

[Report 1959] / Medical Officer of Health, East Suffolk County Council.

Contributors

East Suffolk (England). County Council.

Publication/Creation

1959

Persistent URL

<https://wellcomecollection.org/works/tyq3eex5>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

44453

15 SEP 60

EAST SUFFOLK COUNTY COUNCIL




ANNUAL REPORT
OF THE
County Medical Officer

1959



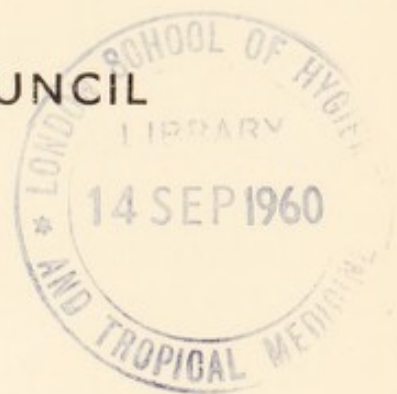
HEALTH DEPARTMENT
COUNTY HALL
IPSWICH



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29186468>

EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1959

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH



EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1959

Health Department
County Hall
Ipswich

CONTENTS.

NUMBER.	PAGE
I. GENERAL STATISTICS	11
II. STAFF	18
III. NATIONAL HEALTH SERVICE ACT, 1946—	
Section 21—HEALTH CENTRES	20
„ 22—CARE OF MOTHERS & YOUNG CHILDREN	20
„ 23—MIDWIFERY	22
„ 24—HEALTH VISITING	23
„ 25—HOME NURSING	23
„ 26—VACCINATION & IMMUNISATION	23
„ 27—AMBULANCES	24
„ 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE	24
„ 29—HOME HELP	25
„ 28 & 51—MENTAL HEALTH	26
IV. SANITARY CIRCUMSTANCES OF THE AREA—	
WATER SUPPLIES & SEWERAGE	28
HOUSING	30
INSPECTION & SUPERVISION OF FOOD	33
V. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES	37
VI. GENERAL	37

TABLES.

NUMBER		PAGE
I.	VITAL STATISTICS (extracts)	11
II.	POPULATION, BIRTHS, DEATHS, ANNUAL RATES ...	13
III.	CAUSES OF DEATH IN EACH DISTRICT	14
IV.	CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE	16
V.	INFANT WELFARE CENTRES	20
VI.	DENTAL TREATMENT	21, 22
VII.	HEALTH VISITING	23
VIII.	HOME NURSING	23
IX.	VACCINATION	23
X.	DIPHTHERIA IMMUNISATION	24
XI.	TUBERCULOSIS REGISTER—SUMMARY ...	24, 25
XII.	WATER SUPPLY	28
XIII.	SEWERAGE SCHEMES	29
XIV.	HOUSING SURVEY	31
XV.	INSPECTION OF MEAT	33
XVI.	MILK SAMPLING	35
XVII.	INFECTIOUS DISEASES—NOTIFICATIONS	37

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 1959. In the Report for 1958 considerable statistical and general information about the previous ten years was included under the main headings in the context of the Report. This year I have featured the principal items in this preamble and consequently, with certain exceptions, much less has been written under each separate Section.

An administrative problem which would have made a very great impact on the County Council as a local health and welfare authority arose when the Borough of Lowestoft submitted an application to the Minister of Health for a scheme of delegation to the Borough of certain health and welfare functions under Part III of the Local Government Act, 1958. Conferences of representatives were held at the end of 1958 and early in 1959, and in December, 1958—in order to conform to the prescribed time-table—the Borough submitted a formal scheme to the Minister. It is not considered appropriate to this Report to include details of the scheme submitted or of the County Council's views—requested by the Minister—as to why they were unable to agree that circumstances were such as to justify the Corporation being allowed to make a delegation scheme. Subsequently, the application of the Borough was dismissed by the Minister.

Vital Statistics.

The number of births was slightly higher (by 82) than in 1958 but the rate per 1,000 population was lower by 1.3 because the county was credited with some 3,000 more people in the mid-year estimate of population. Infant deaths fell by one tenth and are well below the national average. It is good to be able to report again that no death from pregnancy or childbirth occurred.

Total deaths changed little numerically, but deaths from all forms of cancer rose from 452 to 505, half of the increase being in the category of cancer of the lung or bronchus. Heart conditions caused fewer deaths, but fatal accidents involving motor vehicles rose from 23 to 32, and all other accident deaths rose from 63 to 83, of whom more than half (49) were in the 65-plus age groups.

Care of Mothers and Young Children.

There was considerable re-grouping of the smaller infant welfare and weighing centres to meet changing needs, but the total number of such centres remained the same.

As forecast in the 1958 Report, the Family Planning Association accepted responsibility for the Women's Welfare Clinic held at Connaught House, Lowestoft from the beginning of the year, and the Association continued their clinics at Saxmundham and Stowmarket.

Mention is made under the Section headings of the attendance by health visitors and midwives at study days, some part of which related to instruction in health education. Opportunity was taken as often as possible by the health visitors and midwives to translate the knowledge they gained at these courses into lectures at infant welfare centres and at relaxation classes for expectant mothers.

Midwifery.

1959 was no less difficult than previous years from the point of view of staff shortages and it has not been possible to arrange for a nurse-midwife to act as whole-time locum tenens to a group of her colleagues. This means that a nurse on return from leave is required to be responsible for a double district whilst her neighbour has her leave. It will be appreciated that this arrangement takes much of the pleasure and benefit out of off-duty time. It was, however, possible to ensure that all the nurse-midwives were enabled to get their full quota of holidays and off-duty periods.

The problem of appointing suitable staff is one which is becoming increasingly difficult. In spite of the provision of modern accommodation—furnished or unfurnished—and very advantageous transport facilities, advertisements not infrequently fail to attract even an enquiry. In an effort to ease this problem and also for economic reasons, it was decided to close the residential Nurses Home at Lowestoft. To achieve this, the Borough was divided into districts and a start was made in the purchase of suitable houses sited in different parts of the town. Two were provided for in the financial year 1959/60. As part of this programme, arrangements were put in hand for office accommodation to be found in the Area Health Office in Lowestoft for the Area Nursing Officer, who had hitherto worked from the Nurses Home. Changes were made in the nursing administration largely with a view to giving some relief to the County Nursing Officer. The Deputy Nursing Officer, who was in control of the nursing and midwifery staff in the northern area based on Lowestoft was re-designated Area Nursing Officer, and a new appointment of Deputy Nursing Officer at headquarters was approved.

