
Cod Liver Oil (bottles)	...	...	21,137
Vitamin A & D (packets)	...	...	9,766

Acknowledgment must be made again of the voluntary help given by the W.V.S., shopkeepers and householders, through whom by far the greater part of the distribution of the welfare foods is arranged.

Issues of orange juice were up on the previous year by over 11,000 bottles, but there was a slight decline in demand for the other three commodities.

Section 23—Midwifery.

During the year the Council's midwives attended 1,045 patients as midwives, and 702 patients as maternity nurses.

Of the total of 1,747 confinements attended, in 37 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 127 cases.

Gas/air and Trilene analgesia was administered at 1,571 domiciliary confinements; in 944 cases by midwives acting in that capacity, and in 627 cases by midwives acting as maternity nurses.

Pethidine was given to 714 patients by midwives acting as such, and to 412 patients by midwives acting as maternity nurses.

Reference to the very successful midwives' refresher course arranged in April, 1957 by the local health authority has been made in the notes pre-facing this report.

Section 24.—Health Visiting.

TABLE VII.

Summary of visits made

(excluding School Health Service visits).

		<i>1st Visit.</i>	<i>Total Visits.</i>
Expectant mothers	...	840	1,752
Children under 1	...	3,296	17,906
Children over 1 but under 2	...	—	8,479
Children over 2 but under 5	...	—	15,121
Tuberculosis households	...	—	1,062
Other visits	... ..	—	2,358

10,853 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 4,863 "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.

No health visitors attended refresher courses during the year, and one award of a training scholarship was made.

Tuberculosis Health Visitors.

The two health visitors specialising in tuberculosis work completed a valuable year's liaison with the two Consultant Chest Physicians at Ipswich and Lowestoft, during which 17,661 domiciliary visits were made (only 63 "no access" visits being recorded), and 186 clinic sessions were attended.

Section 25.—Home Nursing.

More patients requiring more visits is the pattern of the home nursing service, and the district nurses are having to give more of their time to this important sphere of their work. A few years ago (e.g., 1953) the number of patients was higher but fewer visits were made, which seems to bear out in practice the current theory that patients are being discharged from hospitals earlier and are in need of more home nursing attention.

The requirements of the more elderly patients (65 years of age and over) increased, and 58% (67,103 out of 115,852) of the total visits were to them, while just over 1% (1,191 visits) were to children under 5 years old.

TABLE VIII.

Summary of visits made.

			<i>Patients attended.</i>	<i>Total visits.</i>
Medical	...	...	3,104	87,208
Surgical	...	...	1,182	23,890
Infectious Diseases	...	...	17	437
Tuberculosis	...	...	41	1,670
Maternal complications	...	...	84	694
Other	...	...	269	1,953
			4,697	115,852

Section 26—Vaccination and Immunisation.

Vaccination against Smallpox.

TABLE IX.

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	1,894	60	67	85	138	2,244
Re-vaccination	—	2	31	94	419	546

Though recorded vaccinations against smallpox increased over 1956 by more than 200, it is regrettable that the primary notifications do not show more than about 50% of young children receiving this protection.

Vaccination against Asian Influenza.

It was not very helpful administratively to receive circular 13/57 giving local health authorities instructions about vaccination against Asian influenza. The publicity given to the westerly course of Asian influenza across the world during 1957 almost equalled that of a currently popular film star, and by its estimated time of arrival in Gt. Britain, it achieved banner headlines in the press.

Those people eligible to register (doctors, nurse-midwives, ambulance staff and home helps) having been circulated, requests were received from 348 persons wishing to be inoculated. The vaccine arrived, after one or two false starts, on 14th October when the first "wave" of victims were already beginning to recover or had recovered from an attack. None the less, 281 persons were vaccinated by the end of the year, by which time the epidemic was subsiding. A number of those who requested inoculation had such violent reaction from the first injection that a second injection was not sought!

Vaccination against Poliomyelitis.

