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ANNUAL REPORT

OF THE

County Medical Officer

1960

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 the Annual Report on the health of the County of East Suffolk for the year 1960. As in recent reports, and having regard to the Triennial Report covering the period 1958-1960 submitted to the Council early in 1961, I have commented briefly in this preamble to certain items in the text.

Vital Statistics.

The various birth and death rates are a useful guide to the general health and well-being of the people to whom they relate, and these rates are calculated per 1,000 of the population, which figure is derived from the Registrar-General's mid-year estimate. For 1960, this increased by 2,080 over 1959 to a figure of 228,880, but before this Report was completed, Census 1961 figures were available and the population of the administrative county is given as 225,371, a fall of 3,509.

Total live and still births increased by 85 over 1959 and the adjusted rate per 1,000 population for live births was only 0.1 below the average for the country. Stillbirths, showing an increase of 0.4 per 1,000 population, was still below the national average. Infant deaths were up from 53 to 63 but the adjusted rate of 15.0 was well below the rate for England and Wales of 21.9.

The total number of deaths from all causes rose by 77 from 2,706 to 2,783. Among these, there occurred one death attributed to maternal causes.

Deaths from all forms of cancer increased slightly from 505 to 528, and those assigned to heart conditions from 957 to 1,054. All other causes of death varied only slightly up or down.

Care of Mothers and Young Children.

The number of children attending infant welfare and weighing centres seems to be fairly constant and it is difficult in the circumstances to refute the need for these centres when there is a small but regular demand for the service. It is possible that the desire for mothercraft and parentcraft classes and demonstrations may well increase attendances at these centres.

It is good to be able to record increasing co-operation with general practitioners in arrangements for ante-natal clinics held in their own surgeries with the domiciliary midwife in attendance. Many more expectant mothers (748 against 485 last year) were seen during the year at such clinics.

About the same number of children under 5 years of age but fewer expectant mothers visited the authority's dental clinics. This service is slowly expanding and the appointment of another dental officer in September - while still leaving the staff under establishment - will help later.

Midwifery, Home Nursing and Health Visiting.

Slightly less than half (48.3%) of all confinements in the county were home confinements attended by the Council's midwives. Of the remainder, 16.9% (610 patients) were midwives' cases admitted to hospital for medical reasons but discharged to the care of the midwife before the 14th day following confinement. This amount of domiciliary work has kept the midwives very busy and has re-emphasised the gaps in the ranks which need to be filled by the recruitment of additional staff. But this so far continues to be difficult in this rural area, despite the attraction of offers of good housing accommodation and liberal private use of county cars, and it is disappointing that no additions have been possible to the numbers of district-nurse/midwife/health visitors. All the nurse-midwives are fully qualified in the administration of analgesia, and of the 1,741 home confinements, 1,589 (91.2%) patients had gas/air or trilene analgesia, while pethidine was given to 1,066 (61.2%) patients.

Home nursing, for which over 100,000 nursing visits were made, still absorbs much of the time of the nursing staff. Considerable effort is being expended in nursing patients at home wherever possible, whilst early discharge from hospital after treatment, has in recent years increased markedly, especially among the 65+ years of age group, the calls on the home nursing service.

Arrangements for nurse-midwives to attend refresher courses continue on a rota and 12 of the staff attended full-time courses during the year, while local arrangements were made for all the nursing staff to attend a series of lectures over two days on modern methods of treatment.

The number of visits made by the health visiting staff remains at about the same level, save in respect of those to tuberculous households which increased following the appointment of a second health visitor specialising in this work. The role of the health visitor as the family health adviser is an important one and it is unfortunate that there is still a shortage of qualified staff able to do this work. Those available have given much time - at infant welfare centres, at mothercraft and parent-craft classes and to other groups - in health education matters for which there is a growing demand. Health visitors have continued, in cooperation with other field workers, to play an important part in dealing with problem families. Regular case conferences are held and a cooperative line of action is determined. It is good to know that many of these families under review have been removed from the records as now longer needing special attention, leaving in general the "hard-core" of

cases for whom a solution to the various problems presented is not easy to discover.

One health visitor scholarship was awarded and the candidate took this up in September, her course lasting over the end of the year. A residential week-end course for health visitors was held at Belstead House, the County Education Committee's residential hostel, from 8th to 10th April, when the subjects under discussion included mental health; health education in schools; detection of deafness in infants and toddlers; education for family life and future trends in health visiting.

Vaccination and Immunisation.

The various protective inoculations available through the local health authority services are, in general, intended for children to enable them to gain resistance to disease early in life. That many parents do not take advantage of these is evidenced by the fact that less than half the children at risk are protected against diphtheria, though the introduction of the use of the triple antigen giving inoculation against diphtheria, whooping cough and tetanus resulted in a slight increase in the number protected. Propaganda about the inoculations available is sent to the parents of all live-born children, and health visitors in the course of visiting and at welfare centres emphasise the need for these protective treatments, but there remain still too large a proportion of parents who are prejudiced against them, or who will not take the small trouble involved.

Immunisation against diphtheria, whooping cough and tetanus - or all three with the combined antigen - and poliomyelitis vaccination are carried out by the local authority staff at welfare centres, at school medical inspections, or at special sessions, and all of these, with vaccination against smallpox, can also be obtained through the family doctor service.

The age range for poliomyelitis vaccination was again extended from 1st February 1960 to take in all persons up to age 40 years and in November this was made available to persons of all ages, those over 40 being advised to consult their own doctors. There were ample supplies of vaccine and the demand was such that some other routine work had to be temporarily suspended though there was no great rush from the new 26-40 age group, of whom 1,999 completed a course of the first two injections during the year. A total of 19,805 persons of all eligible age groups completed a course of three injections during 1960, bringing the cumulative total of inoculations given since poliomyelitis vaccination was introduced up to 71,865. It was estimated at the end of the year that this figure included some 70% of children up to school leaving age.

Ambulance Service.

The overall cost of the service remains among the lowest in the country, due in part to the co-operation received from the voluntary organisations of the St. John Ambulance Brigade and the British Red Cross Society. In ambulance vehicles, more patients were carried while mileage decreased, reflecting the value of central co-ordination and use of radio-telephone communication. Mutual help arrangements with neighbouring county authorities continue to operate satisfactorily.

The hospital car service shows no lessening of use, and patients carried and mileage covered increased again this year. While every opportunity is taken to arrange rail transport, the growing use of outpatient treatment and to a lesser degree the timing of hospital appointments account for the continued rise in use of the hospital car service.

By far the greater volume of ambulance work is of a routine nature yet the service must always be ready to meet the emergency. Just as the general demand seems to be the speediest journey between two places, so is the public demand for the ambulance service to be on the spot when an accident occurs. No serious criticism in this respect has yet been substantiated against the service, but the disposition of the several stations is constantly under review with a view to ensuring reasonable and adequate cover of the whole county at all times.

Prevention, Care and After-care.

An item of note under this heading was the considerable increase in the number of children and young persons receiving B.C.G. vaccination following the extension last year of the upper age limit to take in all school children, students at further education training establishments and contacts of tuberculous patients. This work is done in co-operation with the Consultant Chest Physicians, who during the year completed 1.746 vaccinations (451 in 1959).

The Community X-ray survey, also conducted by Dr. C.J. Stewart and his team of workers with whom the County Council is collaborating completed another successful year, during which surveys were carried out in the Samford district (to complete work begun in 1959), in Leiston and district, and in Lowestoft. The greater part of the year was spent in Lowestoft, where in addition a special survey of school children was undertaken at the request of the Ministry of Health and in co-operation with the East Suffolk County Education Committee with the object of investigating the incidence of congenital heart disease. This was in an attempt to confirm the findings in the south of the county that the incidence was considerably higher than had been previously estimated. The Lowestoft X-ray survey was incomplete at the end of the year, but the early response has not been as encouraging as had been hoped. A concentrated effort is to be made early in 1961 to achieve better response from the people of the town.

17 cases of active tuberculosis were discovered during 1960, representing 0.6 per 1,000 X-rayed. Actual numbers of persons X-rayed in the surveys and at selected places totalled 19,546, the highest figure so far recorded in one year, bringing up to 87,333 the number of people seen since the unit started, which approximates to 70% of the population who could have attended. A notable result was achieved in one village - Kelsale - where over 80% of the people were X-rayed and over 70% tuberculin tested, a tribute to the willing co-operation of the public and the enthusiasm of the voluntary workers, who play a valuable part in the work of the unit.

Again it is disappointing to have to report little real progress in the establishment of a full-time chiropody service, due to the lack of qualified chiropodists. The service provided on an agency basis by the East Suffolk Old Peoples' Welfare Association has not lessened, and as far as has been possible within the limitations of available practitioners, the older age groups have been cared for.

Home Help Service.

The number of part-time home helps employed during the year rose to 414, and the number of households assisted totalled 1,232, both figures exceeding by far any previous year. Home helps are engaged, on the recommendation of the family doctor, health visitor, district nurse or welfare officer, to give domestic help when the householder is unable to cope because of illness, age, or infirmity, or when a home confinement has been arranged. Five of every seven cases (875 out of 1,232) helped were chronic sick, aged or infirm, the remainder being mainly maternity patients. The County Council is co-operating with local housing authorities by employing a home help or Warden to serve a group of aged or infirm persons provided with special housing accommodation, and similarly in the case of a small number of almshouses.

Mental Health.

There is set out in full in the Report, for information and for record purposes, the amended scheme prepared following the passing of the Mental Health Act, 1959 submitted to and approved by the Minister of Health early in the year.

It was confidently expected that real progress would have been made with some of the proposals, notably the provision of a junior training centre. Plans were prepared and discussions held with Ministry officials but so many amendments were made that the original plan was altered and the estimated cost was inflated to such an extent that the scheme was abandoned. Progress with these arrangements was not fast and had reached no conclusive stage at the year's end.

Some parts of the Act were operative from July, 1960 and the remainder from November, 1960. Delegation of special duties to certain officers of the Council and the nomination of the former duly authorised officers as mental welfare officers was effected as the various parts of the Act required, and opportunity was taken to begin some in-service training in co-operation with the main psychiatric hospital at St. Audry's, Melton.

Full implementation of the powers and duties of the local health authority under the Act will extend over a long period. There is an acute shortage of accommodation and an appreciable lack of qualified officers. Until these two factors are overcome by building and by recruitment the mental health service will develop only slowly from its previous form.

Reference is made in the Report to the difficulties experienced in obtaining permanent places for severely subnormal children, and the pressing demands for short-term care.

Water Supplies and Sewerage.

That part of the Report dealing with these items is prepared by the County Water Engineer, who has indicated that the provision of piped water supply is virtually complete in the whole county, but that the sewerage schemes are not quite so forward. The latter are however under constant review, and the revised programme for the next ten years shows that at the end of that period most of the work will be completed.

Food and Drugs.

The sampling of milk, and the examination of various foods and drugs form a valuable contribution to public health in that suppliers and manufacturers are kept aware of the need to maintain their products to the high standard demanded of them by the public. Much of this work passes unnoticed, but the report will show that not all of it is unrewarding, though in general the number of unsatisfactory samples is very low. Towards the end of the year, work was in hand in connection with the new licensing procedure which became effective from 1st January, 1961, and by that time licences for almost all dealers in designated milk had been approved.

School Swimming Pools.

An interesting feature of which much more will be heard and seen in the near future is the provision of small swimming pools at schools. The first of these was opened in 1960 and several more are planned for 1961. The County Health Inspector kept in close touch with the Education Committee officers and head teachers concerned regarding the care and maintenance of these pools.

General.

This Report reflects the work of the Council as a local health authority which is directed towards keeping the community health up to a high standard. As co-partners in this, the hospital service and the general practitioner service have equal parts to play and there is always good co-operation between the trio. Statistics mentioned earlier or in the Report show that there have been no serious epidemics; that the care of mothers and young children is kept as up to date as possible; immunisation against diseases is freely available to a large part of the population and that the social health services are administered as widely and wisely as possible. This work can be done only with the loyal help of the whole-time staff, and of the many voluntary helpers, to whom thanks are due.

* * *

As County Medical Officer, I am indebted also to the loyalty and hard work of my Administrative Deputy and County Welfare Officer (Mr. L. J. Bowling), and I acknowledge gratefully the ready help and encouragement given by the Chairman and members of the Health Committee.

I have the honour to be,

Your obedient servant,

S.T.G. GRAY,

County Medical Officer.

Health Department, County Hall, Ipswich.

September, 1961.

I.

GENERAL STATISTICS.

Area: 548,608 acres (Census, 1951). 547,397 acres.

Population 1960: 228,880 (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: £2,536,872 (year beginning 1st April, 1960).

Estimated product of a penny rate: £9,887 (year beginning 1st April, 1960).

TABLE I.

Extracts from Vital Statistics for the Year.

Live Births:	M.	F.	Total.	Man of the state o
Legitimate Illegitimate	1,780	1,623 69	3,403	Birth rate per 1,000 estimated population: - 15.5
Total live births	1,853	1,692	3,545	Carata and a promotion in the company
Stillbirths:				
Legitimate Illegitimate	34 3	22 1	56 4	Rate per 1,000 total births (live and still-births):- 16.6
Total still-births	37	23	60	
Deaths:	1,427	1,356	2,783	Crude death rate per 1,000 of estimated population: - 12.1

	No. of Deaths.	Rate per 1,000 total births
Deaths from Puerperal Causes:	1	0,27

Deaths of infants under one year of age:

	M.	F.	Total
Legitimate Illegitimate	38	22	60 3
Total	41	22	63

	E	ast Suffo	olk	England
	Number	Crude rate	Adjusted rate	-Wales rates
Live births	3,545	-	-	- 14
Live birth rate per 1,000 population	-	15.5	17.0	17.1
Still-births	60	-	-	-
Still-birth rate per 1,000 live and		-	740 SEE 140	and the same
still-births	-	16.6	18.3	19.8
Total live and still-births	3,605	-	-	tentions.
Infant deaths	63	-	-	-
Infant mortality rate per 1,000 live			THE SAME THE	adaly.
births - total	-	17.7	15.0	21.9
Infant mortality rate per 1,000 live			staving la	and mers
births (legitimate infant deaths		17.0	15.0	
per 1,000 legitimate live births)	10 H-0 H	17.6	15.0	CLE-IN
Infant mortality rate per 1,000 live			Annual of the	The state of
births (illegitimate infant deaths per 1,000 illegitimate live births)		21.1	17.9	_
Neo-natal (first four weeks) mor -		21.1	11.5	
tality rate per 1,000 live births	J TIME	13.8	11.6	15.6
Early Neo-natal deaths. (deaths		10.0		10.0
under 1 week)	42	-	-	-
Early Neo-natal mortality rate				DE LUIS A
(deaths under 1 week per 1,000				
'total live births'	-	11.8	10.0	-
Perinatal mortality rate (still-births				THE PARTY OF
and deaths under 1 week com-				HILLIAN I
bined per 1,000 total live and				il laser
still-births)	-	28.3	24.0	32.9
Maternal deaths	1	-	-	midficie .
Maternal mortality rate per 1,000	1			
live and still-births	-	0.27	0.23	0.39

TABLE II

FOPULATION, BIRTHS, DEATHS, ANNUAL RATES

DEATHS	Total	55	81	62	42	210	26	52	5555	31	34	92	75	1,315	272	354	219	190	182	177	74	1,468	2,783		
ALL DE	Female	30	45	37	29	114	12	27	273	21	20	45	37	069	130	158	96	72	92	97	37	999	1,356	put	
	Male	25	36	25	13	96	14	22	282	10	14	47	300	625	142	196	123	118	106	80	£- 00	802	1,427	England and	17.1
THS	Total	I	ca	1		6	1	1	11	ī		1	co	30	10	7	Ą	10	-	2	4	33	63		
INFANT DEATHS	Female	1	2	ı	-	4	1	1	63				63	13	12	2	1	,	1	*1	23	03	22	8040	
INF	Male	1		1	,	2	1		8	.1		1	67	17	9	10	63	10	1	2	2	24	41	Adjusted by	17.0 17.0 18.3 15.0
HS	Total	63	4	1	1	5		ı	11	1	1	-1	1	25	10	6	-	9	4	1	67	35	09	Adj	Comba
STILLBIRTHS	Female	1	1	ı	1	1	1	1	2	1	1	1	t .	8	64	00	101	ıs	-	-		15	23		
ST	Male	1	3	,	1	474	1		9	1		1	1	17	00	9	2	1	60	1	63	20	37	Crude	15.5
HS	Total	43	88-	09	29	364	39	50	658	32	14	108	100	1,585	292	542	299	266	201	254	106	1,960	3,545	0	
LIVEBIRTHS	Female	22	45	20	12	162	18	22	305	1.6	7	53	53	735	137	262	142	132	100	129	55	957	1,692		ths
T	Male	21	43	40	17	202	21	28	353	16	7	55	47	850	155	280	157	134	101	125	51	1,003	1,853		populati total bir 00 popul
POPULATION	Esti- mated mid 1960	3,030	7.040	3,600	1.580	16,150	2,400	4,130	45,350	1,460	2,370	7,640	6,190	100,940	19,110	33,180	19,530	16,930	15,790	16,580	6,820	127,940	228,880		Livebirth rate per 1,000 population Stillbirth rate per 1,000 total births Infant Death rate per 1,000 population Doubly rate per 1,000 population
POPUL	Census 1951	2,689	6,870	3,535	1.631	15,081	2,155	4,056	42,834	1,438	2,473	7,325	5,310	95,397	19,281	27,505	20,515	17.317	14,716	15,324	7,069	121,727	217,124		rth rate post beath rate
		Aldeburgh M.B.	Beccles M.B.	Bungay U.D.	Eve M.B.	Felixstowe U.D.	Halesworth U.D.	Leiston U.D.	Lowestoft M.B.	Saxmundham U.D.	Southwold M.B.	Stowmarket U.D.	Woodbridge U.D.	Total (M.B., U.D.) 95, 397	Blyth R.D.	Deben R.D.	Gipping R.D.	Hartismere R.D.	Lothingland R.D.	Samford R.D.	Wainford R.D.	Total (R.D.)	Total (County)		Livebi Stillbi Infant Death

14

TABLE III CAUSES OF DEATH IN EACH DISTRICT.

			-	-	RH	-	DISTRICTS		_	34	9				R	RURAL	DISTRICTS	RICT	8	-	110
CAUSE OF DEATH	Aldeburgh	Beccles	Brugey	EAG	Felixatowe	Leiston	Lowestoff	edbaumxe2	Southwold	Stowmarke	Woodbridg	Total	BlAsp	Depen	Gripping	Hartlamer	Lothinglan	Samford	broinisW	Total	Grand Tot
:	55	81	62 4	42 21	210 26	5.2	555	31	34	92	75	1,315	272	354	219 1	190 1	182 1	77	74 L	468 2	2783
Tuberculosis, respiratory		-					-			1		63	-	64	-	-		rt	-	1	10
:												1		-						-	1
:							1				1	64	63				-			63	10
:												•					-			1	ı
:						_		2016							. 1		-		-		s.t
Meningococcal infections			-	-		-	-	-				1			1					П	1
												1								1	1
:								-				,			-1		-	_		63	63
Other infective and parasitic diseases				-	-1		60					4		-	-					63	9
Malignant neoplasm, stomach	1	63	1	-	63	-1	23		-	C4	-	35	0	44	2	10	-	4	63	30	65
Malignant neoplasm, lung, bronchus	60	62	63	_	11	60	24			9	4	57	5	11	6	80	12	9	63	47 1	104
breast		62	-		63	1 1	0				-	19	10	4	63	60	-	60	64	20	39
Malignant neoplasm, uterus	-		60		3	-	0		-	1		16		60				1	23	9	52
Other malignant and lymphatic neo- plasms	00	t=	NO.	1	9	3	59	60	45	14	4	132	27	4. 63	17	21	31	21	9	166 2	298
			-		_																

1.1	28	341	550	55	470	172	9	117	77	16	17	0	13	24	-	20	180	10	80	20	4
10	0	181	259	17	231	80	200	64	45	6	7	9	1	12	н	1.0	16	17	90	15	-
1	7	작	11		1.5	4		63	63							64	8	ri	च्य	н	
1	-	23	500	4	26	125	н	0	-	63				-		-4	13		E.	+1	
	-1	22	30	63	34	10		9	4			63		-	н	Z	122	8	64	н	
	-4	29	33		23	-1		00	13	2	1	-	65	4			12	01	4	60	
г	ro.	18	38	6.3	99	15		-	PG	ca	63		2	07		-	0	23	6)	4.	
52		41	7.0	4	10	26	H	23	7	63	62	-	63	-1		10	20	9	11	4	
23		44	49	67	99	11	eri.	10	00	1			Н	64		-	17		13	63	-
-	19	09	11	17	68	27	60	62	53	2	10	60	9	12	1	10	89	89	30	14	63
		7 116	19 291		12 18	9		63	-		-1				-		7	64	63	-	
	63	7	18	-	63	6		157	m		1		-				10	-	63		
1		of.	11		65	4		m									1	-			
	1	60	6		63	ıa		62				н							-		
6.3	11	71	111	6	74	30	63	17	16	4	65	63		2		4	42	23	11	60	64
1		75	17		6	62		62	64							**	1		63		
	-	н	7		10	-		64			/-									1	
64	en	23	52	63	30	10		10	ro.	2	63		4	7		m	18		23	63	1
		:	11	-	65			60	63					-			9		-		
		80	12.	6.3	7	11		1	6.9	1							63		64	-	
		53	14		52	-		60	-1				-		-		4	-1	un ,	1	
		on	10		60	4		60		7	63			64		-	2		1		
Leukaemia aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
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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 F ysicians:

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 22 wholetime (8 of whom were holding combined appointments as district nurse / midwife-health visitor), and 3 part-time, and 1 whole-time and 1 parttime Tuberculosis Health Visitors.

District Nurse/Midwives:

At the end of the year, 58 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., M.I.P.H.E.

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

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

F.J.Goldsworthy, L.D.S. (from 5.9.60).

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.

Minor changes only have been made in the pattern of infant welfare centres, resulting in a reduction from 111 to 110 in the number of sessions held each month, and at the end of the year, the following centres were continuing.

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 Hopton: Kesgrave Leiston Reydon Shotley Southwold Wattisham R.A.F.Camp

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
Framlingham	Tunstall
Grundisburgh	Waldringfield
Haughley	Wenhaston
Holbrook	Wickham Market
Hollesley	Yaxley
Kessingland	

Summary of Attendances for 1960

INFANT WELFARE CENTRES:

Centres provided.	Sessions per month.	No. of Children attending during year.	Total number of attendances made.
60	110	5,338	31,090
ANTE-NATAL	CLINICS.		
Clinics provided.	Sessions per month.	No. of Women attending during	Total number of attendances made
		year.	
12	30	748	2,391

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.

22 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.

213 premature live births were notified in the year. 131 were born in hospital. Of these, 110 survived beyond 28 days. 82 were born at home, and of these 9 were transferred to hospital where 5 died. The remaining 73 were nursed at home and 71 survived beyond 28 days.

Dental Care.

TABLE VI.

Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit.
Expectant/Nursing Mothers	38	37	37	45
Children under 5	165	137	103	63

Forms of dental	treatment	provided.
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- Australia	Extrac-	General		Scalings Silver or gum treat-ment ment	Fillings or gum Nitrat						Dentures provided	
Subject of	tions	Anaes- thetics	Fillings			treat-	X-rays	Com- plete	Partial			
Expectant/ Nursing Mothers	58	-	70	78	-		9	17				
Children under 5	125	56	94	-	43	-	-	-				

Welfare Foods.

There were at the end of the year 159 places throughout the county where welfare foods could be obtained. Of these more than three-quarters (127) 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)	 44,959
Orange Juice (bottles)	 102,047
Cod Liver Oil (bottles)	 13,304
Vitamin A & D (packets)	 9,866

Section 23 - Midwifery.

During the year the Council's midwives attended 1,012 patients as midwives, and 730 patients as maternity nurses.

Of the total of 1,742 confinements attended, in 18 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 105 cases.

Gas/air and Trilene analgesia was administered at 1,589 domiciliary confinements; 910 cases by midwives acting in that capacity, and in 679 cases by midwives acting as maternity nurses.

Pethidine was given to 709 patients by midwives acting as such, and to 356 patients by midwives acting as maternity nurses.

Section 24 - Health Visiting.

TABLE VII

Summary of visits made

(excluding School Health Service visits)

	lst Visit	Total Visits.
Expectant mothers	 699	1,668
Children under 1	 3,423	18,050
Children over 1 but under 2	 -	7,750
Children over 2 but under 5	 -	13,997
Tuberculosis households	 monthly of the	3,062
Other visits		2,555

Section 25 - Home Nursing.

TABLE VIII.

Summary of visits made.

			P	atients attended	Total Visits
Medical				2,398	75,918
Surgical				959	21,081
Infectious	Diseases			12	148
Tuberculos	sis	110 100		23	1,305
Maternal c	omplicatio	ns		57	650
Other				316	3,170
602.51				3,765	102,272

Section 26 - Vaccination and Immunisation.

Vaccination against Smallpox.

TABLE IX

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

Age at date of					15 or	
vaccination	Under 1	1	2-4	5-14	over	Total
Primary	1,935	83	41	35	108	2,202
Re-vaccination	_	7	24	72	399	502

Vaccination against Whooping Cough.

TABLE X

Number of children who have completed a primary course of pertussis vaccine during year

Age at date of	0 - 4	5 - 14	Total
final injection	2,528	66	2,594

Vaccination against Tetanus.

TABLE XI.

Number of children who have completed a primary course of tetanus vaccine during year.

Age at date of	0 - 4	5 - 14	Total
final injection	2,010	371	2,381

Diphtheria Immunisation.

TABLE XII.

Number of children at 31st December 1960 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1946.

Age at 31.12.60 i.e., born in year	Under 1 1960	1 - 4 1959-56	5 - 9 1955-51	10 - 14 1950 - 46	Under 15 Total
Last complete course of injections (primary or booster) A. 1956-1960	895	8,963	8,857	2,587	21,302
B. 1955 or earlier	-	-	3,745	12,225	15,970
Estimated mid - year child population	3,450	13,650	35,	000	52,100
Immunity Index	25.9	65.7	3:	2.7	40.9

Section 27 - Ambulance Service.

TABLE XIII

		Total Miles	No. of Journeys	No. of Patients Carried.
Whole-time am	bulances	263,084	8,611	18,099
Hospital Car Servic	e.	Total Miles	No. of Journeys	No. of Patients Carried.
Sitting case car	·s -			
Whole-time		19,010	1,493	2,995
Voluntary		607,325	15,976	42,632
Total		626,335	17,469	45,627

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

TABLE XIV. Tuberculosis Register, 1960.

				Pulmonary	Non- pulmonary
Patients on Register at 1.	1.60.			982	298
New (Primary) Notification	ns during 196	30		67	20
Inward transfers and resto	red to regis	ter in 19	60	39	8
	Т	otal		1,088	326
Taken off register in 1960	Pulmonary	Non- pulmona	ary		
Non-tuberculous	- 100	-			
Died	24	1			
Recovered	13	7			
Removed or lost sight of	32	7			
Total	69	15			
	May Decemb			69	15
Patients remaining on reg	ister at 31.1	2.60.		1,019	311

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

Section 29 - Home Help Service.

At 31st December, 414 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 (inc	luding exp	pectant mo	others)	 274
(ii)	Tuberculosis				 3
(iii)	Chronic sick,	including	aged and	infirm	 875
(iv)	Other				 80
					1,232

Sections 28 and 51 - Mental Health.

The Mental Health Act, 1959, which has been coming into force in stages since October, 1959, was fully implemented on 1st November, 1960. With the abolishment of the old regulations and the inception of what is a new era in treating mental illness, the new Act has brought many changes, and informality in the procedure of admissions is the keynote of the new legislation. Greater emphasis is placed on the care of mentally disordered persons within the community and the acceptance that mental disorder should be treated along the same lines as other forms of illness or disability.

Lunacy and Mental Treatment Acts.

These Acts were still in force from 1st January to 31st October and during this period the duly authorised officers arranged the admission to hospitals of 101 patients, as follows:-

Under	the	Lunacy	Act: -
CHACI	FREE	- under	1100.

Males	Females	Total
12	13	25
26	27	53
t:-		
11	11	22
_1		1
50	51	101
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Mental Health Act, 1959.

Since the commencement of the Mental Health Act on 1st November, the mental welfare officers have attended on the admission of 13 patients to hospital: -

	Males	Females	Total
For observation (Section 25)	2	3	5
For treatment (Section 26)	2	1	3
In emergency (Section 29)	3	2	5
	7	6	13

In addition, the mental welfare officers assisted in the informal admission of 2 patients (1 male and 1 female).

Mentally Subnormal Patients

The welfare officers and health visitors of the County Council visit patients under community care and the total number of cases on the register at the end of the year was:-

	Under 16		Over 16		Total
	$\underline{\mathbf{M}}$	F	$\underline{\mathbf{M}}$	F	
Under community care	46	37	190	162	435
Under guardianship	-	-	-	2	2

13 new cases (7 males and 6 females) were ascertained during the year.

There continues to be a constant demand for short-term care and this service has helped parents to overcome the various emergencies which arise within the home. During the year 11 patients were admitted to hospital and 9 patients to private homes.

It remains extremely difficult to obtain hospital accommodation for young severely subnormal children and it is in this group that the need seems to be greatest. During the year 20 cases were admitted to hospital, but of these 5 admissions were the result of Court Orders and 6 cases were patients over the age of 16 years. With the exception of the Court cases, all the mentally subnormal and severely subnormal patients admitted during the year entered hospital as informal patients.

The waiting list for long-term hospital care as at 31st December, 1960, was:-

	Under 16		Over 16		Total	
	$\underline{\mathbf{M}}$	F	$\underline{\mathbf{M}}$	F		
In urgent need of						
hospital care	6	4	1	-	11	
Non-urgent cases	11	6	8	9	34	
	17	10	9	9	45	

Training Centres and Classes

The following table shows the number under tra	ining:-	Total
Lowestoft (full-time)	23	
Leiston (four days a week)	19	
Stowmarket (one day a week)	15	
Felixstowe (2-half days a week)	15	
Attending other Centres (full-time)	6	78
Lowestoft adult handicraft class (Monday afternoon)	15	
Ipswich adult group (fortnightly)	12	
Home Training	18	45
		123

Mental Health Education.

The World Federation for Mental Health designated 1960 as World Mental Health Year and in this country this event was particularly appropriate since it came at a time when the new Mental Health Act was brought into operation.

In order to publicise and stimulate activity in all matters relating to mental health and to bring to the notice of the public existing services and plans for the future, a combined Mental Health Exhibition, sponsored by the local health and hospital authorities of Suffolk, was held in Ipswich. This exhibition provided a valuable opportunity of showing what is being done in the field of mental health.

A very successful sound recording was made of training centre activities at Felixstowe and Stowmarket and those taking part included the children, teaching staff and parents. This recording was featured on the BBC Midland Home Service Programme.

During the year several talks on mental health subjects were given to various Women's Institutes, Mothers' Unions and young wives groups throughout the County.

EAST SUFFOLK COUNTY COUNCIL

NATIONAL HEALTH SERVICE ACT, 1946 - SECTION 28 SCHEME FOR THE PROVISION OF MENTAL HEALTH SERVICES.

(1) Introduction

This outline is divided into two parts, A and B, of which Part A is a statement of the services which are already being provided. This statement is not part of the scheme but is supplied because it may be helpful as an introduction to the scheme.

Part B consists of the Council's new proposals and contains a description of their plans for the period up to April, 1963, and a further general statement of their subsequent intentions.

(2) General

- A. The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act: existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959; the proposals relating to duties under the repealed sections will then cease to have effect.
- B. The Council will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known and available to those who are in need of them. In particular, they will provide, or cause to be provided, according to established need, junior training centres, adult training centres, home training, residential accommodation, day centres, social clubs and a home visiting service.

(3) Organisation and Staff of the Services

A. The Council, through the Health Services Sub-Committee of the Public Health Committee, are responsible for the development of the Mental Health Services, the day to day control being vested in the County Medical Officer. There is co-operation with the appropriate officers of the Regional Hospital Board and particularly the senior medical staff of the mental hospitals and mental deficiency institutions. The Council also have representation on the Local Executive Council and the County Medical Officer works closely with the general medical practitioners,

particularly through the Local Medical Committee. There are at present twelve male and female welfare officers, seven of whom are also duly authorised officers for mental health purposes, and they have all been concerned with the domiciliary care of the mentally ill patient. Some limited progress has been achieved in "in-service" training. The health visitors have also been concerned with the domiciliary care of the younger mental defective.

B. In addition to the existing arrangements, the Council expect to increase their staff employed in the Mental Health Service and in particular propose to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. The Council will make such arrangements as may be necessary, including secondment and in-service training to ensure that the staff of all grades are adequately trained and/or qualified. The following additional arrangements are contemplated for strengthening the links with hospitals, general practitioners and other agencies, and for the provision of services through voluntary bodies or the agency of other local authorities:-

(4) Junior Training Centres.

- A. A whole-time non-residential junior training centre has been established at Lowestoft capable of admitting at the present time 24 children but with re-organisation a total of approximately 40 is contemplated. Transport is hired to bring most of the children to the centre and a midday meal is provided through the local School Meals Service. Periodic medical and dental inspections are carried out by medical officers and dental officers of the Council. Classes have also been organised for children for one half-day a week at Leiston, Stowmarket and Felixstowe.
- B. The Council propose to take steps to extend the use of the centre at Lowestoft and to enlarge the scope of the training centres at Leiston, Stowmarket and Felixstowe. Transport, mid-day meals and medical and dental inspections will be provided as necessary. These centres, with the development of transport, will meet all or most of the needs in localities reasonably near to the centres but further provision will be made if necessary. In addition the Council propose to provide a residential junior training centre for up to 40 juveniles. It is intended to take steps to establish this as a first priority probably during the financial year 1960/61. It is contemplated using the centre in order to provide short-stay care in appropriate cases.

(5) Adult Training Centres

A. To date it has not been necessary to provide adult training centres.

B. The need for these in future has not yet been established. Adult training centres will be provided if after development of day centres and improved home visiting and training it is found that the needs of cases are not being met adequately.

(6) Residential Accommodation

- A. No specific arrangements have been made so far for providing residential accommodation for the mentally disordered. A few elderly senile patients have been maintained by the Council in the former Public Assistance institutions, all of which are now administered by the Regional Hospital Board, but otherwise residential care has been provided by the hospital authority.
- B. The Council propose to accelerate their programme to provide residential accommodation for all classes and to improve the classification and allocation of beds in existing accommodation. If necessary the Council will provide separate accommodation solely for the mentally disordered, bearing in mind the possibility of siting it so that residents may attend a training centre or work in ordinary or sheltered employment. The Council will also bear in mind the desirability of providing suitable care, short-term or otherwise, in establishments run byvoluntary organisations or in private households where appropriate, including the payment of suitable maintenance allowances.

(7) Home Training

- A. The Council's male and female welfare officers are qualified home teachers of the blind and in this connection and in their work generally they have obtained a good standard of proficiency in home training, particularly with a wide range of handicrafts. In addition, a health visitor with special experience and qualifications in mental illness undertakes a limited amount of home training and advises as necessary other members of the field staff.
- B. It is proposed to continue the home training service on the present lines and by increasing the total staff engaged in the service generally, as necessary, the welfare officers will have such time available as may be necessary to continue and expand home training.

(8) Day Centres, Social Clubs and other activities

- A. At the present time limited club facilities have been provided at Lowestoft and in Ipswich solely for the mentally disordered. In the County generally handicraft classes and social centres are held at fortnightly or monthly intervals for the blind and other handicapped generally, and in a few cases mentally disordered people attend these centres.
- B. It is proposed to extend the present facilities for day centres or social clubs in the north and south of the County. Consideration will

also be given to the possibility of extending the social amenities and handicraft tuition at the existing centres for the blind and physically handicapped to a larger number of mentally disordered persons.

(9) Home Visiting Service

- A. At the present time care and after-care by way of home visiting of the mentally disordered is carried out by the duly authorised officers, welfare officers and health visitors.
- B. The Council's existing arrangements for home visiting will be extended by appointing such additional staff as may be necessary. So far as the after-care of persons suffering from mental illness and psychopathic disorders is concerned, it is intended to develop closer cooperation with the medical staff of St. Audry's Hospital, Melton, and St. Andrew's Hospital, Norwich, to which hospitals such patients are admitted when necessary. It is further intended to expedite and extend the training by secondment or otherwise of the field officers concerned with the Mental Health Service and in this connection also they will work in conjunction with the hospitals' medical and psychiatric staff. Steps will be taken, subject to agreement, for the mental welfare staff to attend at the hospitals for case discussion and for direction as to aftercare work, and they will be encouraged to work with the hospitals' medical and psychiatric staff at out-patient clinics.

(10) Guardianship

The Council will give constant regard to their duties to place patients under guardianship where normal domiciliary care is not adequate and where guardianship can prove an adequate alternative to maintenance in a hospital or institution. The Council will pay such maintenance allowances as may be appropriate.

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 by the County Council for financial assistance.

Water Supplies

It was reported, last year, that with the exception of one Rural District all the regional water supply schemes had been completed. Work started during 1960 on the outstanding regional scheme, that of the Gipping Rural District Council, and it is probable that before the end of 1961 this scheme will also be completed.

The total length of water mains in the rural districts at the end of 1960 was 977 miles; the provisional ultimate total is 991 miles.

Outstanding work is mainly to provide efficient interconnection betweenvarious parts of the district scheme. Apart from isolated houses, almost every community of any size is supplied with mains water. These isolated properties will involve extensions of small diameter pipes.

Sewerage

At the end of 1960 sewerage schemes existed in 31 parishes in the County, work was in progress in respect of 6 others, and in a further 7 cases proposals had been approved. Whilst the position is not as satisfactory as that of Water Supplies, it is obvious that at the same rate of progress a further ten years should see sewerage schemes in all villages in any size in the County.

During 1960, work was completed on sewerage schemes at Bramford (Stage I), Hoxne, Palgrave (Stage II) and Worlingham (Stage II). Work was in progress at the end of the year at Orford, Trimley (enlargement of Disposal Works), Claydon and Great Blakenham, Botesdale and Rickinghall, Wangford, Brantham (Stage III), East Bergholt and Ringsfield.

The following table snows the state of progress of sewerage in the parishes of the Rural Districts. The groups indicated refer to categories in the 20-year programme proposed for the County in 1951. This programme, now ten years old, was obviously in need of revision, so the second table gives a further suggested programme of parishes to be sewered within the next ten years.

TABLE XV

PROGRESS MADE IN THE PROVISION OF SEWERAGE IN EACH RURAL DISTRICT.

(Underlined parishes, Group I, Period 1951 - 55; Not underlined, Group II, Period 1955-60).

	State of Progress	Completed or nearly Kelsale Framlin S.D. Wo	Works under construction	Schemes anticipated to start in 1961	Approved but not yet allowed to proceed for various reasons	Awaiting Minister's Walb	Schemes not submitted Earl Sot in detail to E.S.C.C. Peasenh Sibton & Yoxford
	Blyth	gham		Thorpeness		Walberswick	Earl Soham Knodishall Peasenhall, Sibton & Yoxford
	Deben	Alderton	Orford		Metton	Kesgrave & Martlesham Rushmere	Grundisburgh Bawdsey Charsfield & Dallinghoo
Rural L	Gipping	Debenham Haughley S.D. Works Needham Mkt. Stowupland Bramford, Stage I	Claydon & Gt. Blakenham	Stonbam Aspai Bramford, Stage II			
District and	Hartismere	Mendlesham Fressingfield & Weybread Palgrave, Stages I & II	Botesdale & Rickinghall	Bacton			Yaxley
Parish	Lothingland	Bradwell Hopton Kessingland Wrentham Carlton Colville	Wangford	Blundeston Lound Corton Barnby *			Belton
	Samford	Brantham, Stages I and II Shotley Sproughton	Brantham, Stage III East Bergholt	Holbrook	Washbrook & Copdock	Capel St. Mary	Chelmondiston Stratford St. Mary
	Wainford	Worlingham, Stages I and II	Ringsfield	Homersfield North Cove "		Con Hi	Wissett Westhall Ilketshall St. Lawrence

* Joint Scheme

TABLE XVI

PARISHES WHICH ARE PROVISIONALLY SCHEDULED FOR SEWERING, DURING THE YEARS 1960-1970.

Rural District	1960 - 65	1965 - 70
Blyth	Peasenhall & Sibton Yoxford Earl Soham	Bramfield Middleton Westleton
Deben	Grundisburgh Charsfield & Dallinghoo Bealings Ufford	Hollesley Eyke Tunstall Tuddenham Otley
Gipping	Old Newton Coddenham Creeting St. Mary Gt. Finborough Wetherden	Framsden
Hartismere	Stradbroke (Sewage Disposal Works) - extensions Gistingnam Metfield Yaxley	Wetheringsett Thorndon Redgrave
Lothingland	Belton Mutford	Somerleyton Burgh Castle
Samford	Chelmondiston East Bergholt (East End) Wherstead	Stratford St. Mary Harkstead Raydon Woolverstone Stutton
Wainford	Ilketshall St. Lawrence Flixton Westhall	Rumburgh

Housing

Tables Nos.XVII and XVIII give a summary of the action taken by .
the District Councils in the county to improve housing conditions.

The summary shows a year of steady progress. The repair of a considerable number of dwellings was achieved by informal action and the rate of demolition and provision of new houses was maintained in nearly all districts.

A marked increase is noticed, however, in many areas in the improvement of dwellings by means of improvement grants. It is encouraging to see progress in this direction.

TABLE XVII

Summary of Housing Activities in Boroughs and Urban Districts.

			summary o	n Bulshou I	ctivities in	porougns an	Summary of Housing Activities in Boroughs and Orban Districts.	ricts.					9
		Aldeburgh M.B.	Beccles M.B.	Bungay U.D.	Eye M.B.	Felixstowe U.D.	Felixstowe Halesworth U.D. U.D.	Leiston U.D.	Lowestoft U.D.	Saxmundham Southwold U.D. U.D.	AND DESCRIPTION OF THE PERSON NAMED IN	Stowmarket Woodbridge U.D. U.D.	Woodbridge U.D.
1. No. of houses inspected	pected	39	359	26	15	49	49	10	433:	60	80		
2. No. found to be unsatisfactory	satisfactory	32	73	6	1	36	12	1	401	11	45	41	
3. No. rendered fit by:-	y:-												
(a) Informal action	e e	30	59	3	1	30	12	1	76	10	38	40	
(b) Action under P	Action under Public Health Act	1	,			1		,	13			,	
(c) Action under Housing Act	fousing Act				1		,		4		,	1	
4. No. of Demolition Orders secured		,	63		4	m	1		6		,	,	Fi
No. of dwellings in Orders secured.	No. of dwellings included in Clearance Orders secured.											,	38 gures
6. No. of dwellings demolished under Demolition Orders	emolished under			7					20	. 10	,		not av
7. No. of dwellings demolished under Clearance Orders	emolished under											,	ailable
8. No. of dwellings demolished by informal action	emolished by							,	,		,	1	
 No. of dwellings in respect of which Closing Orders were made 	n respect of which were made			,	1		64		1		,		
	mproved by			t		¢		;			0	0	1
(a) Discretionary (b) Standard		8 %	12	- 9		14		14	116	4 1	10 01	9 9	
	erected:-									3/2		in	
(a) By Local Authority (b) By Private Enterprise	ority	16	32 .	. 65		68 3	69 65	18	243	1.	8 8	13	

TABLE XVIII
Summary of Housing Activities in Rural Districts

		Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
1.	No. of houses inspected	397	197	174	520	121	65	245
.2	No. found to be unsatisfactory	270	177	125	230	103	43	191
3.	No. rendered fit by:-							
	(a) Informal Action	169	1	41	(7)	85	80	170
	(b) Action under Public Health Act			23	,	4		1
	(c) Action under Housing Act			1		64	1	
4.	No. of Demolition Orders secured	9	16	10	36	9	12	41
5.	No. of dwellings included in Clearance Orders secured		-	2			,	
.9	No. of dwellings demolished under Demolition Orders	60	12	5	53 03	60	4	20
7.	No. of dwellings demolished under Clearance Orders	,	u)	53			t	39
89	No. of dwellings demolished by Informal Action	,	6	23	es			4
9.	No. of dwellings in respect of which Closing Orders were made	en	1	16	10	4	ıs	1
10.	No. of dwellings improved by Improvement Grants:-		-					
	(a) Discretionary	85	26	24	21	74	22	10
	(b) Standard	33	09	22	56	81	39	, 12
11.	No. of new houses erected:-							
	(a) By Local Authority	,	11	22	49		60	27
	(b) By Private Enterprise	21	175	100	19	171	92	10
12.	Total number of permanent houses and flats owned by the Council on 31,12,60,	954	1,263	1,115	943	678	663	406

INSPECTION AND SUPERVISION OF FOOD

Inspection of Meat for Human Consumption

The inspection of meat is mainly carried out by the Public Health Inspectors of the County Districts, who have kindly supplied figures for the following table:-

TABLE XIX

	Cattle (including Calves)	Sheep	Pigs
Number of animals inspected	17,890	13,643	104,021
Whole carcasses condemned:			
Tuberculosis	37	-	19
Other Causes	62	61	508
Carcasses of which some part or organ was condemned:			
Tuberculosis	217	-	2,990
Other Causes	3,789	1,017	27,322
The state of the s			

Food and Drugs Acts - Sampling for Chemical Analysis

The County Council is 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 1960, 1,043 samples were taken for analysis representing 5.7 samples per 1,000 population. 62.6% of the samples were milk and 37.4% other food and drugs. 81 samples, i.e., 7.8% proved unsatisfactory.

Milk

Total number of samples taken	653
Number submitted to the Public Analyst	6
Number unsatisfactory by reason of:	
(1) Fat content below standard	23
(2) Solids not fat content below standard	31
(3) Fat and Solids below standard	2
(4) Containing added water	7
Percentage unsatisfactory	8.4

Action taken in respect of unsatisfactory samples.

The seven samples found to contain added water were taken from the consignments of three producers.

In one case intermittent watering of milk had continued for some time and it was decided to institute legal proceedings. The Producer was convicted, fined £2 with £5.12s.0d. costs and £3.3s.0d. Advocate's fee.

The second producer was producing very little milk and was on the point of giving up milk production; in view of the circumstances and the small amount of water involved, a warning letter was sent by the Clerk of the Council.

In the third case the milk was produced in an adjoining county and the amount of added water was very small. The appropriate Food and Drugs Authority was informed.

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

Other Food

Total number of samples taken	 	361
Number submitted to Public Analyst	 	334
Number unsatisfactory	 	21
Percentage unsatisfactory	 	5.8

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, despite the absence of a legal standard in many cases. The following list shows the type of food and the defects found.

Nature of Sample	Defect
Pork Sausages (4)	Undeclared preservative present.
Beef Steak Pudding	Deficient in meat.
Portuguese Sardines in	
Olive Oil	Undeclared added salt.
Tomato Ketchup	Non-permitted colouring matter.
Jellied Pork	Deficient in meat.
Pork Sausages	Deficient in meat.
Milk Cnocolate Samoa	Chocolate coating deficient infull cream milk solids.
Italian Red Cnerries in Extra	Incorrect order of ingredients
Heavy Sugar Syrup	stated on label.
Cream Cheese	Deficient in milk fat.
Potted Salmon	No declaration of ingredients.
Minced Beef with Onion	Petro la la companya de la companya
and Gravy	Misleading label
Orange Drink	Name and address of Vendor not declared.
Beef Sausages	Undeclared preservative present.
English Creamery Butter	Excess moisture.
Pork Sausages	Excess fat.
Potted Meat	Excess fat.
Creme Coffee and Brandy	
Chocolate	Misleading description.
Green colouring	Mould growth present.

Legal Proceedings

A complaint was received that a Banbury Cake purchased in the county was found to contain a drawing pin. Legal proceedings were instituted, the firm was convicted and fined £5 with £4.4s.0d. costs.

Drugs

Total number of samples taken	 29
Number submitted to Public Analyst	 29
Number unsatisfactory	 5
Percentage unsatisfactory	 17.2

The following list gives details of drugs samples upon which unsatisfactory reports were received.

Nature of Sample	Defect
Childrens Cough Mixture	No declaration of ingredients.
Glycerin, Lemon and Honey (2)	Misleading name.
Vitalising Glucose Tablets	Undeclared permitted colour-
- Fruit Flavours	ing matter present.
Iodised Throat Lozenges	Deficient in phenol.

The manufacturers were informed of the deficiencies found in their products and co-operated well in revising labels and checking formulae. In the case of the Glycerin, Lemon and Honey sample, however, the manufacturers would not accept that the label was misleading. Details were submitted to the Legal Department and the Clerk of the Council advised against the institution of legal proceedings.

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

1960 was the last year of operating these Regulations. At the end of the year they were replaced by the Milk (Special Designation) Regulations, 1960. The new Regulations extended the County Council's duty to issue Principal Dealer's (Pasteuriser's) and Dealer's (Steriliser's) licences to include licences to all dealers in designated milk, with the exception of milk producers. Although most of the new legislation did not take effect until the first day of 1961, a great deal of preliminary work in inspection of premises, etc., was well in hand by the end of 1960.

Seven principal licences to pasteurise milk were issued for the year 1960. The dairies were inspected and the plant checked regularly. In addition to regular sampling, supervision included bacteriological examination of washed bottles and churns and swabs of other equipment. Apart from a few instances the tests showed that a high standard of cleaning and sterilisation had been maintained.

During the year 312 samples of Pasteurised Milk and 201 samples of Tuberculin Tested Milk (Pasteurised) were taken. The results are shown in the following table.

TABLE XX

	a pale of the second	No. of	Samples
Designation	Test	Passed	Failed
githaat of lov -	Phosphatase	312	-
Pasteurised	Methylene Blue	311	1
Tuberculin	Phosphatase	201	-
Tested (Pasteurised)	Methylene Blue	199	2

Phosphatase Test

This test shows errors in pasteurisation and quickly reveals any milk which has not been sufficiently heated or held for sufficient time. Mixtures with raw milk are quickly shown up, even in very small percentages. It is most pleasing to report that during 1960 the test was satisfied by every sample taken from plants licensed by this Authority.

Methylene Blue Test

This test gives an indication of keeping quality and is normally affected by poor sterilisation of bottles or equipment or unsatisfactory storage conditions and temperatures. The three failures occurred in samples taken from one High Temperature Plant; the exact causes could not be established, but the first two failures occurred immediately after the installation of new plant and it was felt that some mistake had occurred in sterilisation routines.

Biological Examination of Milk

Sampling for biological purposes was mainly confined to milk sold for consumption in its raw state and 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 474 samples were taken during the year, representing approximately 120 herds. 7 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. In one instance part of the milk from the herd was used to supply a canteen and the producer was anxious to continue this supply; a herd investigation was carried out and an undertaking accepted to ensure that milk from infected cows was sent for heat treatment.

Specified Areas

In conjunction with other duties, checks are carried out to ensure that only Specially Designated Milk is sold by retail in the county.

One case was found where a retailer was bottling pasteurised milk supplied to him in bulk and selling it without a designation. Since pasteurised milk, if it is to be re-sold as such, must be bottled on the premises of pasteurisation, the retailer had no alternative but to replace his bulk supply by a bottled one. The dairyman was not aware of the legal requirements but when the offence was pointed out he readily adopted the course suggested.

SCHOOLS

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 34 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 107 samples were taken during the year, of which 2 failed the Phosphatase Test and 1 failed the Methylene Blue Test Both Phosphatase Test failures occurred in milk pasteurised in adjoining Food and Drugs areas and the appropriate Authority was informed.

Investigations into the Methylene Blue Test failure revealed that raw Tuberculin Tested milk was supplied instead of Pasteurised. Immediate steps were taken to ensure that Pasteurised milk was delivered in accordance with the contract.

Swimming Pools

During the last few years there has been considerable interest and activity by Parent-Teacher Associations and Education Authorities to increase swimming instruction facilities at schools. The first pool to be provided arrived during 1960, since then interest has been very keen and this pool will without doubt be the first of many to be provided during the next few years.

Swimming pools bring many problems, supply of water, water treatment and disposal of waste. Close supervision is maintained during the early use of pools and the teaching staff have co-operated extremely well in complying with the requirements in respect of chlorination and general hygiene.

V GENERAL TABLE XXI

Notification of Infectious Diseases

Infectious Disease	9	e Britania	e British	Ponue	Number of cases notified
Scarlet Fever					111
Whooping Cough					273
Poliomyelitis - paralytic					1
do non-paral	ytic				3
Measles					1,332
Diphtheria					-
Pneumonia					76
Dysentery					29
Smallpox					
Encephalitis - infective ar	nd post	infective			1
Enteric or typhoid fever					2
Paratyphoid fever					4
Erysipelas					16
Meningococcal infection					2
Food poisoning					13
Puerperal pyrexia					14
Ophthalmia neonatorum					2
Infective hepatitis					19

Nurseries and Child Minders' Regulations Act, 1948.

Three more persons were registered as daily minders during 1960 and seven remained registered at the end of the year for the care of 51 children. 2 day nurseries for the reception of 30 children were also continuing.

Registration of Nursing Homes

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

Name		Number of beds available		ilable
Name		Maternity	Other	Total
Orme House, Lowestoft .		4	5	9
Field Stile, Southwold .		-	8	8
Sproughton Manor, Sproughton		-	14	14
		4	27	31
		-	-	Management of the last of the







