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EAST SUFFOLK COUNTY COUNCIL

HEALTH DEPARTMENT COUNTY HALL IPSWICH

ANNUAL REPORT

OF THE

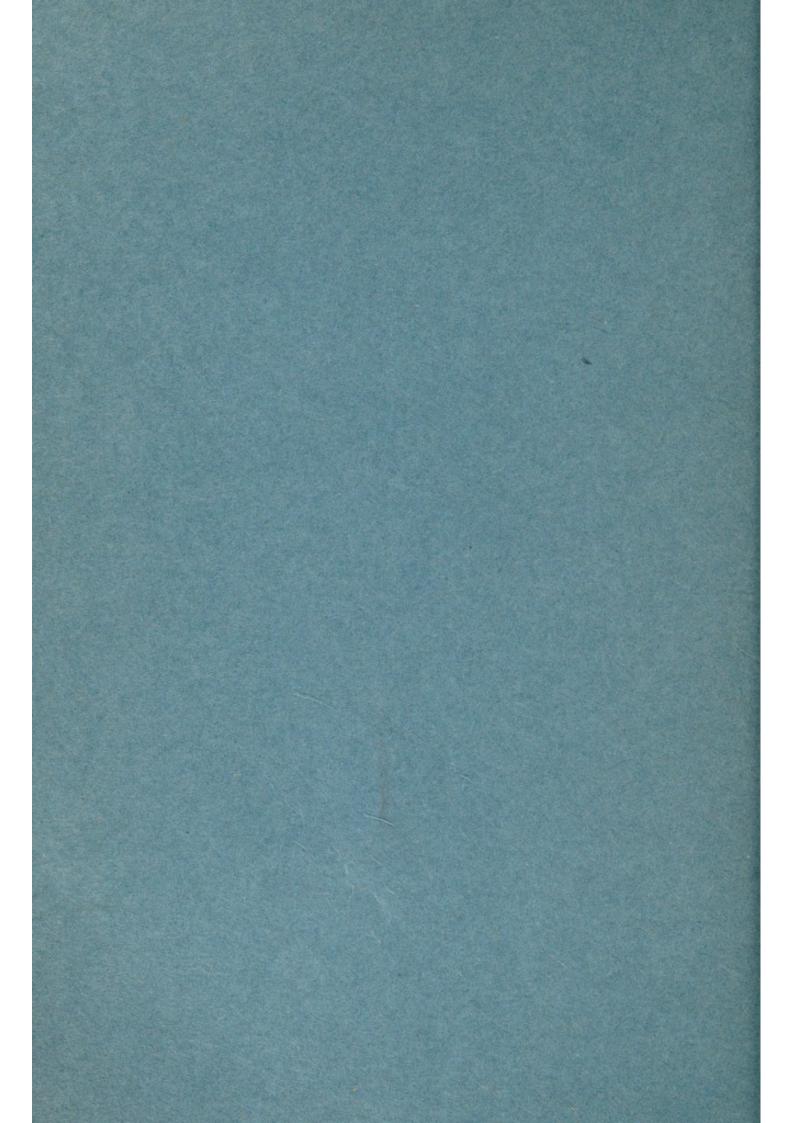
County Medical Officer

AND

Principal School Medical Officer

FOR THE YEAR

1970



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IP4 2JN.

August, 1971.

To the Chairman and Members of the County Council,

My Lords, Ladies and Gentlemen,

I have the honour of presenting the Annual Report on the health of the County of East Suffolk for the year 1970 and I have again combined it with my report as Principal School Medical Officer on the work of the School Health Service in the format introduced last year.

Vital Statistics

The Vital Statistics for the year show only the normal fluctuations which one would expect from year to year. The birth rate per 1000 population shows a very slight fall and the death rate a rise of some .3 per 1000 population. Unfortunately deaths from vehicle accidents are much the same at 30 but other accidental deaths show an encouraging drop from 50 to 40.

For the second year running there have been no deaths from abortions or other complications of pregnancy.

Nursing Services

I am glad to be able to report that the improvement in the staffing position mentioned in my report last year has been maintained. The number of domiciliary confinements shows a marked drop on the previous year but more mothers-to-be are being admitted to hospital for the actual confinement and for early discharge home, consequently the number of mothers treated by the domiciliary midwives after 48 hours has risen considerably.

The early discharge from hospital applies also to a number of general nursing cases and the number of domiciliary visits by the general nurses has shown a corresponding increase from 108,597 to 122,137.

Co-operation between the hospital authorities, the general practitioner service and the local health authority continues to be very satisfactory and it is most gratifying to report that during the year it was possible to arrange more attachment schemes between the general practitioners and the district nurses and/or health visitors. There are now some 38 general practitioners in ten practices and 36 nursing staff working in attachment schemes in the County.

Nursing Auxiliaries

The need to ensure that all qualified staff are employed on duties which are commensurate with their skills and are not carrying out tasks which could be performed by less highly qualified persons led to the decision to employ nursing auxiliaries. These auxiliaries will be available to work under the guidance of qualified staff and carry out such very necessary duties as bed bathing, hair washing and other personal hygiene matters in the patients' homes.

The scheme was discussed fully with the two voluntary organisations — the British Red Cross Society and St. John Ambulance, to ensure that there was neither overlapping nor any gaps in the service and in the autumn arrangements were made to start the scheme in Lowestoft and Felixstowe.

Congenital Defects Apparent at Birth

The notification of congenital defects with the birth card continues to operate smoothly. The required statistics are sent to the Registrar General each month and in addition a register is maintained so that any potential handicap may be followed up and any necessary treatment put in hand.

Family Planning Service

During the year the Council agreed to adopt for the year 1971/72 Plan 6 of the Family Planning Association scheme under which the Council pays the approved fee for the attendance and any appliances, of women attending the clinics of the Association on medical grounds. This service is still under review and will be considered by the Council again during 1971.

Chiropody Service

This service is one which continues to grow year by year and the number of treatments has risen to 30,000. The East Suffolk Old People's Welfare Association act as the Council's agents for this service so far as pensioners are concerned. The physically handicapped and expectant mothers are dealt with by a direct service but the numbers in this class of patient are very small.

Playgroups and Child Minders

In my last few annual reports I have mentioned the rapid increase in the number of places for children in the 3 - 5 year age group registered with the Authority. This year is no exception and there are now 1395 places in registered day nurseries or with child minders against 1155 a year ago. This is a service which will eventually be transferred to the new Social Services Department but for the moment the Area Nursing Officers are continuing to undertake the initial inspections and the routine follow-up visits.

Fluoridation of Water Supplies

The County Council have debated the question of fluoridation on three occasions and each time the decision went against treatment of the water. At no time during 1970 was it felt appropriate to re-open the debate, especially in view of the fact that the three other local health authorities who were supplied by the same water undertakings as the County had also notagreed to fluoridation.

Contact Tracing

There a close co-operation between the Health Department and the hospital authorities to ensure that wherever possible contacts of patients suffering from veneral disease are encouraged to seek medical advice. These arrangements have existed for a number of years and have proved to be effective.

School Health Service

It is again a pleasure to be able to report on the general high standard of health of the school children in the County as revealed not only by the statistics detailed in the following pages but also from the personal observations of the medical officers. The only reservation I have is concerned with the still increasing incidence of what in general terms is called maladjustment and the largest single group within this category is that presenting antisocial behaviour problems. There can be little doubt that the main cause of this particular phenomenon is usually unsatisfactory home conditions brought about either by disharmony between parents often resulting in the breaking up of the marriage and the family as a unit, or the lack of firm and consistent handling by the parents. Many of them seem to be unable to communicate adequately with their children or perhaps more correctly, have not the time or the inclination to do so. It is indeed ironic that many of these very same parents frequently work long and arduous hours to gain material advantages for their children and so unwittingly deprive them of the much more important gifts of affection, attention, interest and stimulation which cost nothing. We are fortunate however that in this County the worse side effects of the present so-called permissive society such as drug taking and sexual promiscuity, do not appear to have manifested themselves to any great extent amongst the adolescent school population. I feel that this reflects very favourably on the character of the pupils themselves as well as on the teaching staff in the schools. There are exceptions, of course, and we must not become complacent as bad habits soon become addictions and these can spread very quickly like infectious diseases.

General

After marking time for many months awaiting Central Government decisions as to the future structure of local government and of the health service, the Government of the day published in February a White Paper which in general was on the lines of the recommendations of the Royal Commission on Local Government in England (the Redcliffe-Maud Commission) and a Green Paper on 'The Future Structure of the National Health Service.'

Before, however, any action could be taken on these two documents, a General Election was held which resulted in a change of government, with the consequence that once again we in the preventive health field of local government prepared for yet another period of uncertainty as to the future.

One decision however was taken, and with a fine disregard for any timetable for the reform of local government and the unification of the health service, the Local Government Social Services Act 1970 was placed on the Statute Book in May.

Whatever other implications there are for the future, it is clear that the Health Committee which has had the responsibility for the administration of the Health and Welfare Services in East Suffolk since 1948, will find that many of its functions will pass to the new Social Services Committee and that services such as the Home Help Service, the day care of children under five, day nurseries and child minding, Adult Training Centres of the mentally handicapped, social work with the sick and mentally disordered, and residential care for unmarried mothers and others who cannot live at home, will no longer be their responsibility. The responsibility for Junior Training Centres too will pass from the Health Committee though not to the Social Services Committee but to the Education Committee.

No doubt there will be a feeling among certain people that all these changes are wholly disadvantageous and that doctrinaire views have prevailed.

The National Health Service Act 1946, was however, from its inception, a compromise and although over the years the tripartite arrangement of the health service has been accepted, and the many difficulties and complications have been overcome at local level by goodwill and understanding, it is not unnatural that after 20 and more years a reappraisal is not only sensible but essential.

On the assumption that unification or integration is a worthy goal to which to strive, the next months must see all those in the health service reviewing the objectives and striving to ensure that this country obtains the best service within the limitations of national resources of manpower and finance.

One facet of this review must be the position of the School Health Service and a decision as to whether this remains part of the local government framework or whether it is included in the overall provisions of a national child health service. Whichever administrative set up is chosen it is essential that to carry out its proper function the service must have the active support of those working both in the educational and in the health fields.

I should like to express my thanks to the Chairman and members of the Health and Education Committees for their never failing interest in and support of the work undertaken by the Department. I am also deeply appreciative of the help and co-operation received from the Chief Education Officer and his staff, the hospital consultants and general practitioners as well as of the loyalty and enthusiasm of myown staff.

Finally I would like to pay particular tribute to Mr. L. J. Bowling for his work over many years both as my administrative deputy and as County Welfare Officer, and to congratulate him on his appointment as Director of Social Services. I look forward to continued co-operation with him and his new Department.

I have the honour to be,

Your obedient servant,

S. T. G. Gray,

County Medical Officer and Principal School Medical Officer.

STAFF

County Medical Officer and

Principal School 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.

Joyce O.M. Board, M.B., B.S., D.C.H. Senior Medical Officers: Elizabeth J. Steele, M. D., D. C. H. (to

30.9.70).

Assistant County Medical Officers:

Elizabeth M. Chester, M. B., Ch. B. (part-time)

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

*Kathleen M. Harding, M.D., D.P.H.

*C. H. Imrie, T. D., Q. H. S., M. B., Ch. B., D. P. H.

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

*H. J. Royall, M. B., Ch. B., D. P. H., D. I. H.

*Janet F. Tait, M.B., B.S., (part-time)

*Monica L. Tisdall, L.R.C.P., M.R.C.S., M.B., B.S.

*Ruth Wright, M.B., B.S. (Lond.) (part-time)

*Also School Medical Officers

Principal School Dental Officer: C.D. Macpherson, L.D.S., R.C.S.

School Dental Officers: L. F. Auckland, L. D. S., B. D. S. Mrs. H.A. Bell, L.D.S. (to 13.3.70).

J. E. Benfield, L. D. S., (part-time)

E. B. C. Cliff, L. D. S., F. D. S., R. C. S.

F. J. Goldsworthy, L. D. S., R. C. S.

Mrs. A. W. Warburton, L. D. S., R. F. P. S. (from

16, 3, 70).

R. B. Warburton, L. D. S. , R. C. S. (Edin.)(from

2.2.70)

County Nursing Officer:

Miss R. E. Topham, S. R. N., S. C. M., H. V. Cert. Q. I. D. N.

Area Nursing Officers:

Miss M. Crowley, S. R. N., S. C. M., Q. I. D. N., H. V. Cert (from 1.9.70)

Miss M. Jarrett, S. R. N., S. C. M., H. V. Cert. Q. I. D. N.

Miss M. F. Parsons, S. R. N., S. C. M., H. V. Cert. Q. I. D. N.

Miss D. B. Wagland, S. R. N., S. C. M., H. V. Cert. Q. I. D. N.

Health Visitors:

At the end of the year, the staff of Health Visitors was 30 wholetime (3 of whom were holding combined appointments as district nurse/ midwife-health visitors) and 3 part-time; also 2 part-time Tuberculosis Health Visitors. The aggregate of time given to School Health Work was equivalent to the services of 9.5 full-time Health Visitors.

District Nurse/Midwives:

At the end of the year, 38 district nurse/midwives (including 3 who were also district nurse/midwives-health visitors), 13 district midwives (including 3 part-time) and 30 district nurses (including 8 part-time) were being employed.

Senior Speech Therapist:

Miss J. M. Lawrence, L. C. S. T.

Speech Therapists:

Mrs. D. Carlisle, L.C.S.T.

Miss J. Bassett, L.C.S.T. (part-time)

Miss S. B. Howes, B.Sc. (Speech), (from 1.9.70).

Mrs. M. McConnell, L.C.S.T. (part-time)

Mrs. E. A. Smyth, L. C. S. T.

Mrs. J. Taylor, L.C.S.T. (part-time)

Mrs. J. Wood, L.C.S.T. (part-time)

School Health Assistants:

At the end of the year 1 full-time and 6 part-time assistants were employed and the aggregate of time given to this work was equivalent to 4.0 full-time assistants.

Dental Surgery Assistants:

7 assistants employed (equivalent to 6.8 full-time assistants).

County Health Inspector:

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

District Medical Officers of Health:

Boroughs and Urban Districts:

Aldeburgh	 	Dr. C.H. Imrie
Beccles	 	Dr. A.C. Gee
Bungay	 	Dr. A.C. Gee
Eye	 	Dr. K. M. Harding
Felixstowe	 	Dr. C.H. Imrie
Halesworth	 	Dr. A.C. Gee
Leiston	 	Dr. A.C. Gee
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. A.C. Gee
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. A.C. Gee

GENERAL STATISTICS

Area: 547,397 acres (Census, 1961).

Population 1970: 263,610 (As estimated by the Registrar-General).

Population, Census 1961: 225,371

Number of dwellings (occupied and vacant), Census 1961: 77,151

Number of private households, Census 1961: 73,211

Rateable Value: £8,850,904 (year beginning 1st April, 1970).

Estimated product of a penny rate £35,877 (year beginning 1st April, 1970).

TABLE I Extracts from Vital Statistics for the Year

	EAS	T SUFF	OLK	England
	Number	Crude rate	Adjusted rate	and Wales rate
Live births - legitimate	3,508	-	-	-
- illegitimate	195	-	-	-
- total	3,703	-	-	-
Live birth rate per 1,000 population	-	14.0	16.1	16.0
Illegitimate Live Births (per cent of				
total live births)	-	5.0	-	8.0
Still-births - legitimate	46	-	-	-
- illegitimate	7	-	-	-
- total	53	-	-	-
Still-birth rate per 1,000 live and				
still-births	-	14.0	-	13.0
Total live and still-births	3,756	-	-	-
Infant deaths (under one year)	58	-	-	-
Infant mortality rate per 1,000 live				
births	-	16.0	-	18.0
Infant mortality rate per 1,000 live				
births (Legitimate infant deaths				
per 1,000 legitimate live births)	-	15.0	-	17.0
Infant mortality rate per 1,000 live				
births (illegitimate infant deaths		1		
per 1,000 illegitimate live births)	-	36.0	-	26.0
Neo-natal (first four weeks) deaths	37	-	-	-
Neo-natal (first four weeks) mor-				
tality rate per 1,000 live births	-	10.0	-	12.0
Early Neo-natal deaths (deaths under				
1 week)	31	-	-	-
Early Neo-natal mortality rate				
(deaths under 1 week per 1,000				
total live births)	-	8.0	_	11.0
Perinatal mortality rate (still-births				****
and deaths under 1 week combined				
per 1,000 total live and still-births)		22.0		23.0
Maternal deaths	Nil			20.0
Maternal mortality rate per 1,000	7477			
live and still births		_		
Deaths from all causes	3,224			
Death rate per 1,000 population	0,557	12.2	10.2	11.7
beam rate per 1,000 population		10.0	10.2	

TABLE II POPULATION, BIRTHS, DEATHS

	7	9	-	4	9	9	1	65	6	4	00	6	7	2	20	6	2	4	00	57	6	62	4
HS.	Total	56	101	7	56	296	27	63	649	24	43	66	104	1,592	233	399	262	194	24	232	69	1,632	3,224
ALL DEATHS	Female	37	53	20	43	152	111	23	284	6	34	43	63	802	108	203	137	8.7	115	113	26	789	1,591
AL	Male	19	48	24	13	144	16	40	365	15	6	99	41	790	125	196	125	107	128	119	43	843	1,633
ATHS	Total		1	3	1	4	8	63	13	-	-	8	1	33	8	7	4	60	7	1	ì	25	58
INFANT DEATHS	Female		1	1		61	1	1	7		1	1	1	15	52	8	1	1	2	,		6	24
INF	Male		,	2	1	23	2	1	9	1	,	60		18	1	4	8	2	5	1	,	16	34
SI	Total	,	,	1	1	4	2	1	13	,		1	8	26	9	65	7	9	89	1	-	27	53
STILLBIRTHS	Female			1	1	3		1	7			1		14	2	1	2	4	1	1		11	25
ST	Male				,	1	2		9	1		1	60	12	4	2	2	2	23		-	16	28
HS	Total	31	113	56	22	221	99	96	755	28	16	112	100	1,606	244	486	370	235	366	304	92	2,097	3,703
LIVEBIRTHS	Female	10	51	30	11	118	22	55	372	18	4	55	44	790	112	229	168	117	183	148	20	1,007	1,797
L	Male	21	62	26	11	103	34	41	383	10	12	57	56	816	132	257	202	118	183	156	42	1,090	1,906
ATION	Esti- mated mid-1970	3,250	8,280	4,000	1,650	19,070	3,200	5,200	50,900	1,710	2,090	8,630	7,180	115,160	18,800	37,740	25,960	16,230	22,560	20,140	7,020	148,450	263,610 1,906
POPULATION	Census 1961	2.972	7,330	3,581	1,580	17,254	2,252	4,119	45,687	1,538	2,228	7,790	5,927	102,258	18,566	32,288	19,306	16,170	16,015	14,503	6,265	123,113	225,371
		Aldeburgh M. B.	Beccles M. B.	Bungay U. D.	Eye 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.)	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)

TABLE III

CAUSES OF DEATH IN EACH DISTRICT

	Grand Total		15
	Total	1631	15
	Wainford	69	
TS	Samford	232	-4
DISTRICTS	Lothingland	243	24
	Hartismere	193	. 7
RURAL	Gipping	262 2 2 2 2 2 2 2 2 3 3 3 3 8 8 8 8	, m
RU	Deben	399	3.2
	ВІУ	233	2
	Total	1593 1593 1593 1593 1593 1593 1593 1593	12
-	Woodbridge	104	
	Stowmarket	99	- 6
	Southwold	£	1 1
STS	Saxmundham	42	
DISTRICTS	Lowestoft	649	4 9
	Leiston	8	
URBAN	Наlesworth	2	
URI	Felixstowe	36. 4. 5	. 71
	Eye	57	
	Bungay	4	
	Beccles	01	
	Aldeburgh	8	
	CAUSE OF DEATH	ALL CAUSES Cholera Typhoid Fever Bacillary dysentery and amoebiasis Enteritis and other diarrhoeal diseases Tuberculosis of respiratory system Late effects of respiratory T.B. Other tuberculosis Plague Diphtheria Whooping Cough Streptococcal sore throat and scarlet fever Meningococcal infection Acute Poliomyelitis Measles Typhus and other rickettsioses Typhus and other rickettsioses Typhus and its sequelae Syphilis and its sequelae Other infective and parasitic diseases Malignant neoplasm - buccal cavity Malignant neoplasm - stomach Malignant neoplasm - stomach Malignant neoplasm - larynx Malignant neoplasm - larynx Malignant neoplasm - larynx Malignant neoplasm - lung, bronchus	Malignant neoplasm – uterus Malignant neoplasm – prostate
		B.1 B.2 B.3 B.6(1) B.6(1) B.6(2) B.6(2) B.10 B.10 B.11 B.12 B.13 B.14 B.13 B.14 B.16 B.17 B.18 B.19 B.19 B.19 B.19 B.19 B.19 B.19 B.19	B.19(8) B.19(9)

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Benign and unspecified neoplasms 1	1101. 02. 12. 13. 03. 08. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Benign and unspecified neoplasms 1	2 . 6
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Benign and unspecifications 1	
Dispeters militarian integrations 1	
Dispetence and unspecified passing 1	844
Dispete should be continued and should be continued and unspecified neoplasms 1	
Denign and unspecified mooplasms 1	
Dispetes melitius	
Benign and unspecified neoplasms Diabetes mellitus Diabetes mellitus Diabetes mellitus Other diseases Other diseases Other diseases of blood etc Meningitis Multiple Scleriosis Multiple Scleriosis Other diseases of nervous system etc Active rheumatic fever Chronic rheumatic fever Chronic rheumatic fever Chronic rheumatic heart disease Active rheumatic fever Chronic rheumatic heart disease Other forms of heart disease Active rheumatic heart disease Is a 12 1 1 2 2 1 4 13 Brounchitis and emphysema Asthma Other diseases of crepiratory system Asthma Other diseases of respiratory system Other diseases of digestive system Other diseases of prognancy etc Other complications of prognancy etc Diseases of periatal mortality Congenital anomalies Diseases of periatal mortality Symptons and ill-defined conditions All other external causes All	m., ,,-,,-,,,,,,,,,,-,,,-,,,-,,,,,,,,,,,
Benick and unspecified neoplasms 1	x==
Dispetes mellitus Avairant dusperficients and other nutritional defricients and other nutritional defricients and other nutritional defricients and other nutritional defricients and other diseases 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 1 1 1	25 . 2 . 2 . 24 . 8 L 38 E 8 E 8 E 8 E 8 E 8 E 8 E 8 E 8 E 8
Diabetes mellitus Diabetes mellitus Diabetes mellitus Anaemias Other diseases of blood etc Meningitis Meningitis Multiple Scleriosis Other diseases of blood etc Active rheumatic fever Chronic rheum	8
Benign and unspecified neoplasms Diabetes mellitus Avitaminoses and other nutritional deficiency	
Benign and unspecified neoplasms Diabetes mellitus Avitaminoses and other nutritional deficiency Anaemias Other endocrine etc. diseases Anaemias Other diseases of blood etc. Active rheumatic fever Active rheumatic fever Active rheumatic fever Active rheumatic fever Chronic rheumatic fever Active rheumatic fever Active rheumatic fever Chronic disease of nervous system Hypertensive disease Bechaemic heart disease Other diseases of circulatory system Influenza Pheumonia Bronchitis and emphysema Ashhma Other diseases of creapiratory system Influenza Peptic ulcer Appendicitis Intestinal obstruction and hernia Cirrhosis of liver Other diseases of genito-urinary system Abortion Nephritis and nephrosis Intestinal obstruction and subcutaneous tissue Abortion Congenital anomalies Congenital anomalies Birth injury — difficult labour etc. Other causes of perinatal mortality Symptons and ill-defined conditions Motor vehicle accidents All other external causes All other external causes Indeptinations Indeptinations All other external causes Indeptinations Indeptination Indeptinations Indep	22
Disbetes malitus Avitaminoses and other nutritional deficiency Avitaminoses and other nutritional deficiency Other diseases of blood etc Other diseases of blood etc	2
Benign and unspecified neoplasms Diabetes mellitus Avitaminoses and other nutritional deficiency Other endocrine etc. diseases Anaemias Other diseases of blood etc Meningitis Multiple Scleriosis Other diseases of nervous system etc. Active rheumatic fever Other diseases of nervous system etc. Chronic rheumatic heart disease Other diseases of circulatory system Influenza Other diseases of circulatory system Influenza Other diseases of circulatory system Other diseases of respiratory system Peptic ulcer Appendicitis and emphysema Asthma Other diseases of digestive system Influenza Other diseases of digestive system Peptic ulcer Appendicitis Other diseases of digestive system Other diseases of digestive system Asthma Other diseases of prostate Other complications of pregnancy etc. Diseases of the skin and subcutaneous tissue Diseases of the skin and subcutaneous stissue Diseases of preinatal mortality Symptons and ill-defined conditions Motor vehicle accidents All other accidents Suicide and self inflicted injuries	- , , , , , , 22 s s c , 9 4 , , - , - , - , - , - , - , - , -
Benign and unspecified neoplasms Diabetes mellitus	6.1
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	neoplasms ciffied neop etc. disease blood etc nervous sy: fever ic heart disease lisease eart disease eart disease circulatory nphysema tion and he tion and he tion and he sostate circulatory digestive sy phrosis oostate genito-urin ons of pregrin and sub ulo-skeletal alies fricult labou erinalt labou
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B.20 B.21 B.22 B.23 B.24 B.24 B.24 B.25 B.31 B.34 B.34 B.34 B.35 B.36 B.36 B.36 B.36 B.36 B.36 B.36 B.37 B.36 B.36 B.36 B.36 B.36 B.36 B.36 B.36	
	B.46(1) B.46(2) B.46(3) B.46(3) B.46(4) B.46(4) B.46(4) B.46(4) B.46(4) B.46(6) B.46(6) B.33(1) B.33(2) B.34(1) B.35(1) B.36(10) B.46(10) B.46(11) B.46(11) B.46(11) B.46(11) B.47 B.48 B.48 B.48 B.49 B.40 B.41 B.41 B.42 B.41 B.42 B.43 B.44 B.44 B.45 B.46 B.46 B.46 B.46 B.46 B.46 B.46 B.46

TABLE IV

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

				AG	GREGA	TEOF	URBAN	AGGREGATE OF URBAN DISTRICTS	TIKTIS				AGG	AGGREGATE OF RURAL DISTRICTS	E OF R	URAL	DISTRIC	SI		
	CAUSES OF DEATH	SEX														T	-		T	T
			All apex	0	-	- 5	- 51	25 -	45	- 59	- 51	All ages	- 0	-	· .	- 5	28 - 4	45 - 65	- 18	
	ALL CAUSES	2.	141	2 .	W 1	ese	92	2	951	249	339	842	=	0.0	~	0.	2:	172	251	316
18.1	Cholera	× ×	700		- ,	۹.		= -	6.6	2 .	716			-		-		_	-	
8.2	Typhoid Fever	. 2.												- 11						
8.3	Bacillary dysentery and amorbiasis	- N								4.4	ar la					1 0				7 4
8.4	Enteritis and other diarrhoeal diseases	- 2			1 0		* *	1		0	1.0				1					
B.5	Tuberculosis of respiratory system	- M		-							, ,				24					-
B.6(1)	Late effects of respiratory T.B.	- 2					1.7	1.					1 -					-	4 1	-
B.6(2)	Other tuberculosis	- 2							- 1			-	100	- 1						
8.7		- 2 -										-						3 3		
8.8	Diphtheria	- 2 -				1 1			- 1				. 1				- ,			
8.9	Whooping Cough	- 2 :			16				100											
B.10	Streptococcal sore throat and scarlet fever	- ×:																		
8.11	Meningococcal infection							-			1 1	-								
B.12	Acute Poliomyelitis	- 2			6.4	("+	1. 1		6.16		17.0		1 1	66				000		
B.13	Smallpox										1 1		• 01	4 (4)						
B.14	Measles	. 2:	-	1 1		111	1 1		114									1 10		7.
81.15	Typhus and other rickettsiones	- N				1 -	1 -		10	K.										
B.16	Malaria	-21				1.4						200								
B.17	Syphilis and its sequelae	. 2							10.1											
81.8	Other infective and parasitic diseases	- N	- 2				. +		-	1 1	7.7	N		-		, ,			-	
8(19(1)	Malignant neoplasm - buccal cavity	- N	. 7	787				- 1		-										
B.19(2)	Malignant neoplasm - oesophagus	. 2 :	N E							-		200		7				- 0.0	-	
8.19(3)	Malignant neoplasm - stemach	. W.	9:								- 4.	. 9 :								
B.19(4)	Malignant neoplasm - intestine		- 2:						400	+ 1- +	200	92		1107			-			
8.19(5)	Matignant neoplasm - harynx	. м.						-	e mi	-	. ,			- la					0 , 1	
0.19(6)	Madgnant neoplasm - fung, bronchus	. N.	- 3 :	110				~	- 92	5.00	12	- 55							9.0	-
B.19(7)	Malignant neoplism - breast		67						0							. ,				
B.19(8)	Malignant neoplasm - uterus		2 00						5 2	- 7	- 5	1,3	1 1	130			-	0 40	-	
8.19(9)	Malignant neoplasm - prostate	M	12				1		71	7	0	15		100				-	0	v
B.19(10)	Leukaemia	N.	-		14			1	1.7	~		e4 e		100					-	
B.19(11)	Other malignant neophsons	. 7	90	-					4 4 5	-=!	25	466		-					9 9	- 0
B.20	Benign and unspecified neoplasms	- 21		16.					-											
									-											

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filture etc sand on time etc sand on time etc ders sand on the sand control sand co	al Jo	cations re skin	comalie	of perin	d illided	secide	erf infli	ernal ca
Avitaminoses and other nutritional deficiency Other endoctine etc. diseases Anaemias Other diseases of bisod etc. Mental disorders Multiple Scienciais Other diseases of nervous system etc. Active theumatic fever Chronic rheumatic heart disease Hypertensive disease Bother diseases of nervous system etc. Active theumatic heart disease Bother diseases of circulatory system Cerebro vascular disease Other diseases of circulatory system Feptic aleer Asthma Other diseases of respiratory system Cerebros of heart disease Other diseases of disease Cerebros of heart disease Other diseases of diseative aystem Cerebros of prespiratory system Nepticules and nephrosis Circhosis of fiver Circhosis of fiver Nephritis and nephrosis Nephritis and nephrosis	Other diseases of genito-urinary system Abortion	Other compileations of pregnancy etc. Diseases of the skin and subcutaneous tissue	Congenital anomalies	Birth injury - difficult labour etc. Other causes of perinatal mortality	Symptons and ill-defined conditions	Motor vehicle accidents All other accidents	Suicide and self inflicted injuries	All other external causes
Disbetes a Avitamino Other edd Ausemias Other dise Mental dis Metiple S Other dise Active the Chronic rh Hypertens Ischaenic Other dise Other dise Other dise Cerebro va Other dise Preumond Bronchitis Intestinal Other dise Cerebro (Cerebro va Other dise Cerebro (Cerebro va Other dise Cerebro (Cerebro va Other dise Other dise Cerebro (Cerebro va Other dise Other dise Other dise Reptic uter Asthma	Other disc Abortion			Other	Symp	Motor	Suicid	All of
B21 B46(1) B23 B46(3) B24 B46(4) B24 B25 B25 B25 B20 B20 B20 B21 B23 B23 B23 B23 B23 B23 B23 B23 B23 B23	B.46(9) B.40	B.46(10)	B.42	B.44	8.45	B.E.47 B.E.48	B.E.49	B.E.50

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21 - HEALTH CENTRES

Towards the end of the year final approval was received for the building of a health centre at Stowmarket and I shall be commenting more fully on this in next year's report.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

TABLE V
Infant Welfare Centres

Twice Weekly	Weekly	Twice Monthly
Lowestoft (i) Lowestoft (ii)	Beccles Bradwell Bungay Felixstowe (i) do (ii) Kesgrave Leiston Lowestoft (iii) do (iv) Stowmarket Woodbridge	Aldeburgh Bramford Brantham Claydon Felixstowe (iii) Framlingham Halesworth Kessingland Reydon Saxmundham Shotley Southwold Yoxford

Mor	nthly
Blundeston	Hollesley
Carlton Colville	Kirton
Chelmondiston	Needham Market
Debenham	Newbourne
Earl Soham	Otley
East Bergholt	Peasenhall
Eye	Somersham
Gislingham	Stowupland
Grundisburgh	Trimley
Haughley	Wattisham
Holbrook	

Summary of Attendances for 1970

Centres provided	Sessions per month	No. of Children attending during year	Total number of attendances made
47	110	5,742	32,868

Ante-Natal Clinics:

General practitioners in many districts hold ante-natal sessions for their own patients either in clinic premises or in their own surgeries and in some of these districts the Council's midwife also attends.

Mothercraft and Relaxation Classes:

Regular mothercraft and relaxation classes were held in the main urban centres and they proved popular with a number of the mothers. Altogether 339 expectant mothers, of whom 140 were booked for hospital confinement, attended the sessions and made a total of 1,957 attendances.

Care of Unmarried Mothers and their Children:

10 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:

204 premature live births were notified in the year. 162 were born in hospital. Of these, 142 survived beyond 28 days. 42 were born at home, and of these 1 was transferred to hospital. The remaining 41 were nursed at home and survived beyond 28 days.

Dental Care:

TABLE VI Number provided with dental care

	Examined	Number commenced treatment during year	Made dentally fit
Expectant/Nursing Mothers	9	7	5
Children under 5	261	187	143

Forms of dental	treatment	provided
-----------------	-----------	----------

	Extrac-	General	Fillings	Scalings or gum	Silver Nitrate treat-	X-rave	Dent	
	tions	thetics		treat- ment	treat- ment	A-rays	Com-	Par- tial
Expectant/ Nursing Mothers	10	-	12	1	-	1	-	2
Children Under 5	65	27	346	-	86		1,/	

In addition to the above, treatment has been carried out at Belstead Junior Training Centre for mentally subnormal children.

Welfare Foods:

There were at the end of the year 81 places throughout the County where welfare foods could be obtained.

In nearly all of these voluntary helpers were responsible for the distribution of the foods, and acknowledgement is made of the valuable assistance given to the County Council in this respect and for the willing co-operation of the people concerned.

The quantity of the various items issued was as follows (with 1969 figures given in brackets for comparison):-

National Dried Milk (packets)	 4,800	(7,204)
Orange Juice (bottles)	 54,667	(53,680)
Cod Liver Oil (bottles)	 2,910	(3,073)
Vitamin A & D (packets)	 3.214	(3,165)

SECTION 23 - MIDWIFERY:

During the year the Council's midwives attended 941 mothers at their confinement.

Of the total confinements attended, in 7 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 99 cases.

Gas/air and Trilene analgesia was administered at 731 domiciliary confinements and Pethilorfan was given to 635 patients by midwives.

SECTION 24 - HEALTH VISITING:

TABLE VII

Summary of visits made

(excluding School Health Service visits)

		1st Visit in year	Total Visits
Children born in 1970	 	3,856	16,528
Children born in 1969	 	3,738	14,250
Children born in 1965-68	 	7,961	21,754
Tuberculosis households	 	211	612
Other visits	 	731	1,151

SECTION 25 - HOME NURSING:

TABLE VIII

Summary of visits made

			Patients attended	Total Visits
Medical			 3,825	81,962
Surgical			 1,394	35,414
Other			 262	4,758
			5,481	122,134
Of these — No.	under 5		 59	447
No.	aged 65	or over	 3,722	81,141

SECTION 26 - VACCINATION AND IMMUNISATION:

Smallpox Vaccination:

TABLE IX

Age at date of vaccination	Under 1	1	2-4	5-15	Total
Primary	138	1,565	490	170	2,363
Re-vaccination	-	4	57	417	478

TABLE X

Pertussis Vaccination:

Year of birth	1970	1969	1968	1967	1963-66	Others under age 16	Total
Completed full primary course	310	2,297	545	30	65	13	3,260
Received reinforcing injection	9	165	344	72	392	56	1,038

Tetanus Vaccination:

TABLE XI

Year of birth	1970	1969	1968	1967	1963-66	Others under age 16	Total
Completed full primary course	315	2,315	552	33	131	682	4,028
Received reinforcing injection	15	176	398	108	2,707	1,807	5,211

Poliomyelitis Vaccination:

TABLE XII

Year of birth	1970	1969	1968	1967	1963-66	Others under age 16	Total
Completed full primary course	270	2,392	551	66	175	95	3,549
Received reinforcing dose	7	161	361	95	2,683	935	4,242

Diptheria Immunisation:

TABLE XIII

Year of birth	1970	1969	1968	1967	1963-66	Others under age 16	Total
Completed full primary course	312	2,310	550	32	119	69	3,392
Received reinforcing injection	9	172	390	94	2,607	567	3,839

Measles Vaccination:

TABLE XIV

Year of birth	1970	1969	1968	1967	1963-66	Others under age 16	Total
Primary	7	490	472	299	666	137	2,071

SECTION 27 - AMBULANCE SERVICE:

TABLE XV

	Total Miles	No. of Journeys	No. of Patients Carried
Whole-time ambulances	388,844	11,183	28,976
Hospital Car Service:			
Voluntary	783,968	19,466	56,089
Sitting case vehicles:			
Whole-time	38,206	1,694	3,085

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE:

TABLE XVI

Tuberculosis Register, 1970

	Pulmonary	Non- pulmonary
Patients on Register at 1.1.70.	717	228
New (Primary) Notifications during 1970	13	6
Inward transfers and restored to register in 1970	5	-
	735	234

Taken off register in 1970

	Pulmonary	Non- pulmonary		
Non-tuberculous	-	-		
Died	3	2		
Recovered	23	7		
*Removed or lost sight of	284	141		
	310	150		
			310	150
Patients remaini	ng on registe	er at 31, 12,70,	425	84

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

^{*}During the year a review of cases was undertaken with the District Councils and the Chest Clinics as a result of which a higher than usual number were removed from the register.

Chiropody Services:

The Council's arrangements for chiropody treatment for old people continues to be given through an agency agreement with the East Suffolk Old People's Welfare Association. Treatments are given by appointment at sessions arranged in conjunction with old people's clubs or at clinics or in the chiropodist's own surgery but where this is not possible arrangements can be made for the chiropodist to pay a visit to the patient's home. Altogether through this service 30,366 treatments were given to 6,426 old people.

Chiropody treatment for the other priority classes, the expectant mother or the younger physically handicapped person, are dealt with directly by the Department but the demand is small and only 6 patients were treated.

In addition 1,657 treatments were given to 453 persons in local authority Old Peoples Homes.

SECTION 29 - HOME HELP SERVICE

At 31st December, 926 part-time workers were being employed, and the types of cases to which help has been given during the year are as follows:

	Total	2,406
(v)	Others	50
(iv)	Chronic sick and Tuberculous	125
(iii)	Mentally Disordered	7
(ii)	Maternity (including expectant mothers)	129
(i)	Elderly Persons (aged 65 or over)	2,095

SECTION 28 and 51 - MENTAL HEALTH:

Mental Health Act, 1959

During the year the County Council's mental welfare officers assisted in the admission of 161 patients to hospital as follows:-

		Male	Female	Total
For observation	(Section 25)	 18	30	48
For treatment	(Section 26)	 4	6	10
In emergency	(Section 29)	 43	43	86
By order of Court	(Section 60)	 2	-	2
Informal		 7	8	15
		.74	87	161

Referral of Mentally Disordered Patients

The following new cases were reported during the year:-

Referred by:-	Mentally Ill	Psycho- path	Subnormal	Severely Subnorma	1 Total
General Practitioners	107	-	-	-	107
Hospitals, on discharge from in-patient treatmen	t 37	-	5	-	42
Hospitals, after outpatier or day treatment	nt 9	_	1	-	10
Local Education Authorit	у -	-	36	9	45
Police and Courts	-	-	-	-	-
Other sources	1	-	4	20	25
	154	-	46	29	229

The breakdown of the above total of patients referred shows the age category as follows:-

		Male	Female	Total
Under 16	 	17	9	26
Over 16	 	118	85	203
		135	92	229

The total number of cases on the Authority's Register at the end of the year was:-

or the year was	Menta	lly Ill	Subnorm Severely su		Sub-T	otal	Tota 1970 1	-
	$\underline{\mathbf{M}}$	F	M	F	M	F		
Attending day training centre	-	-	101	117	101	117	218	172
Receiving home a group training	ind -	-	8	13	8	13	21	19
Resident in L. A. Home	6	28	14	14	20	42	62	62
Resident at L. A. expense in residential homes/hoste		3	3	3	6	6	12	8
Resident at L. A. expense by board out in private house-hold	ing -			2		2	2	2
Receiving Home Visits	145	158	252	180	397	338	735	614
Total patients under community care	154	189	364	315	518	504	1,022	851

The age category of patients under community care consists of:-

				Tot	
		M	F	1970	1969
Under age 16 16 and over	 	93 425	70 434	163 859	132 719
		518	504	1,022	851

Short term care has continued to play its part in enabling patients to remain in the community and in helping to ease the burden imposed on the families of patients on the waiting list for permanent care. During the year 22 patients were admitted to hospital, 5 patients to residential homes and 92 patients received residential care at Evelyn Fison Lodge.

The waiting list for long-term hospital care as at 31st December, 1970 was:-

Under age 16		Aged 16 and over		Total	
M	F	M	F	1970	1969
6	5	5	5	21	24
3	-	12	9	24	23
9	5	17	14	.45	47
	<u>M</u> 6 3	M F 6 5 3 -	M F M 6 5 5 3 - 12	M F M F 6 5 5 5 3 - 12 9	M F M F 1970 6 5 5 5 21 3 - 12 9 24

During the year 7 mentally subnormal and severely subnormal patients entered hospital as informal patients.

Arrangements for Occupation and Training

The following table shows the numbers under training at the various training centres and classes:

	Unde	er 16	Ove	r 16	To	tal
	M	F	M	F	1970	1969
Belstead (full-time)	32	34	2	3	71	67
Lowestoft (full-time) Other L. A. Centres	18	9	-	-	27	34
(full-time)	-	-	4	2	6	6
Voluntary Organisations	1	1	19	21	42	74
(a)	51	44	25	26	146	181
	Unde	er 16	Ove	r 16	То	tal
	M	F	M	F	1970	1969
* Lowestoft Adult						
Training Centre	-	-	28	27	55	18
Ipswich Adult Group Needham Market	-	-	2	11	13	12
Adult Group	_	-	1	4	5	4
Stowmarket Adult Group	-	-	5	7	12	7
(b)	-	-	36	49	85	57
Total (a) and (b)	51	44	61	75	231	238
						-

^{*}Opened August, 1970.

SANITARY CIRCUMSTANCES OF THE COUNTY

General

1970 was European Conservation Year and it seems appropriate to consider the general pollution situation at this time. It cannot be said that we in East Suffolk are pollution free but we are obviously fortunate in comparison with many other parts of the country and of the world.

Air monitoring devices set up in connection with the National Survey are operated by the Blyth R.D.C. in conjunction with the Warren Spring Laboratory. The stations were set up and sites selected by the County Council in 1964. The records obtained both in respect of smoke and sulphur dioxide illustrate our comparative freedom from air pollution. Nevertheless some parts of the County are affected and rather than be complacent, vigilance should be exercised to safeguard our good fortune.

One aspect of pollution however which appears to affect us all is that of noise. Noise is increasing and the public are becoming increasingly aware of the nuisances caused by inconsiderate, unnecessary and unwanted sound. The accurate measurement and analysis of sound seems desirable and sometimes essential in dealing with the complex problem arising. Although all districts appear to be affected from time to time, the demand on an individual district council did not justify the purchase of expensive measuring equipment. To overcome this, councils in the area were invited to purchase equipment jointly and as a result 14 councils and departments purchased a sound level meter and ancillary apparatus. The equipment is held and calibrated by the County Health Inspector and all the districts involved use the equipment as required. It is in regular and farily constant use.

Housing

The duty of the County Council, under the Housing Act, 1957 is to have constant regard to housing conditions in rural districts, to consider the extent to which unsatisfactory conditions exist and the sufficiency of the steps taken by the District Councils to remedy such conditions. To enable the County Council to carry out this duty and assist me in connection with sanitary circumstances, the District Councils have provided information, much of which is used in this report. I would like to acknowledge the ready co-operation of the Councils and their officers in this respect.

Summaries of the housing activities of the District Councils in the County are given in Tables XVII and XVIII.

INSPECTION AND SUPERVISION OF FOOD

Inspection of Meat for Human Consumption

Details are given in Table XIX of slaughtering and meat inspection carried out in 1970. The service is mainly carried out by the Public Health Inspectors of the County District Councils. There are 19 licensed slaughterhouses in the County.

SUMMARY OF HOUSING ACTIVITIES IN BOROUGHS AND URBAN DISTRICTS TABLE XVII

	Aldeburgh M.B.	Beccles M. B.	Bungay U.D.	Eye M. B.	Felixstowe U, D,	Halesworth U.D.	Leiston U.D.	Lowestoft M. B.	Lowestoff Saxmundham Southwold Stowmarket Woodbridge M. B. U. D. U. D. U. D.	Southwold M. B.	Stowmarket U.D.	Woodbridge U.D.
1. No. of houses inspected	27	489	54		202	36	143	876	13	30	240	125
2. No. found to be unsatisfactory	12	107	15		150	111	2.0	106	13	2.4	7.3	7.9
3, No, rendered fit by:-												
(a) Informal action		86	16		90	111	18	41	0	69	6	38
(b) Action under Public Health Act		٠		,	PS		,	un.			1	23
(c) Action under Housing Act	. , .	4					i	es			-	
4. No. of Demolition Orders secured		٠	7		13		-	1.			9	
5. No. of dwellings included in Clearance Orders secured								- 1			80	
6. No. of dwellings demolished under Demolition Orders				7	-	64		7	7.6		8	
7. No. of dwellings demolished under Clearance Orders	i			,		9	,	18		- 1		
8. No. of dwellings demolished by informal action		0	+			10	,					95
9. No. of dwellings in respect of which Closing Orders were made								15			. ~	
10. No. of dwellings improved by Improvement Grants:-												
(a) Discretionary	9	34	10		13	Į+	111	197	100	10	1	2
(b) Standard	9	111	10	9	2.5	. 9	90	84	100	00	1.9	1.1
11. No. of new houses erected:-												
(a) By Local Council		34	,	1	40	60	91	633		19	,	2.1
(b) By Private Enterprise	6	,	20	0	9.5	36	77	255		2		20
12, No. of Improvement Areas declared		,							K		ı	
13. No. of improvable dwellings in Improvement Areas declared			,				-1	1	1	-		,

SUMMARY OF HOUSING ACTIVITIES IN RURAL DISTRICTS

		Blyth	Deben	Gipping	Harttsmere	Lothingland	Samford	Wainford
	1. No. of houses inspected	211	993		15	168	1,017	414
	2. No. found unsatisfactory	190	206	٠	15	09	269	170
	3. No. rendered fit by:-							
	(a) Informal Action	34	18		1	53 53	14	
	(b) Action under Public Health Act	1			,	60		6
	(c) Action under Housing Act		1					1
	4. No. of Demolition Orders secured	1	20		1	13	20	15
	5. No. of dwellings included in Clearance Orders secured		,		1,			
	6. No. of dwellings demolished underDemolition Orders		15	٠	1	26	4	24
10)	7. No. of dwellings demollshed under Clearance Orders		,	٠	,			
	8. No. of dwellings demolished by informal Action		9					-
	9. No. of dwellings in respect of which Closing Orders were made		14	٠	9	10	en .	4
	10. No. of dwellings improved by Improvement Grants:-							
	(a) Discretionary	61	14	22	41	99	17	19
	(b) Standard	2.5	88	17	71	36	69	23
1	11. No. of new houses erected:-							
	(a) By Local Council	12	44	15	8	(9)		21
	(b) By Private Enterprise	44	165	06	58	173	164	36
-	12. Total number of permanent houses or flats owned by the Council, 31, 12, 70,	1,131	1,637		1,025	924	818	473
-	13. No. of improvement areas declared		,				1	
-	14. No. of improvable dwellings in improvement areas declared			,				

e Figures not available

SLAUGHTERHOUSES AND MEAT INSPECTION

	_	_																				
	ne part was con-	Other		1,872	84		2		-		-	•		,	41	121	48,128		330	•		47,579
	Carcasses, of which some part or organ was con demned	Tuber- culosis		99	Y						123					10	2,321		98	'		2,490
PIGS	8 0	Other		280	1	1	,	1		•			,	1	9	1	578		09	,		898
	Whole carcass	Tuber- culosis	,				,	,					,		,		1			,		1
	Inspected	.oV	1	45,635	995	1	32	•		-	384	1		1	720	545	99,728		3,612	,	*	151,651
	me part	Other						P	,				37				21			,		80 50
	Carcasses, of which some part or organ was con- demned	Tuber- culosis			1					,					,		,		,			
SHEEP		Other	-	1			,	,	,		,					,	8	,		,		6
	Whole carcasses condemned	Tuber- culosis						,														
	pecceq	.oN	1	144	412	•	•	,		,	20 20 20 20 20 20 20 20 20 20 20 20 20 2	•	311		150	52	278	,	318		,	1,917
	Carcasses, of which some part r organ was con-	Other		2,522	1				1		6		33		10	45	296	9	301			3,223
(including calves)	0	Tuber- culosis		60			,	,				,		,	,				,			69
(includin	rcasses	Other	,	7.4							1				į=		12	,	1			9.6
CATTLE	Whole carcass condemned	Tuber- culosis			,			,							-		4					
,	perced	.oN		9,598	143		69	,	,	•	186		175		8.7	285	1,219	133	1,544			13,692
	No. of Licensed Slaughterhouses			64	1		1		1	,	1		1		-3	1	4	1	8			19
	4.8		:	:	:	:		:	:			:	::	::	:	:	:		:	::	:	:
		::	:	:	:			:		:	:	:	:	:	::	:		:	:		:	
	DISTRICT		Aldeburgh M. B.	Beccles M. B.	Bungay U.D.	Eye 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.	Blyth R. D.	Deben R. D.	Gipping R. D.	Hartismere R.D.	Lothingland R. D.	Samford R. D.	Wainford R. D.	TOTALS

Food and Drugs Act - 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. Since the reorganisation of the County Council committee structure, responsibility for sampling food and drugs, other than milk, lies with the Council's Chief Inspector of Weights and Measures. Details in this part of the report are in respect of milk.

Milk Samples Taken during 1970

Tot	al number of samples taken	2	26
Nui	mber unsatisfactory by reason of:		
1.	Fat content below standard		3
2.	Solids-not-fat below standard		5
3.	Fat and Solids below standard		1
4.	Containing added water		6
Per	rcentage unsatisfactory	4.	. 0

Samples reported as unsatisfactory are those where the fat or non-fatty solids content were below the "presumptive" standards of the "Sale of Milk Regulations" or the fat content standard of the "Milk and Dairies (Channel Islands and South Devon Milk) Regulations". Whether or not the deficiencies are due to natural causes is established either by samples taken at supervised milkings or by the Hortvet (Freezing Point) Test.

Details are given below of samples found to contain added water:

Sample No. F.72 — was taken from a bulk tanker load on arriving at a large dairy in the County and contained at least 2.6% added water. The load comprised mixed milk taken from several farms and no action could properly be taken in connection with this sample. A long investigation ensued leading eventually to the taking of sample No. F.88 reported below.

Sample No. F. 88 — was taken from a farm collection tank and contained at least 8.3% added water. Legal proceedings were instituted and the producer was fined £15 with £4, $62\frac{1}{2}$ costs.

Samples Nos. G. 18 and 19 — were two out of four taken from individual churns awaiting delivery to the dairy. Although supervised milking samples and freezing point tests showed clearly that these two samples contained traces of added water, the natural milks were of very poor chemical quality and in some respects abnormal. It was not considered advisable to institute legal proceedings. A warning letter was sent to the producer and advisory officers of the Ministry of Agriculture were called in to assist.

Sample No. G. 30 — was taken from a farm collection tank and contained at least 2.3% added water. Legal proceedings were instituted and the producer was fined £10 with £16.80 costs.

Sample No. H. 29 — was taken from a farm collection tank and contained at least 3.5% added water. Legal proceedings were instituted and the producer was fined £10 with £4.72 $\frac{1}{2}$ costs.

Deficiencies found not to be due to the presence of added water were dealt with by sending warning letters and giving advice where appropriate.

It was mentioned in my previous report that the policy of the Milk Marketing Board to abolish churn collection in favour of bulk collection was creating difficulties in connection with informal sampling. This trend is continuing and it is proving possible to maintain only a fraction of the milk sampling cover provided in the past.

Foreign Substances in Food

Nine complaints of foreign substances in food were investigated during the year. Legal proceedings were instituted in respect of two cases details of which are given below. In all other instances when complaints were found to be justified, warning letters were sent to the responsible persons or companies.

Cheese Cake - contained price tag pin. Result - conviction. Fined £5.

Pork Pies - mouldy. Result -- conditional discharge.

It is well known that the vast majority of reported food poisoning cases arise from meat or meat products and over the last few years in this area, meat pies have been the vectors in several outbreaks. light of these facts it is disappointing to note the comparatively lenient view taken of the sale of mouldy meat pies; invariably the lapse of time between manufacture and sale is such that a potential health hazard must be acknowledged. Recent publicity on date coding has spotlighted many difficulties in drafting regulations to ensure that interests of the consumer and trade are adequately safeguarded. Nevertheless the responsibility must lie with the vendor to ensure that firstly his stock is properly rotated, secondly he is selling such items within 48 hours of receipt and thirdly that the storage temperatures are suitable. reputable manufacturers issue instructions and advice on the storage and shelf life of their products. It is quite inexcusable for retailers to suggest ignorance of the code is responsible for their careless practices.

The Milk (Special Designation) Regulations, 1963-65

Under the Regulations, licences to use the Special Designation "Untreated", "Pasteurised", "Sterilized" and "Ultra Heat Treated" in relation to milk sold by Dealers (other than Producers) in the County are issued by the County Council as Food and Drugs Authority.

Licences are issued on a 5 year basis and all existing ones expired on 31st December, 1970. Table XX shows the number of licences issued to take effect on 1st January, 1971.

Licences

TABLE XX

Type of Licence	Number in force 1.1.71.
Dealer's (Pasteuriser's)	5
Dealer's (Untreated)	7
Dealer's (Pre-Packed Milk)	155

There were no changes in the main pasteuriser's licence holders during the year.

All licensed premises are regularly inspected and where milk is treated or bottled bacteriological checks on bottles, plant and, where appropriate, churns are carried out. Advice is frequently given to improve sterilisation techniques and to improve keeping quality of milk sold in the County.

Table XXI gives details of samples taken during 1970. Failure of a sample to satisfy the prescribed statutory test is investigated thoroughly.

Investigation showed that phosphatase failures which occurred in two H. T. S. T. plants were due to faults in the flow diversion mechansim and in one instance due to error in operation after underheated milk had been drawn off for cream separation. One low temperature plant was also involved, the failures being due to leaking vat outlet valves.

The methylene blue test failures were also investigated and it was considered they were mainly due to poor stock rotation in retailing premises and in two instances due to unsatisfactory bottles.

Samples

TABLE XXI

		Nature of	Samples
Designation	Test	Passed	Failed
Pasteurised	Phosphatase	592	6
	Methylene Blue	595	3
Untreated	Methylene Blue	58	3
Sterilized	Turbidity	31	0
U. H. T.	Colony Count	22	0

Biological Examination of Milk

Where milk is sold for human consumption or manufacture into milk products without heat treatment, it is regularly checked by biological examination. Samples are tested for the presence of tuberculosis and brucella organisms and, more frequently, screened for burcella by the Milk Ring Test and examined for the presence of antibiotics.

During 1970 312 samples were taken of which only 159 were submitted for full biological tests. 24 were found positive for Milk Ring Test and only 1 found to contain antibiotics.

Positive Ring Test results were generally of low strength and brucella organisms were only cultured in connection with one herd. In this instance raw cream was sold and a herd investigation carried out; it was revealed that one cow introduced to the herda few months before sampling was excreting the organisms. She was sold and slaughtered.

The one instance where penicillin was found occurred in a herd of a producer/retailer. Investigation showed that a misunderstanding had arisen between the regular and relief cowmen following an intramammary injection for mastitis. An undertaking was received that extreme care would be exercised to prevent a recurrence.

Water Supplies and Sewerage

Information for this section of the report has been supplied by the County Surveyor, the Highways Department being responsible for the examination of schemes of water supply and sewerage submitted to the County Council for financial assistance.

Water Supplies

Within the area supplied by the Ipswich Corporation Water Undertaking, which includes the southern part of the County, the position is already serious and at times of peak consumption it is difficult to meet the demand. The Water Undertaking therefore are pursuing a number of schemes which would improve matters. They propose to increase the yield from two sources of supply in the Gipping area and to construct a new water tower on Rushmere Heath. By far the most important proposal is, however, the widely publicised project to construct a reservoir at Tattingstone to store surplus water from the River Gipping. A great deal of preliminary work has been carried out, and a great number of objections have been made to the proposal. A Ministry Inquiry is to be held early in 1971.

A rather more long term project is the scheme to make use of the surplus water from the River Ouse to augment supplies in East Anglia.

A further proposal which has attracted public attention is the one to desalinate sea water in the River Deben. This scheme has not yet received approval; if allowed to proceed it will be of great interest, although it is not likely to benefit the overall supply to any great extent for several years.

Within the area supplied by the East Anglian Water Company the position is more stable. The Company are constantly engaged in improving their sources of supply and are confident that they can meet all reasonable demands.

Sewerage and Sewage Disposal

Local Authorities have continued to be active in this field of operations, but it seems likely that steeply rising costs may lead to some curtailment of the future programme.

During the year schemes were completed in Thorpeness, Aldringham and Knodishall; Wickham Market (extension of disposal works); Campsea Ashe; Shotley; Brantham (new disposal works); East Bergholt (East End); Bentley; Ilketshall St. Andrew.

Work is currently in hand in Blythburgh, Wenhaston and Bramfield; Therberton, Middleton, Darsham and Westleton; Otley; Crowfield; Haughley Green; Thorndon and Occold; Gislingham (Mill Street and extension of disposal works); Wyverstone; Corton (extension of existing scheme); Worlingham (Extension of existing scheme); Stoven with parts of Brampton.

Schemes are in various stages of preparation or are awaiting approval in respect of a further 45 parishes.

GENERAL

TABLE XXII

Notification of Infectious Diseases

Infectious Disease				Number of cases notified
Anthrax				-
Scarlet Fever				79
Whooping Cough	1			25
Poliomyelitis -	 paralyti 	c		-
Poliomyelitis -	- non-par	alytic		-
Measles				2,313
Diphtheria				-
Yellow Fever				-
Dysentery				13
Smallpox				-
Encephalitis -	infective	and post	infective	1
Enteric or typh	oid fever			_
Paratyphoid fev	er			-
Tuberculosis (F	Respirator	y)		11
Meningococcal:	infection			4
Food poisoning				41
Puerperal pyre	xia			-
Ophthalmia neor	natorum			3
Infective hepati	tis			17
Tetanus				-
Leptospirosis				_

Nurseries and Child-Minders Regulation Act, 1948 (as amended)

There were a number of changes in registration under the above Act during the year and at the 31st December there were 57 premises registered as day nurseries catering for a total number of 1,149 children.

In addition, 54 persons were registered as child minders catering for 246 children.

Registration of Nursing Homes

No new Nursing Home was registered during the year and there remains a total of 6 on the register at 31st December.

Name		Number of beds available Medical/Surgical
Orme House, Lowestoft		15
Sproughton Manor, Sproughton		21
The Old Rectory, Barham		15
Raydon House, Raydon		14
Osborne House, Felixstowe		13
The Lodge, Rushmere St. Andrews	3	20
		98

SCHOOL HEALTH

MAINTAINED SCHOOLS

		Number	Pupils on Roll
Nursery Schools		 -	Nil
Primary Schools		 164	22,844
Secondary Modern		 21	7,349
Secondary Gramma	ar	 5	1,842
Comprehensive		 6	4,749
Special (E.S.N.)		 1	132
		197	36,916
		-	-

SCHOOL CLINICS

(a) County Area:	Address	Services P	rovided by
		Local Authority He	Regional ospital Board
Beccles	Crowfoot School	Dental Speech Therapy	
Felixstowe	Causton School	Dental	
Felixstowe	Trinity Methodist Church Hall	Speech Therapy	
Ipswich	Central Clinic, Rope Walk	Dental (Orthodontic by appointment only Audiology	
Leiston	The County Health Clinic "Daneway" Hayling Road	Dental	
Saxmundham	The County Health Clinic		Chest Clinic Child Psychiatry Ophthalmic
Stowmarket	The County Health Clinic, 8 Fairfield Hill	Dental Speech Therapy	Chest Clinic Ophthalmic
Woodbridge	County Buildings, Cumberland Street	Speech Therapy	

(b) - Lowestoft Excepted District:

Services Provided by Address Local Regional Hospital Board Authority Clapham Road Dental Minor ailments Speech Therapy Kirkley Clinic, Dental Southwell Road Minor ailments Speech Therapy "Penrhyn" Chest Clinic Child Psychiatry Regent Road Ophthalmic

MEDICAL INSPECTIONS

There was a slight drop in the number of routine medical inspections carried out in Lowestoft and the northern area of county where the illness of the Senior Medical Officer for that area over a long period caused some unavoidable disruption to the planned programme.

In regard to the selective procedure I should point out that in some of the smaller schools the numbers in the group are so small that no selection takes place and all the children are seen.

The findings at the inspections follow very much the general pattern established over the past few years. No new trends are appearing in regard to physical defects.

HANDICAPPED PUPILS

With the exception of maladjustment about which I have written more fully in my preamble, the incidence of handicapped pupils in all other categories remains constant.

We are still eagerly awaiting official approval for the new special school, proposed for the mid-county area as its establishment would certainly alleviate some of the difficulties experienced in placing handicapped pupils.

Approval has been given for the appointment of a Physiotherapist to work with children in need in both special and ordinary schools. It is hoped that an appointment will be made by the beginning of the school year 1971-72.

HANDICAPPED PUPILS

CATEGORY	Attending Special Schools, Hostels etc.		Recommended for Special School but provisionally placed		Attending	
CATEGORY	Day	Boarding	Ordinary School	At Home	Ordinary School	Total
BLIND	-	6	-	-	-	6
PARTIALLY SIGHTED	1	2	1	-	2	6
DEAF	2	7	-	-	= 3	9
PARTIALLY HEARING	8	6	3	-	1	18
PHYSICALLY HANDICAPPED	12	10	5	-	4	31
DELICATE	-	11	1	-	3	15
MALADJUSTED	-	21	7	-	15	43
E.S.N.	22	111	22	-	36	191
EPILEPTIC	-	4	-	-	- 3	7
SPEECH DEFECT	-	-	1	-		-
TOTAL	45	178	39	-	64	326

SERVICE FOR HEARING IMPAIRED

The Peripatetic Teachers of the Deaf report as follows:-Mr. P. J. Abell (Northern Area) --

"Analysis of medical referrals and educational assessments reveals that the incidence of hearing impairments in children is in excess of 10 per 1,000. 1970 has seen a continuation in the upward trend of issues of N. H. S. hearing aids by hospitals, particularly the new headworn OL67 aid.

Deafness is an environmental problem. Unless medical treatment can alleviate its effects, the problems are ever present in multiple form wherever the children find themselves.

The very core of modern educational treatment is through Auditory training and lipreading as a combined method of minimising the receptive communication difficulties. Children's minds are helped to gain the maximum opportunity of receiving the "food" without which the fullest growth and development is not possible.

For many years the health of the child has had a physical orientation. The growth, development and health of the mind has been assumed to some extent. In hearing impaired children the effects of stunted and distorted mental growth indicate the disastrous aftermath that can affect their future lives in every way.

The hearing aid is one vehicle by which minimising this handicap is possible. One major aim of the service is to try to enable these children to get optimum help from their aids. Partial hearing is analagous to partial sight only in some ways. No-one would think it wise for the latter to wander, groping in a world of blurred visual images. Yet the blurred world of communication and language growth may be preferred to the possible inconvenience of hearing aids. The "Food" for the mind becomes an inferior quality, and 'malnutrition' becomes rampant.

The time for these children to receive help is as early as possible. To leave it late may cause irreversible harm to brain patterning and linguistic structures. Hence the importance of medical officers, health visitors and the service working closely with hospital consultants, to discover these children, analyse their learning difficulties, and put into effect the techniques and methods enabling the "food" of mother tongue to reach their minds. Undistorted growth can take place when medical and educational services effectively combine to help them realise their latent talents."

Miss M. M. Keir comments on Auditory Training in the Southern Area -

"The pattern of previous years has been maintained. A weight of emphasis has been placed on the training of pre-school and young dual-handicapped children. The use of speech training Units loaned by the Council makes it possible for advice to be carried out daily at home or in school.

Among older and less severely-handicapped children, modification of the school or home environment to meet the individual's needs, is encouraged, but with minimal emphasis on the disability.

Audiological and scholastic assessments are carried out on cases referred to the Teacher of the Deaf by the Medical Officer, and the implications of a hearing loss, however slight, are discussed with teachers concerned."

SPECIAL TRANSPORT

The number of children receiving special transport on medical grounds was as follows:-

- (a) In Primary Schools 23
- (b) In Secondary Schools 41

SCHOOL PSYCHOLOGICAL SERVICE

Miss J. M. J. B. Honey, Senior Educational Psychologist, reports as follows:-

This has been an extremely busy year for the School Psychological Service, even allowing for the inevitable backlog of work accumulated before the appointment of Mr. P. Gilchrist Educational Psychologist, in September 1969, and Miss J. Honey, Senior Educational Psychologist, in January 1970. Not surprisingly a very large part of our work has been with individual children and at the end of the school year (August 1960) the estimated number of children individually known to the School Psychological Service and who were under regular review was of the order of approximately 800.

It should be noted that this figure includes only a very few of all the other individual children helped by the seven Advisory Teachers and by the three Advisory Teachers of the Deaf.

Further Breakdown of Figures for the school year August 31st, 1969 to September 1st, 1970

New or review cases who have been given full individual assessments by the two Educational Psychologists and also interviews with parents in schools, Education Offices and home331.

Number of children followed up approx. 350.

The above figures do not include the children assessed and discussed every week with the Consultant Psychiatrist at Lowestoft Child Guidance Clinic.

Total number of known new cases referred to the School Psychological Service or urgent follow-up review cases on waiting list:-

August, 31st 1970 approx. 125. December 31st, 1970 approx. 172.

Sources of Referral and Presenting Problems

Sources of referral have been varied and numerous, by far the chief ones being heads of schools who have either initiated referrals or acted as referral agents on behalf of parents and others. Bearing this in mind, direct referral agencies have included:-

Heads of Schools School Medical Officers

Advisory Teachers General Practitioners

Parents Children's Department

Advisory Teachers School Welfare Officers

of the Deaf

Allocation Panels

The range of presenting problems has been wide and falls into the following very broad categories: -

Backwardness and retardation Behaviour

? Educational placement

Vocational guidance

The age ranges of the 331 new and review cases (31.8.69. -1.9.70.) were as follows:-

Pre-school 7

5 to 11 269

11 to 18 55

Special Education

As close a contact as possible has been maintained with Ashley Downs School, Lowestoft, and with the County's 18 Special Classes. The last to be started was the Observation Class at the new Gorseland County Primary School which was opened in September 1970. The total number of children attending Special Classes on 31, 12, 70, was 184 and they were distributed as follows: -

Existing Special Classes and Number of Children Attending December 1970

Area Special Classes	No. of Children
School	
Crowfoot Junior, Beccles	15
East Bergholt V. C. P.	15
Eye Ss. Peter and Paul V.A.P.	10
Felixstowe Causton Junior	9
*Gorseland C. P.	8
Kirkley Infant and Junior	11
Leiston C.P.	13
Roman Hill Junior	14
Stowmarket Chilton Junior	6
Waveney V. C. P.	9
Woodbridge St. Mary's V.A.P.	6
*New class opened September 1970.	116

Observation Classes

School	No. of Children
Beccles Albert Pye Infant	8
Brantham Brooklands C.P.	5
Felixstowe Maidstone Infant	9
Leiston C. P.	8
Meadow Infant and Junior	13
Roman Hill Infant	14
Stowmarket Kingsmead Infant	
	68

The County's team of seven Advisory Teachers visited a total of 133 schools and during these visits helped 728 children. They have continued to advise on suitable methods and schemes of work for children with learning difficulties. The progress of these children has been carefully watched and reviewed each term. In addition to their usual activities the Advisory Teachers have also participated in seminars which have been held for them at the Kelsale Teachers' Centre.

Other activities of the School Psychological Service have included lectures and other contributions to County courses, conferences and meetings and also attendance at various national conferences of professional bodies such as the British Psychological Society, the National Association for Mental Health, the National Foundation for Educational Research and the Association of Educational Psychologists.

In addition there have been regular formal and informal case conferences and other meetings with parents, Heads of schools, Medical Officers and other officers of the Local Authority including Child Care, Probation, Youth Employment and School Welfare Officers.

CHILD GUIDANCE

The Consultant Psychiatrists, Dr. J.G. Howells and Dr. I.N.S. Heald, have again been good enough to submit the statistical summary shown below and I am grateful to them for all the valuable work they have put in during the year in respect of childrenaattending the Committee's schools.

	1969	1970
Children) aged 0 5 years	27	17
newly referred) 5 - 15 years	135	122
Referred by General Practitioners	126	120
Referred by School Medical Officers	9	2

Referred from other sources	17	17
Clinic interviews for the year	987	879
School visits	85	99
Home visits	88	202
Number of children attending on 1st January, 1970	130	168
Number of children attending on 31st December, 1970	222	195
Total number of children treated during year	275	275

CLEANLINESS

	Numb Vis		Number of Examinations	Number of cl Verm	ildren found inous	
	School	Home		New cases	Repeat cases	
1966	68	83	7,335	91	22	
1967	71	75	7,038	59	19	
1968	25	33	3,226	33	9	
1969	41	49	5,024	75	17	
1970	47	51	3,241	49	11	

SPEECH THERAPY

Miss J.M. Lawrence, L.C.S.T., Senior Speech Therapist, reports:-

"This year a total of 1,053 children were registered for Speech Therapy, an increase of 515 on the previous year. The following table indicates the numbers under treatment and those discharged:-

	School	Pre-school	Total
Referred this year	909	144	1,053
Received Speech Therapy	850	137	987
Total treated	902	144	1,046
Discharged with normal speech	152	2	154
Discharged with speech up to maximum potential	50		50
Recovered spontaneously following advice to parents or teacher	64	2	66
Left the district before treatment was complete	14	2	16
Transferred for special education within the County	6		6
Transferred to a Special Unit for the Partially Hearing	1	-	1

The number of parents advised and pre-school children treated in their homes has increased. This aspect of the Speech Therapy Service is worthy of further development.

The complement of staff has remained stable with our one fulltime vacancy filled in September by the appointment of Miss S. Howes, B.Sc. (Speech).

The term dyslalia, (roughly translated as faulty speech) is a familiar one to many. It is an umbrella term used to describe the speech of children who use speech sounds incorrectly, sometimes substituting one for another, omitting some or distorting some. It should be realised, however, that the underlying causes for inaccuracy of articulation are many and complex, ranging from minor confusion of one or two sounds which, when isolated and a clear copy given, can be taken up with ease, to very severe and prolonged difficulties amounting to a gross Many of the children with a moderate to severe degree of dyslalia have a disfunction of the speech area, often because of a slower maturation rate than other children, but sometimes of a more lasting character. One aspect of this is that although they may hear normally, the imprint of the sound is not retained so that when they make an attempt to copy, the impression has faded and they are left with no sound to copy. Some may be able to retain several impressions, but are unable to reproduce them in the correct order. This may be either of individual sounds (such as "t" and "k" within the same word, or with double consonants, such as "st" in "stop" which may be spoken as "sop" or "top"), or perhaps of syllables, so that they retain only one or two syllables from a three-syllable word. Some retain the first strong consonant or syllable, and some the last. Some may only use the central vowel sound which may also be distorted, i.e. for "bus" - "bu", "us" or "u". This condition is termed auditory dyspraxia, or auditory inacuity, according to the degree.

Children do not listen to their own speech and are unaware of any inaccuracy. It is for this reason that adults are puzzled as to why the child will not copy them accurately, and may suspect that they are being lazy.

A therapist judges the most suitable moment to commence treatment, in the light of the child's development. Once a decision to commence treatment is made, therapy is carefully guaged to suit each child's needs and rate of development and progress. Much ingenuity and diversity of approach goes into devising a method to help a child acquire a new step. A therapist tries to set an atmosphere of relaxed and easy communication before she leads her subject into work, and it is for this reason that she requires to be uninterrupted. Speech must always have a pleasurable association, and great effort goes into making a session enjoyable. Work is somewhat disguised so as not to appear irksome. Correction of speech is never a drill, and no two sessions are the same, even for the same sound. Once speech is associated with embarrassment or a degree of difficulty, a child's desire to speak may wane and may lead to other personality and communication difficulties.

Where there is the added difficulty of acquiring language, the emphasis is first placed on building up language ability. Work on articulation, therefore, is not undertaken until there is a desire to communicate and sufficient language for this. A programme of language building may be devised to this end before work on articulation commences.

The relatively small numbers of those discharged from Speech Therapy and the large case load of those under treatment, give some indication of the length of treatment required to induce normal speech in those children with speech difficulties. The answer is not more therapy, but the achievement of one small but definite step during each session, backed up by the support of the teacher of the parent."

SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Mr. C.D. Macpherson, L.D.S., R.C.S., reports as follows:-

A new Mobile Dental Surgery was delivered in September for use in the Beccles area. Both this mobile, and the one in use in Lothingland area, have been equipped with an air-rotor and compressor during the year, making a total of four vehicles which have this equipment.

Several changes in personnel have occurred this year. Mrs. H. Bell retired on 13th March. She had worked in the Southwell Road Clinic, Lowestoft, first as dental officer — then as senior dental officer — since she was appointed in 1953. Mrs. Bell had been employed previously by the County as a travelling dental officer during the period 1934 — 1943 when she left to join the Armed Forces. We wish Mrs. Bell a very happy retirement.

Mrs. J.M. Fraser was appointed in January, as a part-time officer for Felixstowe. She resigned on 31st August, to take up similar post in Ipswich. It has not been possible to obtain a suitable whole-time officer to fill this vacancy so the clinic in Causton School has been closed since September. Mr. R.B. Warburton was appointed as dental officer in February, to fill a long-standing vacancy in the north of the County. He is using a surgery at Clapham Road Clinic for treatment of children from the County schools near the town, and a mobile surgery for visiting schools in the more remote sections of his area.

Mrs. A.W. Warburton was appointed in March to replace Mrs. Bell at the Southwell Road Clinic so, fortunately, continuity of treatment was maintained in this clinic.

The continuing high incidence of dental caries still presents a problem of some magnitude. This year it has been possible to extend the area of dental cover in the north of the County and the resulting increase in inspections there has revealed an additional volume of necessary treatment and an increase in extractions of permanent teeth. In the south of the County the area of dental cover has been diminished, and undoubtedly a similar situation will be revealed there when it is

possible to recruit another dental officer. This adverse ratio between manpower and treatment means that the curative side of dentistry must necessarily almost occlude the preventive aspect.

To augment our Dental Health Education in specific areas, the General Dental Council's Mobile Dental Health Exhibition visited the County from 23rd June - 6th July. This exhibition was sited at the Stowmarket Congregational Church Forecourt : Beccles Crowfoot County Primary School: Leiston Secondary Modern School: Felixstowe Fairfield County Infant School. The Chief Education Officer arranged for all the schools in the vicinity of these sites to be notified. He sent a letter to the Head Teachers of 31 schools asking them to publicise the exhibition by giving notice of its timetable to both parents and children. In spite of this advance publicity by the schools, the response of the parents was somewhat disappointing. Many of the parents who did attend were well-informed about Dental Health already, but they used this opportunity to resolve problems about their children's dentition which were causing them concern. This was one advantage of the exhibition and it was reinforced by the informality of such contacts whereby a friendly relationship could be established at the outset.

Once again I wish to express my thanks to the Consultant Dental Surgeons and the Consultant Orthodontist at the Ipswich Hospital for the advice and treatment they have given so willingly to the children who have been referred to them by our dental officers.

HYGIENE AND SANITATION

(a) Toilet Facilities

It is pleasing to be able to report that all schools for which the Education Committee are responsible now have water closets.

Provision of inside W.C.'s in lieu of outside W.C.'s

Saxmundham C.P. (Infants)
Stowmarket Modern -- Conversion to Middle School

Provision of Water Sanitation at New Schools

Peterhouse C.P., Woodbridge Gorseland C.P., Martlesham New Agricultural Centre, Otley

Provision of additional Water Closets

Wickham Market C.P. (Staff)
Bradwell Primary
East Bergholt V.C.P. — Extensions
Stowmarket Grammar — Extensions
Felixstowe Colneis C.P. — Extensions
Beccles Sir John Leman School — Extensions

(b) Swimming Pools

During 1970 123 swimming pools were in use in East Suffolk schools; of these 23 were permanent, 96 were portable and there were 4 mobile pools owned by the County Council loaned to 8 schools during the season.

Following the successful trials in 1969 in the use of Chlorinated Cyanurate granules, these were obtained at a very competitive price and brought into use in all the permenent pools during the 1970 season. They proved quite effective and were generally accepted by persons responsible as being much easier to handle than the liquid chlorine donors used formerly.

Unfortunately trials with the small portable pools indicated that where water was partially changed (mainly to alter the water depth for various age groups) the system was uneconomic. A more satisfactory chlorine donor for this type of pool is still being sought and it is hoped to alleviate the difficulties experienced in some schools with the use of hypochloriate solutions.

In general, congratulations are again due to teachers and caretakers concerned for the conscientious way in which they regard water treatment duties.

The 1970 season was quite good for swimming; heavy bathing loads and an unusual amount of sunshine created difficulties with loss of chlorine and rapid growth of algae.

SCHOOL MEALS SERVICE

The number of children taking a school meal on a day in September 1970 was 20,326 (77.2%) as compared with 20,646 (80.2%) on a similar day in 1969.

Kitchens were opened in the following schools:-

Stowmarket High School - The old kitchen has been enlarged and remodelled to serve a choice of menu. In this kitchen the first automatic dish washer has been provided.

Beccles Sir John Leman -- A new kitchen to serve the 5th/6th Year pupils has been built. This also has been provided with a Bain Marie counter to serve a choice of menu.

With the opening of the remodelled kitchen at the Stowmarket High School it was decided to keep the Old Grammar School kitchen open in Violet Hill Road to supply the smaller village schools in the Stowmarket area which had hitherto received meals from either Stowmarket Chilton School or Stowmarket Modern School.

Gorseland School, Kesgrave - a kitchen was built in the new school and a family service is operating in three dining/activity areas.

Kyson School, Woodbridge - in the new school a kitchen was built and a family service is also operating in two dining/activity areas.

Combs Ford School — a new kitchen was added to the existing Maycrete hut which was used for dining. New vinyl flooring and redecoration has completely transformed this cold and ugly dining room and it is now a pleasant room in which to eat.

A new kitchen formed part of the new buildings at the East Suffolk Agricultural Institute at Otley, and from this a choice of menu is provided for the agricultural students.

The policy of providing a choice of menu in Secondary Schools has been continued, and by the end of 1970 a total of 9 kitchens in secondary schools were providing a choice of menu. It is hoped to accelerate the changeover from family service to choice of menu in secondary schools during 1971.

The number of transported meals is gradually decreasing as the one teacher schools close, and this year there have been four such closures at Coddenham, Lound, Rushmere and Wingfield.

SCHOOL MILK SUPPLY

150 schools in the County, including 20 non-maintained schools received a free daily supply of $\frac{1}{3}$ pint per child during 1970. All received pasteurised milk.

A total of 27 samples were taken during the year including 14 for keeping quality and efficiency of pasteurisation, and 13 for chemical analysis. All samples proved satisfactory.

INFECTIOUS AND CONTAGIOUS DISEASES

The table below shows the number of children known to have been excluded from school, either suffering from, or being contacts of the infectious or contagious diseases named. It was not necessary to close any school because of epidemics.

	Number of cases	
	1969	1970
Chicken pox	632	622
Mumps	433	883
Measles	223	946
German Measles	252	130
Whooping Cough	12	10
Scarlet Fever	39	56

MISCELLANEOUS EXAMINATIONS

Teacher candidates for admission	
to College of Education	247
Newly appointed teachers	12

SWEEP TESTS

These tests have been carried out by the School Health Assistants.

(a) Vision Tests

23,754 pupils were tested of which 3,211 were found to have some defect. Many of these were already being treated, but the remainder were referred for further investigation either by a School Medical Officer or direct to a special eye clinic.

(b) Colour Vision

2,185 pupils tested and 103 noted for further tests by the Medical Officer.

(c) Hearing

13,275 pupils tested and 2,113 failed the sweep test and were referred for full audiometric test.

EMPLOYMENT OF CHILDREN

Certificates of fitness for employment in various specified occupations were issued for 793 pupils which involved the medical officer persuing the medical records or giving a medical examination to all the applicants, in accordance with the County Council's bye-laws.

LOWESTOFT EXCEPTED DISTRICT

Dr. A.C. Gee, Lowestoft Borough School Medical Officer, in his Annual Report comments as follows:-

"The number of children in Borough Schools at the end of 1970 was 8,768 an increase of 307 on the previous year. 1,758 full medical examinations were completed compared with 2,042 in 1969. 1,052 were in the infant age group, 83 in the intermediate age group and 623 among school leavers. The increased number of medicals in 1969 were due to both the 1969 and 1970 school leavers being examined in the spring and autumn respectively. This enabled us to catch up with the School Health programme arrears of the previous year (1968). Medical inspections were completed for all age groups during 1970. The number of defects found at routine school medical inspections increased from a total of 193 in 1969 to 283 in 1970.

The total number of handicapped pupils (including one receiving home tuition) in Residential and Special Schools was 56. Only 3 children were found accommodation (4 in 1969) and there is still no easing of the difficulties of placing these children. The number of children awaiting places in Residential Special Schools totalled 32 an increase of 3 on the previous year.

I am happy to report that the need for vermin infestation examinations dropped to 447 (1,449 in 1969) and the number of children infested decreased to 14 (37 in 1969).

The number of children treated at hospitals for orthopaedic and postrual defects, and conditions of the ear, nose and throat rose from 524 in 1969 to 724 in 1970.

Referrals by general practitioners to the Child Guidance Service increased from 133 to 211.

The number of referrals to the School Eye Clinic rose from 474 to 492.

I would like to mention that the audiology tests which commenced the previous year were firmly established during 1970. 2,947 audiology screening tests were carried out by the two School Health Assistants in the Lowestoft Schools. 230 children failed the screening test and were seen at an Audiology Clinic by a School Medical Officer. The actual number of children seen by a School Medical Officer during the year totalled 294, this number included re-call of a number of children previously tested."

TABLE XXIII EAST SUFFOLK (including Lowestoft excepted District) MEDICAL INSPECTION AND TREATMENT (year ended 31st December, 1970).

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

I		T															
	TREATMENT	Total	individual	6	198	330	111	21	20	82	111	09	59	73	282	1,356	
	J. G	Vermin)	for any other condition	8	194	297	06	14	19	09	81	38	34	54	129	1,018	
- remodic medical inspections	PUPILS FOUND (excluding Dental	for defective	vision (excluding squint)	1	21	56	32	10	9	32	38	29	. 27	30	167	449	
MODIC MEDICA	No. of Pupils not	needing	medical		1		ı	-	-	109	341	384	576	56	20	1,486	
4	Physical Condition of Pupils Inspected	Un- satisfactory	Number		1	2	1	3	,	1	4	1	1		4	18	0,23
IABLE	Physical Condition of Pupils Inspected	Satisfactory	Number	77	1,203	1,914	661	205	112	383	561	287	225	781	1,513	7,922	99,77
	No.of Pupils who have	received a full	medical examination	77	1,204	1,916	662	208	112	384	599	288	226	781	1,517	7,940	Percentage
	Age Groups	inspected (by year of		1966 and later	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955 and earlier	TOTAL	

TABLE B — OTHER MEDICAL INSPECTIONS

Number of Special Inspections 1,263

Number of re-inspections 4,307

Total 5,570

TABLE C - INFESTATION WITH VERMIN

(a)	Total Number of individual examinations of pupils in schools	3,241
(b)	Total number of individual pupils found to be infested	49
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).	-
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	

PART II - DEFECTS FOUND BY MEDICAL INSPECTION

NOTE - All defects noted are included, whether or not under treatment (T) or observation (O) at the time of theinspection.

PERIODIC AND SPECIAL INSPECTIONS

Defect or Dise	988			PERIOD	IC		Special
Defect of Dise.	430		Entrants	Leavers	Others	Total	Dpcc.a.
Skin		Т	43	49	25	117	54
Skin		0	67	40	42	149	1
- / / /		T	134	175	140	449	1
Eyes (a) Vision		0	390	70	85	545	Y
		T	61	2	6	69	-
(b) Squint		0	52	5	5	62	
		T	10	4	3	17	-
(c) Other		0	14	4	4	22	1
		T	41	14	11	66	294
Ears (a) Hearing		0	339	20	65	424	3
0.1.0.1.1.5.		T	34	6	7	47	-
(b) Otitis Me	dia	0	76	4	9	.89	
() 0		T	13	4	11	28	-
(c) Other		0	15	4	10	29	-
		T	74	17	14	105	3
Nose and Throat		0	158	19	27	204	1
		T	63	3	2	68	8
Speech		0	58	3	9	70	-
		T	8	-	1	9	-
Lymphatic Glands		0	40	4	6	50	3
		Т	15	8	5	28	-
Heart		0	45	24	25	94	-
		T	46	4	16	66	-
Lungs		0	73	25	20	118	1
Developmental		T	15	1	2	18	-
(a) Hernia		0	12		1	13	
		T	41	4	26	71	3
(b) Other		0	114	3	17	134	1
Orthopaedic -		T	13	9	- 8	30	-
(a) Posture		0	19	18	16	53	4
		T	81	15	15	101	4
(b) Feet		0	111	42	35	188	5
		T	21	13	11	45	-
(c) Other		0	38	21	14	73	-
Nervous System -		T	6	3	3	12	-
(a) Epilepsy		0	5	1	5	11	
		T	12	3	2	17	
(b) Other		Ó	36	7	8	51	2
Psychological -		T	12	1	9	22	12
(a) Developm	ent	0	68	12	25	105	13
		T	18	3	8	29	2
(b) Stability		Ó	108	13	37	158	
		T	9	1	3	13	1
Abdomen		0	20	4	4	28	5
		T	23	18	33	74	2
Other		T	60	10			

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of	
refraction and squint	1
Errors of refraction (including squint)	554
Total	555
Number of pupils for whom spectacles were prescribed	343

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treat (a) for diseases of the			86	
(b) for adenoids and ch	ronic			
tonsillitis			326	
(c) for other nose and	throat			
conditions			13	
Received other forms of	treatmen	ıt	77	
	Total		502	
Total number of pupils in	n schools			ales and
who are known to have with hearing aids —	been prov	rided		
(a) in 1969			24	
(b) in previous years			78	

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at cl patients' department(b) Pupils treated at so	nts	ut-	505	
postural defects			1	
	Total		506	

TABLE D — DISEASES OF THE SKIN (excluding uncleanliness)

			Number of cases known to have been treated
Ringworm -	(i) Scalp		 - 11
Scabies			 10
Impetigo			 1
Other skin	liseases		 58
		Total	80

TABLE E - CHILD GUIDANCE TREATMENT

Pupils treate	ed at Child	Guidance	
Clinics			 275.

TABLE F - SPEECH THERAPY

	Pupils treated by speech therapists	902
--	-------------------------------------	-----

TABLE G - OTHER TREATMENT GIVEN

(a)	Pupils with minor ailments	83
	Pupils who received convalescent treatment under School Health	
	Service arrangements	-
(c)	Pupils who received B. C. G. vaccin-	
	ation	1,851
(d)	Other than (a), (b) and (c) above	
	Enuresis alarm sets	36
	Hospitals — General Surgery	26
	Hospitals — General Medicine	213
		2,209

TABLE XXIV RETURN OF HANDICAPPED CHILDREN PART I

New assessments and placements

	During the ca	alendar y	During the calendar year ended 31st December, 1970	(3)	(4)	(2)	(9)	(7)	(8)	(6)	(11) (01) (6)	(11)
K	A Children newly assessed as needing special educational treatment at special schools or in boarding homes	ding spec g homes	cial educational treatment	-	04	4	63	14	C4 C5	C4		55
99	B Children newly placed in	(i) in	(i) included at A	-	CN .	či.	65	80	29	64		49
	special schools (other than hospital special schools)	(ii) as	(ii) assessed prior to January, 1970	3		1		3	1			55
	or coarding nomes,	(III) TO	(iii) TOTAL newly placed	4	cq	3	3	11	30	23		55

PART II

Children found unsuitable for education at school

10

(i) Children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944

(ii) Reviews carried out under the provisions of Section 57A of the Education Act, 1944 Nil

(iii) Decisions cancelled under Section 57A (2) of the Education Act, 1944 Nil

PART III

HANDICAPPED PUPILS AWAITING PLACES IN SPECIAL SCHOOLS; INDEPENDENT SCHOOLS; IN SPECIAL CLASSES AND UNITS; UNDER SECTION 56 OF THE EDUCATION ACT, 1944; AND BOARDED IN HOMES

				On 21st January 1971										
~	A C	hildren await	ting p	A Children awaiting places in special schools other than hospital special schools	ial schools									
		under 5	8	(i) waiting before 1st January, 1970	(a) day places (b) boarding	1 1	 	 	1. 1	٧.	1 1			
-		years of age	(33)	(ii) newly assessed since 1st January 1970	(a) day places (b) boarding		 	 1 1						1 1
Minks		_	3	(i) waiting before 1st January 1970 (a) whose parents have refused consent to	(a) day places									
		Aged 5		school	(b) boarding				6.0	69	1		,	4
9		and over			(a) day places						11	10		11
				(b) others		Ī				_				T

								-57-								11. Total
	10	9	21	18	31	122	-	3.7	19	14	4		1	69	269	
	1	1		1	1				-				-			Epiloptic
	1	1.	-	,		+		47	31			,	1		4	Epiloptic
	10	1	2.1	1	22	102	1	9	,	,	-		1		155	9.
		,		7		1	1	7	13		49	-			32	
1		4		1		1-	7	47		- 0	¥				12	
	,	*		in.	9	-		9	m	9			-	79	30	sted
•	,	61	,	8		95		179	1	80	,				1.1	Maladjusted
		-			04	9			1				-		6	7. M
-		,		-	-	_			-						4	
	,	,	,	,		-		102	,		,	-	,		9	
Aged 5 consent to their admission to (b) boarding years	and over (a) day places (b) others	(b) boarding	Total number of children awaiting admission to special (a) day places	schools other than hospital special schools (A1 & 2) (b) boarding	(i) Maintained special schools (other than hospital day special schools and special units and classes	not forming part of a special school) regardless boarding by what authority they are maintained	on the (ii) Non-maintained special schools (other than day registers hospital special schools and special units	of:- and classes not forming part of a special boarding school) wherever situated	(iii) Independent schools under arrangements boarding made by the authority	(iv) Special classes and units not forming a part of a special school	were boarded in homes and not already included in B above	Handicapped pupils (i) in hospitals	which they belong) educated (ii) in other groups (e.g. units for spastics, under arrangements made by convalence homes, etc.)	the authority in accordance with Section 56 of the Education (iii) at home Act 1944,	Total number of handicapped children requiring places in special schools: receiving education in special schools: independent schools: special classes and units: under Section 58 of the Education Act 1944; and boarded in Homes	1. Blind 3. Deaf 5. Physically Handleapped
	4		3 Tot	seh	B		2				C wer	D Ham	whi	Sec	E Tot:	

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

TABLE XXV

INSPECTIONS

First inspection — school
First inspection — clinic
Re-inspection — school or clinic

Totals

Nu	imber of Puj	pils
Inspected	Requiring treatment	Offered treatment
14,437 3,464 2,862 20,763	7,661 1,531 9,192	7,628 1,531 9,159

VISITS (for treatment)

First visit		
Subsequent visi	ts	
Total visits		
COURSES OF	TREATM	ENT
Additional cour	ses comn	nenced
Total courses c	ommence	ed
Courses comple	eted	
TREATMENT		
Fillings in pern	nanent te	eth
Fillings in decid	duous tee	th
Permanent teeth	n filled	
Deciduous teeth	filled	
Permanent teeth	n extracte	ed
Deciduous teeth	extracte	d
General anaesth	etics	
Emergencies		

Ages 5 - 9	Ages 10 - 14	Ages 15 &over	Total
2,656	2,027	456	5,139
3,839	3,245	849	7,933
6,495	5,272	1,305	13,072
572	447	87	1,106
3,228	2,474	543	6,245
			5,734
1,630	4,826	1,460	7,916
5,029	280		5,309
1,388	4,311	1,319	7,018
4,572	256		4,828
108	735	124	967
2,009	666		2,675
408	116	3	527
330	153	32	515

Pupils X-rayed			 275
Prophylaxis			 787
Teeth otherwise	conser	ved	768
Teeth root filled	d		 18
Inlays			 -
Crowns			 10

ORTHODONTICS

New cases commenced during the year	43
Cases completed during the year	36
Cases discontinued during the year	3
Removable appliances fitted	61
Fixed appliances fitted	-
Pupils referred to Hospital Consultants	87

DENTURES

Pupils fitted with dentures for the first time:-	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
(a) with full denture	-	-	-	-
(b) with other dentures	2	11	6	19
Dentures supplied (first or subsequent time)	2	12	6	20

ANAESTHETICS

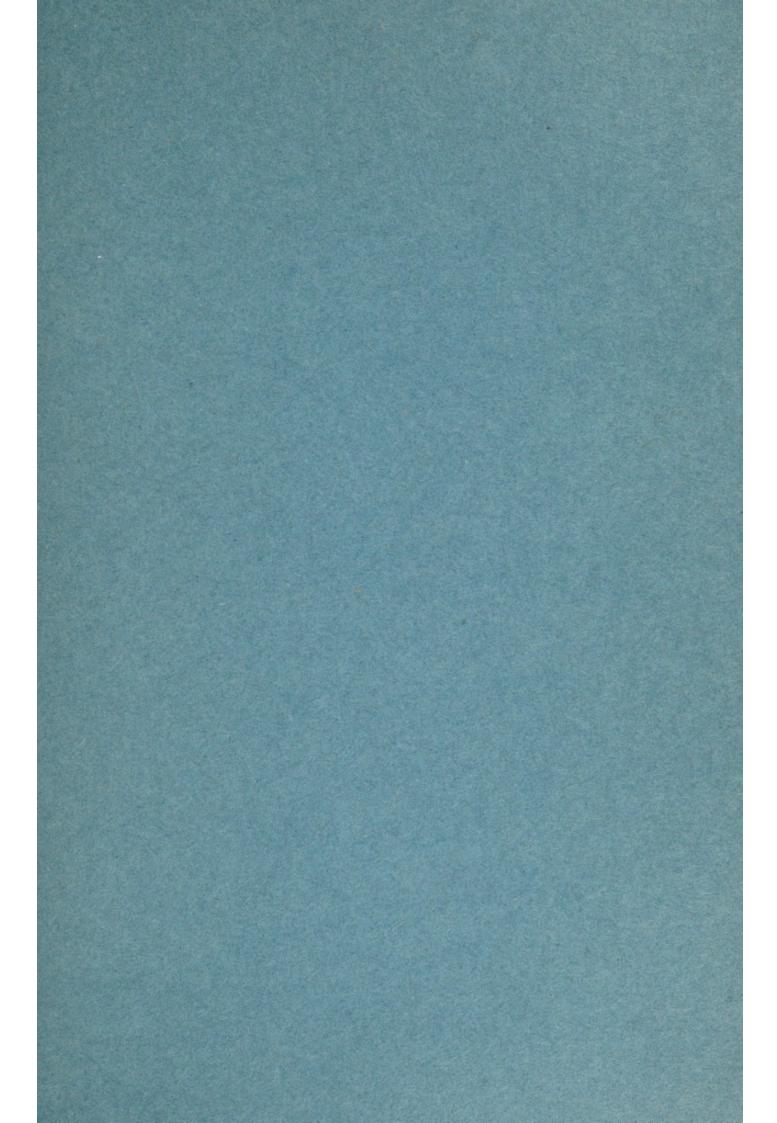
General anaesthetics administered by Dental Officers 527

SESSIONS

Sessions worked by Dental Officer

Treatment	2,621
Inspection at school	275
Dental Health Education	59

NOTES





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