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County Borough of Great Yarmouth

REPORT
of
The Medical Officer
of Health

The Port Medical Officer

and

The Principal School

Medical Officer

for the Year

1962



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County Borough of Great Yarmouth

REPORT

of

**The Medical Officer
of Health**

The Port Medical Officer

and

**The Principal School
Medical Officer**

for the Year

1962

HEALTH COMMITTEE

1962 - 1963

The Mayor :

Alderman J. BIRCHENALL, J.P.

Chairman :

Councillor L. F. BUNNEWELL

Vice-Chairman :

Councillor R. W. BRETT

Members :

Alderman Mrs. K. M. ADLINGTON, J.P.

Alderman F. H. DEBBAGE, O.B.E.

Councillor E. CANHAM

Councillor P. S. FIELD

Councillor Mrs. E. V. FLEET, J.P.

Councillor J. MUNDAY

Councillor Mrs. F. M. PALMER

Councillor L. L. PHILPOT

Councillor Mrs. M. M. STONE

Councillor P. E. WALKER

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INTRODUCTION

Health Department,
Municipal Offices,
Hall Plain,
Great Yarmouth.
(Telephone : Great Yarmouth 3233)

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the health of the Borough for the year 1962.

The vital statistics were in general more favourable than the national figures and point to a satisfactory level of health in the community. The infant mortality rate reached a new low level of 15.0 per thousand live births compared with a national figure of 21.6 and all the deaths occurred in the first week of life.

Apart from an outbreak of measles, the incidence of infectious diseases was very low. There were no cases of poliomyelitis. It is also notable that, in a town with such a very large amount of catering for the flourishing holiday industry, not one case of food poisoning was notified. With regard to tuberculosis, the indications are that the disease is steadily being brought under control.

MATERNITY SERVICES

Great Yarmouth has the doubtful distinction of having a bigger proportion of babies born at home than any other County or County Borough in the country. The percentage was 63%, which may be compared with the following figures for the country and for some other areas :—

England and Wales	34%
London	20%
Cambridgeshire	35%
West Suffolk	36%
East Suffolk	49%
Ipswich	52%
Norfolk	52%
Norwich	55%

This position results from the inadequate number of maternity beds in the area and there is an irresistible case for more beds to be made available on medical or social grounds. However, it is necessary to correct the growing impression that an increase in hospital confinements will produce a dramatic improvement in the perinatal mortality figure (which may be taken to give some indication of the efficiency

of the local maternity services). Statistics show that in general it is safer for a baby to be born in the South-East of England than in the rest of the country and Great Yarmouth shares this characteristic in spite of the low proportion of hospital confinements. Similar evidence is also available from other countries. It has been pointed out that in Holland, where only 30% of confinements are conducted in hospital, the stillbirth rate is very little higher than in Sweden, where 96% are in hospital. In America where 99% of confinements are in hospital, the infant mortality rate is slightly higher than in this country. The pressure for more hospital beds, in which the general public are now joining, has become almost a clamour, but it is clearly not the total answer. Too much concentration on it may divert attention from other factors in perinatal mortality.

IMMUNISATION AND VACCINATION

The release by the Ministry of Health of oral polio vaccine was a very welcome development in this service. There was a good response from all sections of the population and we were thus able to maintain the high level of immunity. In a return published by the Ministry of Health showing the percentages vaccinated in all local health authorities in England and Wales as at 31st December 1961 Great Yarmouth had very satisfactory figures. Later in the year the Minister of Health in a speech, drew attention to this return and asked Local Authorities for a comprehensive plan to maintain a high level of vaccination and immunisation.

A notable change in the procedure was introduced by the Ministry on the advice of their Standing Medical Advisory Council, when they advised that infant vaccination against smallpox should be done in the second year of life instead of the first. The latter practice had been in force in this country for many years.

THE 10-YEAR PLAN

A plan for the development of the Local Authority Health Services over the next ten years was prepared in accordance with Ministry advice, approved by the Council and submitted to the Ministry. The plan provides for an expansion of the staff to cater for expected requirements and for the provision of an Adult Training Centre for severely subnormal persons and of hostel accommodation for the elderly mentally infirm. The plan is to be revised annually.

SMOKING AND HEALTH

At the request of the Ministry of Health the report contains a general account of the action taken to make the public aware of the hazards of smoking, but one occurrence deserves special mention here. Towards the end of the year we planned an intensive campaign with, as its spear-head, the display of Ministry of Health posters on permanent

bill-posting sites in the town. The posters were duly delivered to the firm with whom space had been booked, but were returned as being "unacceptable" because of a ruling of the Joint Censorship Committee of the Poster Advertising Industry. On enquiry from this body they stated that they were "as anxious as anyone to do everything possible to cut the mortality rate caused by lung cancer" and pointed out that they had previously displayed many anti-smoking posters, but they considered the phrase on the Ministry posters 'Cigarettes cause lung cancer' was too sweeping and might cause undue alarm. They added that there was no evidence at the moment which said that cigarettes caused lung cancer, and thus set themselves as a judge of the evidence above the Ministry of Health, who published the posters, and the Medical Research Council, who stated in 1957 that "the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect". Sir Robert Platt, who was Chairman of the Royal College of Physicians Committee on Smoking and Lung Cancer, on being informed of the ban, commented "The evidence against smoking is so overwhelming that it would be accepted by anyone who did not have some interest in it" (The Guardian, 18th December 1962).

The Joint Censorship Committee concluded that "if the posters had contained the statement 'cigarettes may cause lung cancer', they would have been acceptable" and in further defence of their ban they produced the following: "The wording of the Ministry of Health posters does in effect state that as few as two cigarettes cause lung cancer, and no medical authority has gone so far as to say this". This attempt to apply the niceties of logic to the subject should, if followed in another sphere, lead to an announcement from the hoardings that "Beer may be best".

The ban received considerable attention in Parliament and the following is a report of an exchange in the House of Lords:—"Two local authorities, Fulham and Great Yarmouth, had been refused permission to have Ministry of Health posters displayed: Lord Francis-Williams, in the House of Lords asked whether a private body should stand in the way of what was believed to be good for the education of the people. In his reply Lord Hailsham said that the Government had no responsibility for the association's decisions. He added:

"The Government may have a great many views and I may have still more personally about it which I would like to express if it were in order, but in Parliament the Government does not have to answer for any idiotic decisions except its own'" (The Guardian, 18th December 1962).

Several questions were also asked in the House of Commons and the Minister of Health stated that he was in communication with the Censorship Committee. The incident probably did more to remind people of the dangers of smoking than the display of the posters would have done, but the stubborn fact is that posters remained banned and undisplayed on the hoardings.

STAFF.

The death occurred during the year of Mr. G. Howlett who had served the Welfare and Health Departments of the Corporation since 1939. In the mental health field he had a sympathetic but common-sense approach to patients throughout his service, first as Relieving Officer, later as Duly Authorised Officer and finally as Mental Welfare Officer. His advice was greatly appreciated by patients and apart from his work he was a well-liked personality whose loss was deeply felt in the town.

ACKNOWLEDGEMENTS.

I should like to express to the staff my appreciation of another good year's work, and to you, Mr. Chairman, Ladies and Gentlemen, the thanks of the staff and of myself for your support and encouragement through the year.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

COUNTY BOROUGH OF GREAT YARMOUTH

STAFF OF THE HEALTH DEPARTMENT

1962

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

R. G. NEWBERRY, M.B., B.S., D.P.H.

Assistant Medical Officer of Health

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

Senior Dental Officer

B. C. CLAY, L.D.S., R.C.S.

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

*†F. R. PARMENTER

Deputy Chief Public Health Inspector

*†F. T. PORTER

District Public Health Inspectors

*L. V. BAILEY

*†A. L. BURT

*†R. COLEMAN

*T. L. ARMITT

*M. H. STOREY (from 1.10.62)

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Rodent Officer

A. O. SCOTT

Superintendent Nursing Officer

MISS G. C. MOORE, S.R.N., S.C.M., Q.N.CERT., H.V.CERT.

Senior Midwife

MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives

MISS E. GLUCKSMANN, S.C.M.

MRS. A. KLEPPE, S.C.M.

MISS M. KNIGHTS, S.R.N., S.C.M.

MISS M. E. NEAVE, S.E.N., S.C.M.

MRS. C. THOMSON, S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MRS. P. WATSON, S.R.N., S.C.M.

Health Visitors

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MRS. E. M. CHARMAN, S.R.N., S.C.M., H.V.CERT.

MISS J. L. BEALES, S.R.N., S.C.M., H.V.CERT.

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MISS S. D. CHERRY, S.R.N., H.V.CERT.

MRS. B. I. EVERITT, S.R.N., S.C.M., H.V.CERT. (from 9.7.62)

Tuberculosis Health Visitor (Part-time)

MISS R. V. STILES, S.R.N., H.V.CERT.

Home Nurses

MISS N. BISHOP, S.E.N.

MRS. K. ELLIS-SMITH, S.E.N.

MRS. M. E. GARDINER, S.R.N.

MISS. I. GILLINGS, S.E.N.

MRS. C. E. GOMPERTZ, S.R.N.

MISS L. LEWIS, S.R.N., R.F.N.

MRS. E. M. OWEN, S.R.N.

MRS. M. PRATT, S.E.N. (to 4.6.62)

MRS. I. COOKE, S.R.N.

MRS. J. JARY, S.R.N. (from 1.6.62)

Mental Welfare Officers

MISS A. BENSON

G. H. HOWLETT (part-time) (to 16.12.62)

G. E. SKIPPER (part-time)

Assistant Domestic Help Organiser

MISS B. PAGE

Ambulance Officer

J. DERRY

Chief Clerk

A. G. SHOBRIDGE

STATISTICS

Population—Census 1961	...	...	...	52,970
Population—1962 (estimated by Registrar-General, mid-year)				52,450
Area of the Borough including all inland waters (acres)				4,533
Area of land not covered by water (acres)				3,680
No. of persons per acre				14.4
Rateable value (1st April 1962)				£976,329
Product of a penny rate 1962-63				£4,144

* * *

Live Births.				Males	Females	Total
Legitimate	...	...	...	367	354	721
Illegitimate	...	...	...	48	30	78
				415	384	799

Crude live birth rate per 1,000 population	...	...	...	15.23
Adjusted birth rate (area comparability factor 1.02)				15.53
Illegitimate live births per cent of total live births				9.76

Stillbirths :—

Number	...	...	...	...	13
Rate per 1,000 total live and stillbirths					16.01
Total live and still births					812
Infant deaths (deaths under 1 year)					12

Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	...	...	...	15.02
Legitimate infant deaths per 1,000 legitimate live births					13.87
Illegitimate infant deaths per 1,000 illegitimate live births					25.64

Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	15.02
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Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	15.02
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Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	30.78
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Maternal mortality (including abortion) :—

Number of deaths	—
Rate per 1,000 total live and stillbirths					—

* * *

				Males	Females	Total
Deaths	...	...	...	349	309	658
Crude death rate per 1,000 population						12.54
Adjusted death rate (area comparability factor 0.84)						10.53

METEOROLOGY

The following table is based on statistics included in the Registrar General's weekly returns for England and Wales and gives particulars of the weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°F	°F	°F	°F		hours	hours
January	54	24	45.0	37.2	1.9	2.1	8.1
February	56	30	44.1	36.1	1.4	3.1	9.6
March	52	26	41.5	33.0	1.2	3.5	11.8
April	64	34	50.3	40.4	1.5	5.2	13.8
May	68	37	55.0	44.9	1.3	4.8	15.6
June	74	38	61.6	48.7	0.3	8.6	16.6
July	69	43	62.5	52.8	3.1	5.6	16.3
August	72	47	66.2	63.8	1.8	5.2	14.9
September	70	43	62.6	50.3	2.5	4.9	12.8
October	64	37	58.4	49.3	0.5	3.7	10.7
November	55	25	47.6	40.2	3.1	2.1	8.9
December	54	24	42.4	36.2	1.8	2.0	7.7

Weather returns for the year showed a very dismal picture with each successive season providing unusual conditions which made news headlines.

A cold spring was followed by a disappointing summer with sunshine and temperatures below average. June was the sunniest and driest month of the year with July the next sunniest but also the wettest. On the 26th July rain deluged the town day and night to give the wettest day the town has experienced for many years. In a period of 21 hours nearly 2½ inches of rain fell, which was almost equal to the total rainfall of the previous nine weeks. There were single weeks in June, July and September when the town recorded the highest rainfall in England and Wales, but the total for the year was in fact less than last year and lower than the average for the preceding eight years.

An unrepentant year ended with severe wintry conditions. Snow appeared unusually early during November and December produced very low temperatures and cold easterly winds.

POPULATION

The estimated mid-year population as given by the Registrar General for statistical purposes in this report was 52,450. This is 410 less than the 1961 Census figure. The natural increase in the population as disclosed by the excess of births over deaths was 141. This is the largest increase since 1949, when the number of births was about the same as this year's high total. The table on Page 15 shows population figures in previous years.

MARRIAGES

The number of persons married during the year was 854, as compared with the 1961 figure of 844. The local marriage rate of 16.2 per 1,000 population continues to exceed the national rate of 14.9.

BIRTHS

LIVE BIRTHS.

Registered live births numbered 799, which is 33 more than last year and the highest number recorded since 1949. The adjusted live birth rate per thousand population was 15.5 and the provisional national rate was 18.0. There were 78 illegitimate births, 18 more than last year. This gives an illegitimacy rate of 98 per thousand live births as compared with 78 last year and a rate for England and Wales of 66.

In view of the publicity the subject has received it may be well to record that no "thalidomide babies" were born in the town.

STILLBIRTHS.

There were 13 stillbirths (6 male and 7 female) registered in the year, resulting in a stillbirth rate of 16.0 per thousand live and stillbirths. This is the lowest rate ever recorded in the town and compares favourably with the national rate of 18.1 which was also a low record.

DOMICILIARY BIRTHS.

The numbers (adjusted) of babies born at home and in hospital were respectively 491 and 290, which gives a rate for domiciliary births of 63%. The national figure for domiciliary births was 34%.

MORTALITY

The number of deaths from all causes, after adjustment for inward and outward transfers, was 658 (349 males and 309 females). This was 39 less than last year and resulted in an adjusted rate of 10.5 per 1,000 population. The provisional national rate was 11.9

The table on page 16 gives particulars of causes of deaths at different age groups and the following table shows deaths analysed in age and sex groups.

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	1962 Total	1961 Total
Males	6	—	2	1	8	69	105	158	349	345
Females	6	—	2	1	8	49	58	185	309	352
Total	12	—	4	2	16	118	163	343	658	697
% of total	1.8	—	0.6	0.3	2.4	17.9	24.9	52.1		

Of the total deaths, 77% occurred in the age group 65 and over and thus the trend for more persons to survive into this age group continued. At the beginning of the century this percentage was 30.

Heart disease, cancer and vascular lesions of the central nervous system again accounted for the largest percentage of deaths and the number in these categories during 1961 and 1962 along with the rate per 1,000 population is shown in the following table.

Cause of death	1962			1961		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease— all forms	226	4.31	34.34	270	5.13	38.73
Cancer— all forms	112	2.13	17.02	120	2.28	17.21
Vascular lesions of central nervous system	108	2.05	16.41	94	1.78	13.48

About one quarter of the total cancer deaths were due to cancer of the lung or bronchus and, following the national pattern, the number of male deaths was far greater than the female deaths - 24 out of a total of 27.

Three deaths resulted from respiratory tuberculosis. These were all males aged 57, 68 and 73 respectively.

INFANT MORTALITY.

Deaths of children under one year of age numbered 12, which is one less than last year. The resulting infant mortality rate of 15.0 per thousand live births was the lowest ever recorded in the town and also lower than the provisional national figure of 21.6. It is notable that all the deaths occurred in the first week of life.

NEONATAL MORTALITY.

The neonatal mortality rate (deaths under four weeks) and the early neonatal mortality rate (deaths under one week) were the same as the total infant mortality rate as all the deaths occurred during the first week of life. The provisional national rate was 15.1.

The causes of death were as follows :—

Prematurity	4
Atelectasis	3
Congenital defects	2
Erythroblastosis	1
Birth injury	1
Pneumonia	1
	—
	12
	—

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life. The 13 stillbirths and 12 infant deaths give a local rate of 30.7 per thousand total live and stillbirths. The provisional national rate was 30.8.

MATERNAL MORTALITY (including abortion).

There were no deaths due to maternal causes. The provisional national rate per 1,000 total live and stillbirths was 0.35.

VITAL STATISTICS
GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			MARRIAGES			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS		
		Number	Rate per 1,000 population		Number (persons)	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales	England & Wales	Great Yarmouth	England & Wales	England & Wales	Great Yarmouth	England & Wales	England & Wales	Great Yarmouth	England & Wales	England & Wales	Great Yarmouth	England & Wales	England & Wales	Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	870	15.3	15.6	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41
1938	53,780	756	14.1*	15.1	1,142	21.2	17.6	663	10.7	11.6	39	51.6	52.8	27	35.7	27.2	33	41.8	38.3
1939	53,090	758	14.3*	14.8	1,234	23.3	21.2	719	11.9†	12.1	32	42.1	50.6			27.2	24	30.6	38.1
1940	43,730	705	16.1*	14.1	1,234	28.2	22.5	762	15.1	14.4	40	62.5	56.8			28.6	27	36.9	37.2
1941	28,350	570	20.1*	13.9	734	25.9	18.6	593	20.9*	13.5	19	43.4	60.0			27.9	23	38.8	34.8
1942	25,200	469	18.6*	15.6	706	28.0	17.7	443	17.6*	12.3	17	36.2	50.6			26.2	19	38.9	33.2
1943	26,140	560	21.4*	16.2	584	22.3	14.0	487	18.6*	13.0	25	44.6	49.1			25.2	11	19.3	30.1
1944	28,340	657	23.2*	17.7	606	21.4	14.3	408	14.4*	12.7	16	24.4	45.4			24.4	16	23.8	27.6
1945	34,250	672	19.6*	15.9	906	26.5	18.7	537	15.7*	11.4	29	43.2	46.0			24.8	27	38.6	27.6
1946	43,370	1,048	24.2*	19.2	984	22.7	18.0	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2
1947	47,410	1,078	22.7*	20.5	910	19.2	18.6	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1
1948	50,140	951	19.0*	17.8	988	19.7	18.2	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2
1949	50,460	813	16.1*	16.7	850	16.9	17.1	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7
1950	51,310	771	15.2	15.8	962	18.8	16.3	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6
1951‡	51,105	729	14.4	15.4	824	16.1	16.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1
1952	50,900	739	14.7	15.3	876	17.2	15.8	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7
1953	51,300	715	14.1	15.4	868	16.9	15.6	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5
1954	51,550	782	15.6	15.2	808	15.7	15.4	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0
1955	51,600	696	13.9	15.0	862	16.7	16.1	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.1
1956	51,500	738	14.8	15.7	918	17.8	15.8	656	11.9	11.7	17	23.0	23.8	14	19.0	16.9	21	27.7	23.0
1957	51,500	746	14.8	16.1	802	15.6	15.4	657	11.9	11.5	16	21.5	23.0	10	13.4	16.5	16	21.0	22.4
1958	51,400	704	13.9	16.4	890	17.3	15.1	660	11.5	11.7	13	18.4	22.6	11	15.6	16.2	17	23.5	21.6
1959	51,300	740	14.7	16.5	880	17.1	15.0	722	12.6	11.6	12	16.2	22.2	7	9.4	15.8	15	19.8	21.0
1960	51,500	769	15.2	17.1	816	15.8	15.0	682	11.6	11.5	13	16.9	21.9	8	10.4	15.6	14	17.8	19.7
1961‡	52,860	766	14.8	17.4	844	16.0	15.0	697	11.5	12.0	13	16.9	21.6	9	11.7	15.5	17	21.7	19.1
1962	52,450	799	15.5	18.0	854	16.2	14.9	658	10.5	11.9	12	15.0	21.6	12	15.0	15.1	13	16.0	18.1

A blank space on the table indicates that the information is not available.
† Based on a population figure 52,780 as issued by Registrar General.

* Crude rate.
‡ Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1962.

Cause of death	Males	Females	Age Groups							All ages 1961	All ages 1962	
			Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years			75 years and over
Tuberculosis, respiratory ...	3	—	—	—	—	—	—	1	2	—	—	3
Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	2	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—	1	—
Malignant neoplasm, stomach	7	5	—	—	—	—	—	5	4	3	13	12
Malignant neoplasm, lung, bronchus ...	24	3	—	—	—	—	1	13	12	1	32	27
Malignant neoplasm, breast	—	9	—	—	—	—	1	3	—	5	9	9
Malignant neoplasm, uterus	—	5	—	—	—	—	1	3	1	—	5	5
Other malignant and lymphatic neoplasms ...	30	26	—	—	1	—	2	17	15	21	59	56
Leukæmia, aleukæmia ...	1	2	—	—	—	—	1	1	1	—	2	3
Diabetes ...	—	1	—	—	—	—	—	—	1	—	4	1
Vascular lesions of nervous system ...	42	66	—	—	—	—	1	11	24	72	94	108
Coronary disease, angina ...	85	46	—	—	—	—	3	23	47	58	123	131
Hypertension with heart disease	5	7	—	—	—	—	—	1	4	7	22	12
Other heart disease ...	33	50	—	—	—	1	1	9	13	59	125	83
Other circulatory disease ...	20	25	—	—	—	—	3	—	8	34	35	45
Influenza ...	—	—	—	—	—	—	—	—	—	—	3	—
Pneumonia ...	29	14	1	—	—	—	—	5	8	29	34	43
Bronchitis ...	22	6	—	—	—	—	—	6	8	14	30	28
Other diseases of respiratory system ...	4	4	—	—	1	—	—	2	4	1	4	8
Ulcer of stomach and duodenum ...	2	1	—	—	—	—	—	1	1	1	10	3
Gastritis, enteritis and diarrhœa	—	—	—	—	—	—	—	—	—	—	2	—
Nephritis and nephrosis ...	5	—	—	—	—	1	1	—	—	3	2	5
Hyperplasia of prostate ...	7	—	—	—	—	—	—	1	1	5	4	7
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	1	—
Congenital malformations	2	3	2	—	1	—	—	1	1	—	2	5
Other defined and ill-defined diseases ...	14	21	9	—	—	—	1	7	8	10	54	35
Motor vehicle accidents ...	1	1	—	—	—	—	1	—	—	1	3	2
All other accidents ...	8	10	—	—	1	—	—	1	6	10	17	18
Suicide ...	5	4	—	—	—	—	1	5	2	1	5	9
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ...	349	309	12	—	4	2	18	116	171	335	697	658

INFECTIOUS DISEASES

The incidence of notifiable diseases was again low with the exception of measles. The table on page 18 gives in age groups the number of notifications received.

MEASLES.

This disease normally shows a characteristic pattern of large and small epidemics in alternate years. This year, which should have been a "low measles" year, produced a larger number of notifications than last year.

INFECTIVE HEPATITIS.

Infective Hepatitis is notifiable in East Anglia although not in the country generally. There were probably considerably more cases than the 33 notified, but it is a disease in which effective control measures have not yet been developed.

FOOD POISONING.

There were no notifications of food poisoning during the year. This is remarkable in a town where there is so much catering for the holiday industry.

TUBERCULOSIS.

The number of cases on the Tuberculosis register at the end of 1962 was 350 as compared with 368 at the end of 1961. They were classified as follows :—

	Men	Women	Children	Total
Pulmonary	164	162	8	334
Non-pulmonary	7	9	—	16
Total	171	171	8	350

The fall in the numbers of non-pulmonary cases from 33 last year to 16 this year results from a review of the register and the removal of cases which had recovered or been lost sight of.

New Cases.

The number of new cases which came to notice was 14 of which 9 were formal notifications and 5 were transfers from other areas.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1962	Total 1961
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	9
Whooping cough	—	1	2	5	1	—	—	—	—	—	9	19
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	9	119	150	252	4	3	2	—	—	—	539	386
Pneumonia	—	—	—	—	—	1	—	—	—	—	1	8
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	2
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	1	2	—	—	2	5	—	—	—	11	22
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal pyrexia	—	—	—	—	—	1	3	—	—	—	4	2
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	—	—	—	—	—	14
Erysipelas	—	—	—	—	—	—	—	—	1	—	1	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	1	2	6	7	8	7	—	2	—	33	21
Total	10	122	156	263	12	15	17	—	3	—	598	484

Analysis of formal notifications :—

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	—	—	1	—	3	1	—	—	5
Females	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Non-Pulmonary														
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	1	1	1	—	3

The number of formal notifications has declined steadily over the years, and this year the notification rate for all forms of the disease is 0.16 per 1,000 population compared with 0.23 in 1961. It is interesting to note that 7 of the formal notifications were in respect of persons aged 45 years and over. It is becoming clear that fewer young people are developing the disease, and many of those who do, respond rapidly to the effective methods of treatment now available. The small number of deaths attributable to tuberculosis that now occur are usually in the elderly who first developed the disease many years ago.

The numbers of notifications and deaths from all forms of the disease, with the resultant rates per 1,000 population for each year since 1950 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—

VENEREAL DISEASES.

The following figures are extracted from the statistical table provided by the Consultant :—

Of the patients attending the clinic for the first time 1 was diagnosed as suffering from syphilis and it was a late manifestation involving the nervous system.

The number of new cases of gonorrhoea increased from 32 last year to 39, of which 26 were male and 13 female.

Of the 98 other patients attending the clinic for the first time, 61 required no treatment and 15 were suffering from non-gonococcal urethritis.

The number of female patients has declined steadily over the years and this year the notification rate for all forms of the disease is 0.16 per 1,000 population compared with 0.23 in 1951. It is interesting to note that 7 of the female notifications were in respect of persons aged 45 years and over. It is becoming clear that fewer young persons are developing the disease and many of those who do respond rapidly to the effective methods of treatment now available. The number of deaths attributable to tuberculosis has now decreased rapidly in the elderly who first developed the disease many years ago. The number of notifications and deaths from all forms of the disease with the resultant rates per 1,000 population for each year since 1950 are given in the following table :—

Year	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
1951	32	0.10	1	0.03	33	0.10
1952	39	0.12	1	0.03	40	0.12
1953	35	0.11	1	0.03	36	0.11
1954	38	0.12	1	0.03	39	0.12
1955	36	0.11	1	0.03	37	0.11
1956	37	0.11	1	0.03	38	0.11
1957	38	0.12	1	0.03	39	0.12
1958	39	0.12	1	0.03	40	0.12
1959	38	0.12	1	0.03	39	0.12
1960	39	0.12	1	0.03	40	0.12
1961	39	0.12	1	0.03	40	0.12
1962	39	0.12	1	0.03	40	0.12
1963	39	0.12	1	0.03	40	0.12

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS.

Ante-natal clinics with a medical officer in attendance have continued on lines similar to those recorded in my last report. A session has been held from 2.0 - 3.0 p.m. on alternate Wednesdays at Great Yarmouth Clinic. The main work consists of taking blood from patients referred by general practitioners for this purpose. Occasionally patients wish to book a midwife only, and these patients are then seen at the clinic, but usually have to be referred for hospital booking owing to a bad obstetric history. Only 28 ante-natal patients attended the clinic this year.

The ante-natal work now done by the department is mainly carried out by the midwives co-operating with the General Practitioner Obstetricians, either in the patient's own home or in the midwives' ante-natal clinics.

PARENTCRAFT AND RELAXATION CLASSES.

These classes remain popular with mothers and do useful work. Outside speakers are now invited to talk to the mothers and films and lecture demonstrations have been introduced to add variety to the programme. The classes are open to district and hospital patients and to mothers from village and country areas. This year some unmarried mothers from the local Mother and Baby Home have also accepted invitations to attend.

At Great Yarmouth 113 mothers made 678 attendances and at Gorleston 154 mothers made 641 attendances. This gives a total of 267 mothers and 1319 attendances.

CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic (Trafalgar Road)	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church Hall)	— Wednesday, 2.30 p.m. to 4.30 p.m.

The Clinics held on Friday afternoons in Great Yarmouth and Gorleston provide facilities for vaccination and immunisation each week.

The following tables show the number of children and the number of attendances by age groups :—

1962 Clinic	Children under one year at first attendance	Children attended during the year			Total
		1962	Born in 1961	1960-57	
Yarmouth	516	248	279	130	657
Gorleston	268	220	253	344	817
Magdalen	191	94	101	47	242
	975	562	633	521	1716

Clinic	Attendances during the year			Total
	Under one year of age	1 - 2 years	2 - 5 years	
Yarmouth	7262	976	384	8622
Gorleston	4592	933	983	6508
Magdalen	1855	182	132	2169
	13709	2091	1499	17299

For the purpose of comparison total attendances in the past six years are shown below :—

1961	15,550	1958	13,653
1960	14,947	1957	14,322
1959	14,386	1956	14,465

WELFARE FOODS.

Welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) were distributed from the clinics listed above at the times stated. There are no other distribution centres in the town.

The following table gives particulars of the number of items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vita- min Tablets	Bottles Orange Juice
31.3.62	2637	299	365	2421
30.6.62	2697	201	252	2773
29.9.62	2620	190	295	3003
29.12.62	2340	258	257	2900
Total	10294	948	1169	11097

MATERNITY OUTFITS.

These outfits were provided free of charge for mothers having their babies at home. If mothers were transferred to hospital owing to an emergency or under the early discharge scheme, a smaller pack was exchanged for the larger one. Packs not used are returned to the department. A total of 623 were issued during the year.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

The arrangements for the care of the unmarried mothers and their babies remained the same as in previous years. The Council continued their annual grant in support of the general work of the Norwich Diocesan Council for Social Work and they accepted responsibility for one mother admitted to St. Paul's Lodge and for four admitted to other Homes. Of the 37 mothers who passed through the Home, 12 were between 14½ and 16 years of age. The Superintendent of St. Paul's Lodge, as outside worker, dealt with the problems of 26 mothers in the Borough.

PREMATURE BIRTHS.

The two equipped cots which are available from the department for the nursing of premature babies at home were very little used because most parents now make adequate preparation for the birth of the baby and provide small cots which are suitable for nursing the larger premature babies. Also fewer premature babies are born at home as the "at-risk" mothers are now mostly admitted to hospital. Health visitors visit the homes of all premature babies before they are discharged from hospital to ensure that there are adequate facilities, and thereafter pay frequent visits to help and support the mother until she is able to manage the baby herself. At the end of the year arrangements were made for one of the health visitors to specialize in this work and take it over for the whole town.

FAMILY PLANNING.

The clinic was conducted by the local Branch of the Family Planning Association in the Authority's clinic premises as in previous years. Permission was given in January for the clinic to be used for weekly sessions instead of fortnightly as previously. The figures supplied by the Branch for the past year are as follows :—

Number of sessions held	50
Number of new patients who have attended	190
Total number of individuals who sought help	369
Total number of visits made	1032

PREMATURE BIRTHS

(i.e. live births and stillbirths of 5½ lbs. or less at birth).

1. No. of premature live births notified (as adjusted by transferred notifications).

(a) in hospital	30
(b) at home	19
(c) in private nursing homes	—
Total	49

2. No. of premature stillbirths notified (as adjusted by transferred notifications).

(a) in hospital	10
(b) at home	—
(c) in private nursing homes	—
Total	10

Weight at birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	4	2	1	—	—	—	1	—	—	—	—	—	—	—	—	5	—	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	7	—	7	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. (2,000—2,250 gms.)	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.)	15	—	15	17	1	16	1	—	1	—	—	—	—	—	—	1	—	—
Total	30	2	27	17	1	16	2	—	1	—	—	—	—	—	—	10	—	—

DENTAL CARE.

The staff of the dental clinics remained at two dental officers, and the facilities for the dental inspection and treatment of expectant and nursing mothers and of children under the age of five years were thus available as in previous years.

There was a considerable rise in the numbers of young children examined but a fall in the number of mothers. The percentage of patients treated who were made dentally fit rose both for mothers and children. In this latter group the increase was substantial and it is to be hoped that this is a reflection of the continued advice given by the dental and health visiting staff.

The following is a summary of the work over the last five years :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	% of examined who needed treatment	Treated	% of needing treatment who were treated	Made dentally fit	% of treated made dentally fit
Expectant and nursing mothers							
1958	90	85	94.5	75	88.2	57	76.0
1959	68	65	95.6	63	96.9	55	87.3
1960	83	78	94.0	74	94.9	56	75.7
1961	99	82	82.8	69	84.1	58	84.0
1962	65	54	83.0	48	88.8	43	89.6
Children under five							
1958	405	263	65.0	261	99.3	255	97.8
1959	344	209	60.8	207	99.2	195	94.4
1960	312	169	54.3	161	95.3	136	84.5
1961	286	164	57.3	159	96.9	128	80.5
1962	352	203	57.6	186	91.6	180	96.7

(b) Forms of dental treatment provided :—

	Extractions	General anaesthetics	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Crowns or Inlays	Radiographs	Dentures provided		
								Complete	Partial	Total
Expectant and nursing mothers										
1958	142	35	67	25	13	—	1	9	21	30
1959	130	34	75	26	2	—	—	11	22	33
1960	103	28	67	28	7	—	7	11	16	27
1961	146	27	57	41	4	—	7	13	13	26
1962	94	18	48	10	—	—	6	4	17	21
Children under five										
1958	278	159	90	—	477	—	—	—	—	—
1959	207	117	70	—	412	—	—	—	—	—
1960	165	77	87	—	180	—	—	—	—	—
1961	138	69	83	3	146	—	2	—	—	—
1962	190	85	102	1	246	—	2	—	—	—

MIDWIFERY SERVICE

This section includes information both on the duty of the Authority to provide a Domiciliary Midwifery Service under Section 23 of Part III of the National Health Service Act 1946, and on its function under the Midwives Act 1951 to act as Local Supervising Authority to all midwives practising in the area.

Pursuing the policy recommended in Hospital Memorandum (61)5 (to which reference was made last year), this authority made special arrangements with the Maternity Unit of Great Yarmouth Hospital, with the approval of the Central Midwives Board for another midwife to attend for a period of one month's special tuition, and afterwards she was employed as a midwife in the hospital.

MUNICIPAL MIDWIVES.

Eleven midwives notified their intention to practise. Included in this number was the Supervisor of Midwives, and one part-time midwife who was appointed on a temporary basis to help during staff illness for three months during the summer months. Eight full-time midwives and one permanent part-time midwife were employed. The pressure of work was heavy at certain times of the year, again mainly due to illness amongst the staff, causing a heavier case-load to be placed on those remaining on duty. In spite of these difficulties the same standards of ante-natal and post-natal care were maintained.

INSTITUTIONAL AND INDEPENDENT MIDWIVES.

Twelve midwives employed by the General Hospital notified their intention to practise in this area. One independent midwife notified her intention to practise in this area for one patient only.

DISCIPLINARY ACTION.

It was not found necessary to report any midwife to the Central Midwives Board under the disciplinary code.

NUMBER OF CONFINEMENTS

The total number of confinements in the Borough rose from 953 in 1961 to 998. Of these 502 took place at home and 496 in the hospital. Of the patients delivered in hospital 87 were discharged before the 10th day and received care from the district midwives.

The following table, taken from the return made to the Ministry of Health gives details of the attendance of doctors at confinements.

	Domiciliary Cases				Total	Cases in Institutions
	Dr. not booked Dr. present at delivery	Dr. not present at delivery	Dr. booked Dr. present at delivery	Dr. not present at delivery		
Midwives employed by the authority	3	2	71	426	502	—
Midwives employed by hospital management committees	—	—	—	—	—	496

ADMINISTRATION OF ANALGESIA.

All the full-time midwives employed by this Authority are trained in the administration of gas and air analgesia. (The part-time midwife is not trained, but as she does not undertake deliveries it is not necessary for her to take a course). It was administered to 370 patients on the midwives' responsibility and to 70 patients when a doctor was present.

Pethilorfan was administered to 234 patients on the midwives' responsibility and to 44 patients when a doctor was present. Trilene is not used by the midwives on their own responsibility at present.

CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the small number of beds available. Of the 130 requests received 29 were rejected and 101 were recommended.

MIDWIVES' ANTE-NATAL CLINICS.

Ante-natal clinics were held each Monday afternoon in Great Yarmouth, and each Tuesday afternoon in Gorleston at which midwives conducted routine examinations of patients booked for home confinements. Home visits are necessary towards the end of pregnancy and are also available for any mothers who find it inconvenient to attend the clinics. The number of attendances was 3036 as compared with 3188 last year.

Health Visitors also visit the clinics and lead informal discussions with the mothers on topics of interest. They appreciate the opportunity of meeting the mothers whom they will visit after the babies are born.

Classes for health education and preparation for motherhood are undertaken jointly by both Health Visitors and Midwives, and this arrangement works very well.

MEDICAL AID

The number of patients for whom medical aid was summoned during the year under Section 14(1) of the Midwives Act 1951, by a midwife was as follows :—

(a) For domiciliary patients :—	
(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	105
(ii) Others	1
(b) For patients in institutions	272

HEALTH VISITING

The establishment of this service has remained at six Health Visitors, and one part-time Tuberculosis Health Visitor who is shared with East Suffolk. This latter arrangement works very well.

The District Nurse who was sent for health visitor's training returned in July to take up her appointment as a Health Visitor. During her training she obtained special experience in the care of the premature babies and also with children and although she has her own district she also specialises in this work.

Apart from this new venture the health visitors are responsible for all the work in their areas (excluding tuberculosis) but they were given the opportunity of using their special skills in health education, problem families, venereal diseases and the care of the elderly outside their own areas.

The early detection of defects or abnormalities forms an increasing part of the health visitors' work and there were some new developments in this sphere. New Notification of Birth Cards were introduced asking for information which would enable Health Visitors to pick out children who are likely to be "at risk" of being deaf, so that they can carry out the special tests in which they have been trained. They have also been alerted to the conception that the handicaps resulting from congenital dislocation of the hip are preventable by early detection and they bring forward all children attending the clinic to the Medical Officer for testing. It is hoped that later they may undertake the testing themselves.

Every health visitor carries out tests for phenylketonuria in her own area and all of the 1036 tests done were found to be negative. One girl, who was born in Australia, was diagnosed in hospital as suffering from phenylketonuria but she was then aged 3 years and showed signs of mental subnormality.

The local hospital sends to the department information about children who have been treated in hospital and this is passed to the Health Visitors who pay home visits where necessary.

Adults who have had hospital treatment are also visited where necessary if the information is available and a considerable amount is done in relation to old people. In some cases their homes are visited prior to discharge from hospital to ensure that there are adequate arrangements for receiving them and after discharge follow-up visits are paid.

No Health Visitors have been assigned to any of the local general practitioner group practices, but close liaison exists with the doctors in the town, and arrangements have been made for health visitors to visit any patient on a doctor's list at his request.

Special attention was paid to the aged and the handicapped and at the end of the year there were 370 such patients on those visiting lists in the following categories.

Aged	242
Spastics	14
Epileptics	31
Others	83

The following is a survey of visits paid during the year :—

Health Visitors.

No. of children under 5 years of age visited during the year	2387
Expectant mothers first visits	257
Expectant mothers total visits	659
Children under 1 year of age, first visits	859
Children under 1 year of age, total visits	4964
Children 1 year and under two years, total visits	3002
Children 2 years and under 5 years, total visits	3874
Tuberculous households	114
Total visits to other cases	1950
Total number of households visited by Health Visitors	2184

Tuberculosis Health Visitor.

Total visits to tuberculous households	879
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HOME NURSING SERVICE

The establishment of this service remained at nine full-time and two part-time nurses. Mrs. M. E. Pratt retired in June after ten years service and the good wishes of the staff were extended to her. One of the part-time nurses was appointed to the full-time staff to replace Mrs. Pratt, and a new part-time nurse was appointed.

Two nurses were sent to refresher courses during the year.

By far the greatest part of the nurses' work is amongst the elderly many of whom would have been considered to be hospital cases in earlier times. One welcome development is that the Geriatric Unit of the hospital have made arrangements for admission of bedridden cases for two weeks to enable relatives to have a well-earned holiday.

Incontinent patients make heavy demands on linen and laundry and these are met in various ways: incontinence pads are supplied by the department; when required, voluntary bodies help by giving money grants or supplies of linen and the National Assistance Board make a grant towards laundry expenses to people receiving the supplementary pensions.

The following is a summary of the work done in 1962 :—

Number of patients nursed	861
.. .. new patients	638
.. .. patients still on books at end of the year	227
.. .. visits to patients	26,581
.. .. patients aged 65 or over	516
.. .. patients under 5 years	13
.. .. visits to patients over 65 years	20,212
.. .. visits to patients under 5 years	106
.. .. patients who had more than 24 visits	329

STATISTICS.

The number of patients treated and the number of visits paid by the nurses during the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1953	1,061	23,804
1954	1,317	29,268
1955	1,444	21,303
1956	1,561	33,790
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146
1960	996	30,372
1961	814	26,412
1962	861	26,581

VACCINATION AND IMMUNISATION

SMALLPOX.

During the year 428 infants were vaccinated and this figure is 53.6% of the total live births in 1962. The number of vaccinations and re-vaccinations known to have been carried out at all ages was 2,795, of which 1,264 were done by general practitioners and 1,531 by clinic staff. The considerable increase in the number of vaccinations and re-vaccinations carried out was due almost entirely to the outbreaks of smallpox in Bradford and South Wales in the early part of the year. There was at the same time a great demand for International Certificates of Vaccination; these require authentication by the department and

887 certificates were so dealt with. This figure does not include the certificates in respect of the several parties of schoolchildren who crossed the channel or went on cruises overseas during the year. The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination					Total
	Under 1	1	2-4	5-14	15 or over	
Primary vaccinations	428	55	157	630	538	1808
Re-vaccinations	—	—	12	317	658	987
Totals	428	55	169	947	1196	2795

DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this type of vaccine. Separate antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now generally used for children for whom whooping cough vaccine was contraindicated, or who had not received any immunisation in infancy. During the latter part of November a publicity campaign, largely sponsored by the Ministry of Health was held in an attempt to increase the immunisation rate. During the year 687 children were given a primary course of diphtheria immunisation and 469 children received reinforcing doses. The number of children vaccinated against whooping cough was 665.

TUBERCULOSIS.

The scheme for the protection of children against tuberculosis was continued as in previous years. That part of the scheme dealing with schoolchildren is dealt with more fully in the report of the Principal School Medical Officer, and is in addition to the vaccinations carried out as a part of the programme to prevent the spread of tuberculosis amongst contacts of known cases by the staff of the chest clinic.

The table following gives details of B.C.G. vaccinations carried out during 1962 :—

Schoolchildren Scheme—

No. skin tested	784
No. found positive	158
No. found negative	602
No. vaccinated	602

Contact Scheme—

No. skin tested	135
No. found positive	27
No. found negative	108
No. vaccinated	164 (including 58 babies vaccinated without previous skin test)

POLIOMYELITIS.

Early in the year the Ministry of Health released oral vaccine for general use by local authorities and family doctors. The vaccine was to be reserved for priority groups, that is, those aged from 6 months to 40 years and those over 40 who are at special risk. In March, suitable advertisements were inserted in the local papers and special immunisation clinics were held on evenings and Saturday mornings. It is perhaps unnecessary to mention that the oral vaccine was received with greater enthusiasm than that given by injection, particularly by the younger members of the community. For persons who had commenced immunisation with the vaccine given by injection, it was recommended that this type of vaccine be used to complete the course. For this reason the following table giving a summary of the work undertaken during the year is in two parts :—

Salk Vaccine

Age Group	2 Injections	3rd Injection (all ages)	4th Injection (all ages)
1943-62	196		
1933-42	42		
Others	41		
Total	279	1396	26

Oral Vaccine

Age Group	3 doses completed
1943-62	470
1933-42	77
Others	200
Total	747
Given Oral 3rd booster dose	1207
Given Oral 4th booster dose (schoolchildren)	313

Of the total of 3968 persons vaccinated with either vaccine 27.2% were given by family doctors and 72.8% were given at the clinics.

AMBULANCE SERVICE

The statistics for the year show that the service has again been busy. Two extra driver/attendants were engaged for day duty in an effort to reduce the amount of overtime being worked but this was partially offset by the Council's decision to station an ambulance at Gorleston, and the saving in overtime was less than expected. The staff now consists of the Ambulance Officer and 18 driver/attendants, 16 of whom work a continuous rotary shift of 42 hours designed to give ambulance cover over the 24 hours.

VEHICLES.

Two new vehicles were purchased during the year to replace vehicles which had reached the end of their economic life, and the total fleet strength remains at 6 ambulances and 1 dual purpose vehicle. Servicing continued to be carried out by the Borough Engineer's staff at the Churchill Road Depot. Four of the vehicles were equipped with lightweight oxygen sets, and if they prove as satisfactory as experience to date indicates, the remaining three vehicles will be similarly equipped next year.

OPERATION OF THE SERVICE.

The radio-controlled system continued to justify itself and the staff now wonder how they managed before it was installed.

During the last few years there has been a steady increase of about 1,000 a year in the number of patients. This year proved no exception with 17,325 compared with 16,374 last year, a rise of nearly 6%. Last year I noted that the increase in patients carried was due almost entirely to additional calls on the service by the hospitals. The trend has continued and seems likely to do so over the next few years in view of the quicker turn round in hospital beds and the general development of the hospital service.

Year	Origin of Calls	
	Hospital	All others
1957	6941	4574
1958	10194	4142
1959	11554	3806
1960	12373	3335
1961	13260	3309
1962	14057	3268

Rail transport was used for long distance journeys where possible and close liaison was maintained with other ambulance services with resulting mutual economy of operation.

In a holiday resort like this many requests are received to transport visitors who fall ill on holiday back to their homes. These have to be carefully investigated because if the conditions governing the use of the Ambulance Service were relaxed during the holiday season, the local service would be paralysed. This is particularly apparent during the months of August, traditionally the holiday month, when the accident and emergency figures reach their peak.

STATISTICS FOR THE YEAR.

Patients carried—

	Ambulances	D.P. Vehicles	Total
Accident or emergency	... 980	3	983
Others	... 15384	1158	16342
Total patients	... 16364	1161	17325

Other persons carried	... 429	41	470
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Journeys by vehicles—

Patient carrying journeys	... 6458	453	6911
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Abortive and service journeys	... 37	18	55
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Journeys for transport of analgesia apparatus, etc.	... 316	18	334
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Total journeys	... 6811	489	7300
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Mileage	... 93250	5654	98904
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Origin of calls—

Doctors	1,791
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Hospitals	14,057
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Midwives	336
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Police	226
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Mental Health Officers	42
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Ministry of Pensions	127
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General Public	746
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17,325

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

Health education forms an increasing part of the work of the Department. Personal contact between the staff and members of the public is probably the most effective, but other methods were also employed. Posters were displayed in clinics, on Corporation vehicles and on other sites available to the Department. Pamphlets on health topics were distributed and talks were given in clinics and at various clubs and societies.

The Ministry of Health have asked that the report should contain in particular a general account of the action taken to make the public aware of the hazards to health of smoking. There must be very few people in the town who are not already aware of these hazards. They have been a constantly recurring topic in previous annual reports and in other reports to the Council and these reports and the Council debates on the subject have been extensively reported in the local press. The co-operation of teachers, youth leaders and others has been enlisted to bring to the attention of young people the folly of starting to smoke. The work is, however, beset with difficulties (one of which is illustrated in the Introduction to this Report) and there is little evidence that it is having much impact. This is hardly surprising while the population is being bombarded with advertising from the tobacco manufacturers, which is, of course, much more expert and powerful.

TUBERCULOSIS.

The arrangements for the prevention of this disease and for care and after-care of patients were maintained as in previous years. The part-time tuberculosis health visitor who, as described in last years report, was appointed to replace the full-time visitor, was able to cope with the work.

Although the average duration of the acute stage of this illness is now much reduced by modern treatment, continued visiting is necessary to maintain a close link between the patient and the Chest Clinic. The tracing of new contacts, and the follow-up of old ones, is still as important. All babies born into tuberculosis families, no matter how distant the contact, are given B.C.G. vaccination as soon as is possible after birth.

The recent advances in the treatment of the disease have made it possible for patients, if diagnosed early enough and if non-infectious, to have treatment at home and to continue a normal working life. While this is a considerable advantage to the patient and to the finances of the hospital, it does mean that extra vigilance is required by the health visitor to ensure that treatment is being maintained and that the general advice given by the Chest Physician is followed.

The following table shows some of the work done :—

Number of examinations of contacts	...	889
Number of contacts first examined during the year		247
Number of persons vaccinated with B.C.G.—		
	Nurses	1
	Children	149
	Others	9
Referred for help to National Assistance Board		2
Referred to Disablement Resettlement Officer		1
Rehoused at the request of the Medical Officer of Health	... ..	—
Provided with free milk during the year	...	2
Home visits paid by Tuberculosis Health Visitor		879

OTHER ILLNESSES.

The care and after-care of persons suffering from other forms of illness is provided mainly through the health visiting, home nursing and domestic help service. The hospital provides information about all children discharged from hospital and visits are paid where required. There is also close liaison over aged persons discharged from hospital and the appropriate service is provided in order to keep them established in their own homes. Spastics, epileptics and other handicapped persons who require supervision or help are visited periodically by the health visitors.

Venereal Diseases are becoming an increasingly serious problem in the country, but the amount that can be done in the way of prevention and care is limited. Propaganda posters and notices giving days and times of clinics were exhibited in public conveniences. The usual follow-up facilities were again available and in the tracing of contacts the same close co-operation continues to exist between the health visitors, the clinic and the police, as in previous years. In some instances there is a measure of success; in others the information is insufficient for identifying the source of infection.

LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of loans of nursing equipment continue to operate very satisfactorily, and the Council's sincere thanks are due to the Societies for their keen interest and voluntary support.

Apart from the equipment provided by the voluntary organisations the department has purchased some new items which are constantly out on loan to patients under the care of the district nursing staff.

CHIROPODY.

The difficulty in staffing this service continued. The only replies received to advertisements for a full-time or part-time Chiropodist were from persons not qualified in accordance with the National Health Service (Medical Auxiliaries) Regulations 1954. As a temporary expedient the previous arrangement of subsidising the Old People's Welfare Council—who could, unlike the Local Authority, engage a Chiropodist not so qualified—was re-established and a service was provided for some elderly people who had been seeking treatment privately. Finally, at the end of the year, a full-time qualified Chiropodist was appointed, new equipment was ordered and other arrangements completed so that the Council's plan to provide a fuller chiropody service was ready to enter the first stage during the new year.

PROBLEM FAMILIES.

Work has continued with these families and co-operation between the various departments of the Corporation has improved following the measures described in last year's report. The general aim is to maintain family life and to try to raise them to a reasonable standard of living.

Particular attention was paid to two families. One was rehoused and as a result of frequent visits by the health visitor and daily visit of a home help there were signs of improvement. In the other case eviction became inevitable and the family has shown little improvement in the accommodation provided for homeless persons.

DOMESTIC HELP SERVICE

This service continues to grow in size and importance. The Assistant Home Help Organiser who was appointed last year passed the examination of the Institute of Home Help Organisers and she has taken over completely the day-to-day organisation. The Superintendent Nursing Officer as organiser of the service retains overall supervision.

The number of home helps employed increased from 46 to 54. All except one were part-time, and the full-time equivalent rose from 31 to 38. Most of the staff were regular employees, but arrangements were made to employ other suitable women for a few hours a week to cover staff sickness, and in the peak period during the winter months.

Visits increased from 27,888 last year to 33,690 this year, and the number of hours worked from 52,918 to 64,564. The following table gives fuller details :—

Type of patient	1957	1958	1959	1960	1961	1962
Maternity	24	26	34	45	37	26
Tuberculous	1	1	6	2	2	3
Aged and chronic sick	141	210	256	304	338	388
Others	36	35	58	77	56	76
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	202	272	354	428	433	493
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

As is seen from this table the majority of the work is in supplying help to the aged and infirm, and to those classed as "others". Amongst those in this last group are the physically handicapped, the mentally disordered, blind persons and the problem families.

The heaviest demands on the service were made in the first four months of the year. Requests for help were received from the local hospitals, the general practitioners, the National Assistance Board, the nursing staff, and from other departments of the Corporation.

NIGHT SITTING SERVICE

This service was called upon only three times during the year, and in two of these other arrangements had been made before the sitter arrived. Most patients suffering from terminal illnesses for whom this service was mainly intended are admitted to hospital, and the need to provide sitters does not arise. It is difficult to recruit women willing to undertake this work and keep an up-to-date list when there are so few demands made upon the service.

MENTAL HEALTH SERVICE

The routine work under the Mental Health Act continued smoothly, but the prolonged illness of one of the Mental Health Workers placed a heavy burden on his colleagues in dealing with cases of mental illness. Mr. Gee, the Deputy Chief Welfare Officer, was most helpful in doing relief work during this difficult period although it was no part of his duties.

A trainee Welfare Officer sponsored by this authority is expected to take his qualification and return to this authority in 1964.

Further progress was made towards the establishment of an effective Adult Training Centre as described below.

MENTALLY ILL PATIENTS.

There was an increase in the number of admissions but this was partly due to re-admissions of patients who were previously in hospital. Talk of the "open door" in mental hospitals has been replaced in some quarters by talk of the "revolving door".

The following is a statistical summary :—

	Male	Female
Informal Admissions		
Arranged by Mental Welfare Officers	17	9
Admissions for Observation (Section 25)	2	12
Admissions for Treatment (Section 26)	4	2
Emergency Admissions (Section 29)	8	10

Most of the patients admitted under Section 29 were regraded under Section 25 within 72 hours. Fifty cases (19 male and 31 female) which had been reported by relatives, the Police or by members of the public were investigated as cases of suspected mental illness but were not admitted to hospital at the time although a proportion were later admitted informally on the advice of their doctors. The Mental Welfare Officers maintain close contact with the hospital medical staff and carried out a considerable number of visits to patients and their relatives at their request.

SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 80 persons (42 male and 38 female) in these categories living in the community and known to the authority. Seven were in full employment and 42 attended the Training Centre. All except 8 were receiving home visits from the Mental Welfare Officer. No patients were admitted to hospital but one case was considered to be in urgent need of hospital care.

Eleven new cases were referred to the authority, three from general practitioners, one from hospital, three from the School Health Service and four from other sources.

THE TRAINING CENTRE.

At the end of the year there were 67 trainees on the register of whom 42 were from Great Yarmouth and 25 from Norfolk. The average attendance was 89%. The arrangements for transport, meals, milk and medical inspections were unchanged.

There is now a well-developed adult section in the centre catering for 30 of the trainees, most of whom are fully engaged on repetitive factory-type work made available by two local firms. The work has been greatly appreciated and has given regular pocket money to the trainees.

CARE AND AFTER-CARE.

Care and after-care of mentally disordered patients was carried out by the Mental Welfare Officers who maintained the important close relationship with hospitals, and general practitioners, and the health visiting and home help services.

The Psychiatric Social Club with 12 regular members met 45 times on Tuesdays between 2.30 and 4.30 p.m. with an average attendance of 8 members and their two or three young children.

Membership was offered to 18 ex-hospital patients during the year; some did not wish to join or came for a short time before returning to work.

The activities include knitting, dressmaking and cane work in the winter, with a more active outdoor programme in the summer which included bowls, tennis, clock golf and outings.

FLUORIDATION OF WATER SUPPLY

In September a report was presented to the Council recommending them to adopt the policy of fluoridation of the water supply to a level of one part per million, but the recommendation was not adopted.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948

Section 47

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Before proceedings can be taken, the Act requires the Medical Officer of Health to certify in writing that he is satisfied, after thorough enquiry and consideration that in the interests of the person concerned, or for preventing serious nuisance or injury to the health of others, it is necessary for the person to be removed.

It was not necessary to ask for a Magistrate's Order during the year, but several potential cases were dealt with.

One old lady was admitted to a nursing home by relatives. Another was persuaded to go to hospital voluntarily. Another was considered to be suffering from mental illness and was admitted to a mental hospital. An old man who had been quite intransigent in refusing help was eventually admitted to hospital as an emergency after he had collapsed and he was later transferred to an old people's home.

Dealing with people under this section usually raises the difficult question of how far one is justified in "doing good" to a person against his wishes. The policy of the department is to apply for compulsory powers only as a very last resort even although this often means that old people continue to live for a period in unsatisfactory conditions.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

One person is registered as a child-minder for 10 children. Regular supervision is maintained by the Health Visiting Staff.

There were no registrations of day-nurseries in the Borough.

REGISTRATION OF NURSING HOMES

Section 187 (2), Public Health Act, 1936

There are two registered nursing homes, one for 50 patients and the other for 24. Both are for medical patients.

MEDICAL EXAMINATIONS OF STAFF

The following is a summary of the work done during the year :—

Entrants to the Superannuation Scheme	104
Entrants to the Sick Pay Scheme	96
Teachers First Teaching Appointment	5
Teachers Transfer to Local Schools	25
Teachers College Entrants	42
Examinations carried out on behalf of other authorities	3
Firemen's Pension Scheme	3
	278

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

The water was supplied by the East Anglian Water Company. The source of the water was the River Great Ouse at Ely. There was an alternative source from Ormsby Broad which was brought into the town when the water level in the river was low. The total daily consumption exceeded 4 million gallons per day.

Pre-chlorination is used to control mussels growing in the pipes leading the water to the purification works at Ormsby. The purification process comprises 24 hours storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient throughout the year and no restrictions on its use were imposed. The average consumption was 24 gallons per head per day (domestic 12, industrial 12) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals. Disturbances were consistently satisfactory.

There was no evidence that the water was liable to have phosphorus content.

All the dwelling-houses in the town were supplied by the Council's main.

SEWERAGE

Sewer disposal is to the sea via the river and the system is not considered as satisfactory in health. The sewerage system in the lower part of the town and in the area around the town is in a state of disrepair and is in need of extensive repairs. The sewerage system is due to start in 1957.

THE PUBLIC HEALTH INSPECTOR'S REPORT

F. R. PARMENTER, M.R.S.H., *Chief Public Health Inspector*

The year 1962 was one of steady progress in the various branches of the work falling within the environmental health services for which this section of the department is responsible.

The staff situation remained one short of full establishment until September when Mr. M. Storey, who had been a student inspector with this local authority, was appointed to the vacancy after he had passed the qualifying examination.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water was supplied by the East Anglian Water Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water exceeded the statutory limit or the total daily consumption exceeded 6 million gallons per day.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises 3½ days storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 74 gallons per head per day (domestic 35, industrial 39) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

There was no evidence that the waters were liable to have plumbosolvent action.

All the dwelling-houses in the Borough are supplied by the Company's mains.

SEWERAGE.

Sewage disposal is to the sea via the river and the system is not considered to constitute any danger to health. The sewerage system in the lower lying parts of Southtown and adjoining areas is found on occasion to be inadequate to deal with storm water. The scheme for improvement is due to start in 1963.

PUBLIC CLEANSING.

The collection of refuse is carried out under the direction of the Borough Engineer; the disposal is by means of controlled tipping. House refuse is collected weekly but more frequent collections are available on request and on payment of a small fee. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaint.

GENERAL SANITATION.

TABLE A.

Nature of Visit or Inspection	No. of Visits
Water Supply	21
Drainage	1024
Stables and Piggeries	29
Offensive Trades	55
Caravans, Tents, Vans, etc.	167
Factories	208
Outworkers	8
Public Conveniences	63
Theatres and Places of Entertainment	10
Refuse Collection and Disposal	105
Rats and Mice	210
Smoke Observations	179
Schools	43
Shops	72
Swimming Pools	38
Miscellaneous Sanitary Visits	379
Inquiries in cases of Infectious Diseases	24
Visits re Disinfection	16

FACTORIES ACTS, 1937 TO 1959.

The following tables show the work carried out under the above Acts. Two hundred and eight inspections were made during the year and again no serious defects were noted. It was found unnecessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspec- tions	Written Notices	Prose- cutions
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	28	23	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	301	165	4	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	23	20	2	—
Total	362	208	6	—

TABLE C.

Particulars	No. of Defects		Referred by H.M. Inspector	Referred to H.M. Inspector	Prose- cutions
	Found	Remedied			
Want of cleanliness ...	—	—	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient ...	1	—	—	—	—
(b) Unsuitable or defective	4	2	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	2	2	1	—	—
Total	7	4	1	—	—

OFFENSIVE TRADES.

No. on the register	...	...	8
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	5

Fifty-five visits were made to the above premises and on the whole they were found to be conducted satisfactorily.

SWIMMING POOLS.

The following are details concerning the swimming pools in the town.

Yarmouth Pool.

Water is pumped from the sea to a settling tank near the pool and then drawn as required from the tank. The water is then treated by continuous filtration and break-point chlorination. The pool is filled at the beginning of the season and losses by evaporation are made good by adding to the water as required.

Gorleston Pool.

Water is pumped from the sea to a reservoir situated at high level and supplied to the pool by gravity flow. It is then passed through a continuous filtration plant where it is chlorinated. The pool is filled at the beginning of the summer season and water is added when required.

Herman Junior School, Wroughton Junior School and East Anglian School Pools.

These pools are supplied with water from the town's supply and further water is added from the mains when required. All these swimming pools are provided with plants for continuous filtration and chlorination of the water.

Holiday Camp Pool.

There is also a swimming pool provided within the grounds of a holiday camp in the borough. The water is from the public mains supply and the pool is provided with a continuous filtration and chlorination plant.

During the summer season the staff made 38 visits to the swimming pools.

A total of 70 check tests were carried out to determine the amount of free chlorine and the alkalinity of the water in the pools. In one instance the chlorine reading was found to be low; after a request to increase the dosage, subsequent readings were found to be satisfactory.

Six bacteriological samples were taken and all were reported by the Public Health Laboratory to be satisfactory.

No trouble from algal growth occurred during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the borough.

Seven premises are registered under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

During the year 10 visits were made to the cinemas and theatres in the borough, and the sanitary accommodation and washing facilities were found to be adequate and very well maintained throughout.

ATMOSPHERIC POLLUTION.

One hundred and seventy-nine visits were made in connection with the emission of smoke and grit to the atmosphere. Observations were also made where necessary. These were followed by notification to the persons responsible where it was considered a nuisance had been committed. In four instances notices were served.

There has been an increase in the number of oil fired boilers in trade premises and these have been very efficient in operation from the point of view of reduction of smoke emission.

During the year five notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

CARAVAN SITES.

Licences in respect of two permanent sites were granted under the Caravan Sites and Control of Development Act, 1960 in the year under review.

Details of the caravan sites in the borough are as follows :—

Permanent sites	...	3
Holiday sites	...	2

There is also one municipally owned tent site for holiday use.

One hundred and sixty-seven visits were made to caravans and tents during the year.

HOUSING.

In the year under review, 85 houses were represented as unfit under the Housing Act, 1957 and in the same period 5 were made the subject of demolition orders, 58 were closed, 3 closing orders were made in respect of parts of buildings and 3 undertakings were accepted. As a result of the action taken, 56 families comprising 128 persons were rehoused during the year.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,298
(b) Numbers of inspections made for the purpose ...	1,385
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	Nil
(iii) Overcrowding :—	
Number of houses inspected	23
Number of revisits	8
(iv) Verminous houses :—	
Number of houses inspected	28
Number of revisits	19

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	230
--	-----

3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied ...	82
(ii) Number of houses in which defects were remedied after service of formal notices :—	
(a) By owners	54
(b) By Local Authority in default of owners	6

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	—
(ii) Number of houses rendered fit under Section 16 ...	3
(iii) Number of houses rendered fit under Section 24 ...	6
(iv) Number of houses in respect of which demolition orders were made	5
(v) Number of houses in respect of which closing orders were made	58
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	3
(vii) Number of houses in respect of which undertakings were accepted	3
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	—
(ix) Number of houses demolished	49

RENT ACT, 1957.

Details of the documents issued during the year are as follows :—

Applications for Certificates of Disrepair.

Number of applications for certificates	...	...	2
Number of decisions not to issue certificates	...	...	—
Number of decisions to issue certificates :			
(a) in respect of some but not all defects	...	...	1
(b) in respect of all defects	...	...	1
Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	—
Number of undertakings refused under proviso to paragraph 5 of the First Schedule	...	...	—
Number of certificates issued	...	...	2

Applications for Cancellation of Certificates.

Applications by landlords for cancellation of certificates	...	...	—
Objections by tenants to cancellation of certificates	...	...	—
Decisions to cancel in spite of tenants' objection	...	...	—
Certificates cancelled by Local Authority	...	...	—

NOISE ABATEMENT.

The structural works to reduce the noise from a large textile factory were completed early in the year. As a result of this the amount of noise was reduced. In the main the complainants were satisfied with the result of the action taken by the factory.

Five other complaints of noise were received. Informal action was taken to deal with these.

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

The following is a summary of registrations and licences issued under Regulations concerning milk :—

Milk and Dairies (General) Regulations, 1959.

Number of dairies on register at end of year	...	11
Number of distributors on register at end of year	...	60

Milk (Special Designation) Regulations, 1960.

Tuberculin Tested Milk—Dealers' Licences	...	10
--	-----	----

One hundred and twenty five samples of designated milks were taken during the year; the details are as follows :—

	Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test	
		Passed	Failed	Passed	Failed		Passed	Failed
Pasteurised	90	82	3	83	2	5	—	—
T.T.								
Pasteurised	34	33	1	32	2	—	—	—
Sterilised	1	—	—	—	—	—	1	—

Regular visits were made to the four pasteurising plants and the examination results, shown above, indicate that the plants were operated satisfactorily.

The results of bacteriological examination of washed milk bottles and rinses from churns were found to be satisfactory.

B. MEAT INSPECTION.

The situation regarding the slaughtering facilities in the town remained the same and the two slaughterhouses continued to be run by a private company.

One hundred per cent inspection of meat was again carried out and normal working hours were maintained here apart from some extra duty over bank holidays and occasional evening work during the peak period in the summer season.

The quality of meat produced in these slaughterhouses was, on the whole, of a high standard.

It is noteworthy that again no cases of bovine tuberculosis were found in carcasses of animals slaughtered in the town. This is further confirmation of the success of the government policy for the eradication of bovine tuberculosis. The following table illustrates the downward trend :—

Year	Percentage of number inspected affected with tuberculosis	
	Cattle (excluding cows)	Cows
1953	6.1	20.8
1954	7.4	12.0
1955	4.5	3.0
1956	3.4	—
1957	5.8	—
1958	5.5	—
1959	1.4	2.3
1960	0.08	—
1961	—	—
1962	—	—

Carcases and Offal inspected and condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2572	45	3	2424	9794	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcasses condemned	—	—	—	1	3	—
Carcasses of which some part or organ was condemned	534	4	—	15	970	—
Percentage of the number inspected affected with diseases other than tuber- culosis	20.8	8.9	—	0.6	9.8	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	—	—	—	—	447	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	4.6	—
<i>Cysticercosis :—</i>						
Carcasses of which some part or organ was condemned	8	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs.

			Tuberculosis	Other Causes
Cattle carcasses (excluding cows)			—	—
Cow carcasses	...	...	—	—
Pig carcasses	...	...	—	3
Calf carcasses	...	...	—	—
Sheep carcasses	...	...	—	1
Bovine heads	...	...	—	28
„ tongues	...	...	—	28
„ livers	...	...	—	373
„ lungs	...	...	—	279
„ udders	...	...	—	—
„ spleens	...	...	—	5
„ kidneys	...	...	—	17
„ skirts	...	...	—	2
„ hearts	...	...	—	3
„ mesenteric fats	...	...	—	2
„ tripes	...	...	—	—
„ tails	...	...	—	—
Pigs' heads	...	...	102	2
„ plucks	...	...	—	369
„ hearts	...	...	—	—
„ kidneys	...	...	—	121
„ livers	...	...	—	474
„ mesenteric fats	...	...	437	14
„ spleens	...	...	—	2
Calves' heads	...	...	—	—
„ plucks	...	...	—	—
Sheep plucks	...	...	—	2
„ livers	...	...	—	10
„ heads	...	...	—	—
Beef	...	...	132 lbs.	2653 lbs.
Pork	...	...	1007 lbs.	569 lbs.

METHOD OF DISPOSAL OF CONDEMNED MEAT.

The local slaughtering Company continued to dispose of condemned meat and offal to a local firm for rendering down to tallow and fertiliser. This arrangement for the disposal of condemned meat has been in operation since 1954 and has been found to work satisfactorily.

Other foods found unfit were deposited at a store owned by the Council and then removed by the Public Cleansing Department vehicles to the controlled refuse tip.

C. ICE CREAM.

The number of ice cream premises registered under Section 16 of the Food and Drugs Act, 1955 is as follows :—

Manufacturers	...	...	4
Retailers	...	...	379

One hundred and forty visits were made to ice cream manufacturing premises and retail shops during the year. The standard of hygiene in all these premises was found to be satisfactory.

Forty samples of ice cream were submitted to the Public Health Laboratory for examination. The methylene blue test results were classified as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
35	4	1	—

Eight samples of ice cream were submitted to the Public Analyst for chemical analysis; all were reported to be genuine. The fat content varied between 5.6% and 11.3%, the average being 7.6%.

D. FOOD AND DRUGS ACT, 1955.

The following table shows the number of samples obtained and submitted to Dr. Wood the Public Analyst for examination, with results of analysis :—

	Submitted to Analyst	Satisfactory	Not Satisfactory
Aspirin tablets	1	1	—
Beans (sliced)	2	2	—
Beefburgers	1	1	—
Beef curry dinner with rice	1	1	—
Biscuits	2	2	—
Bread sauce	1	1	—
Butter	6	6	—
Canned cream	3	3	—
Canned cream rice	1	1	—
Canned fish	5	5	—
Canned fruit	4	2	2
Canned meat	7	6	1
Canned soup	3	3	—
Canned vegetables	3	3	—

Cheese	2	2	—
Cheese spread	2	2	—
Chicken in jelly	1	1	—
Chicklets	1	—	1
Christmas pudding	1	1	—
Cod liver oil	1	1	—
Coffee	4	4	—
Condensed milk	2	2	—
Cooking fat	2	2	—
Cooking oil	1	1	—
Cream	1	1	—
Custard powder	1	1	—
Drinking chocolate	1	1	—
Drinks	5	5	—
Egg noodles	1	1	—
Evaporated milk	2	2	—
Fish fillets	1	1	—
Fish fingers	3	3	—
Fish paste	4	3	1
Flour	8	7	1
Glucose	1	1	—
Golden crumbs	1	1	—
Honey	2	2	—
Horseradish sauce	1	1	—
Instant whip	1	1	—
Jam	1	1	—
Jelly	2	2	—
Lard	2	2	—
Lemon juice	1	1	—
Macaroni & cheese dinner	1	1	—
Margarine	3	3	—
Marmalade	1	1	—
Meat paste	2	2	—
Milk	44	40	4
Mincemeat	1	1	—
Mustard	1	1	—
Orangeade powder	1	1	—
Peas (pkt.)	1	1	—
Peel	1	1	—
Porage oats	1	1	—
Potato crisps	1	1	—
Raspberry compound	1	1	—
Salad cream	1	1	—
Salt	1	1	—
Sauce	2	2	—
Sausages (beef)	1	1	—
Sausages (pork)	18	18	—
Semolina	1	1	—
Soup (pkt.)	1	1	—

Spaghetti	1	1	—
Steakettes	2	1	1
Steaklets	1	1	—
Suet	2	1	1
Sweets	5	4	1
Tea	3	3	—
Vegetable juice	1	1	—
Vinegar	1	1	—
Wine	2	2	—
Yeast	1	1	—
	199	186	13

E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption and were voluntarily surrendered :—

Canned foods, various	6438 tins
Bacon	794 $\frac{3}{4}$ lbs.
Batter mixture	1 carton
Beef	86 lbs.
Cheese	48 lbs.
Cherries	126 trays
Chickens	5 and 24 croquettes
Cockles	3 jars
Cocoa butter	16 lbs.
Colouring powder	2 lbs.
Dried fruit	40 lbs.
Fish	26 stone 6 $\frac{3}{4}$ lbs.
Haddock	1 carton
Lard	14 lbs.
Lemon Curd	6 lbs.
Lettuces	20 boxes
Melons	61 cases
Mixed pastes	49 jars
Onions	10 cases and 7 bags
Oxtails	3 $\frac{1}{2}$ boxes
Ox livers	60 lbs.
Pears	40 lbs. and 4 $\frac{1}{2}$ boxes
Sweets	42 lbs.

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING BELOW STANDARD

Article	Nature of Adulteration or Irregularity	Action taken
Steakettes (Informal)	Deficient in meat.	Followed up by a formal sample which was found to be satisfactory.
Flour (Informal)	Deficient in added chalk.	Warning letter sent to firm concerned.
Shredded Beef Suet (Informal)	Deficient in fat.	Followed up by a formal sample which was found to be satisfactory.
Casserole Meat (Informal)	Deficient in meat; name unjustified.	These matters were taken up with the manufacturers concerned.
Fruit Salad in Syrup (Informal)	List of ingredients in wrong order.	This matter was taken up with manufacturers concerned.
Strawberries in Syrup (Informal)	Incorrect label.	This matter was taken up with the Importers.
Butter Drops (Informal)	Deficient in butterfat.	Followed up by a formal sample.
Chicklets (Informal)	Deficient in meat.	This matter was taken up with the manufacturers concerned.
Jar of Fish Paste—Lobster (Informal)	Contained only 65% total fish.	This matter was followed up by a formal sample.
Milk (Informal)	11.6 per cent of added water present.	Warning letter was sent to dealer concerned.
Milk (Formal)	Deficient in fat.	Producer was informed of result and was advised to consult Milk Advisory Service.
Milk (Formal)	3.3% deficient in fat.	Dairy farmer concerned was advised to consult Milk Production Officer.
Milk (Formal)	6.3% deficient in fat; 1.6% deficient in N.F.S.; 1.6% added water.	This sample was taken from the same source as above. After this result a visit was made to the farm and it appeared that the added water was probably due to a defective "in-churn" type cover. Samples taken since were found to be satisfactory.

F. FOOD HYGIENE.

Routine inspections were continued throughout the year by the inspectors upon the various types of food premises in the town. There is still much work to be done to obtain a higher standard and here health education still has a part to play.

No cases of food poisoning were reported.

The examination of plans of new food premises and alterations to existing premises before submission to the Planning Committee continued during the year. Owners were advised where necessary regarding alterations or additions in order to ensure that the premises complied with the Food Hygiene (General) Regulations.

Food hygiene inspections of the river and coastal excursion vessels were carried out at the beginning of the summer season, and compliance with the legal requirements was found to have been carried out by all the owners.

The number and type of food premises in the area are as follows :—

Bakers and Confectioners	...	...	58
Brewers	...	...	1
Butchers	...	...	52
Chemists	...	...	19
Dairies and premises selling milk	...	...	71
Fishcurers	...	...	13
Fishmongers	...	...	31
Fried Fishmongers	...	...	47
Flour Mills	...	...	2
Granaries	...	...	3
Groceries and Provisions	...	...	157
Greengrocers	...	...	45
Ice Cream Manufacturers and Dealers	...	...	383
Malthouses	...	...	4
Mineral Water Manufacturers	...	...	3
Potato Crisp Manufacturers	...	...	2
Potato Dealers	...	...	5
Public Houses	...	...	167
Restaurants and Cafes	...	...	135
Shellfish and Shrimps	...	...	7
Slaughterhouses	...	...	2
Sweets	...	...	85
Tripe Dressers	...	...	2
Wines and Spirits	...	...	16

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	383
Preparation or manufacture of sausages and preserved foods	... ..	115

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year the following samples were submitted to the Agricultural Analyst for analysis :—

	Informal	Formal
Fertilisers	... 5	1
Feeding stuffs	... 6	—

Three samples failed to comply with the provisions of the Act. The details are as follows :—

Cotton Cake—This was an informal sample in which the Analyst reported an excess oil content. The remainder of the consignment had been sold by the time the result of the analysis was to hand. No further sample for formal procedure was therefore available but the matter was taken up with the dealer concerned.

One Week Fertiliser—Following an unsatisfactory informal sample, a formal sample of this fertiliser was submitted. In both samples the nitrogen and potash contents were in excess of the limits of variation allowed under the Act. The matter was taken up with the firm concerned who stated that they would endeavour to keep their products within the prescribed limits of variation in future. The Inspector of the local authority in whose area the product was manufactured was informed of the results of these samples.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Chief Constable's Annual Report :—

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

There are 83 premises licensed under the above Order. Regular visits of inspection of such premises were carried out.

FOWL PEST.

During the year 13 cases of suspected Fowl Pest were reported under the Fowl Pest Order of 1936, 5 of which were confirmed. These confirmed outbreaks resulted in the slaughter of 1,830 head of poultry.

This disease was again prevalent in East Anglia and for more than nine months of the year the Borough was subjected to restrictions imposed by the Fowl Pest (Infected Areas) Special Orders. Under these restrictions 57 licences were issued for the movement, for the purpose of slaughter within the Borough of 3,083 head of poultry, whilst 209 licences were received covering the movement of 2,172,712 head of poultry into the Borough for slaughtering purposes. Three licences were also issued for the removal of poultry offal.

SWINE FEVER.

Eight cases of suspected Swine Fever were reported, one of which was confirmed. During the year 346 licences authorising the movement of 3,760 pigs were dealt with. In addition 46 licences were issued for breeding purposes.

RODENT CONTROL

Rodent control was carried out by the Rodent Officer and four Rodent Operatives.

A general survey of the borough showed that rats and mice infestations were scattered and minor in character.

A report of ship rat (*rattus rattus*) infestation on one of Her Majesty's ships visiting the port was confirmed and satisfactorily dealt with by the Rodent Officer.

SEWERS.

Two treatments of sewers were carried out during the year, one in April and the other in November; both treatments showed a decrease in the number of poison baits taken. Fluoroacetamide and zinc phosphide were used for both treatments. Many of the sewer systems previously infested by rats have been cleared.

It is interesting to note that in 1952 there were 18 areas consisting of 1,012 manholes as against 9 areas and 820 manholes treated in 1962. Test baiting of approximately 25% of manholes not previously treated showed negative results.

BUSINESS PROPERTIES.

Shops, factories, hotels, restaurants, warehouses and fish houses where food is prepared, sold or stored were visited as a matter of routine. Properties having servicing arrangements were kept under observation and treated for rats and mice when necessary.

LOCAL AUTHORITY PROPERTIES.

The Council is responsible under Part I 2(b) of the Prevention of Damage by Pests Act, 1949 to see that their properties are so far as practicable kept free from rats and mice. Properties treated during the year were entertainment centres, housing sites, schools, playing fields, camping sites, cemeteries, welfare centres, parks, tips and allotments.

Hospitals have servicing arrangements with the Council for disinfestation work.

ALLOTMENTS.

The following allotments were inspected and treatment given for rats and mice :—

Fremantle Road, Caister Road, Keyes Avenue, Lawn Avenue, High Mill Road, Marsh Road, Queen Anne's Road, Church Road, Harfrey's Road, Beccles Road, Long Lane, Selwyn Road and Western Road.

Privately owned allotments, particularly in the High Mill Road and Marsh Road area, continue to be the main source of infestation.

DWELLINGS.

The Rodent Officer made 473 visits to dwellings and as a result the following work was carried out :—

Holes in external walls made good	11
Fixing sub-floor ventilating grids	15
Disused lavatory pans sealed	38
Repairing minor defects to drains	19
Grids and wire cages fixed to rainwater pipes	15
Garden and other domestic refuse heaps removed	27
Sheds raised	17
Fowl houses removed or rebuilt	12
Dustbins and other receptacles provided	8

Fifty-two houses which were empty and due for demolition under the Housing Act were inspected and open drains were sealed to prevent the escape of rats from the sewers. Properties affording access to the public were boarded-up to prevent public health nuisances.

Forty-nine bills were posted prohibiting the dumping of refuse.

AGRICULTURAL PROPERTY.

Regular visits and treatment prevented any build-up in the rat population.

No action was taken under the Dismantling of Ricks Act. Recent farming methods of harvesting by cutting and threshing in one operation made it unnecessary to build corn ricks.

INSECT AND OTHER PESTS.

The following table shows the types of infestation dealt with by the rodent control staff during the year :—

	Dwellings	Business Properties	Council Properties	Agricultural
Ants	8	7	—	—
Cockroaches	40	6	—	—
Fleas	29	—	—	—
Rabbits	—	3	4	3
Coypus	—	—	4	2
Moles	1	—	7	—
Pigeons	3	—	—	—
Wasps	3	—	1	—
Earwigs	1	—	3	—
Silver fish	1	—	—	—
Flies	3	—	—	—

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following table shows the work carried out during the year :—

	Type of Property				
	Non-Agricultural				(5)
	(1)	(2)	(3)	(4)	
	Local Authority	Dwelling Houses (including Council Houses)	All Other (including Business Premises)	Total of Cols. (1), (2), (3)	Agri-cultural
I. No. of properties in Local Authority's District	183	17432	3947	21562	12
II. Total No. of properties inspected as a result of notification	53	412	126	591	—
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	50	323	62	435	—
Ship rat Major	—	—	—	—	—
Minor	—	—	1	1	—
House mouse Major	—	—	—	—	—
Minor	3	83	44	130	—

	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2), (3)	(5) Agri- cultural
III. Total No. of properties inspected in the course of survey under the Act	159	1657	526	2342	12
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	17	81	39	137	8
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	2	29	11	42	2
IV. Total No. of properties otherwise inspected (e.g. when visited primarily for some other purpose)	11	698	379	1088	—
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	4	7	6	17	—
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	1	3	1	5	—
V. Total inspections carried out, including re-inspections	1497	3057	1501	6055	48
VI. No. of infested properties (in Sections II, III & IV) treated by the Local Authority	77	526	164	767	10
VII. Total treatments carried out, including re-treatments	—	—	—	—	—
VIII. No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
IX. No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
X. Legal Proceedings	—	—	—	—	—
XI. No. of "Block" control schemes carried out	29				

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This report is again compiled in accordance with the revised form and sequence suggested by the Ministry of Health in circular 33/52. Information under sections I, V, VIII, XIV, XV and XVI has not been repeated as there has been no change from the previous report.

Section I — STAFF

TABLE A.

No change.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table relates to the year ended 24th March 1962 as figures for ships and tonnage for the calendar year are not available from the Port and Haven Commissioners.

TABLE B.

Ships from	Number	Number inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
		By the M.O.H.	By the Inspectors	
Foreign Ports	} 1860	3	166	--
Coastwise		—	46	—
Total	1860	3	212	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

There was no passenger traffic during the year.

CARGO TRAFFIC.

The following table is compiled from information supplied by the Port and Haven Commissioners for the year ended 24th March 1962 and relates to cargo handled at the port whether as imports or exports as separate figures are not available.

Cattle, Ponies, etc. (Head)	4,368
Coal (Tons)	163,629
Groceries (Tons)	25,169
Grain and Seeds (Qtrs.)	299,986
Manures (Tons)	40,158
Meal, etc. (Tons)	14,145
Metals, Scrap Iron, etc. (Tons)	39,897
Miscellaneous Goods	12,003
Paper, Strawboards, Woodpulp, etc. (Tons)	28,299
Petrol, Paraffin, Fuel Oil, etc. (Tons)	499,881
Salt (Tons)	4,242
Stone, Broken Granite, etc. (Tons)	6,186
Wood (Loads)	66,307
Herrings (cured) (Tons)	227
Herrings (uncured) (Cans)	33,873

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.
Denmark—Fredricksund, Copenhagen.
East Germany—Rostock, Wismar, Strabsund.
West Germany—Hamburg, Bremen.
Finland—Kotka, Abo, Kemi.
Holland—Rotterdam.
Norway—Christiansund, Oslo, Trondheim.
Sweden—Kalmar, Gothenburg, Larvik.
Poland—Stettin.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

No change.

**Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS,
1952 - 1961**

1. LIST OF INFECTED AREAS.

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

After receipt of information regarding a case of smallpox in Dusseldorf, H.M. Customs were alerted and special vigilance was exercised in respect of vessels arriving from the Hook of Holland area. This surveillance was continued up to the time that Dusseldorf was declared free from the disease. During this period, which covered most of January and February, one vessel was boarded after a report had been received that two members of the crew were ill. The vessel was on regular passage between Great Yarmouth and Rotterdam. Both crew members were examined by the Deputy Medical Officer of Health and found not to be suffering from smallpox.

2. RADIO MESSAGES.

(a) Arrangements for sending permission by radio for ships to enter the district—Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon—Arrangements for the receipt of radio messages are the same as for those for transmission. The telegraphic address is Portelth, Great Yarmouth.

3. NOTIFICATIONS OTHERWISE THAN BY RADIO.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

4. MOORING STATIONS.

(a) Within the docks—A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks—Yarmouth Roads anchorage.

5. ARRANGEMENTS FOR :—

(a) Hospital accommodation for infectious diseases (other than Smallpox—see Section VII).—Accommodation for infectious diseases other than smallpox is available at the Estcourt Hospital, Great Yarmouth.

(b) Surveillance and follow-up of contacts—The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.—In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority at the Northgate Hospital.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

Dr. A. G. Smith, 24 Unthank Road, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

No change.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Rodent Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an "approved port" for "deratting" but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	4	—	—	4
Brown rats	—	4	89	93
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

Five rodent control certificates were issued in accordance with Article 3(2)(b) of the Order.

The object of the issue of these certificates is to provide port authorities with the information that coastwise vessels are free or have recently been freed from rats and mice. They are valid for four months from the date of issue.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections	Notices served		Result of serving notices
	Statutory notices	*Other notices	
British ships	63	—	1 complied with
Foreign ships	149	—	6 complied with
British fishing vessels	—	—	—
Total	212	—	7 complied with

* Including oral notices

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

No change.

Section XV — MEDICAL INSPECTION OF ALIENS

No change.

Section XVI — MISCELLANEOUS

No change.

FOOD INSPECTION PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948

During the year imported food regularly arrived from Holland. This comprised canned luncheon meats, canned ham, biscuits, lard, cheese, chocolate, canned fruits and onions. Throughout the year, fresh vegetables regularly arrived and these were found to be of high quality.

Inspection and sampling of imported food were carried out over the year. The samples were submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of consignments of imported food : 197.

The following table shows the number of samples obtained and submitted to Dr. Wood for examination, with results of analysis :—

	No. submitted	Result
Biscuits	1	Genuine
Chocolate	1	Genuine
Lard	2	Genuine
Evaporated milk	2	Genuine
Cheese	1	Genuine
Canned raspberries	1	Genuine
*Canned strawberries	1	Unsatisfactory

*This sample was reported by the Public Analyst as unsatisfactory because the registered trade mark was not printed in full on the label; the sample was also found to contain a permitted added colouring matter and this fact should have been declared on the label together with the other ingredients. These matters were taken up with the Importers who gave a written undertaking to amend the label.

The following items were submitted to Dr. Wood for examination, with results of analysis:

TABLE 2.

No. submitted for examination	Product	Source	Analysis
1	Genoise	Imported from France	Conforms to regulations
2	Genoise	Imported from France	Conforms to regulations
3	Genoise	Imported from France	Conforms to regulations
4	Genoise	Imported from France	Conforms to regulations
5	Genoise	Imported from France	Conforms to regulations
6	Genoise	Imported from France	Conforms to regulations
7	Genoise	Imported from France	Conforms to regulations
8	Genoise	Imported from France	Conforms to regulations
9	Genoise	Imported from France	Conforms to regulations
10	Genoise	Imported from France	Conforms to regulations

The sample was reported by the Public Analyst as satisfactory because the registered trademark was not printed in full on the label. The sample was also found to contain a permitted added coloring matter and this fact should have been declared on the label together with the other ingredients. These findings were taken up with the manufacturer who gave a written undertaking to amend the label.

No change.

SECTION XV—MEDICAL INSPECTION OF ALIENS

No change.

SECTION XVI—MISCELLANEOUS

No change.

FOOD INSPECTION

PUBLIC HEALTH IMPORTED FOODS REGULATIONS, 1937-1942

During the year imported food regularly arrived from Holland. The imported canned biscuits, meats, canned ham, biscuits, bread, cereals, chocolate, canned fruit and soups. Throughout the year fresh vegetables regularly arrived and these were found to be of high quality.

Inspection and sampling of imported food were carried out during the year. The samples were submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of imported foods: 197.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,
Great Yarmouth.

November 1963.

MR. CHAIRMAN, LADIES and GENTLEMEN,

I have the honour to present my Annual Report on the work of the school health service for the year 1962.

The general level of health among the school children remained satisfactory, and there was nothing in this sphere that requires special mention.

A full staff was maintained in all sections of the Department except the Dental, where inspection and treatment remained below the desirable level. Ministry of Education Circular 8/62 asked Local Authorities to review all aspects of their dental services and to give particular attention to dental manpower and the promotion of dental health. Most of the suggestions in the Circular had previously been adopted here. The establishment had been increased in 1956 to three dental surgeons, which would provide one for every 3,000 school children, and dental surgeries had been re-modelled and re-equipped to a very high standard. It was, however, still not possible to recruit a third dentist or a dental auxiliary which the Authority was prepared to accept as an alternative, and the clinics, while providing complete treatment for those who were prepared to receive it, could only give a relief-from-pain service to the remainder. Education in dental health was carried out by both dental and other staff, but more might have been done if full facilities for treatment had been available. In last year's Report I said that the main hope for the children of the future lay in the fluoridation of the water supply, which would give their teeth more resistance to the eroding effects of civilised eating habits, but the rejection of fluoridation by the Local Health Authority has dashed even this hope.

Other sections of the Department have maintained a satisfactory level of work. For handicapped pupils suitable special educational treatment was available in all cases. The special classes for educationally sub-normal pupils continued to deal with this category very satisfactorily and economically, and for the deaf and the partially sighted we are fortunate in having in the town the East Anglian Residential Special School.

In relation to maladjusted children, the Child Guidance Clinic maintained a full team of specialists. This clinic was originally run jointly by the Norfolk and Great Yarmouth Local Authorities, but was handed over to the Regional Hospital Board when that body was established by the National Health Service Act. The clinic, however, has continued to provide the School Health Service with full reports on all school children who attend there, and liaison is so close that the clinic might still be under Local Authority administration. Thanks are due to the staff for maintaining this happy state of affairs.

I should like to express to the staff my appreciation of another good year's work, and to you Mr. Chairman, Ladies and Gentlemen, the thanks of the staff and of myself for your support and encouragement through the year.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

EDUCATION COMMITTEE

1962 - 1963

COUNCIL MEMBERS

Chairman :

Alderman Mrs. K. M. ADLINGTON, J.P.

Vice-Chairman :

Alderman J. BIRCHENALL, J.P.

Members :

Alderman E. W. APPEGATE

Alderman W. A. BARFIELD

Councillor Mrs. C. BATLEY

Councillor L. F. BUNNEWELL

Councillor E. E. CLARE

Councillor H. F. COLE

Councillor T. S. CURTIS

Councillor W. J. DAVY (to Dec. 1962)

Councillor L. DURRANT (from Feb. 1963)

Councillor G. J. HOLMES

Councillor H. D. McGEE

Councillor W. A. RUTTER

Councillor J. P. WINTER

NON-COUNCIL MEMBERS

Mrs. E. A. GODFREY

W. J. WALLIS, Esq.

Mrs. K. PALMER

W. STOWERS, Esq.

The Reverend Canon A. G. G. THURLOW, M.A., F.S.A.

The Reverend E. McBRIDE, Ph.B.

The Reverend G. DOREEN HOPEWELL

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

R. G. NEWBERRY, M.B., B.S., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

V. E. A. MARWOOD, M.B., Ch.B. (East Anglian School).

Principal School Dental Officer :

B. C. CLAY, L.D.S., R.C.S.

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and

Throat—B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Speech Therapist (part-time) :

Miss D. BARBER, L.C.S.T.

Superintendent Nursing Officer :

Miss G. C. MOORE, S.R.N., S.C.M., Q.N.cert., H.V.cert.

School Nurses :

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Mrs. E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss J. L. BEALES, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss S. D. CHERRY, S.R.N., H.V.cert. (part-time)

Miss B. I. EVERITT, S.R.N., S.C.M., H.V.cert. (part-time)

Chief Clerk :

A. G. SHOOBRIDGE

Senior Clerk :

L. C. BANHAM

Clinic Clerks :

Miss E. COOPER

Miss J. A. FROSDICK

Dental Surgery Assistants :

Miss B. BOYES

Mrs. E. J. GEORGE

POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population of the town was 52,450 which is 170 less than the figure for last year. The number of pupils on the registers in January 1962 was 9,002, a decrease of 224 from the previous year's total. This was the net result of an increase of 24 junior pupils and decreases of 92 infants and 156 secondary pupils.

The total number of pupils on the school registers in January of each year since 1953 was as follows:—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
8435	8755	8924	9082	9209	9174	9289	9268	9226	9002

Average numbers on books and average attendance for the year ended 31st March 1962:—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Stradbroke†	160	169	146	86
Peterhouse	280	283	257	91
Herman	240	278	252	91
Church Road	160	120	103	86
Wroughton*	310	264	236	89
Edward Worlledge	120	85	77	91
Cobholm*	150	125	112	90
Greenacre†	200	124	108	87
St. George's	200	128	113	88
Northgate/St. Andrew	160	131	117	89
Alderman Swindell	280	170	151	89
	2260	1877	1672	89

* including Nursery Class (30)

† including use by Juniors of one room in infant school.

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke†	440	361	328	91
Peterhouse	480	435	407	94
Herman	320	374	353	94
Wroughton	480	443	412	93
Edward Worlledge	160	150	141	94
Cobholm	200	97	90	93
Greenacre†	280	228	210	92
Nelson	240	173	161	93
North Denes	360	257	238	93
	2960	2518	2340	93

† including use by Juniors of one room in infant school.

SECONDARY SCHOOLS

Alderman Leach	480	478	439	92
Gorleston Girls	360	474	432	91
Cliff Park	360	383	355	93
Greenacre	480	338	306	91
Styles	330	381	350	92
Hospital	480	376	328	87
Grammar	540	537	505	94
High	540	527	493	93
Technical	680	688	649	94
	4250	4182	3857	92

VOLUNTARY SCHOOLS

St. Nicholas Junior	320	313	293	94
St. Mary's R.C.				
Senior	90	87	78	90
Junior	80	103	93	90
Infants	80	56	48	86
	570	559	512	92

SCHOOL MEDICAL INSPECTION

It is still the practice in Great Yarmouth for pupils to be examined by the School Medical Officers on at least three occasions during their school life in accordance with the provisions of the School Medical Service and Handicapped Pupils Regulations 1953. All schools except two of the Junior Schools were so inspected.

In a certain number of cases the school doctor may feel that it is desirable for a child who has attended a routine Medical Inspection to have a further examination at a later date. These re-inspections may be conducted at the school or clinic.

Vision testing is carried out as early as is practicable, usually at about the age of 5½ years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to boys at the intermediate inspection. It is not generally realised how common defects in colour vision are in males, or that this defect, for which no treatment is available, forms an absolute bar to certain occupations. When a boy is found to be suffering from a defect of this nature, the parent or the boy is informed of those occupations which require normal colour vision.

The following tables provide statistical information on the inspections and the findings which resulted from them.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOL

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	...	832
Intermediates	...	...	...	277
Secondary leavers	...	...	...	743
Total	...	...	...	1852

Other Inspections

Special inspections	...	...	...	404
Re-inspections	...	...	...	50
Total	...	...	...	454

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1958 and later	5	28	30
1957	19	37	50
1956	7	23	28
1955	7	8	11
1954	3	1	3
1953	1	1	2
1952	1	1	2
1951	31	20	46
1950	10	5	14
1949	2	1	3
1948	1	—	1
1947 and earlier	136	33	150
Totals	223	158	340

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	25	5	3	—
Eyes :—				
Vision	216	55	23	2
Squint	32	9	1	—
Other	7	2	—	—
Ears :—				
Hearing	22	—	5	5
Otitis Media	5	4	2	—
Other	1	1	—	—
Nose and Throat	8	13	—	—
Speech	12	8	6	5
Lymphatic glands	2	2	—	—
Heart	1	3	—	—
Lungs	7	11	1	1
Developmental :—				
Hernia	2	3	—	—
Other	1	14	—	—
Orthopædic				
Posture	3	1	2	—
Feet	9	7	6	—
Other	12	6	—	—
Nervous system :—				
Epilepsy	5	—	—	—
Other	1	1	—	—
Psychological :—				
Development	1	2	1	2
Stability	—	3	—	1
Abdomen	2	—	—	—
Other	—	1	7	1

Attendance of Parents

Parents are invited to be present at inspections and to avoid unnecessary waiting they are given appointments by the school nurse. The table shows the percentages of attendances for this and previous years.

	Parents attending the examination %									
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Entrants	95	96	96	97	95	98	97	87	95	92
Intermediate	82	87	86	85	87	88	85	84	83	81
Leavers	37	26	41	36	36	31	34	27	31	34

Physical condition of pupils inspected

Following a recommendation of the Ministry of Health made in 1956, the health of the child is described as either "satisfactory" or "unsatisfactory". While it is recognised that the decision of the Medical Officers must be to a large extent arbitrary, it is encouraging to note in the following tables that such a small proportion of the children inspected were considered to be in an unsatisfactory physical condition.

TABLE 1.

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	165	165	100.0	—	—
1957	432	432	100.0	—	—
1956	235	234	99.6	1	0.4
1955	35	34	97.2	1	2.8
1954	9	9	100.0	—	—
1953	3	3	100.0	—	—
1952	3	2	66.6	1	33.4
1951	172	172	100.0	—	—
1950	52	52	100.0	—	—
1949	3	3	100.0	—	—
1948	10	10	100.0	—	—
1947 and earlier	733	731	99.7	2	0.3
Total	1852	1847	99.7	5	0.3

TABLE 2.

Year	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
(1)	(2)	(3)	(4)	(5)	(6)
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5
1958	2308	2300	99.7	8	0.3
1957	2465	2429	98.5	36	1.5
1956	2213	2158	98.0	55	2.0

Hearing Defects

The use of the audiometer was continued during the year to detect hearing defects in children referred by teachers and school nurses. A circular letter was sent to all Head Teachers by the Chief Education Officer reminding them of the availability of this service, and several children were referred to the department as a result of this letter. In all, 26 children were examined, of whom 4 were followed up by re-examination, and 2 were referred to the consultant. Since hearing defects are often associated with speech defects, cases requiring investigation are often referred either to, or by, the speech therapist, and six children were dealt with in this way.

HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. Figures for some previous years are included in the tables.

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1962	80	5 8/12	43.9 ins.	44.8 lbs.
	1961	47	5 8/12	43.8 ins.	43.2 lbs.
	1960	36	5 8/12	43.8 ins.	45.2 lbs.
	1959	72	5 8/12	43.4 ins.	43.3 lbs.
11-11½ yrs.	1962	65	11 3/12	56.1 ins.	78.8 lbs.
	1961	199	11 3/12	56.5 ins.	83.7 lbs.
	1960	187	11 3/12	56.3 ins.	81.5 lbs.
	1959	223	11 3/12	56.6 ins.	79.6 lbs.
14¼-14¾ yrs.	1962	131	14 6/12	61.9 ins.	114.2 lbs.
	1961	222	14 6/12	61.9 ins.	112.5 lbs.
	1960	141	14 6/12	62.2 ins.	115.0 lbs.
	1959	141	14 6/12	62.3 ins.	115.6 lbs.

B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1962	81	5 8/12	43.9 ins.	44.8 lbs.
	1961	57	5 7/12	44.0 ins.	45.2 lbs.
	1960	39	5 8/12	43.9 ins.	43.4 lbs.
	1959	68	5 8/12	43.8 ins.	46.0 lbs.
11-11½ yrs.	1962	53	11 3/12	56.3 ins.	78.9 lbs.
	1961	228	11 3/12	55.7 ins.	81.1 lbs.
	1960	224	11 3/12	55.9 ins.	79.5 lbs.
	1959	265	11 3/12	56.2 ins.	80.7 lbs.
14¼-14¾ yrs.	1962	189	14 6/12	63.9 ins.	115.5 lbs.
	1961	208	14 6/12	63.4 ins.	117.7 lbs.
	1960	145	14 6/12	63.7 ins.	117.4 lbs.
	1959	149	14 6/12	63.5 ins.	112.7 lbs.

TREATMENT

Two school clinics are situated in the area, one in Greyfriars Way, Great Yarmouth and the other in Trafalgar Road East, Gorleston-on-Sea.

Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions numbered three per week, on alternate days. A doctor was in attendance once weekly at both clinics and at other times the sessions were held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of Minor Ailments and skin diseases but are also open for consultation on other diseases and defects and for the periodic re-examination of school children requiring follow-up advice and treatment. There has, however, been a national and local tendency for the work of school clinics to diminish probably mainly because of the improved general health of the school population. This year there has been a further drop in the number of attendances as is shown by the following table, which shows visits for all purposes except errors of refraction.

	1962	1961	1960
Great Yarmouth	1453	1549	1737
Gorleston	985	1558	2004
Total	2438	3107	3741

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

Diseases and infections of the skin formed a substantial part of the conditions for which school children were treated but even here the number of cases declined.

Year	1962	1961	1960	1959	1958
Cases	320	401	408	472	535

Of the 320 children 39 were treated at hospital and 281 at the clinics. The latter figure includes 141 cases of warts. Cases of scabies numbered 4 as compared with 1 last year and there were 4 cases of impetigo as compared with 15 last year.

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated by the Minor Ailment Clinic, and 38 such cases attended during the year, more serious cases being referred to hospital.

Clinics for defective vision were held every Tuesday, and when necessary on Fridays as well. The number of children attending was 536 and a further 27 were dealt with at hospital. The practice of notifying the schools of the appointments made for pupils was continued, and has again reduced considerably the number of defaulters to the Clinic as compared with previous years.

The following table summarises the work done:—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	40
Errors of refraction including squint	563
Total	603
Number of pupils for whom spectacles were prescribed	410

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 22 compared to 17 last year.

The number who received operative treatment at the hospital for tonsils and adenoids was 182 compared with 255 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	11
for adenoids and chronic tonsillitis	182
for other nose and throat conditions	22
Received other forms of treatment	29
Total.	244

ORTHOPAEDIC AND POSTURAL DEFECTS

No special arrangements are made at the clinics for specialist orthopaedic treatment. Any child found to require treatment is referred to the outpatient clinic at the local Hospital.

The number of children known to have been treated at the outpatient department was 352 compared with 366 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

The Consultant Psychiatrist provided the following information :—

There were 15 clinics held during the course of the year. Of the 21 patients attending, 14 were patients who had not previously attended the clinic and of these all were referred by general practitioners with the exception of one from the School Medical Officer.

As in previous years the nature of the cases referred were distributed in the proportion of 60% behaviour problems and 40% emotional difficulties.

The Staff attending continues to be Dr. G. L. Ashford, Consultant Psychiatrist, Miss J. M. R. Caseby, Senior Psychologist or Mr. J. H. F. Castell, Principal Psychologist. Mr. A. C. Adams, Psychiatric Social Worker, was on the staff during the earlier part of the year but for the latter part we were without the services of a Psychiatric Social Worker. A new Psychiatric Social Worker, Mrs. P. E. Rannie, has been appointed and will commence duty at the beginning of 1963.

SPEECH THERAPY

The speech therapist held two sessions per week throughout the year and the following is a statistical summary of the work done.

	Yarmouth	Gorleston	Total
Cases treated	31	43	74
Attendances	202	283	485
New cases	16	11	27
Discharged	11	18	29
Left area	—	—	—
Left school	1	3	4
Defects treated :			
Stammering	9	14	23
Cleft palate	1	3	4
Dyslalia	15	15	30
Deaf speech	1	4	5
Defective speech associated with mental backwardness	—	—	—
Sigmatism	4	6	10
Spastic speech	1	1	2

MINOR AILMENTS

The number of minor ailments treated at the clinics was 307 as compared with 336 last year.

The hospital reported that they had treated 1601 minor ailments. This number, of course includes the large number of holiday-makers who tend to look to the hospital for the treatment of minor ailments and injuries.

ENURESIS

Enuresis or Bedwetting continues to be a problem with a small number of pupils seen either at the schools or the clinics. In cases which are resistant to advice and simple medication, an Enuresis alarm is available on loan from the clinics.

HANDICAPPED PUPILS

Sections 33 and 34 of the Education Act 1944, require local education authorities to provide special facilities for the education of certain pupils who have a physical or mental disability. Ten separate categories of handicapped pupils are defined in the regulations.

During the year the following handicapped pupils were newly ascertained as requiring educational facilities in a special school :—

Deaf	1
Educationally subnormal	1
Maladjusted	3

One of the maladjusted pupils was admitted to a special residential hostel during the year, and it is expected that the other pupils will be placed early in the new year.

In addition 12 other children were ascertained as educationally subnormal and were placed in special classes in ordinary schools.

At the end of the year there were 91 pupils on the handicapped pupils register. The position at the 31st December 1962 may be summarised as follows :—

Blind	1—In a residential school.
Partially sighted	3—One in a residential school and two at ordinary school.
Deaf	5—Four in residential special school, one awaiting special school.
Partially deaf	5—All at ordinary schools.
Physically handicapped	8—Three in residential special schools. Four at home, receiving home tuition. One having special educational facilities in ordinary school.
Educationally subnormal	59—Two in residential schools. One awaiting special school. 56 attending special classes in ordinary schools.
Maladjusted	10—Six in residential schools or hostels. Four in ordinary schools awaiting vacancies.

LOCAL PROVISION FOR HANDICAPPED CHILDREN

Educationally Subnormal Pupils.

Educationally subnormal pupils are defined as “pupils who, by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools”. It has become established policy to provide special educational facilities in ordinary schools and there are now five classes for these children, two in Junior schools and three in Senior schools. During the year one of the Senior classes had to be temporarily closed because of the absence, on sick leave, of the teacher in charge, and the children attending this class were accommodated in other schools.

Home Teaching.

The authority continued their policy of providing home teaching for children who, for one reason or another, could not attend ordinary or special schools. The recommendation that a child should receive home tuition is normally made by the School Medical Officer. During the year 8 pupils received this service.

Transport.

Where children are so incapacitated that they cannot get to school by public transport, but in all other respects are suitable for receiving education at school, then the authority provides transport in the form of a sitting-case car, to convey them to and from school. Six children received the benefit of this service during the year.

EAST ANGLIAN SCHOOL

This residential special school provides 85 places for deaf children and 75 for partially sighted children. There is a convenient arrangement under which the general practitioner who attends the school is also employed as the School Medical Officer for the purposes of clinical work in the School Health Service.

During the year there were 15 admissions of deaf children and 14 of partially sighted. All applications for admission are scrutinised in the department to ensure as far as possible that the children are medically suitable for the school. Several children who had been admitted before these arrangements came into force were found, on assessment, to be unsuitably placed in the school, the commonest reason being an additional handicap, educational subnormality. These children were allowed to remain in the East Anglian School until a place was found for them in a more appropriate school.

VACCINATION AND IMMUNISATION

The programme of vaccination and immunisation of schoolchildren was maintained. A team from the clinics visited the schools when this was justified by the numbers, but otherwise the work was done in the clinics.

The outbreak of Smallpox in Bradford and other parts of the country produced an increased demand for Smallpox Vaccination, and for International Certificates of Vaccination, as is recorded in the report of the Medical Officer of Health. Amongst the travellers requiring certificates were, of course, many pupils travelling abroad in parties. In most instances schools were visited by a Medical Officer and the parties vaccinated en bloc.

DIPHTHERIA

The following table shows the number of children who were immunised in this year and the three previous years.

	1962	1961	1960	1959
First immunisation	26	61	37	41
"Booster" doses	339	489	168	276

TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards and to all students attending establishments of further education.

At the end of the year 784 children had had preliminary skin tests and 602 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of schools in providing facilities for the B.C.G. teams who visit the schools.

POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 339 received their fourth dose of vaccine in primary schools.

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a "booster" dose for children who have previously been immunised against both diseases. The hospital referred to the clinics for active immunisation a number of children who had had an injection of anti-tetanus serum following an injury.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1962 and also in the four previous years.

	1958	1959	1960	1961	1962
Scarlet fever	6	7	5	7	—
Diphtheria	—	—	—	—	—
Measles	98	240	121	167	256
Whooping cough	6	1	3	12	6
Pneumonia	3	—	—	—	—
Poliomyelitis	—	—	—	—	—
Dysentery	3	5	26	14	2
Encephalitis	1	—	—	—	—
Food poisoning	8	4	2	1	—
Tuberculosis, respiratory	2	1	1	—	—
Tuberculosis, other	1	—	1	—	—
Jaundice	2	29	28	9	20

Measles still produces the largest number of notifications and the table shows the break in pattern which has occurred. This disease usually shows a characteristic pattern of large and small epidemics in alternate years, and last year I commented on the fact that the notifications were considerably less than expected, considering that 1961 was expected to be a "measles" year.

For a second year no cases of Tuberculosis were notified in school-children. Whilst this may appear to be a cause for satisfaction, it should not be forgotten that notifications are still received for adults and it is therefore still necessary to maintain constant vigilance. Parents have on the whole been co-operative in consenting to B.C.G. vaccination of their children.

DEATHS OF SCHOOLCHILDREN

There were four deaths of schoolchildren. One was due to a brain tumour. One followed an operation for congenital heart disease. One was due to misadventure following an operation for the removal of tonsils and adenoids. One was due to electrocution of a boy aged 13 who was playing with an electrical fitting.

INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in the previous year. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	...	18,748
Total number of individual pupils found to be infested		103

The following table shows, over the past 10 years, the number of children and percentage of the school population found to be infested :

1952	191	2.3%
1953	131	1.5%
1954	117	1.3%
1955	162	1.8%
1956	153	1.7%
1957	132	1.4%
1958	133	1.4%
1959	140	1.5%
1960	134	1.4%
1961	87	0.9%
1962	103	1.1%

SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows:—

The year 1962 produced no easing of the problems facing the school dental service in the borough. No further progress has been made in the recruiting of a third dental surgeon and this together with the uneven distribution of the school population on either side of the river has meant that not all the schools in the area could have their routine annual inspection. It is felt that no good purpose is served by inspecting if it is not possible to offer treatment within a reasonable time.

The figures for inspection, attendances, fillings and extractions show a slight fall over 1961, accounted for by the absence of one dental officer on sick leave of three months. Taken on a basis of sessions worked there has been an increase in output of work. Further increase in output could be obtained if more ancillary staff were available to remove from the dental surgeon minor day to day distractions, all of which absorb a proportion of his chairside productive hours.

The Ministry of Education tables which are quoted below summarize the work of the service.

Dental and Orthodontic work.

1. Number of pupils inspected by the Authority's Dental Officers:—					
(a) At periodic inspections	...	...	...	...	2613
(b) As specials	...	...	...	...	2463
				Total (1)	5076
2. Number found to require treatment	...	...	...		2609
3. Number offered treatment	...	...	...		2350
4. Number actually treated	...	...	...		1776

Dental work other than orthodontic.

5. Number of attendances made by pupils for treatment, excluding those recorded at heading 11(h)	4889
6. Half days devoted to :—	
Periodic (school) inspection	33
Treatment	578
	<hr/>
Total (6)	611
	<hr/>
7. Fillings :—	
Permanent teeth	1767
Temporary teeth	501
	<hr/>
Total (7)	2268
	<hr/>
8. Number of teeth filled :—	
Permanent teeth	1672
Temporary teeth	489
	<hr/>
Total (8)	2161
	<hr/>
9. Extractions :—	
Permanent teeth	672
Temporary teeth	1098
	<hr/>
Total (9)	1770
	<hr/>
10. Administration of general anaesthetics for extraction ...	576
11. Orthodontics :—	
(a) Cases commenced during the year	43
(b) Cases carried forward from previous years	38
(c) Cases completed during the year	18
(d) Cases discontinued during the year	8
(e) Pupils treated with appliances	70
(f) Removable appliances fitted	126
(g) Fixed appliances fitted	3
(h) Total attendances	836
(i) Half days devoted to orthodontic work equivalent to	104
12. Number of pupils supplied with artificial dentures ...	24
13. Other operations :—	
Permanent teeth	1136
Temporary teeth	392
	<hr/>
Total (13)	1528
	<hr/>

PROVISION OF MILK AND MEALS

MILK

Milk in one-third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils in the borough who accepted their free supply of school milk was 79, the percentages in the various schools ranging between 44 and 100.

MEALS

Mid-day meals were available for all pupils in maintained schools. The 32 dining centres were supplied from ten kitchens. The following table summarises the position for the financial year 1961-62 with figures for comparison for the two previous years.

	1959-60	1960-61	1961-62
Total number of meals provided	700,542	693,761	743,731
Percentage of children having meals	36.4%	38.0%	39.6%
Daily average number of free meals	591	610	597
Daily average number of meals on payment	3,018	3,156	3,219
Total daily average	3,609	3,766	3,816

EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority and, before the permit is granted, the children must be examined by a school medical officer to determine whether or not the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education.

The amount of work done by the department in this respect varies with the time of the year. The numbers to be examined rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. Three hundred and fifteen children (including 54 for entertainment) were seen by the school medical officers during 1962. None was found unfit for the jobs in mind.

YOUTH EMPLOYMENT

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may

be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practise little use is made of this provision.

MEDICAL EXAMINATION OF TEACHERS

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Forty two candidates for training colleges were examined during the year and 30 practising teachers were examined as to their fitness for employment by this authority. Two teachers were examined on behalf of other authorities.

SCHOOL HYGIENE

PREVENTION OF FOOD POISONING

The arrangements for ensuring a high standard of hygiene in the school meals service, were continued in 1962 and have again worked satisfactorily. No cases of food poisoning associated with the school meals service were notified during the year.

The Public Health Inspectors in the course of routine inspections of school kitchens and serveries again found the standards of cleanliness of personnel and equipment to be very satisfactory.

All milk supplied to the schools was pasteurised and sources were approved by the Medical Officer of Health. During the year, 22 routine bacteriological milk samples were taken at random from schools and submitted to the Public Health Laboratory. All passed the prescribed tests for keeping quality and for efficiency of pasteurisation. The Public Analyst reported that the 5 milk samples submitted to him for chemical examination were genuine, and the amounts of fat and non-fatty solids were satisfactory in each sample.

The following food was examined at a school kitchen and surrendered because it was found to be unfit for human consumption :—

6 lbs. lemon curd.

Meat supplies were examined for fitness and quality and were found to be satisfactory. A sample of pork sausages was sent to the Public Analyst who reported that it was found to be genuine.

SANITARY CONDITIONS OF SCHOOLS

The Public Health Inspectors again carried out routine inspections of schools and the Borough Architect was informed of defects which needed attention.

be available. In addition to the London City Local Education Authority that supply particulars of the school medical records and any other information which may be required by appointed factory doctor for their confidential use for in general this is the basis of this provision. The new firm factor is applied to all other persons who should not be employed in the same manner as the London City Local Education Authority.

Medical examination of persons entering training colleges in 1905 was made as a condition of admission to the Ministry of Education. The year 1905 30 practicing teachers were examined for employment by this authority. The teachers were examined on the following subjects:

Subject	1905	1906	1907
General health	167.50	167.50	167.50
Physical	167.50	167.50	167.50
Daily average of school hygiene	167.50	167.50	167.50
Daily average of school hygiene	167.50	167.50	167.50

The arrangements for securing a high standard of hygiene in the school meals service were continued in 1905 and have again worked satisfactorily. No cases of food poisoning associated with the school meals service were notified during the year.

The Public Health Inspector in the course of routine inspections of school kitchens and canteens found the standards of cleanliness of personnel and equipment to be very satisfactory.

All milk supplied to the schools was purchased from sources approved by the Medical Officer of Health. During the year 11 routine inspections were made of the milk supply and all samples were found to be satisfactory. All houses in the district were visited for the purpose of inspection. The Public Health Inspector reported that the 2 milk samples submitted to him for chemical examination were good and the amount of fat and solids were satisfactory. The milk was examined at 2 school kitchens and all samples were found to be satisfactory. It was found to be good for human consumption.

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