Considerable improvements were made with transport for nurse-midwives. Because of the difficulties of obtaining new cars in the early 1950s, it had been the policy to keep cars for about ten years. It was decided to accelerate this turn-over so that cars were changed every three years or after 30,000 miles, not only to give the staff better and more modern transport but also to reduce running expenses and to cut the losses on depreciation. Between November, 1959 and March, 1960, seven new cars were purchased as replacements for the oldest of the fleet of cars in use. In addition, generous terms were offered to the nurse-midwives so that they were able to use a County Council car for private purposes anywhere in Great Britain at a very modest mileage charge.

Two midwives were sent on district training courses, and two were nominated to attend a special course on mothercraft arranged by the Royal College of Midwives.

Health Visiting.

Two candidates were granted facilities for training as health visitors under the Council's scholarship scheme, and two (one a new health visitor

filling a vacancy and one a district nurse-midwife who returned to add to the numbers of nurse-midwife/health visitors) completed training courses during the year.

All of the health visitors and midwives attended a 2-day study course at headquarters when the subjects discussed were tuberculosis and geriatric nursing problems, and most of the health visitors attended a four-day course at the Department of Child and Family Psychiatry in Ipswich. It was possible to arrange for one health visitor to be attached part-time to the Department throughout the year. She attended one half-day a week and took part in all the routine activities of the Department.

The Public Health Committee received during the year the Ministry's circular 26/59 on Health Visitors in which reference is made to a new type of visitor (Group Adviser) and to the need to relieve the qualified visitor of much of the routine work arising from school medical inspections. Based on the recommended case load per health visitor (1 for 4,300 population), East Suffolk would need 52 health visitors, a well-nigh unattainable objective in present circumstances.

Vaccination and Immunisation.

Approval was given by the Ministry of Health for the Council's formal scheme for vaccination and immunisation to include provision for inoculation against tetanus. There was evidence to show that in East Anglia the risk of a person contracting tetanus was higher than in many other parts of the country and there was a growing demand for this form of protection. The placing on the market of a triple vaccine providing protection against diphtheria, whooping cough and tetanus made it possible to offer protection against three dangerous diseases with three injections only; whilst to children already protected against diphtheria and whooping cough, tetanus toxoid by itself is available.

During the year the Ministry of Health altered their arrangements for yellow fever vaccination and decided that vaccination should in future be available through local health authority clinics. The Council agreed, if requested, to provide facilities in the county but eventually were informed that East Suffolk had not been selected as one of the centres at which such vaccinations were to be made available. The nearest centres are at Norwich, Chelmsford and Cambridge.

Vaccination against poliomyelitis continued to be available for the same categories as in 1958, namely any person under the age of 26 years, expectant mothers, and priority classes such as doctors, nurses and public health inspectors. The death from paralytic poliomyelitis of a well-known professional footballer in March stirred the imagination of the public throughout the country, and there was an almost immediate jump in the number of applications for vaccination. This was most marked among the group who had previously been reluctant to apply, namely those young people who had recently left school. By the end of the year, general practitioners and members of the local health authority staff had vaccinated 22,790 new applicants with three injections, and had given "boosters" to a further 26,156.

Ambulance Service.

The most recently published national figures of the cost of the ambulance service show that whereas the cost per 1,000 population nationally was, in 1957/8, £272, in East Suffolk this figure is £187. This is due in no small part to the measure of voluntary support given by the British Red Cross Society and the St. John Ambulance Brigade, to whom, with the whole-time staff, credit is due for another satisfactory year's work. It would be wise to bear in mind however, that it is not always easy to obtain volunteer staff at times and in some areas, and it may well be necessary to review the existing organisation which has functioned satisfactorily up to date, with a view to increasing the number of whole-time stations and staff.

Prevention, Care and After-care.

There has often been little other than items of a general nature to report under this Section in the past, but in 1959 a number of new subjects arose. Chiropody, perhaps, takes priority in that it is most likely to affect personal health, especially as far as the older folk are concerned, and under the Section heading is printed the amendment to the formal scheme to include this. Unfortunately, the number of suitably qualified chiropodists in East Suffolk was very small and pending the necessary legislation and setting up of the register of chiropodists under the new Professions Supplementary to Medicine Act, it has not been possible to implement fully the scheme. As an interim measure, the Council have agreed to subsidise the voluntary Old Peoples' Welfare Association for one year, during which time they will continue to provide a service which will cater for a large number of the older folk, but it has not been possible to offer the facilities up to the present to the other priority groups of expectant and nursing mothers.

Considerable improvements have been made—in two ways—in the methods of providing home nursing aids. Firstly, in consultation with the two voluntary societies concerned, the grants made by the County Council for the upkeep of medical loan depots throughout the county were increased from £45 to £60 per annum for the British Red Cross Society and from £35 to £50 per annum for the St. John Ambulance Brigade in recognition of the need to keep up-to-date the standard of equipment available for issue and, at the same time, in acknowledgement of the valuable help rendered by the voluntary staff in manning the various depots. Secondly, and largely because patients are being discharged from hospitals whenever practicable much earlier than hitherto, there was an increased need for specialised home nursing equipment such as bed cots, lifting hoists, tripod walking sticks, commodes, and for aids for the physically handicapped like reaching-tools, tap-turners, special knives and forks. Many of the items are inexpensive, some are quite costly, but provision was made to meet the demand for the service and a scale of recovery charges was made common to issues made under the National Health Service Acts and the National Assistance Act.

The interim report of the Adrian Committee on "Radiological Hazards to Patients" issued as a circular (13/59) by the Minister of Health aroused some interest as to public health policy regarding the X-ray of expectant mothers and young children. In very general terms, however, the recommendations were such that there was no need to make any changes in the current procedure, which was perhaps fortunate in that it did not affect—as it might well have done—the work of the Community X-ray Survey Unit. In his report for 1959, Dr. C. J. Stewart, Consultant Chest Physician, shows that previous experience had enabled the Unit to adapt the technique to the

particular area in which it was working. For example, in a predominantly rural area the personal canvass by members of the Unit was more profitable than in "dormitory" districts around Ipswich, where it was found advisable to use the postal approach. In the 2½ years since the Unit has been functioning, three rural districts (Hartismere, Wainford and Samford) and five Borough or urban areas, (Eye, Woodbridge, Felixstowe, Beccles and Bungay) have been surveyed, and of a total of 52,016 adults, 34,351 (66%) have attended for X-ray. As a pioneer effort, this is regarded as satisfactory, but to achieve the objective—the eradication of tuberculosis (i.e. the time when less than 1% of 14-year old children in a community react to tuberculin)—considerably more has to be done, and especially is it necessary to arrange a comprehensive follow-up scheme. Fortunately, most of the non-attenders are in the older age groups who tend to remain in their home areas, thereby lessening the risk of spreading infection. Dr. Stewart and his team, remembering too the many volunteers whose help is enlisted in the separate parishes visited, are to be congratulated on yet another year's good work in this important task.

Home Help Service.

This service has expanded steadily each year, but in the opinion of many there is not much money spent to better purpose, as apart from meeting the needs of the people concerned in their own homes, much is done to prevent or delay admission to old people's homes or hospitals and also to accelerate discharge. The ever-growing cost is a matter for careful consideration, but it is true to say that any limitation of the service has been more because of the difficulty in obtaining an adequate number of suitable home helps rather than for financial reasons. In an effort to make the best possible use of the service, a change in policy with regard to domiciliary confinements was made during the year. Formerly, it was the practice for help to be provided in the household for two weeks (88 hours) following confinement. This was changed to 66 hours (44 in the first week, 22 in the second week following home confinement) and although on paper this seemed a drastic change, in fact there have been no complaints about the new arrangements. As has been usual in recent years, by far the greater proportion of the work has been in the provision of help for the chronic sick, including the aged and infirm.

Mental Health.

Probably the most significant event of 1959 from the local health authority's view was the publication of the Mental Health Act, 1959, which received Royal Assent in July. Previously, the Bill before Parliament had been under consideration and it was clear from this that the Royal Commission on Mental Health had recommended many changes in previous legislation and procedure. Principally, this might be briefly summarised by saying that the ultimate aim of the new mental health service was to ensure as far as possible that mentally disordered persons should be helped to lead independent and useful lives within the community. So far as the health authorities are concerned, there is power to provide, equip and maintain residential accommodation, and junior training centres or other facilities for training or occupational therapy.

As this report is for 1959 it is perhaps sufficient to mention the bare outlines of the new service, but it is a subject of great and growing importance to which it will undoubtedly be necessary to refer in more detail next year.

* * *

Annual repetition of thanks may tend to make them formal, but this Report does give me an opportunity to say how much the support and encouragement of the Chairman of the Health Committee and all the members is appreciated. I am also indebted to the friendly help of all Chief Officers and to the sustained hard work and loyalty of my Administrative Deputy and County Welfare Officer (Mr. L. J. Bowling) and, indeed, of all the staff.

I have the honour to be,

Your obedient servant,

S. T. G. GRAY,

County Medical Officer.

HEALTH DEPARTMENT,
COUNTY HALL, IPSWICH.

July, 1960.

I.

GENERAL STATISTICS.

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

547,397 acres.

Population 1959 : 226,800 (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 : £2,391,588 (*year beginning 1st April*, 1959).

Estimated product of a penny rate : £9,428 (*year beginning 1st April*, 1959).

TABLE I.

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,716	1,593	3,309	} Birth rate per 1,000 of estimated population :— 14.1.
Illegitimate	77	77	154	
Total live births	1,793	1,670	3,463	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and still- births) :—16.2.
Legitimate	27	28	55	
Illegitimate	2	—	2	
Total stillbirths	29	28	57	
<i>Deaths :</i>	1,388	1,318	2,706	} Crude death rate per 1,000 of estimated popu- lation :—11.9.

	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 ...	31	21	52
Illegitimate ...	1	—	1
Total ...	32	21	53

	<i>East Suffolk</i>			<i>England and Wales rates</i>
	<i>Number</i>	<i>Crude rate</i>	<i>Adjusted rate</i>	
Live births	3,463	—	—	—
Live birth rate per 1,000 population	—	14. 1	15. 6	16. 5
Still-births	57	—	—	—
Still-birth rate per 1,000 live and still-births	—	16. 2	17. 9	21. 0
Total live and still-births ...	3,520	—	—	—
Infant deaths	53	—	—	—
Infant mortality rate per 1,000 live births—total	—	15. 3	12. 5	22. 2
Infant mortality rate per 1,000 live births (legitimate infant deaths per 1,000 legitimate live births)	—	15. 7	12. 8	—
Infant mortality rate per 1,000 live births (illegitimate infant deaths per 1,000 illegitimate live births)	—	6. 5	5. 3	—
Neo-natal (first four weeks) mortality rate per 1,000 live births ...	—	10. 1	8. 2	15. 8
Early Neo-natal deaths (deaths under 1 week)	28	—	—	—
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	—	8. 1	6. 6	—
Perinatal mortality rate (still-births and deaths under 1 week combined per 1000 total live and still-births)	—	24. 1	19. 7	34. 2
Maternal deaths	—	—	—	—
Maternal mortality rate per 1,000 live and still-births	—	—	—	0.38

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

	POPULATION		LIVEBIRTHS			STILLBIRTHS			INFANT DEATHS			ALL DEATHS		
	Census 1951	Esti- mated mid 1959	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Aldeburgh M.B.	2,689	3,010	32	46	78	—	—	—	1	—	1	24	20	44
Beccles M.B.	6,870	6,960	51	48	99	2	1	3	2	1	3	51	46	97
Bungay U.D.	3,535	3,610	27	28	55	—	—	—	1	3	4	21	30	51
Eye M.B.	1,631	1,590	10	11	21	—	—	—	—	—	—	18	24	42
Felixstowe U.D.	15,081	15,800	181	146	327	2	2	4	2	2	4	106	111	217
Halesworth U.D.	2,155	2,350	18	19	37	—	1	1	—	—	—	12	7	19
Leiston U.D.	4,056	4,120	23	38	61	—	—	—	—	—	—	36	18	54
Lowestoft M.B.	42,834	44,730	351	298	649	5	4	9	4	2	6	239	268	507
Saxmundham U.D.	1,438	1,470	17	11	28	—	—	—	—	—	—	11	8	19
Southwold M.B.	2,473	2,370	9	8	17	—	—	—	—	—	—	15	21	36
Stowmarket U.D.	7,325	7,640	62	50	112	2	1	3	1	3	4	59	38	97
Woodbridge U.D.	5,310	5,950	45	47	92	—	1	1	—	1	1	40	35	75
Total (M.B., U.D.)	95,397	99,600	826	750	1,576	11	10	21	11	12	23	632	626	1,258
Blyth R.D. ...	19,281	19,100	150	147	297	4	1	5	2	1	3	124	138	262
Deben R.D. ...	27,505	32,730	262	255	517	4	5	9	8	6	14	205	170	375
Gipping R.D.	20,515	19,150	146	149	295	6	4	10	5	1	6	120	101	221
Hartismere R.D.	17,317	16,960	125	120	245	1	1	2	3	1	4	94	76	170
Lothlingland R.D.	14,716	15,650	110	115	225	1	2	3	2	—	2	89	87	176
Samford R.D.	15,324	16,790	127	90	217	1	4	5	—	—	—	93	84	177
Wainford R.D.	7,069	6,820	47	44	91	1	1	2	1	—	1	31	36	67
Total (R.D.)	121,727	127,200	967	920	1,887	18	18	36	21	9	30	756	692	1,448
Total (County)	217,124	226,800	1,793	1,670	3,463	29	28	57	32	21	53	1,388	1,318	2,706
										Adjusted by comparability factor		England and Wales		
Livebirth rate per 1,000 population										15.6		16.5		
Stillbirth rate per 1,000 total births										17.9		20.7		
Infant Death rate per 1,000 live births										12.5		22.0		
Death rate per 1,000 population										9.7		11.6		