The limited supplies of vaccine received in the year meant that treatment continued at a slow pace, but—as indicated at the beginning of this report—rapid expansion of the scheme was being prepared for early 1958.

Diphtheria Immunisation.

TABLE X.

Number of children at 31st December 1957 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1943).

Age at 31.12.57 i.e., born in year	Under 1 1957	1—4 1956-53	5—9 1952-48	10—14 1947-43	Under 15 Total
Last complete course of in- jections (primary or booster)					
A. 1953-1957	536	8,886	10,168	3,040	22,630
B. 1952 or earlier ...	—	—	3,108	9,248	12,356
Estimated mid-year child population	3,200	13,100	35,900		52,200
Immunity Index ...	16·8	67·9	36·8		43·4

Section 27—Ambulance Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Whole-time ambulances ...	229,721	7,650	14,351

Hospital Car Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Sitting case cars—			
Whole-time	21,217	1,552	2,800
Voluntary	491,111	12,778	34,517
Total	512,328	14,330	37,317

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

TABLE XI.

Tuberculosis Register, 1957.

			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Patients on Register at 1.1.57	...	...	1005	311
New (Primary) Notifications during 1957	...	...	102	25
Inward transfers and restored to register in 1957			44	1
Total	...	...	1151	337
<i>Taken off register in 1957:</i>				
			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Non-tuberculous	...	3	1	
Died	...	23	2	
Recovered	...	69	22	
Removed or lost sight of		49	7	
Total	...	144	32	
			144	32
Patients remaining on register at 31.12.57	...	...	1007	305

This summary of the District Medical Officers' tuberculosis registers is included for information.

An anomaly in the figures (which vary very little from 1956) is that whereas 25 (23 pulmonary, 2 non-pulmonary) names were removed from records by death, the Registrar-General's statistics show only 15 (14 pulmonary, 1 non-pulmonary) deaths assigned to tuberculosis in the year.

The scheme for the provision of one pint of milk daily free to tuberculous patients continued as previously, and at 31st December 90 patients were benefiting from this extra help.

The number of vaccinations by B.C.G. more than doubled over the previous year (191). Notifications were received from the Consultant Chest Physicians during 1957 of 473 successful vaccinations.

Acknowledgment is made of the help of the voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society, who organise and attend at the several medical loan depots in the county. No administrative changes were made in the arrangements in respect of these depots, which provide a valuable complement to the home nursing services.

Reference has been made at the beginning of the report to circular 7/57 from the Ministry of Health on the subject of smoking and lung cancer, and on the inauguration of the Community Tuberculosis X-ray Survey during the year.

Section 29—Home Help Service.

At 31st December, 297 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)	...	283
(ii) Tuberculosis	... ..	9
(iii) Chronic sick, including aged and infirm	...	542
(iv) Other	... ..	49

Sections 28 and 51—Mental Health.

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 carries out specialist work under the Mental Deficiency Acts and gives after-care in the case of 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.

Admissions to Mental Hospitals.

During the year the duly authorised officers attended on the admission of 78 male and 107 female patients to mental hospitals, as follows:—

<i>Under the Lunacy Acts:</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
On certification	... ..	48	66	114
On "Three day" Orders under				
Section 20	... ..	5	4	9
On certification under the Criminal				
Justice Act, 1948	... ..	1	—	1
<i>Under the Mental Treatment Act:</i>				
As voluntary patients	... ..	23	36	59
As temporary patients	... ..	1	1	2
		<hr/>	<hr/>	<hr/>
		78	107	185
		<hr/>	<hr/>	<hr/>

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 8 male and 6 female patients. The numbers remaining on the waiting list on 31st December, 1957 were 26 males and 13 females.

During the year 16 males and 15 females were admitted for periods of temporary care.

Supervision.

The numbers under supervision on 31st December, 1957, were:—

		<i>Males</i>	<i>Females</i>
Statutory Supervision ...	...	153	127
Friendly Supervision ...	...	61	52

Occupation Centres and Classes.

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 13 boys and 9 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.

An Occupation Class held at Leiston each Thursday afternoon has been attended by 6 boys and 7 girls. Transport arrangements have been carried out by members of the W.V.S.

Since May a small Occupation Class has been held at Stowmarket each Monday afternoon, and has been attended by 5 boys and 4 girls.

The Occupation Class at Ipswich continues on alternate Thursday afternoons and at the end of the year it was attended by 1 boy and 13 girls.

Five male and five female patients attend a weekly handicraft class at Lowestoft.

By arrangement with neighbouring Authorities, 2 girls and 1 boy were attending the Ipswich Occupation Centre and 1 girl was attending the Great Yarmouth Occupation Centre.

Home Training.

On 31st December, 1957 16 males and 37 females were receiving home training.

Ascertainment.

During the year 32 new cases (21 males and 11 females) were ascertained.

Guardianship.

There is 1 male 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 which are submitted for approval of the County Council for financial assistance.

Water Supplies.

The provision of piped water supplies in the villages of East Suffolk has reached a very satisfactory stage indeed, as six out of the seven Rural District Councils in the County have virtually completed their regional schemes (Blyth, Deben, Hartismere, Lothingland, Samford and Wainford) and the other Council (Gipping, with approximately 69 per cent. of the mains laid) will soon be in the same position.

The total length of water mains in the rural parishes now stands at about 993 miles, representing approximately 95 per cent. of the complete system for which the various approvals have been given. Of 306 rural parishes in the County 292, or 95 per cent. have a main water supply.

The following table shows the details for each District.

Sewerage.

In May, 1951, the County and District Councils agreed on a 20-year programme of sewerage development in the County, the object being to provide in proper priority improved sanitary conditions in the villages to cope with the inevitably greater amounts of sewerage produced as the result of the introduction of mains water. The first 5-year period of the programme (1951-1955) is over and the second started at the beginning of 1956 and will finish at the end of 1960.

During 1957 schemes at Brantham (Stage II), Needham Market and Wrentham were completed, and a start was made on others at Carlton Colville and Kelsale.

As the above-mentioned schemes were scheduled to be done in the first 5-year period and there are several more of the same period which have yet to be started, it will be seen that the rate of progress is not as was planned. Having in mind the many hindrances, it seems that the progress must, under the circumstances, be regarded as fairly good.

It must not be forgotten that in many villages the need for sewerage facilities was urgent before mains water was introduced, and that position has been aggravated by the extra amount of waste water.

The following table shows the state which the provision of adequate sewerage facilities has reached at the end of 1957, the village schemes scheduled to be done in the first two periods (1951-1955 and 1956-1960) of the agreed programme being indicated.

TABLE XII.
STATEMENT SHOWING THE PROGRESS MADE IN PROVIDING WATER MAINS IN RURAL DISTRICTS.

RURAL DISTRICT	REGIONAL SCHEMES					Percentage completed at 31.12.57	MAINS ADDITIONAL TO REGIONAL SCHEMES		Total mileage of all mains when completed
	Miles of water mains				Total length laid at 31.12.57		Approved lengths to be laid		
	Laid in year	Total laid at 31.12.57	Approved proposals	Total on completion					
Blyth ...	—	161	—	161	100	—	—	161	
Deben* ...	—	174	2	176	99	1	$\frac{1}{2}$	178 $\frac{1}{2}$	
Gipping ...	18	125	57	182	69	—	—	182	
Hartismere ...	1	209	—	209	100	$\frac{1}{4}$	—	209 $\frac{1}{4}$	
Lothingland* ...	1	77	—	77	100	—	—	77	
Samford ...	—	95	—	95	100	—	1	96	
Wainford ...	10	90	—	90	100	$\frac{1}{2}$	—	90 $\frac{1}{2}$	
All Rural Districts ...	30	931	59	990	94	1 $\frac{3}{4}$	1 $\frac{1}{2}$	993 $\frac{1}{4}$	

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

TABLE XIII.

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</i> <i>Haughley</i> (S.D. Wks.) <i>Needham Mkt.</i> <i>Stowupland</i>	<i>Mendlesham</i> <i>Fressingfield</i> & <i>Weybread</i> <i>Palgrave</i>	<i>Bradwell</i> <i>Hopton</i> <i>Kessingland</i> <i>Wrentham</i>	<i>Brantham</i> Stages I & II <i>Shotley</i>	
Works under construction:	<i>Kelsale</i>				<i>Carlton</i> <i>Colville</i>		
Schemes anticipated to start in 1958:	<i>Framlingham</i> (S.D. Wks.)		<i>Branford</i>	<i>Hoxne</i>		<i>E. Bergholt</i> <i>Sproughton</i>	<i>Worlingham</i> Stage I
Approved but not yet allowed to proceed:		<i>Melton</i>	<i>Claydon &</i> <i>Gt. Blakenham</i>			<i>Brantham</i> Stage III <i>Holbrook</i> <i>Washbrook &</i> <i>Copdock</i>	
Awaiting Ministry Inquiry:		<i>Orford</i>		<i>Botesdale &</i> <i>Rickinghall</i>			
Not approved for grant purposes:				<i>Yaxley</i>			<i>Ringsfield</i> Corner
Under consideration:	<i>Thorpeness</i>		<i>Stonham</i> <i>Aspal</i>		<i>Wangford</i>		
Schemes not submitted in detail:	<i>Earl Soham</i> <i>Knodishall</i> <i>Peasenham</i> & <i>Sibton</i> <i>Walberswick</i> <i>Yoxford</i>	<i>Kesgrave &</i> <i>Martlesham</i> <i>Kesgrave &</i> <i>Rushmere</i> <i>Grundisburgh</i> <i>Bawdsey</i> <i>Charsfield &</i> <i>Dallinghoo</i>			<i>Belton</i> <i>Blundeston</i> <i>Lound</i>	<i>Chelmondiston</i> Capel St. Mary Stratford St. Mary	<i>Worlingham</i> Stage II <i>Homersfield</i> <i>North Cove &</i> <i>Barnby</i>

Housing.

The following tables show the housing work carried out by the various District Councils in the County. It is evident from the number of unsatisfactory premises reported that there is still a great deal of work to be done in this field.

TABLE XIV (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	85	251	37	10	34	53	28	659	39	134	145	—
2. No. found to be unsatisfactory	21	31	4	3	31	14	11	375	25	78	71	—
3. No. rendered fit by:												
(a) Informal action	14	21	4	—	31	14	11	93	8	83	67	14
(b) Action under Public Health Act	—	—	—	—	—	—	—	83	—	—	—	—
(c) Action under Housing Act	—	3	—	—	4	—	—	23	2	—	2	—
4. No. of Demolition Orders secured	—	3	6	2	—	—	4	5	—	—	1	17
5. No. of dwellings included in Clearance Orders secured	—	—	—	—	—	6	19	18	—	—	11	44
6. No. of dwellings demolished under Demolition Orders	—	3	6	2	—	1	—	12	—	—	—	—
7. No. of dwellings demolished under Clearance Orders	—	—	—	—	—	3	—	4	—	—	—	—
8. No. of dwellings in respect of which Closing Orders were made	—	4	2	—	—	3	—	8	3	2	1	1
9. No. of cases of Overcrowding known to exist at the end of 1957	—	—	—	—	—	—	—	1	—	Not known	—	21
10. Housing Act 1949—No. of Improvement Grants approved	3	12	6	—	12	8	13	26	5	9	13	4
11. No. of new houses erected:												
(a) by Local Authority	3	—	4	—	42	10	20	115	8	—	20	2
(b) by Private Enterprise	12	8	5	—	48	—	3	173	1	7	25	35

TABLE XIV (b).
SUMMARY OF HOUSING ACTIVITIES IN RURAL DISTRICTS.

	Blyth	Deben	Gipping*	Hartismere	Lothingland	Samford	Wainford
A. Existing Houses:							
1. No. of Houses inspected ...	428	156	—	158	224	85	355
2. No. found to be unsatisfactory ...	255	151	—	77	192	71	351
3. No. rendered fit by—							
(a) Informal Action ...	115	84	—	46	136	7	21
(b) Action under Public Health Act ...	—	—	—	—	12	—	—
(c) Action under Housing Act ...	6	—	—	—	1	—	2
4. No. of Demolition Orders secured ...	26	14	—	25	12	9	11
5. No. of Dwellings included in Clearance Orders secured ...	—	—	—	—	—	—	—
6. No. of dwellings demolished under Demolition Orders ...	3	1	—	8	8	8	—
7. No. of dwellings demolished under Clearance Orders ...	—	—	—	—	—	—	—
8. No. of dwellings in respect of which Closing Orders were made ...	19	24	—	6	—	3	29
9. No. of cases of Overcrowding known to exist at the end of 1957 ...	6	Not known	—	Not known	Not known	—	—
10. Housing Act, 1949—No. of Improvement Grants approved ...	54	96	—	36	49	36	17
B. New Houses:							
1. No. of new houses erected by Local Authorities during 1957 ...	8	38	—	28	20	25	—
2. Total number of permanent houses and flats owned by the Council on 31.12.57	911	1216	—	883	647	640	377
3. No. of new houses erected by private enterprise during 1957 ...	18	151	—	10	88	43	18

* Figures not available.

Inspection and Supervision of Food.

Food and Drugs Sampling.

During 1957, 992 samples were taken for analysis, representing 5.6 samples per 1,000 population. 58.8% of the samples taken were milk and 41.2% other food and drugs. 130 samples (14.1%) proved unsatisfactory.

Milk.

Total number of samples taken	...	...	583
Number submitted to the Public Analyst	...	...	104
Number unsatisfactory by reason of:			
(1) Fat Content below standard	...	...	22
(2) Solids not Fat content below standard	...	...	51
(3) Fat and Solids below standard	...	...	38
(4) Containing added water	...	...	17
Percentage unsatisfactory	...	...	19

Legal Proceedings.

Legal proceedings were instituted in three instances concerning 21 samples of milk—details of the cases are given below:

Sample No. T.81—Channel Islands Milk.

Defect: 33.8% added water.
17.8% milk fat deficiency.
29.7% solids-not-fat deficiency.

The defendant pleaded guilty and offered the explanation that some unknown person may have entered the cowshed and added the water to milk.

Result—Conviction—conditional discharge.

Sample No. D.31—Milk.

Defect: 7.6% added water.
10.0% solids-not-fat deficiency.

Sample No. D.32—Milk.

Defect: 13.0% added water.
15.9% solids-not-fat deficiency.

Sample No. D.33—Milk.

Defect: 15.3% added water.
15.4% solids-not-fat deficiency.

Sample No. D.34—Milk.

Defect: 14.2% added water.
15.7% solids-not-fat deficiency.
26.7% fat deficiency.

Sample No. D.35—Milk.

Defect: 6.7% added water.
1.2% solids-not-fat deficiency.

The defendant pleaded not guilty and attempted to show that the milk had been sold as given by the cow. The supervised milking results did not support this submission.

Result—Fined £10 with £7 costs.

Sample No. F.31—Milk.

Defect: 3.6% solids-not-fat deficiency.
8.3% fat deficiency.

Sample No. F.32—Milk

Defect: 1.2% solids-not-fat deficiency.

Sample No. F.33—Milk.

Defect: 1.3% added water.
6.6% solids-not-fat deficiency.
13.7% fat deficiency.

Sample No. F.34—Milk.

Defect: 2.7% fat deficiency.

Sample No. F.35—Milk.

Defect: 6.3% added water.
7.3% solids-not-fat deficiency.

Sample No. F.36—Milk.

Defect: 1.7% solids-not-fat deficiency.

Sample No. F.37—Milk.

Defect: 3.6% added water.
2.1% solids-not-fat deficiency.

Sample No. F.38—Milk.

Defect: 4.6% added water.
10.3% solids-not-fat deficiency.
2.7% fat deficiency.

Sample No. F.39—Milk.

Defect: 8.3% added water.
9.1% solids-not-fat deficiency.

Sample No. F.40—Milk.

Defect: 5.0% added water.
11.3% solids-not-fat deficiency.

Sample No. F.41—Milk.

Defect: 3.8% added water.
7.7% solids-not-fat deficiency.

Sample No. F.42—Milk.

Defect: 8.3% added water.
7.9% solids-not-fat deficiency.

Sample No. F.43—Milk.

Defect: 2.0% solids-not-fat deficiency.
1.3% fat deficiency.

Sample No. F.44—Milk.

Defect: 10.8% added water.
17.2% solids-not-fat deficiency.
8.0% fat deficiency.

Sample No. F.45—Milk.

Defect: 5.0% added water.
5.4% solids-not-fat deficiency.

The defendant pleaded guilty. It was pointed out to the Court that the defendant lived some considerable distance from place of production and had no personal contact with the milk concerned; it was stated that there was a possibility that the deficiencies were caused by a leaking cooler joint.

Result—Fined £3 with £25 4s. costs.

Other Action Taken.

In one other case milk purchased on final retail delivery was found to contain 3.6% added water. In view of the amount of the deficiency it was decided not to institute proceedings and the firm were warned.

In all other cases of deficiency it was shown either by supervised milking samples or by the Hortvet (Freezing Point) test that deficiencies were due to natural causes. The vendors were informed of the results of the samples and where appropriate, were advised to contact the National Agricultural Advisory Service to obtain information to improve quality of the milk.

Other Food.

Total number of samples taken	...	...	381
Number submitted to Public Analyst	...	...	356
Number unsatisfactory	...	...	17
Percentage unsatisfactory	...	...	4.5

In no instance was it found necessary to institute legal proceedings. Letters informing manufacturers and vendors of deficiencies in their products or the labelling thereof have met with good co-operation and in almost all cases firms have implemented suggestions made.

Meat Products.

Samples of sausages were taken throughout the year. The average meat content of pork sausages was 69.9% and beef sausages 56.6%. Slight deficiencies were found in 5 cases.

Three samples of Pork Luncheon Meat (imported products) were found to be of low meat content. Letters to the importers have resulted in the matter being raised with manufacturers and agreements have been reached to raise the meat content of their products.

One sample of Minced Chicken and 1 of Savoury Spread were found to be improperly labelled. Manufacturers in both cases agreed to amend the labels.

Milk Products.

Two samples of cheese taken during the year were found to be made from skimmed milk without being properly labelled. Manufacturers in both instances agreed to revise the labelling of the products.

One sample of Imported Brie Cheese was found to be made from partly skimmed milk. Letters to the Importer achieved the object of improving this product.

One sample of processed cheese spread was found to be slightly deficient in fat. The manufacturer was informed and subsequent samples have proved satisfactory.

Other.

One sample of butter drops was found to be deficient in butter and 1 of rum and butter drops deficient in rum and butter. The manufacturer was informed and reminded of the agreed Trade standard and subsequent samples have proved satisfactory.

Drugs.

Total number of samples taken ...	...	...	28
Number submitted to Public Analyst ...	...	...	28
Number unsatisfactory ...	...	...	2
Percentage unsatisfactory ...	...	...	7.1

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

Eight Dealers' (Pasteurisers') Licences were in force at the beginning of the year. One licence holder, Hill Farm Dairy, Aldeburgh, ceased to pasteurise milk in July, 1957.

During the year 343 samples of Pasteurised and 212 samples of Tuberculin Tested milk were taken. The results are summarised below:

Designation.	Test.	No. of Samples	
		Passed	Failed.
Pasteurised	Phosphatase ...	339	4
	Methylene Blue ...	332	1
Tuberculin Tested (Pasteurised)	Phosphatase ...	208	4
	Methylene Blue ...	207	—

Phosphatase Test.

This test indicates the efficiency of heat treatment. The 8 failures occurred in 4 Holder plants, in 3 cases investigation revealed leaking vat outlet valves and one case a defective thermometer. In the other cases no mechanical defect was revealed and it is assumed that the failures are caused through errors in operation.

Methylene Blue Test.

This test gives an indication of keeping quality. The only failure which occurred was thought to be due to the poor bacteriological state of washed bottles at that time.

In addition to sampling, plants are regularly checked for defects, accuracy of thermometers and efficiency of plant cleaning and sterilising, efficiency of cleaning bottles and churns. Regular inspections are carried out to ensure that premises comply with appropriate Milk and Dairies Regulations.

Biological Examination of Milk.

It is the duty of the County Council to ensure that no person shall sell for human consumption the milk of any cow which to his knowledge has given tuberculous milk or is suffering from acute mastitis or any infection of the udder or teats which is likely to convey disease.

Biological milk samples are taken twice a year from herds where the milk is consumed raw. Samples are tested for the presence of tuberculosis and brucella abortus.

During 1957, 579 samples of milk were taken, 6 were found to contain tuberculosis and 22 contained brucella organisms.

The Divisional Veterinary Officer of the Ministry of Agriculture is notified of all positive tuberculosis samples, the herds are checked clinically and infected animals are slaughtered under the Tuberculosis Order. As a result of samples taken during 1957, 6 cows were slaughtered.

Cases of brucella organisms are passed to the District Medical Officers who have power under the Milk and Dairies Order to arrange diversion of affected milk for heat treatment and to restrict sale of milk from the herds concerned. This action was taken in all cases during the year.

During 1957 routine samples from 50 farms were also tested for the presence of blood, pus, staphylococci and streptococci. The results indicated that the incidence of pus, staphylococci and streptococci is quite considerable, only 7 farms being completely clear. It is hoped to continue the experiment during 1958 and formulate some policy for dealing with heavy infections.

School Milk Supply.

Full details of this service are given in my Annual Report as Principal School Medical Officer but it may be of interest to note that of the 250 schools (including 37 non-maintained schools) 244 received 'Pasteurised milk', the remainder received a Tuberculin Tested supply.

V.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE XV.

Notification of Infectious Diseases.

Infectious Disease	Number of cases notified	Number of deaths
Scarlet Fever	47	—
Whooping Cough	645	—
Poliomyelitis—paralytic	23	5
do. —non-paralytic	4	—
Measles	3628	—
Diphtheria	—	—
Pneumonia	137	93
Dysentery	13	—
Smallpox	—	—
Encephalitis—infective and post infective	4	—
Enteric or typhoid fever	—	—
Paratyphoid fever	—	—
Erysipelas	18	—
Meningococcal infection	2	—
Food poisoning	36	—
Puerperal pyrexia	39	—
Ophthalmia neonatorum	—	—
Infective hepatitis	7	—

VI.

GENERAL.

Nurseries and Child Minders' Regulations Act, 1948.

There were no new applications for registration during the year. One registration was cancelled, so that at the end of the year there remained 2 premises registered as nurseries for the reception of 16 children.

Registration of Nursing Homes.

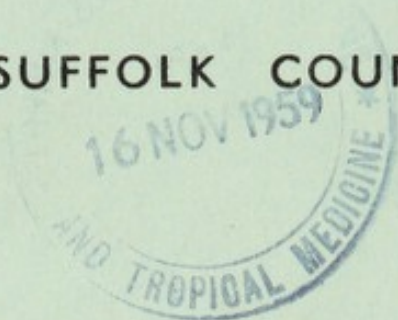
At 31st December, the following premises remained registered:—

Name	Number of beds available		
	Maternity	Other	Total
Orme House, Lowestoft	2	7	9
Field Stile, Southwold	—	8	8
Otley Hall, Otley	—	10	10
	2	25	27
	—	—	—

Otley Hall, for the past two years registered under the National Assistance Act, 1948 for care of the aged, again changed hands, and was re-registered as a nursing home.



EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1957

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH