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	44	97	51	42	217	19	54	507	19	36	97	75	1258	262	375	221	170	176	177	67	1448	2706
1. Tuberculosis, respiratory ...			1		1		1	3			1		7	3	2	1	1	2			9	16
2. Tuberculosis, other ...													—								—	—
3. Syphilitic disease ...		1			1			3					5				1				1	6
4. Diphtheria ...													—								—	—
5. Whooping cough ...													—								—	—
6. Meningococcal infections ...													—								—	—
7. Acute poliomyelitis ...													—								—	—
8. Measles													—								—	—
9. Other infective and parasitic diseases ...	1							1					2	1					1		2	4
10. Malignant neoplasm, stomach ...	1	2	1		7		1	14			4	1	31	7	6	3	5	4	3	1	29	60
11. Malignant neoplasm, lung, bronchus ...	3	4	1	2	8	1	3	17	1	2	5	2	49	9	14	4	5	6	5	1	44	93
12. Malignant neoplasm, breast ...		1	2		5	1		11			1	2	23	3	4	4	4	4	6	2	27	50
13. Malignant neoplasm, uterus ...			2		1	1		4			1		9	2	3	3		1	3	1	13	22
14. Other malignant and lymphatic neoplasms ...	7	2	5	4	22	5	11	43	4	10	9	16	138	19	33	21	20	22	20	7	142	280

[illegible]

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
1. Tuberculosis, respiratory	M	632	11	2	4	6	11	124	184	290	756	21	—	5	7	29	143	196	355
	F	626	12	4	3	—	11	89	143	364	692	9	3	1	3	22	99	183	372
2. Tuberculosis, other	M	3						1	1	1	7					1	4	2	
	F	4							2	2	2							1	
3. Syphilitic disease	M	—									—								
	F	—						1	1	1	—								
4. Diphtheria	M	2									—								
	F	3							2	1	1						1		
5. Whooping Cough	M	—									—								
	F	—									—								
6. Meningococcal infections	M	—									—								
	F	—									—								
7. Acute poliomyelitis	M	—									—								
	F	—									—								
8. Measles	M	—									—								
	F	—			1						—			1					
9. Other infective and parasitic diseases	M	2							1		1								
	F	—									1							1	
10. Malignant neoplasm, stomach	M	21					1	3	6	11	15					6	6	3	
	F	10						2	5	3	14					2	5	7	
11. Malignant neoplasm, lung, bronchus	M	43						22	17	4	36					13	14	9	
	F	6						1	3	2	8					5	2	1	
12. Malignant neoplasm, breast	M	—									—								
	F	23					1	9	11	2	27				3	10	9	5	
13. Malignant neoplasm, uterus	M	9						4	5		13				2	4	2	5	
14. Other malignant and lymphatic neoplasms	M	64					2	11	16	35	88				2	19	27	40	
	F	74					2	19	17	36	54				2	11	21	22	
15. Leukaemia	M	1					1	1	1	1	1				1	1	1	1	
	F	4									3								

II.

STAFF.

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

Administrative Deputy to County Medical Officer and County Welfare Officer:

L. J. Bowling.

Assistant County Medical Officers:

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

Miss 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.

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

Mrs. C. S. Webster, M.B., Ch.B., D.P.H.

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

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

Mrs. 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.

County Nursing Officer:

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

Area Nursing Officer:

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

Deputy County Nursing Officer:

Miss J. Flex, S.R.N., S.C.M., H.V. Cert.

Health Visitors:

At the end of the year, the staff of Health Visitors was 24 whole-time (10 of whom were holding combined appointments as district nurse/midwife-health visitor), and 2 part-time, and 1 whole-time Tuberculosis Health Visitors.

District Nurse/Midwives:

At the end of the year, 59 district nurse/midwives (including 10 who were also district nurse/midwives-health visitors), 6 district midwives, and 8 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.

District Medical Officers of Health:

Boroughs and Urban Districts:

Aldeburgh	...	Dr. C. H. Imrie.
Beccles	...	Dr. H. E. Nutten.
Bungay	...	Dr. H. E. Nutten.
Eye	...	Dr. K. M. Harding.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. H. E. Nutten.
Leiston	...	Dr. H. E. Nutten.
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. H. E. Nutten.
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. H. E. Nutten.

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.**

Although a number of changes have been made, in general these have been the result of moving a centre from one village to an adjacent one, re-opening previously held centres, or reducing or increasing the frequency of meetings. Overall, the same number of centres functioned in the year, though the number of sessions was reduced from 121 to 111, and at 31st December, the following were being held:—

TABLE V.
Infant Welfare Centres.

Twice weekly.	Weekly.	Twice monthly.
Lowestoft (i)	Aldeburgh Beccles Bungay Felixstowe (i) do. (ii) Stowmarket Woodbridge Lowestoft (ii) do. (iii)	Bradwell Brantham Claydon Eye Felixstowe (iii) Halesworth Haughley Kesgrave Kessingland Leiston Reydon Shotley Southwold Wattisham R.A.F. Camp Wrentham Yoxford

Monthly.

Belton	Kirton
Bentley	Laxfield
Blundeston	Lt. Bealings
Bramford	Levington
Carlton Colville	Lound
Charsfield	Newbourne
Chelmondiston	Otley
Copdock	Peasenhall
Corton	Saxmundham
Debenham	Snape
Earl Soham	Somerleyton
East Bergholt	Somersham
Farnham	Tunstall
Framlingham	Waldringfield
Grundisburgh	Wenhaston
Holbrook	Wickham Market
Hollesley	Yaxley
Hopton	

Summary of Attendances for 1959.

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	111	5,362	31,701

ANTE-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>
11	29	485	2142

General practitioner ante-natal sessions held either in clinic premises or at doctor's surgery, with midwife in attendance.

Care of Unmarried Mothers and their Children.

27 expectant mothers were found accommodation in Mother and Baby Homes under the agreed arrangements between the County Council and the St. Edmundsbury and Ipswich and the Norwich Diocesan Moral Welfare Associations.

Care of Premature Infants.

208 premature live births were notified in the year. 107 were born in hospital and 2 in private nursing homes. Of these, 94 survived beyond 28 days. 99 were born at home, and of these 10 were transferred to hospital, where 4 died. The remaining 89 were nursed at home and 85 survived beyond 28 days.

Dental Care.

TABLE VI.
Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	85	80	79	71
Children under 5 ...	164	138	132	76

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	200	3	117	98	—	1	6	12
Children under 5	155	56	76	2	84	—	—	—

The dental officers have treated more patients from these priority groups than at any time previously—a welcome sign, but indicative of the need to expand the work still further, which cannot be done with the present limited staff.

Welfare Foods.

There were at the end of the year 164 places throughout the county where welfare foods could be obtained. Of these more than three-quarters (130) were looked after by voluntary helpers to whom acknowledgment is made for their assistance with this work. Distribution of the various items was as follows:—

National Dried Milk (tins)	...	49,763
Orange Juice (bottles)	...	108,322
Cod Liver Oil (bottles)	...	13,801
Vitamin A & D (packets)	...	9,454

Section 23—Midwifery.

During the year the Council's midwives attended 1,044 patients as midwives, and 732 patients as maternity nurses.

Of the total of 1,776 confinements attended, in 25 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 106 cases.

Gas/air and Trilene analgesia was administered at 1,652 domiciliary confinements; in 974 cases by midwives acting in that capacity, and in 678 cases by midwives acting as maternity nurses.

Pethidine was given to 732 patients by midwives acting as such, and to 369 patients by midwives acting as maternity nurses.

Section 24.—Health Visiting.

TABLE VII.

Summary of visits made
(excluding School Health Service visits).

			1st Visit.	Total Visits.
Expectant mothers	...	...	617	1,496
Children under 1	...	...	3,117	16,495
Children over 1 but under 2	...	...	—	7,282
Children over 2 but under 5	...	...	—	13,680
Tuberculosis households	...	...	—	843
Other visits	...	...	—	2,767

Section 25.—Home Nursing.

TABLE VIII.

Summary of visits made.

				Patients attended.	Total visits.
Medical	...	...	...	2,662	77,697
Surgical	...	...	...	1,079	20,713
Infectious Diseases	...	...	...	13	58
Tuberculosis	...	...	...	35	1,747
Maternal complications	...	...	...	55	252
Other	...	...	...	311	3,464
				4,155	103,931

Section 26—Vaccination and Immunisation.

Vaccination against Smallpox.

TABLE IX.

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

Age at date of vaccination	Under 1	1	2-4	5-14	15 or over	Total
Primary	1,694	42	37	27	68	1,868
Re-vaccination	—	6	29	84	318	437

Diphtheria Immunisation.

TABLE X.

Number of children at 31st December 1959 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1945).

Age at 31.12.59 i.e., born in year	Under 1 1959	1—4 1958-55	5—9 1954-50	10—14 1949-45	Under 15 Total
Last complete course of in- jections (primary or booster)					
A. 1955-1959 ...	793	8,619	9,028	2,581	21,021
B. 1954 or earlier ...	—	—	3,669	12,187	15,856
Estimated mid-year child population ...	3,400	13,300	35,100		51,800
Immunity Index ...	23.32	64.8	33.07		40.58

Section 27—Ambulance Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Whole-time ambulances...	277,858	8,791	17,633

Hospital Car Service.

	<i>Total Miles</i>	<i>No. of Journeys</i>	<i>No. of Patients Carried</i>
Sitting case cars—			
Whole-time ...	17,749	1,491	3,424
Voluntary ...	590,476	15,081	41,000
Total ...	608,225	16,572	44,424

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

TABLE XI.

Tuberculosis Register, 1959.

	<i>Pulmonary</i>	<i>Non- pulmonary</i>
Patients on Register at 1.1.59 ...	1,024	309
New (Primary) Notifications during 1959 ...	46	10
Inward transfers and restored to register in 1959 ...	43	5
Total ...	1,113	324

Taken off register in 1959:

		<i>Pulmonary</i>	<i>Non-pulmonary</i>		
Non-tuberculous	...	—	—		
Died	...	23	2		
Recovered	...	65	21		
Removed or lost sight of		43	3		
		—	—		
Total	...	131	26	131	26
		—	—		
Patients remaining on register at 31.12.59	...			982	298
				—	—

This table is a summary of the registers held by the District Medical Officers of Health.

B.C.G. Vaccination, hitherto limited to contacts of tuberculosis patients and children up to age 13 years was further extended (circular 7/59) to take in all school children, and students attending universities, training colleges, etc. During the year, 451 children and young people were vaccinated.

The amendment to the Council's formal scheme under this Section in respect of the provision of a chiropody service read as follows:—

"The Health Authority propose to extend their services under the Act by providing a chiropody service and in the beginning will give priority to the elderly, the expectant mother and the physically handicapped. The Authority will provide the service by direct arrangement with qualified chiropodists and/or in co-operation with any appropriate voluntary organisations, whose activities include the provision of chiropody. The Health Authority will make such charge as they consider reasonable to persons availing themselves of this Service".

Section 29—Home Help Service.

At 31st December, 382 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)	...	292
(ii) Tuberculosis	...	9
(iii) Chronic sick, including aged and infirm	...	719
(iv) Other	...	57
		—
		1,077
		—

Sections 28 and 51—Mental Health.

Lunacy and Mental Treatment Acts.

The duly authorised officers of the County Council are the male Welfare Officers who, in conjunction with their work under the National Assistance Acts, undertake duties concerning mental health, and some of the staff at headquarters who act in relief of the whole-time officers. During the year, these officers arranged the admission to hospitals of 150 patients, as follows:—

<i>Under the Lunacy Acts:</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
On certification	21	38	59
On 3-day Orders under Sec. 20	27	24	51
<i>Under the Mental Treatment Act:</i>			
As voluntary patients	18	21	39
As temporary patients	—	1	1
	<hr/> 66	<hr/> 84	<hr/> 150

There is good liaison between the mental hospitals and the officers, and a number of patients have received after-care help from the officers, at the request of hospitals, to enable them to settle back into the normal life of the community on discharge from hospital.

Mental Deficiency Acts.

12 male and 6 female patients were admitted to mental deficiency hospitals in 1959, 14 of them on an informal basis. At the end of the year there remained awaiting admission to hospital 25 males and 18 females, of whom 11 and 7 respectively were regarded as in urgent need of hospital care. Periods of temporary care were arranged for 7 males and 12 females.

The numbers under supervision of the welfare officers and health visitors of the County Council at 31st December, 1959, were:—

	<i>Males</i>	<i>Females</i>
Statutory Supervision	148	134
Friendly Supervision	77	56

18 new patients (11 males and 7 females) were ascertained during the year.

Occupation Centres and Classes.

Improvements have been made in the occupational and play therapy equipment at the several centres, and many of the children responded well and made real progress. At Felixstowe (each Monday morning) there has been an average attendance of 13 (7 boys and 6 girls); at Stowmarket it was possible towards the end of the year to increase the centre from Monday mornings only to mornings and afternoons, and 4 boys and 6 girls normally attended; at Ipswich, on two Thursday afternoons each month, 13 children

(3 boys and 10 girls) were regular attenders. In the Council's clinic premises at Daneway, Leiston, structural alterations and adaptations were made during the year and in November it was possible—upon the appointment of another Supervisor, who also cared for the Stowmarket centre—to have the centre open from Tuesday to Friday each week on a full-time basis, midday meals and milk being provided by arrangement with the Local Education Authority. 14 children (7 boys and 7 girls) attended the Leiston centre, while at the other full-time centre at Lowestoft, now well established, the average attendance was 21 (13 boys and 8 girls).

In addition to the above, 4 boys and 2 girls attended the Occupation Centre organised by the Ipswich County Borough and 1 boy attended that at Gt. Yarmouth.

The handicraft class for adults organised by the Lowestoft welfare officers attracted an average attendance of 5 male and 6 female patients, while 44 males and 62 females in other parts of the county were receiving training in their own homes from the welfare officers.

Guardianship.

Patients of East Suffolk origin under guardianship numbered 4 females.

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 regional schemes of water supply in the County are completed except for that in the Gipping Rural District. There, mainlaying is proceeding, and by the end of 1959 this was 85% completed. The outstanding work was mainly to provide efficient interconnection between the various parts of the scheme.

The total length of mains for all rural districts at the end of the year was 959 miles; the provisional ultimate total is 987 miles. The existing mains make water available to about 85% of the population of the county.

The purity of the water generally, both chemically and bacteriologically, has been maintained. The water is hard, scale forming and contains a considerable amount of iron.

Table XII gives details of the length of main now laid in the individual districts.

TABLE XII.

<i>District</i>	<i>Length of mains (miles)</i>			
Blyth	150
Deben	176
Hartismere	210
Lothingland	80
Samford	98
Wainford	90
Gipping	155

The mileage given for the Deben and Lothingland Rural Districts includes the mains of the Statutory Water Undertakers who serve parts of the districts.

The Re-grouping of Water Undertakings in the County is a subject which has given rise to a great deal of discussion during the year. A conference of representatives of Local Authorities and Statutory Companies was held at the County Hall in May, and it was agreed by a majority that the County should be re-grouped into two water areas, and that meetings should take place between the various authorities to resolve differences of detail. Although it is understood that some meetings have been held, the County Council have not been represented and it is not possible to state accurately the position with regard to re-grouping at the end of the year.

Sewerage.

Progress in respect of sewerage schemes has been quite considerable during the year, and it will be seen from Table XIII that a continued increase in sewerage can be anticipated in view of the many schemes approved.

Table XIII shows the work carried out in each Rural District. The groups indicated refer to the categories in the 20-year programme proposed for the County in 1951. It is felt that this programme is in need of revision and it is hoped to produce a revised programme during 1960.

TABLE XIII.
PROGRESS MADE IN THE PROVISION OF SEWERAGE 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	Lothlingland	Samford
Completed or nearly completed:	<i>Kelsale Framlingham (S.D. Works)</i>	<i>Alderton</i>	<i>Debenham Haughley (S.D. Works)</i> <i>Needham Mkt. Stowupland Bramford (Stage I)</i>	<i>Mendlesham Fressingfield & Weybread</i> <i>Palgrave Stage I</i> <i>Hoxne</i>	<i>Bradwell Hopton</i> <i>Kessingland Wrentham</i> <i>Carlton Colville</i>	<i>Brantham Stages I & II</i> <i>Shotley</i> <i>Sproughton</i>
Works under construction:		<i>Orford</i>		<i>Palgrave, Stage II</i> <i>Botesdale & Rickingham</i>		<i>Brantham Stage III</i>
Schemes anticipated to start in 1960:			<i>Stonham Aspal</i> <i>Bramford, Stage II</i> <i>Claydon & Gt. Blakenham</i>		<i>Blundeston Wangford</i> <i>Lound</i>	<i>E. Bergholt Holbrook</i>
Approved but not yet allowed to proceed, for various reasons:		<i>Melton</i>				<i>Washbrook & Copdock</i>
Awaiting Minister's approval:	<i>Thorpeness</i> <i>Walberswick</i>				<i>Barnby*</i>	<i>North Cove*</i>
Schemes not submitted in detail to E.S.C.C.:	<i>Earl Soham</i> <i>Knodishall</i> <i>Peasenhall, Sibton & Yoxford</i>	<i>Kesgrave & Martlesham</i> <i>Rushmere</i> <i>Grundisburgh</i> <i>Bawdsey</i> <i>Charsfield & Dallinghoo</i>		<i>Bacton</i> <i>Yaxley</i>	<i>Belton</i>	<i>Chelmondiston</i> <i>Capel St. Mary</i> <i>Stratford St. Mary</i>
						<i>Wissett</i> <i>Westhall</i> <i>Ilkeshall St. Lawrence</i>

* Joint Scheme.

Housing

The following tables summarise the housing action taken by the various District Councils in the County.

It will be seen that much of this work is carried out informally and during the year a great many unsatisfactory houses have been rendered fit.

The erection of new houses by Local Authorities continues at a steady rate and there is a continued increase in the rate of private building.

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 ...	36	325	34	11	58	51	49	428	25	78	48	
2. No. found to be unsatisfactory ...	16	112	6	3	41	10	19	307	16	47	48	
3. No. rendered fit by:												
(a) Informal action ...	14	75	6	3	38	10	4	92	14	34	46	
(b) Action under Public Health Act ...	—	—	—	—	3	—	—	22	—	2	—	
(c) Action under Housing Act ...	—	—	—	—	—	3	—	7	—	—	—	
4. No. of Demolition Orders secured ...	—	2	—	—	—	—	—	12	—	—	2	Not
5. No. of dwellings included in Clearance Orders secured ...	—	—	—	—	—	—	—	—	—	—	—	yet
6. No. of dwellings demolished under Demolition Orders ...	—	3	7	—	—	—	—	4	2	—	—	available
7. No. of dwellings demolished under Clearance Orders ...	—	—	—	—	—	2	—	34	—	—	—	
8. No. of dwellings demolished by informal action ...	—	—	—	—	—	—	—	—	1	2	—	
9. No. of dwellings in respect of which Closing Orders were made ...	—	—	2	—	—	3	15	2	—	—	1	
10. No. of dwellings improved by Improvement Grants:												
(a) Discretionary ...	10	24	2	—	3	1	19	61	2	11	9	
(b) Standard ...	4	1	4	—	11	2	—	28	—	1	—	
11. No. of new houses erected:												
(a) By Local Authority ...	—	—	—	—	67	—	—	2	—	—	—	
(b) By Private Enterprise. ...	12	30	3	1	36	12	4	201	2	6	19	

TABLE XIV (b).

SUMMARY OF HOUSING ACTIVITIES IN RURAL DISTRICTS.

	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
1. No. of Houses inspected ...	425	134	181	130	158	83	260
2. No. found to be unsatisfactory ...	332	117	134	53	143	54	200
3. No. rendered fit by:							
(a) Informal Action ...	185	19	31	20	74	18	130
(b) Action under Public Health Act ...	—	—	2	—	2	5	—
(c) Action under Housing Act ...	20	—	1	—	—	1	2
4. No. of Demolition Orders secured ...	13	10	2	3	6	12	19
5. No. of dwellings included in Clearance Orders secured ...	—	14	—	—	—	—	—
6. No. of dwellings demolished under Demolition Orders ...	15	8	1	30	14	10	15
7. No. of dwellings demolished under Clearance Orders ...	—	2	—	—	—	—	—
8. No. of dwellings demolished by Informal Action ...	—	4	2	4	18	6	2
9. No. of dwellings in respect of which Closing Orders were made ...	15	—	13	—	—	2	—
10. No. of dwellings improved by Improvement Grants:							
(a) Discretionary ...	60	50	33	19	25	34	11
(b) Standard ...	1	47	—	2	—	1	1
11. No. of new houses erected:							
(a) by Local Authority ...	22	20	28	10	4	6	—
(b) By Private Enterprise ...	26	211	55	11	95	47	12
12. Total number of permanent houses and flats owned by the Council on 31.12.59	954	1269	1083	939	678	703	406

INSPECTION AND SUPERVISION OF FOOD.

TABLE XV.

Inspection of Meat for Human Consumption.

The following table shows the total amount of meat inspection carried out in various slaughterhouses in the County. Inspection is mainly carried out by Public Health Inspectors of the County Districts in conjunction with their other duties, and it is a credit to the officers concerned that with one or two minor exceptions 100% inspection service has been maintained.

	Cattle (including Calves)	Sheep	Pigs
Number of animals inspected	16,982	18,478	110,360
Whole carcasses condemned:			
Tuberculosis ...	92	—	20
Other Causes ...	57	82	338
Carcasses of which some part or organ was condemned:			
Tuberculosis ...	844	—	1,625
Other Causes ...	3,640	1,550	17,772

Food and Drugs Acts—Sampling for Chemical Analysis.

The County Council are the Food and Drugs Authority for the whole of the Administrative County, with the exception of the Borough of Lowestoft. Details are given below of the samples of Milk, other Foods, and Drugs, taken under the Food and Drugs Acts.

During 1959, 958 samples were taken for analysis representing 5.5 samples per 1,000 population. 60.7% of the samples were milk and 39.3% other food and drugs. 85 samples, i.e., 8.6% proved unsatisfactory.

Milk.

Total number of samples taken ...	598
Number submitted to the Public Analyst ...	10
Number unsatisfactory by reason of:	
(1) Fat Content below standard ...	17
(2) Solids not Fat content below standard	35
(3) Fat and Solids below standard ...	5
(4) Containing added water ...	8
Percentage unsatisfactory ...	9.5

Action Taken.

It was not found necessary to institute legal proceedings in respect of any milk deficiencies during the year. In most cases the amount of added water involved in adulterated samples was very small. The highest percentage was 6.5% and in that case it was decided not to prosecute in view of the Vendor's circumstances. In all cases a warning letter was sent to the Vendor, the consignments have been regularly tested since, and no further instances of added water have occurred.

In all other instances where milk was found to be below the presumptive standard of the Sale of Milk Regulations, the deficiency was found to be due to natural causes; either by supervised milkings or by the Hortvet (Freezing Point) Test.

Other Food

Total number of samples taken	...	...	359
Number submitted to Public Analyst	...	...	323
Number unsatisfactory	...	...	27
Percentage unsatisfactory	...	...	7.5

In all cases of unsatisfactory food samples, Manufacturers were informed, and have co-operated well in complying with suggested label alterations and minor alterations in recipes. The following shows the type of food and the defects found.

<i>Nature of Sample</i>	<i>Defect</i>
Pork Sausages (3)	Undeclared preservative present.
Shredded Beef Suet	Deficient in fat.
Pasteurised Processed Soft Cheese	Deficient in fat. Label declaration incorrect.
Spread with Sap Sago	Slightly deficient in butterfat.
Peanut Butters (containing glucose)	Deficient in Meat.
Casserole Steak (2)	Stained with dye, unfit for consumption.
Potato Crisps	Excess added chalk.
Plain White Flour	Failed setting test.
Jelly Crystals—Blackcurrant	Slight meat deficiency.
Chopped Chicken	Misleading description.
Parmesan Cheese	Deficient in Meat, undeclared preservative.
Wiltshire Sausages—Pork	Excessive moisture, deficient in butterfat.
Pasteurised Swiss Gruyere process Cheese (2)	Incorrectly labelled in respect of setting strength.
Gelatine	Deficient in meat content.
Luncheon Meat	Unpalatable. Numerous yeast bodies present.
Cyder	Deficient in milk fat.
Milk Chocolate Puff Candy	Deficient in milk fat.
Milk Chocolate Cigarettes	Slightly deficient in Meat.
Pork Sausages	Deficient in Meat content.
Danish Pork Luncheon Meat	Incorrect order of ingredients on carton.
Mild Cheese Spread	Incorrect order of ingredients on label.
Choice Fruit Salad in Heavy Syrup	Slightly deficient in Skimmed Milk.
Condensed Sweetened Skimmed Milk	Deficient in Meat. Misleading description.
Corned Beef Loaf	

Legal Proceedings.

Proceedings were instituted as a result of a complaint that a fruit pie purchased in the County was later found to contain a piece of metal. The manufacturers agreed that the metal had been in the pie at the time of manufacture and pleaded guilty to the offence.

A fine of £3 was imposed.

Drugs.

Total number of samples taken	...	...	28
Number submitted to Public Analyst	...	...	28
Number unsatisfactory	...	...	1
Percentage unsatisfactory	...	...	3.5

The one Drug sample found to be unsatisfactory was "Family Embrocation". The sample was found to be deficient in egg content judged by the declaration on the label. Investigation revealed that a change from the use of dried eggs to whole eggs had occurred, making a difference in analysis of the product; the labels were amended appropriately.

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

Seven principal licences to pasteurise milk were issued by the County Council for the year 1959.

The dairies concerned are inspected and equipment checked regularly. In addition periodic testing of washed bottles and churns and swabbing of dairy plant show a high standard of cleaning and sterilisation.

During the year 321 samples of Pasteurised Milk and 206 samples of Tuberculin Tested Milk (Pasteurised) were taken. The results are shown in the following table.

TABLE XVI.

Designation.	Test.	No. of Samples	
		Passed	Failed.
Pasteurised	Phosphatase ...	316	5
	Methylene Blue ...	306	—
Tuberculin Tested (Pasteurised)	Phosphatase ...	202	4
	Methylene Blue ...	187	2

Phosphatase Test Failures.

Of the 9 samples which failed the phosphatase test, indicating errors in pasteurisation, 2 occurred in a small holder type plant and were caused by a defective thermometer and a leaking valve.

The other 7 failures occurred in a batch holder plant. The plant was installed during the year and its operation not fully understood by the operators; shortly after its installation the failures occurred. Investigation revealed the cause of the failures. Operators were instructed on the correct method of operation, an additional thermometer installed, and the plant checked by the manufacturers. The plant has operated well since that time.

Methylene Blue Test Failures.

The two Methylene Blue Test failures occurred in two High Temperature Plants during July. The exact causes could not be ascertained.

Biological Examination of Milk.

Sampling for biological purposes was mainly confined to milk sold for consumption in its raw state, where raw milk is used for making cream, or other products. Herds are sampled twice yearly and samples are examined for the presence of Tuberculosis and Brucella organisms by the Public Health Laboratory Service.

A total of 565 samples were taken during the year, representing approximately 120 herds. 4 herds were found to be excreting Brucella organisms. In these cases, appropriate action was taken by the District Medical Officers to ensure that infected milk was diverted for heat treatment.

Specified Areas.

In conjunction with other milk sampling, constant surveillance is continued to ensure that only Specially Designated Milk is sold by retail in the County.

During the year one instance was revealed where a small quantity of raw, undesignated milk was being retailed, the Producer was immediately notified of the offence and retail of milk from that source ceased forthwith; the Vendor was not aware of the requirements of the Order.

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 251 (including 35 non-maintained) schools 248 receive a supply of pasteurised milk, the remainder receive a raw Tuberculin Tested supply.

The various supplies are sampled and tested regularly for biological purposes, to test efficiency of pasteurisation and keeping quality, and for chemical quality.

A total of 98 samples were taken during the year, of which 2 failed the Phosphatase Test; in both cases the dairies concerned were licensed by the County Council and immediate steps were taken to prevent further failures.

V.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND
OTHER DISEASES.TABLE XVII.
Notification of Infectious Diseases.

Infectious Disease	Number of cases notified	Number of deaths
Scarlet Fever	233	—
Whooping Cough	100	—
Poliomyelitis—paralytic	—	—
do. —non-paralytic	1	—
Measles	1166	—
Diphtheria	—	—
Pneumonia	137	111
Dysentery	80	—
Smallpox	—	—
Encephalitis—infective and post infective	5	—
Enteric or typhoid fever	—	—
Paratyphoid fever	—	—
Erysipelas	19	—
Meningococcal infection	3	—
Food poisoning	30	—
Puerperal pyrexia	26	—
Ophthalmia neonatorum	—	—
Infective hepatitis	2	—
Malaria	—	—

The number of cases notified of scarlet fever was double that notified in 1958, though the number of cases of whooping cough fell by half. Although the figures are small, it may be noted that the cases of dysentery increased ten-fold over the previous year. Too much reliance cannot however be placed on the figures of notifiable diseases as in these days when the majority of cases are mild and occur in healthy children, many parents do not call in the family doctor. For this and other reasons, the notification figures must be regarded as incomplete.

Once again it may be advisable to comment on the pneumonia figures. The mortality of primary pneumonia in childhood is low, but the disease may well be a complication of diseases of middle and later life. It will be seen from Table IV that 10 only of the fatal cases of pneumonia occurred under the age of 45 years.

VI.

GENERAL.

Nurseries and Child Minders' Regulations Act, 1948.

Additional premises and persons were approved under this Act during 1959 and at the end of the year there were two day nurseries registered for the reception of 32 children and 4 persons registered as daily minders for a total of 25 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 ...	4	5	9
Field Stile, Southwold ...	—	8	8
Sproughton Manor, Sproughton ...	—	14	14
	—	—	—
	4	27	31
	—	—	—

Approval was given to an amendment of the allocation of beds at Orme House, Lowestoft, from 2 maternity and 7 other to 4 and 5 respectively, and the registration of Otley Hall (10 beds) was cancelled when the owners purchased another property at Sproughton, which was approved for the reception of not more than 14 patients.

EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1959

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH