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Borough and Port Sanitary Authority
of Lowestoft



R E P O R T

OF THE

Medical Officer of Health

ON THE

Health of the Borough for the year 1925,
and for the previous five year period
1921-1925, with which is incorporated the
Report of the Chief Sanitary Inspector
and the Port Medical Officer

LOWESTOFT:

FLOOD & SON, LTD., THE BOROUGH PRESS



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MEMBERS OF THE HEALTH COMMITTEE, 1925.

His Worship the Mayor : Mr. Councillor J. M. BARNARD, J.P.

Chairman : Mr. Alderman A. B. CAPPS, J.P.

Vice-Chairman : Mr. Alderman H. R. BOARDLEY, J.P.

Aldermen : A. JENNER, J.P. A. MIDDLETON.

Councillors :

H. W. BAYFIELD	J. JENKYN	H. SAVAGE
H. C. BURTON	F. LARKE	Dr. J. M. TAYLOR
A. EVANS, J.P.	Dr. E. L. ROWE	C. H. THROWER
Mrs. J. HARRIS J.P.	J. RUSHMERE	J. B. WHALEY

ISOLATION HOSPITAL SUB-COMMITTEE :

Chairman : Mr. Councillor F. LARKE.

Mr. Alderman A. B. CAPPS, J.P. Mr. Alderman H. R. BOARDLEY, J.P.

Councillors :

H. W. BAYFIELD. Dr. E. L. ROWE. H. SAVAGE. Dr. J. M. TAYLOR.
C. H. THROWER.

JOINT SMALLPOX AND QUARANTINE HOSPITAL COMMITTEE :

His Worship the Mayor—Mr. Councillor J. PARNARD, J.P.

Mr. Alderman A. B. CAPPS, J.P. Mr. Alderman A. MIDDLETON

(*Chairman*)

Mr. Alderman B. S. BRADBEER, J.P. Mr. Councillor J. RUSHMERE.

Mr. KERRY RIX, J.P. Mr. H. RACKHAM.

CO-OPTED MEMBERS—MATERNITY AND CHILD WELFARE :

Mrs. H. C. ADAMS Mr. Alderman C. H. JACOBS, J.P.

Mrs. H. W. BAYFIELD Mrs. R. A. MELLANBY

Mrs. F. W. M. BECKETT Mrs. K. D. PRESTON

Mrs. L. A. WATSON

STAFF OF HEALTH DEPARTMENT.

*Medical Officer of Health, School Medical Officer, Port Medical Officer, and
Medical Superintendent of Isolation Hospital :*

W. STOTT, M.B., B.S., D.P.H.

(Appointed June, 1923).

*Deputy School Medical Officer and Medical Officer to Maternity and Child
Welfare :*

JENNETTE CARROL HARGRAVE, L.R.C.P.S., (1) L.M., D.P.H.

(Appointed March, 1920).

Chief Sanitary Inspector :

A. ISHERWOOD, C.R.S.I., Cert. Meat Inspector.

(Appointed February, 1922).

Sanitary Inspectors :

C. J. GAYFER, C.R.S.I., M.S.I.A.

(Appointed July, 1925).

R. W. JOHNSON, A.R. San. I., R. San. Inst., M.I.

(Appointed September, 1925).

Clerks :

Miss C. E. ABBOTT.

(Appointed December, 1923).

Miss M. A. BARNARD.

(Appointed October, 1923).

Health Visitors :

Miss M. HITCHAM, C.M.B.

(Appointed April, 1920).

Miss C. UNDERWOOD, C.M.B.†

(Appointed July, 1922).

School Nurses :

Mrs. E. WHITROD, C.M.B.‡

(Appointed October, 1920).

Miss W. LARGE, C.M.B.*

(Appointed September, 1925).

‡General Hospital Certificate.

†Sanitary Inspector's Certificate.

*Fever Training.

BOROUGH OF LOWESTOFT.

- Area of the Borough (including foreshore)—4,194 acres.
- Assessable Value—£198,087.
- Sum represented by penny rate—£730.
- Population—Census 1921—44,326.
- Population—Registrar General's Estimate to middle of June, 1925—46,150.
- Estimated population to end of December, 1925—46,491.
- Number of occupied separate dwellings—Census 1921—8,718.
- Number of rooms occupied—Census 1921—51,965.
- Number of separate occupiers—Census 1921—9,696.
- Population in private families—Census 1921—41,312.
- Density of Population—persons per acre, 10.8.
- Crude Death Rate, 1925—per 1,000 population, 9.6.
- Average for previous five years—per 1,000 population, 9.9.
- Corrected Death Rate, 1925—per 1,000 population, 8.9.
- Comparative Mortality figure, 1925—730
- Birth Rate, 1925—per 1,000 population, 17.
- Average for previous five years—per 1,000 population, 23.
- Infant Mortality, 1925—per 1,000 births, 39.
- Average for previous five years—per 1,000 births, 63.6.
- Zymotic Death Rate, 1925—0.17.
- Average for previous five years—0.42.
- Mean Annual Temperature, 1925—49.3°F.
- Hours of bright sunshine recorded 1925—1746.9.
- Total Rainfall, 1925—24.65 inches.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
LOWESTOFT,

April, 1926.

*To His Worship The Mayor, Aldermen and Councillors of the
Borough of Lowestoft.*

MR. MAYOR, LADIES AND GENTLEMEN,

In accordance with the Ministry of Health's instructions, I have the honour to submit my Report upon the health, sanitary circumstances and vital statistics of the Borough for the year 1925. In addition, the Report is a Survey Report for the five-year period, 1921-1925, and I have endeavoured, therefore, to give you full information of the activities of the various Committees concerned together with the advancements made for the betterment of the health of your Borough during the period in question.

I especially wish to draw your attention to:—

1. The general healthiness of 1925, particularly with regard to child life, as the infant mortality rate is the lowest that has ever been recorded in your town.
2. The absence of Typhoid Fever.
3. The appointment of a third Sanitary Inspector, which has been of immense value in carrying out the work of your Health Department on more efficient lines.
4. Commencement of Ante-Natal Service, together with maternity beds retained by your Maternity and Child Welfare Committee at the Alexandra Nursing Home.
5. The Housing Report, in which I have been able to show you that the housing difficulties, while still bad, are not so acute as they were in the year 1921.

I would take this opportunity once again of thanking the Chairman and all the members of the various Committees for their personal kindness, and for their keen interest in all problems affecting public health. To Dr. Laurence Gibson, Medical Officer of Health to the Mutford and Lothingland Rural District, and Deputy Port Medical Officer, and to all the members of the staff of my department I acknowledge my indebtedness for their ready help at all times.

Miss C. E. Abbott has taken infinite pains in the preparation of the statistical information contained in this report.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. STOTT,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS.



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NATURAL AND SOCIAL CONDITIONS.

PHYSICAL FEATURES.

The Borough of Lowestoft is in Lat. 52° 30' and Long. 1° 45' east, and was incorporated on the 29th August, 1885. On the 1st November, 1919, the Urban District of Oulton Broad was added to the Borough, bringing the total acreage to over 4,000 acres.

The Borough stands on the most easterly point in the British Isles, receiving a large amount of sunshine, and a very small rainfall. It is divided into two portions by the harbour, which is spanned by a double thoroughfare swing bridge, from which it rises at each end with natural cliffs, the height at the north end being 85 feet above the sea level, at the south end slightly less.

The town has a sea frontage of three-and-a-half miles, and there are some fine open spaces; the North and South Beaches; the Denes, which is an enormous track of land between the North Cliffs and Beach, of a sandy nature covered with a fine turf, which is spaced with bracken, heather and gorse; the Belle Vue Park; the Sparrow's Nest Park; the Kensington Gardens; and the recently added Normanston Park Estate in the west of the Borough.

On the North Beach a new Recreation Ground, consisting of eight hard tennis courts, cricket ground, racing track, and miniature golf course, has recently been completed, close to which a Children's Playground, with model yacht pond, has also been provided, both of which make fine attractions to inhabitants and visitors alike.

Ample sea bathing accommodation can be found both north and south. On the North Beach there is an open-air sea water Swimming Bath, known as the Bathing Pool; whilst on the South Beach special Corporation bathing chalets are built.

During the year a new sea wall for the coastal defence of the North Beach was completed. It extends from Ness Point to the north boundary of the Borough, and is just over a mile in length; it makes a fine promenade almost at the water's edge.

In addition to these attractions, the Borough possesses an 18-hole Golf Course in the south, and two football grounds—Kirkley Recreation Ground in the south and the Crown Meadow in the west.

GEOLOGY.

In a walk through the town from north to south, one passes over evidences of glacial drift in its varied surfaces of gravel, sand, loam and boulder clay. In some parts of the Borough, in former days, this clay was removed, where it was only a few feet thick, in order that houses might be built on the sand beneath. The material removed was made into bricks.

At the present day three or four patches of clay remain on the summit of the rising ground. In the south there is a patch bounded by Cliff Road, Kensington Road, Kirkley Cliff and Blackheath Road. In the north there are two patches, one extending from Milton Road to Melbourne Road and as far westward as Beresford Road, and a smaller patch extending from Park Road to Royal Avenue.

A section through the cliff from above downwards would thus show the boulder clay on the surface, then a bed of sand resting on loam with boulders, and below these at points in the cliff, two miles north and south of the harbour, the "rootlet," or old "forest" bed crops out.

With such evidences, the history of the site during the ages of the past may be read with some interest by those who care to learn what the locality was some hundred thousand years ago.

SOCIAL CONDITIONS.

Speaking generally, the inhabitants are sturdy and healthy. The staple industry of the town is fishing, which provides the chief occupation of the male inhabitants. There are many other industries, among which are net-making, fish preserving and packing, meat preserving, motor manufactories, which in turn provide for a large amount of female employment.

A proportion of the inhabitants obtain a livelihood by housing and catering for the thousands of visitors who invade the town with their families during the summer months.

Unfortunately, the general prosperity of the town depends on the fishing; whenever the fishing is bad then the town is poor, and since the War the fishing has not been good until the last year or two, but there is every sign now of increasing prosperity.

Unemployment figures fell during the year, the total number of men and women on the unemployment register at the Labour Exchange was 1,087 at the end of December, 1925, a considerable decrease from the previous year. These figures, however, do not give an accurate indication of the amount of poverty and unemployment in the Borough. For a better understanding we must turn to the Guardians. The amount of outdoor relief paid by them for the year 1925 was £12,147 11s. 8d., also a considerable less sum than that paid during 1924.

Unfortunately, outdoor relief is rapidly increasing again; unemployed relief paid by the Guardians during the last week in December, 1925, amounted to £317 1s. 2d., whereas during the last week in December, 1924, out relief amounted to only £74 12s. 7d. This large increase is probably due to the fact that more stringent rules for unemployed relief have been made at the Labour Exchange, and so larger numbers of unemployed are being thrown on to the town rates.

CLIMATE.

From its position, the town is naturally exposed to the easterly winds, but, speaking generally, the climate is good, the coldest months of the year being January, February and March. The Meteorological Records show that we enjoy a large proportion of sunshine, and a very small rainfall throughout the whole period of the year.

There is an almost complete absence of fog, and there is little or no atmospheric pollution.

The bright sunshine and the possibility of being almost continuously in the open air, is most advantageous to young children.

The town is year by year becoming more popular as a health resort, as indicated by the increasing number of visitors.

Below I give a summary of the meteorological readings for the year 1925, and a more detailed table comparing the figures for the past four years, for which I am indebted to the Meteorological Observer.

SUMMARY FOR THE YEAR.

Rainfall	.....	.....	24.65 inches.
Highest recorded Barometric Readings	30.786 inches	on Jan. 19th.	
Lowest	28.55	„ „ Dec. 20th.	
Highest temperature in the shade	78	in July and Aug.	
Lowest	22		
Total amount of sunshine	1746.9	hours	
Number of sunless days	53		
Mean annual temperature	49.2		

	1922.	1923.	1924.	1925.
Highest maximum temperature	77	82	75	78
Lowest minimum temperature	23	25	20	22
Mean maximum temperature	53.1	53.8	54	54.3
Mean minimum temperature	43.2	43.3	44.2	44.1
Mean of maximum and minimum	48.2	48.6	49.1	49.2
Difference from average	-0.4	0.0	+0.5	+0.6
Number of days on which rain fell	190	182	180	185
Total fall in inches	25.01	24.18	26.87	24.65
Number of hours of bright sunshine	1748	1643	1610	1747

R. ROBERTSON, *Meteorological Observer.*

**GENERAL REVIEW OF PUBLIC HEALTH MATTERS AND
ADVANCEMENT MADE DURING THE PAST FIVE YEARS
FOR THE BETTERMENT OF THE HEALTH OF THE BOROUGH.**

The year 1925 is an important one in the history of preventative medicine, owing to the fact that it is the jubilee year of the first Public Health Act, 1875, which laid the foundation on which is built up the whole of the present-day system of Public Health administration.

The last fifty years have seen great changes for the betterment of Public Health, not only in your Borough, but throughout the country generally.

The outcome of it all has been an enormous saving of life and of suffering through illness annually. During the past fifty years the general death rate throughout the country has fallen to less than 60 per cent. of what it was—a saving of more than 300,000 lives per annum.

The infant mortality is less than half of what it was ; every child born has an increased expectation of life of twelve years longer than it had in 1875. Plague, malaria, typhus and typhoid fevers have disappeared, and tuberculosis is dwindling. The health of your Borough has improved as greatly as that of the country generally.

Reference to the statistics compiled by your first Medical Officer of Health—Dr. Jefferies—shows that the death rate in 1875 was 17, whilst in 1925 it had fallen to 9.6, representing a saving of 345 lives per annum on the present population. The most striking feature, however, and one of which you can be justly proud, is the fall of the infant mortality rate from 152 to 39—a saving of 113 baby lives out of every 1,000 born. Again, in 1875 one reads of Dr. Jefferies congratulating the authority on the fact that there had only been 30 cases of typhoid fever and one case of typhus during the year, whereas in 1925 we find that no case of either of these fevers occurred.

From these few facts it is evident that public health has improved enormously in your Borough, and the saving in human suffering alone is worth every halfpenny and more of what is spent on this service.

I have, however, often been told that the vaunted improvement in health is more apparent than real, as it results from a survival of those least fitted for the work of the community. This sounds very plausible until it is enquired into more deeply. From the Registrar General's returns we find that the main saving of life has been amongst children and young adults; the saving of life in persons over 55 years is very small, while over 65 it is still less. The saving of infant and child life has not been the saving of the sickly and delicate, but it has been a prevention of illness amongst the strong and healthy; it has been the building of a hardy future generation.

ADVANCE IN PUBLIC HEALTH MATTERS DURING THE PERIOD 1921-1925.

During the past five years you have made many important advances for the betterment of the health of your Borough, the chief of which I give you in tabulated form as near as possible, in order of date:—

1921—Adoption of Maternity and Child Welfare Act, 1918, and establishment of the Maternity and Child Welfare Committee.

1923—Appointment of whole-time Medical Officer of Health. Commencement of Borough Bacteriological Laboratory.

1924—Re-organization of Port Sanitary Administration. Arrangements made with the District Nursing Association for the home nursing of measles, whooping cough and pneumonia in children under 5, and for admittance of necessitous cases of the above diseases to the Isolation Hospital.

1925—Appointment of part-time Port Sanitary Inspector and third Sanitary Inspector.

Completion of the sewerage scheme for Oulton Broad, resulting in the abolition of many cesspools, pail closets, etc., in your Borough.

Ante-natal Clinic opened.

Maternity beds retained at the Alexandra Nursing Home.

Arrangements made by the Maternity and Child Welfare Committee with the District Nursing Association for the home visiting and carrying out the necessary treatment of cases of Ophthalmia Neonatorum.

POPULATION—46,150.

The population, as given by the Registrar General to the middle of 1925 is 46,150. The population, as estimated by your Medical Officer to the end of December, 1925, is 46,491.

On Census night, June, 1921, the population was 44,323, and was composed of 21,121 males and 23,202 females, under the following age groups —

Ages.	Males.	Females.	Total.
0-4	2365	2178	4543
5-9	2258	2191	4449
10-14	2208	2308	4516
15-19	2074	2075	4149
20-24	1611	2020	3631
25-29	1554	1857	3411
30-34	1523	1791	3314
35-39	1515	1710	3225
40-44	1334	1537	2871
45-49	1169	1329	2498
50-54	952	1067	2019
55-59	796	903	1699
60-64	656	753	1409
65 and upwards	1106	1483	2589

From the above figures we see that during the five year period, 1921-25, the population increased by 1,827 persons, and on reference to the birth and mortality figures for the same period we find that the increase is a natural one, that is, due to excess of births over deaths, and is not due to the immigration of families from other towns.

The sex distribution shows that in 1921 the population was composed of 48 per cent. males and 52 per cent. females; and that only in the age groups 0-9 did males exceed females; from this age onwards they are more or less in an increasing minority. This is an interesting point in the fact that the nine years cover approximately the period since the outbreak of the Great War: during any great national crisis nature curiously always asserts herself, and we find an excess of male over female births to compensate for war losses.

The age group 5-14 is the important one of school age of Elementary School children. At the 1921 Census there were 8,965 children in this group—4,466 boys and 4,499 girls—of which 4,151 boys and 4,141 girls were in attendance at school.

From the Census figures I have compiled the subjoined table showing the steady alteration in the age composition of the Lowestoft population during the inter-censal periods 1901-1911 and 1911-1921.

Age Group Percentage.	Census 1901.	Census 1911.	Census 1921
Under 5	11.72	12.17	10.25
5-14	22.24	22.03	20.22
15-24	21.27	17.90	17.55
25-64	40.17	42.62	51.95
65 and upwards	4.64	5.26	5.84

VITAL STATISTICS.



VITAL STATISTICS.

MARRIAGES.

During the year 1925, 355 marriages were registered. The marriage rate has remained, more or less, constant during the past five years, as will be seen from the following figures:—

1921—	number of marriages were	372
1922—	„ „ „	319
1923—	„ „ „	322
1924—	„ „ „	336
1925—	„ „ „	355

At the same time there is some indication that the marriages are once more on the upward grade. This is an interesting point, when one refers to the birth rate and finds that it is a falling one. The explanation may be a simple one—it may be that married couples, unable to find satisfactory housing accommodation, migrate to other districts—otherwise the matter is one which should be regarded very seriously.

BIRTH RATE.

17.

There were 785 births registered during the year—409 males and 376 females. Of these, 10 boys and 9 girls were illegitimate.

The birth rate is the lowest on record, and for the first time is lower than the birth rate of England and Wales, which is 18.3.

The following table indicates the number of births and birth rates for the past five years:—

Year.	Births.	Birth Rate.
1921	1118	25.6
1922	980	20
1923	981	21
1924	880	19
1925	785	17

The adverse effect which a low birth rate has on the natural increase of the population is somewhat counteracted by the fall in the Infant Mortality Rate, and this must not be lost sight of when matters affected by a decreasing birth-rate are being considered.

There is no doubt that the birth rate is adversely affected by the inability of young couples to obtain proper housing accommodation.

It is satisfactory to note that the percentage of illegitimate births, viz., 2.5, is very much lower than in previous years.

The following table indicates the number of births during 1925 in the various wards :—

Ward.	Number of Births.			
North	233
South	180
East	91
West	198
Oulton Broad	83

DEATH-RATE.

Recorded Death-Rate	....	....	9.6
Corrected Death-Rate	....	....	8.9
Comparative Mortality Figures			730

The Recorded Death Rate for 1925 was 9.6; the average for the previous five years being 9.9. These figures compare most favourably with those of the country generally; the death-rate for England and Wales being 12.2, and that for the 157 smaller towns being 11.2 for the year 1925.

This year, besides giving you the Recorded Death-Rate, I have given you two other figures, namely the Corrected Death-Rate and the Comparative Mortality Figure.

The Corrected Death-Rate is the death-rate which would have occurred in the Borough had its age and sex distribution been the same as that of the country as a whole. It is, therefore, the figure which must be used in comparing the healthiness of Lowestoft with the country generally, or with any other town.

The Comparative Mortality Figure compares the Corrected Death-Rate of the town with the Recorded Death Rate of the whole country. The Recorded Death-Rate of this country is taken as being for 1,000 persons. We therefore see that where 1,000 people die in England and Wales only 730 die in Lowestoft.

The total number of deaths during 1925 was 445; of these, 59 occurred outside the Borough.

Of this number, 231 were males and 214 were females.

The deaths in the various age groups were as follows :—

Age Group.	Persons.		Percentage.	
Under 1	31	6.9
1 and under 2	8	1.8
2 and under 5	9	2.0
5 and under 15	15	3.3
15 and under 25	19	4.3
25 and under 45	59	13.2
45 and under 65	95	21.3
65 and upwards	209	46.9

From this table we see that almost half the total number of deaths occurred in persons over 65 years of age.

In Appendix I will be found the number of deaths, death rates, etc., for each year since 1910.

Appendix II gives the Ward statistics for the present year.

Appendix III compares the various death-rates with those of the country generally.

CAUSES OF DEATH.

Appendix IV is a tabulated statement of the causes of death in the Borough during the year 1925.

As this report is a survey report for the past five-year period, I intend not only to deal with the mortality figures for the current year, but also the average figures for the past five years, from which much useful information can be obtained.

From our population figures we find that we have a fairly heavy population at the two extremes of life, and naturally we shall find that the heaviest death-rates occur at these age periods.

The following table indicates the chief causes of death and the percentage which each one forms of the whole:—

Disease.	Percentage.
Heart Disease	13.0
Respiratory Diseases	11.9
Cancer	10.3
Arterial Diseases (including Cerebral Hæmorrhage)	9.0
Phthisis	8.16
Zymotic Diseases	4.23

The deaths of infants under one year of age account for 12.7 per cent. of the total deaths.

As will be seen when dealing with the principal diseases separately, Heart Disease, Cancer and Arterial Diseases are the main causes of deaths in persons over 50 years of age; whilst Phthisis is the chief cause of death amongst the population between 20 and 50 years of age.

From this information some idea can be formed of the conditions causing sickness and invalidity in the Borough.

HEART DISEASE.

Total deaths (1925)	66
Death-rate	1.43
Average percentage of total deaths (five-year period)	13
Oldest age at death	91 years
Earliest age at death	4 months
Average age at death	64 years

75 per cent. total deaths from Heart Disease occurred in persons over 50 years of age.

From these figures we see that Heart Disease in itself is not the cause of early death, but it is the chief cause of death, so far as Lowestoft is concerned, in persons round about the age of 60.

Organic Heart Disease is caused by Rheumatism in one form or another. Acute Rheumatism, or Rheumatic Fever, is not a common disease in the Borough so far as one is able to ascertain from the Registrar General's returns, and from information gained from private practitioners; but from school medical inspection we learn that an enormous number of children suffer from tonsilitis and enlarged tonsils and adenoids. A very large percentage of cases of tonsilitis is of Rheumatic origin, so that it is probably here we find the source of the trouble which in later life is the chief cause of invalidity and death in the Borough, viz., Organic Heart Disease.

Knowing these facts, it is the duty of parents to obtain medical advice and attention for children subject to attacks of "Sore Throat," in order that damage to the heart may be prevented.

The following table gives the number of deaths and the death rate from Heart Disease during the past five years. It will be noticed that the death-rate from this disease is, more or less, stationary.

Year.	Deaths.	Death Rate.
1921	58	1.30
1922	53	1.20
1923	55	1.17
1924	71	1.55
1925	66	1.43

RESPIRATORY DISEASES.

Total deaths (1925)	....	....	....	....	55
Death-rate	....	....	....	....	1.19
Average percentage of total deaths (five-year period)	....	....	....	....	11.9

We find from our local death returns that Diseases of the Respiratory System are one of the chief causes of death at the two extremes of life. The tendency is to place the cause of these diseases to the climatic conditions of our country; it would be more correct if we considered the cause to be the lack of natural heat regulations of the body to the variable climate, a cause brought about by our mode of living in unnaturally ventilated houses and places of amusement, to which may be added the unnecessary amount of clothing which mothers will insist on burdening their infants and children with.

The following is a list of deaths and death-rates from Respiratory Diseases during the past five years:—

Year.	Deaths.	Death Rate.
1921	32	0.72
1922	77	1.17
1923	48	1.03
1924	64	1.40
1925	55	1.19

CANCER.

Deaths (1925)	62
Death-rate	1.34
Percentage of total deaths (five years' average)	10.37
Average age at death	62 years

The death-rate from this, probably the most dreaded of all diseases, has been slightly increasing of late years, and accounts for 10 per cent. of the total deaths in the Borough. During the year public attention has been focussed on Cancer, and a faint hope has been aroused that a cure is within measurable distance by the research work and discovery of Dr. Gye and Mr. Barnard.

At the present time, however, there is only one method of dealing successfully with Malignant Disease, and preventing an untimely and painful end, and that is by early surgical operation. The public generally believe that Cancer is a painful disease, and this is probably the reason why medical advice is not sought until pain is felt: unfortunately, Cancer is painless in its early stages and when it is curable, and becomes painful only in its later stages, when it is probably incurable. The sooner the public are educated to these facts, the sooner we shall see a falling Cancer death-rate.

The best advice which one can give to anyone—particularly women—who have a “lump” in the breast, or a “sore” which will not heal in a reasonable time under ordinary treatment, or suffers from any abnormal “discharge,” is to seek medical advice and don't delay. If only people would follow this simple advice, there need be little fear of Cancer.

I will now pass on to the statistics of this disease for the past five years, dealing firstly with the subject in a general manner, and then with each sex separately.

GENERAL.

Cancer of the Digestive Tract—including the liver—accounted for 50 per cent. of the mortality.

Cancer of the Genito-Urinary system caused 25 per cent. of the deaths.

The remaining 25 per cent. deaths were due to cancer of other tissues. Cancer of the tongue, lips, bones and skin being relatively rare.

Dealing with the organs separately we find that:—

Cancer of the Stomach	caused	18.7	per cent.	of the deaths
„	„	Uterus	„	12.2
„	„	Breast	„	11.8
„	„	Intestine	„	11.3
„	„	Liver	„	9.1
„	„	Rectum	„	6.1

CANCER IN THE MALE SEX.

Thirty-eight per cent. of the total Cancer deaths occurred in the male sex. It is commonest amongst general labourers and seamen; and the commonest site is the Digestive Tract.

Of the individual organs we find that:—

Cancer of the Stomach caused 21.8 per cent. of the male deaths

„	„	Intestine	„	14.9	„	„	„
„	„	Liver	„	10.3	„	„	„
„	„	Rectum	„	9.2	„	„	„
„	„	Prostate					
		Gland	„	8.0	„	„	„
„	„	Respiratory					
		Tract	„	8.0	„	„	„
„	„	Tongue and					
		Lips	„	6.9	„	„	„
„	„	Bladder	„	5.7	„	„	„
„	„	Bones	„	3.4	„	„	„
„	„	Skin	„	2.3	„	„	„

CANCER IN THE FEMALE SEX.

Sixty-two per cent. of the Cancer deaths occurred amongst females, 9.8 per cent. of whom were unmarried. We see, therefore, that Cancer is almost twice as common in women as in men, and also that it occurs very much more frequently in married women than unmarried. This is accounted for by the large percentage of cases of Cancer of the Uterus and Breast occurring in married women.

I would once more like to draw attention to the fact that both these types of Cancer are curable by early surgical operation; but it is imperative that medical advice be sought early—that is, immediately a small “lump” in the breast is noticed, or the first suspicions of an abnormal discharge from the womb are aroused, and long before any pain is felt.

It is interesting to note that whilst the commonest Cancer causing death in married women occurs in the Uterus or Womb, Cancer of the Intestine is the chief cause of death from malignant disease in the unmarried, the Uterus being the least common site.

Of the individual organs in the females we find that:—

Cancer of the Uterus caused 19.7 per cent. of the deaths

„	„	Breast	„	19.0	„	„
„	„	Stomach	„	16.7	„	„
„	„	Intestines	„	9.1	„	„
„	„	Liver	„	8.4	„	„
„	„	Ovary	„	7.0	„	„
„	„	Rectum	„	5.7	„	„
„	„	Respiratory				
		Tract	„	2.8	„	„
„	„	Bladder	„	2.1	„	„
„	„	Skin	„	2.1	„	„
„	„	Bone	„	2.1	„	„

The following is a list of deaths and the death-rates from Cancer during the past five years :—

Year.	Deaths.	Death Rate.
1921	43	0.97
1922	43	0.96
1923	50	1.1
1924	42	0.91
1925	62	1.34

PHTHISIS.

Total deaths (1925)	....	....	....	....	35
Death-rate	....	....	....	....	0.76
Average age at death	....	....	....	....	36
Average percentage of total deaths (five-year period)	8.16				

11.2% of the total deaths from Phthisis occurred in persons under 20 years of age.

70.1% of the total deaths from Phthisis occurred in persons between 20 and 50 years of age.

18.7% of the total deaths from Phthisis occurred in persons over 50 years of age.

Of the total deaths from Phthisis, males account for 53%.

The seriousness of Pulmonary Tuberculosis cannot be over-estimated, for, as shown in the above figures, it carries off a large percentage of our manhood and womanhood in the prime of life.

From our local statistics we find, as one would expect, that those people engaged in indoor and dusty occupations are the chief sufferers. Nevertheless, and probably contrary to expectations, we find that 10 per cent. of the deaths from Phthisis occur in our seamen, which, to my mind, is due to lack of air space in the cabins of our fishing craft.

The overcrowded conditions of many of our poorer houses must play a very serious part in the spread of Consumption; sunlight and pure air are the chief enemies of the Tuberculosis Bacillus, therefore more houses with greater access of sunlight and air and the avoidance of dust, will improve the health of susceptible people. Poverty also plays its part; want of essential food stuffs, especially fats, such as butter and milk, and the lack of suitable clothing and foot-wear, markedly lowers the resisting power of ordinary individuals, and still more so of those susceptible to, or suffering from, Tuberculosis.

I should here like to draw attention to the question of "dust." It is a well-known fact that the sputum of most individuals suffering from Consumption contains the tubercle bacillus—the germ which causes Consumption—and that in spite of notices and warnings to the contrary, many people persist in spitting on to the pavements and roads, etc. So long as the sputum remains

moist, little damage will be done ; but when it dries, the tubercle bacilli present are blown about in the dust, are breathed into our lungs and settle on our foodstuffs as they are exposed in open shop windows or market places, and thus come to cause serious damage and death to many susceptible individuals.

For these reasons, I think it should be compulsory for road sweeping to be done late at night or in the early hours of the morning, long before our main thoroughfares are alive with people, and that all sweeping during the daytime should be prohibited.

The same facts apply to household and office dust. No housewife or caretaker who has any thought for her own or anyone else's welfare, should "dry sweep" floors. Those who can afford it are well advised to use vacuum sweepers, and those who cannot will do well to scatter moist tea leaves or sawdust before beginning to sweep, and to keep all windows open during the operation.

There is one thing, however, which it is satisfactory to note, and that is for the past three years there has been a tendency for the death rate from Phthisis to decrease slightly. This is probably due to the better times which the town has experienced during the last two or three years, and also to the slightly less acute state of our housing needs.

The following is a list of deaths and death rates from Phthisis for the past five years :—

Year.	Deaths.	Death Rate.
1921	29	0.65
1922	36	0.80
1923	49	1.08
1924	40	0.87
1925	35	0.76

ZYMOTIC DISEASES.

Deaths (1925)	.....	8
Death-rate	.....	0.17
Average percentage total deaths (five-year period)	....	4.23

The Zymotic Diseases, which include Small Pox, Scarlet Fever, Enteric Fever, Diphtheria, Summer Diarrhœa, Measles and Whooping Cough, are probably the chief cause of death amongst young children.

During the past few years the death-rate from these diseases has been falling, due to the absence of Summer Diarrhœa and any serious epidemic of Measles or Whooping Cough.

Owing to improved sanitation, the improved milk supply, and the attention given to the "fly pest," Summer Diarrhœa is almost a disease of the past. Much attention and public education is still necessary as regards Measles and Whooping Cough, which now occupy the position of being the most dangerous and fatal of all childish ailments. In spite of warnings from our

health visitors, in spite of warning notices, the majority of parents regard these two diseases in a most matter-of-fact way. The only way to safeguard any child suffering from either Measles or Whooping Cough is to keep it in bed until all risk of chest complications developing has passed. There is absolutely no excuse for neglect on the part of parents—the Maternity and Child Welfare Committee retain the services of a nurse for the home nursing of necessitous cases of Whooping Cough, Measles and Pneumonia occurring in children under five years of age, and there is the School Medical Service for the older children.

The only other point to which I wish to draw attention is that out of the eight deaths due to Zymotic Diseases, six were due to Diphtheria. I have mentioned this fact elsewhere in the report, but here I wish to particularly mention that during the year it was most obvious that there was a tendency for the disease to take on a more virulent character, or more dangerous character, than usual. The toxin seemed to be very much more poisonous and to accomplish its deadly work on the heart with greater rapidity, much more rapidly in fact than one was able to neutralize it with large doses of antitoxin. This is an important matter, and must be watched very closely in order that we may be prepared to act immediately by immunisation methods should the virulence tend to go on increasing, otherwise Diphtheria may suddenly become epidemic in a most deadly form.

The following table gives the number of deaths and the death-rates from Zymotic Diseases for the past five years:—

Year.	Deaths.	Death Rate.
1921	31	0.70
1922	36	0.80
1923	9	0.19
1924	14	0.30
1925	8	0.17

INFANT MORTALITY.

Total number of infant deaths under one year (1925)	31
Mortality rate	39
Number of deaths of legitimate infants	29
Legitimate mortality rate	38
Number of deaths of illegitimate infants	2
Illegitimate mortality rate	105

The Infantile Mortality Rate for 1925 is lower than ever before recorded, in fact there will be few towns of a similar size to Lowestoft able to record one so low. It is interesting to note the disparity between the legitimate and illegitimate mortality rates.

The infant deaths, taking the average for the past five years, account for 12.7 per cent. of the total deaths.

A more detailed report on infant mortality will be found in the Maternity and Child Welfare section.



GENERAL PROVISION OF HEALTH
SERVICES IN THE AREA.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

PUBLIC HEALTH ADMINISTRATION.

STAFF: *Whole time staff includes*—Medical Officer, who is also School Medical Officer, Port Medical Officer, Medical Superintendent of Isolation Hospital, and of Small Pox Hospital and Borough Bacteriologist.

One Assistant School Medical Officer and Medical Officer to Maternity and Child Welfare.

One Chief Sanitary Inspector.

Two Sanitary Inspectors.

Four Nurses—who do duty as Health Visitors and School Nurses.

Two Lady Clerks—Health Department.

Two Lady Clerks—Education and Maternity and Child Welfare Offices.

Isolation Hospital Staff of Matron and ten Nurses.

Part time staff—One Ophthalmic and two Dental Surgeons.

The following officers receive contributions to their salary under the Public Health Acts:—

Medical Officer of Health.

Three Sanitary Inspectors.

The following officers receive contributions to their salary from Exchequer grants—

Assistant School Medical Officer.

Ophthalmic Surgeon.

Two Dental Surgeons.

Four School Nurses.

HOSPITAL AND NURSING PROVISION, ETC.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.

Accommodation—66 beds, 10 of which are open-air on balconies.

The Hospital provides for both medical and surgical in-patients and is under the control of a Voluntary Committee. There is an accident department and out-patient department, at which the following clinics are held:—

1. Diseases of children.
2. Orthopædic.
3. Gynecological.
4. Ophthalmic.
5. Nose, throat and ear.
6. X-ray department.
7. General.

A Westminster Arch Lamp has been installed in the out-patient department, in order that Helio-therapy may be given to those cases requiring this form of treatment.

A special feature in the new work undertaken during the year, has been the opening of private wards for payment, and the use that has been made of them has fully justified their provision, indicating that there is a section of the community who desire to take advantage of modern hospital treatment under private conditions, the cost of which they are ready to meet.

The question of establishing a Venereal Disease Centre at this Hospital has been advanced, and negotiations with the Ministry of Health and the East Suffolk County Council have proceeded so far as to enable the Management Committee to obtain the authority of the Governors of the Hospital to raise the necessary loan to build and equip the Centre, and to enter into the necessary agreement with the authorities concerned by whom the cost, both of establishment and maintenance, will be borne.

The X-ray department has also received special attention, and authority has been obtained to re-equip the department, so that in the near future a new and up-to-date plant will be installed.

Treatment carried out during 1925 :—

In-patients treated to a conclusion	....	945
Out-patients treated during the year	....	1880
Total out-patient attendance	....	7708

besides 953 minor casualties and 10,043 daily dressings.

A notable feature of this year's medical work has been the increase in juvenile cases treated, there being no fewer than 897 operations for tonsils and adenoids, and of this number 231 were carried out on behalf of the Lowestoft Education Committee.

ISOLATION HOSPITAL.

Accommodation—42 beds and 24 cots, and is under the control of the Borough of Lowestoft Corporation.

For full description see report on Isolation Hospital.

SMALLPOX HOSPITAL.

Accommodation—14 beds : under the control of the Joint Smallpox Committee.

For further description see report on Smallpox Hospital.

NORMANSTON HOSPITAL, FOR TUBERCULOSIS

Situated in the Parish of Normanston, off Beccles Road, and is controlled by the East Suffolk County Council. There is accommodation for 26 patients.

POOR LAW INFIRMARY.

Situated in Oulton, is out of the Borough, and is governed by the Guardians of the Mutford and Lothingland Union. Cases of destitution are admitted. The number admitted during 1925 was 157.

CONVALESCENT HOME.

This Institution, established in 1877, is intended to afford accommodation to such necessitous persons, of either sex, recovering from illness or accident, as in the opinion of their friends or medical advisers are likely to be benefited by a temporary residence at the seaside. It is supported by voluntary contributions, and by small fixed weekly payments from the inmates, and though intended primarily to benefit persons residing in Norwich, East Norfolk and East Suffolk, is open to patients from other localities, who are provided with subscribers' recommendations. Sixty-four beds are available.

The number of inmates received during the year has been 390 of these, 163 were males and 227 females.

MATERNITY HOMES.

At present there is no special Maternity Home, either private or controlled by the Council, but two maternity beds have been retained in the Alexandra Nursing Home by the Council, for the use of necessitous cases. See Maternity and Child Welfare Report.

Pauper cases are dealt with at the Poor Law Infirmary.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE CHILDREN AND HOMELESS CHILDREN

See Maternity and Child Welfare Report.

MEDICAL TREATMENT.

This is in the hands of 18 practitioners. Treatment of the sick is available through the usual channels—

1. Privately.
2. National Insurance.
3. Public Medical Service.
4. Poor Law.
5. Minor ailments through the Public Health Medical Service.

NURSING.**GENERAL.**

The District Nursing Association provides home nursing services at a nominal fee. The staff consists of a matron and four nurses, all of whom are certified midwives. All types of cases, except infectious ones, are attended, including maternity cases.

An agreement was entered into with this Association by the Maternity and Child Welfare Committee, for the nursing of necessitous cases of Measles, Whooping Cough and Pneumonia in young children under five years of age.

During the year the following cases were attended :—

1. Maternity cases	....	....	....	1689
2. General cases	....	....	....	8855
3. Visits for M.O.H.	....	....	....	466

Of these, 909 have been quite free, and payment for the others has varied according to circumstances.

INFECTIOUS CASES.

Diphtheria, Scarlet Fever and Typhoid, etc., patients are removed to the Borough Isolation Hospital.

MIDWIVES.

Fifteen independent midwives practice in the Borough, none of whom are subsidised by the Council. The Supervising Authority is the East Suffolk County Council.

CLINICS.

Service.	Situation.	Days Open.	Remarks.
Maternity and Child Welfare	1. Connaught House, High Street, Lowestoft	Friday, 2 p.m.	A doctor is in attendance at each Clinic
4 Clinics	2. Colville Rd., Kirkley	Friday, 2 p.m.	Controlled by Maternity and Child Welfare Committee
Ante-Natal	3. Oulton Broad 4. Connaught House, High Street,	Monday, 2.15 p.m. Every 2nd and 4th Tuesdays in month	Controlled by Maternity and Child Welfare Committee
School Medical	1. Connaught House, High Street, Lowestoft	Weekdays	Provisions made for tonsils and adenoids operations
2 Clinics	2. Oulton Broad	Mondays, Wednesdays, and Fridays, 9.15 a.m. to 12 noon	Minor Ailment Treatment Clinic : Eye Clinic : Dental Clinic : Controlled by the Borough of Lowestoft Education Committee
Tuberculosis	Crown Street, Lowestoft	Mondays and Wednesdays, 2 p.m	Under East Suffolk County Council

VENEREAL DISEASE.

See Venereal Disease Clinic under General Hospital.

AMBULANCE FACILITIES.

(1) For non-infectious cases a Motor Ambulance of the St. John's Ambulance Brigade is available.

(2) There is a Motor and a Horse Ambulance for infectious cases run in connection with the Isolation Hospital.

(3) Horse-Ambulance for Smallpox cases, belonging to the Smallpox Hospital.

CHEMICAL WORK.

Arrangements are made with Mr. Lincolne Sutton, F.I.C., the Public Analyst of Norwich, for analysis of water, foods and drugs. During the year 5 samples of water, 100 formal and 46 informal samples of food were analysed.

For detailed report of foods analysed, see tables of formal and informal samples analysed under the heading of "Inspection and Supervision of Food."

BOROUGH ISOLATION HOSPITAL.

STAFF—*Medical Superintendent*—Dr. W. Stott, Medical Officer of Health.

Hon. Aural Surgeon—Dr. H. Muir Evans, M.D.

Matron—Miss Lawton.

Nursing Staff—Ten Nurses.

Disinfecter—One.

Total accommodation—42 beds and 24 cots.

Cases in Hospital, December 31st, 1924—38.

Admissions to Hospital, 1925 :—

Scarlet Fever	107
Diphtheria	29
Paratyphoid	3
Other cases	75
Cases discharged during 1925	214
Cases died in Hospital :—	
Diphtheria	6
Scarlet Fever	1
Other cases	3
Cases remaining in Hospital, December, 1925	28

The Hospital is situated on the western outskirts of the Borough, standing on high ground off Rotterdam Road, and is well isolated. It consists of a centrally-placed administrative block, four ward blocks, laboratory, laundry, disinfecting station, ambulance shed and mortuary.

The administrative block contains the Matron's and Nurses' private quarters, dispensary and Medical Superintendent's office.

Of the four ward blocks, Ward 4 is the only new and up-to-date one, and accommodates the same number of beds and cots as do the other three together. To any business man it is obvious that there must be a great wastage in the running of these three small ward blocks.

The beds in actual numbers are in proportion to the population, but the distribution of them makes the accommodation fall short of what is necessary. Our chief difficulty in times of epidemic is the proper separation of the sexes. The Isolation Hospital Sub-Committee will very soon have to consider the question of spending money in equipping the Hospital as it should be equipped.

We require an observation ward, open-air verandas, small operating room and a discharge block. This sounds rather a formidable list of wants, but when the matter is gone into, it is not quite so terrifying as at first appearance.

As I described in the Annual Report for 1923, all these provisions could be obtained by the building of another modern ward similar to Ward 4, when the smaller ward blocks could be adapted to the other requirements.

APPOINTMENT OF HONORARY AURAL SURGEON.

In July, 1925, the Committee decided to appoint Dr. H. Muir Evans as honorary aural surgeon to the Isolation Hospital, in order that children developing mastoid disease, or with enlarged septic tonsils and adenoids, could be treated whilst in hospital, and thus diminish the risks of "carrier" infection when discharged.

The work which Dr. Evans has done in so short a space of time has been of much assistance to your Medical Officer, but it is too early to be able to give any definite figures as to the results obtained.

Below I give Dr. Evans' Report:—

"Sufficient time has not elapsed to enable me to give a statistical survey of the results of my appointment, but the saving to the rates and the benefit to the individual are already apparent. Operations are required for several distinct conditions arising as complications to infectious diseases.

In the first place, the operation for enlarged and infected tonsils and adenoids, by relieving the ear from continued infection from the throat, shortens the period of the patient's stay in hospital, in many cases of scarlet fever and diphtheria, suffering from purulent discharge from the ears.

In several cases in which the discharge from the ear is complicated with inflammation of the mastoid, an early operation has cut short the disease in a striking manner.

The mastoid operation may also be required to get rid of a chronic infection of the ear in a diphtheria carrier. One patient was speedily cured by this procedure.

My experience at the General Hospital shows the far-reaching damage of scarlatinal otitis, and it is hoped this early attention to serious complications may prevent many cases of deafness in children.

Finally, I feel sure that early operative treatment in some cases of scarlet fever would cut short the inflammation of the drum membrane, and thus allow an early return of children to their homes."

(Signed) H. MUIR EVANS.

AMBULANCES.

There are two Ambulances at present :—

1. Motor Ford Ambulance.
2. Horse Ambulance.

The motor ambulance is a converted horse ambulance, the body having been put on to a Ford ton chassis, and slung on Hassler shock-absorbers. It is far from an ideal ambulance for fever work, and in severe cases I am unable to use it. It would be quite satisfactory for the purpose of conveying infected clothing backwards and forwards to the disinfectant, and this, in my opinion, is all that it should be used for. The Committee will be well advised to consider the purchase of a new ambulance at an early date.

The horse ambulance is used for those cases in which I consider the jolting caused by the present motor ambulance would be injurious.

DISINFECTING STATION.

This is situated in the grounds of the Isolation Hospital, and abuts on the same building as the laundry.

For a report of the work carried out by the disinfectant, see Control of Infectious Diseases.

LABORATORY.

In July, 1923, I recommended the Health Committee to establish a pathological and bacteriological laboratory at the Isolation Hospital. The Council accepted the recommendation, and work was commenced in the laboratory on November 12th, 1923.

As I predicted when I made my recommendation, the work has been accomplished at a great saving to the Borough. To take one example only—during the year, 679 diphtheria swabs were examined at a cost of £13 4s. 0d., whereas previously it would have cost for these examinations, £101 17s. 0d., as The Clinical Research Association charge 3/- for the examination of each swab.

Below I give a summary of the total examinations made :—

	Positive.	Negative.	
Swabs for Diphtheria	85	594	
Blood for Widal re-action	5	9	
Hairs for Ringworm	135	62	
Sputa for Tuberculosis (Jan. to May)	3	30	
Rats for Plague	—	6	
Other Examinations	—	—	19
	228	701	19

TOTAL—948.

SMALLPOX HOSPITAL.

Is under the control of a joint committee, composed of members of the Lowestoft Town Council and the Mutford and Lothingland Rural District, and is situated four miles out of the Borough in Carlton.

It consists of a wood and corrugated iron ward block, composed of a central Nurses' duty room and kitchen, with two four-bedded wards on either side. There is also a wooden structure of the Army hut type, with accommodation for six beds; this acts as an overflow ward.

During the year the Joint Smallpox Hospital Committee made an addition of a Boulton & Paul's hut for the accommodation of the nursing staff; this hut consists of a living room, two bedrooms and a bath room.

In times of a Smallpox outbreak, the Hospital is staffed by Nurses from the Lowestoft Borough Isolation Hospital.

The linen, bedding and medicine, etc., are kept continuously in readiness, and are inspected periodically by your Medical Officer and the Matron of the Borough Isolation Hospital.

**ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS
RELATING TO PUBLIC HEALTH.**

LOCAL ACTS.

Lowestoft Corporation Acts, 1901 and 1920.

ADOPTIVE ACTS.

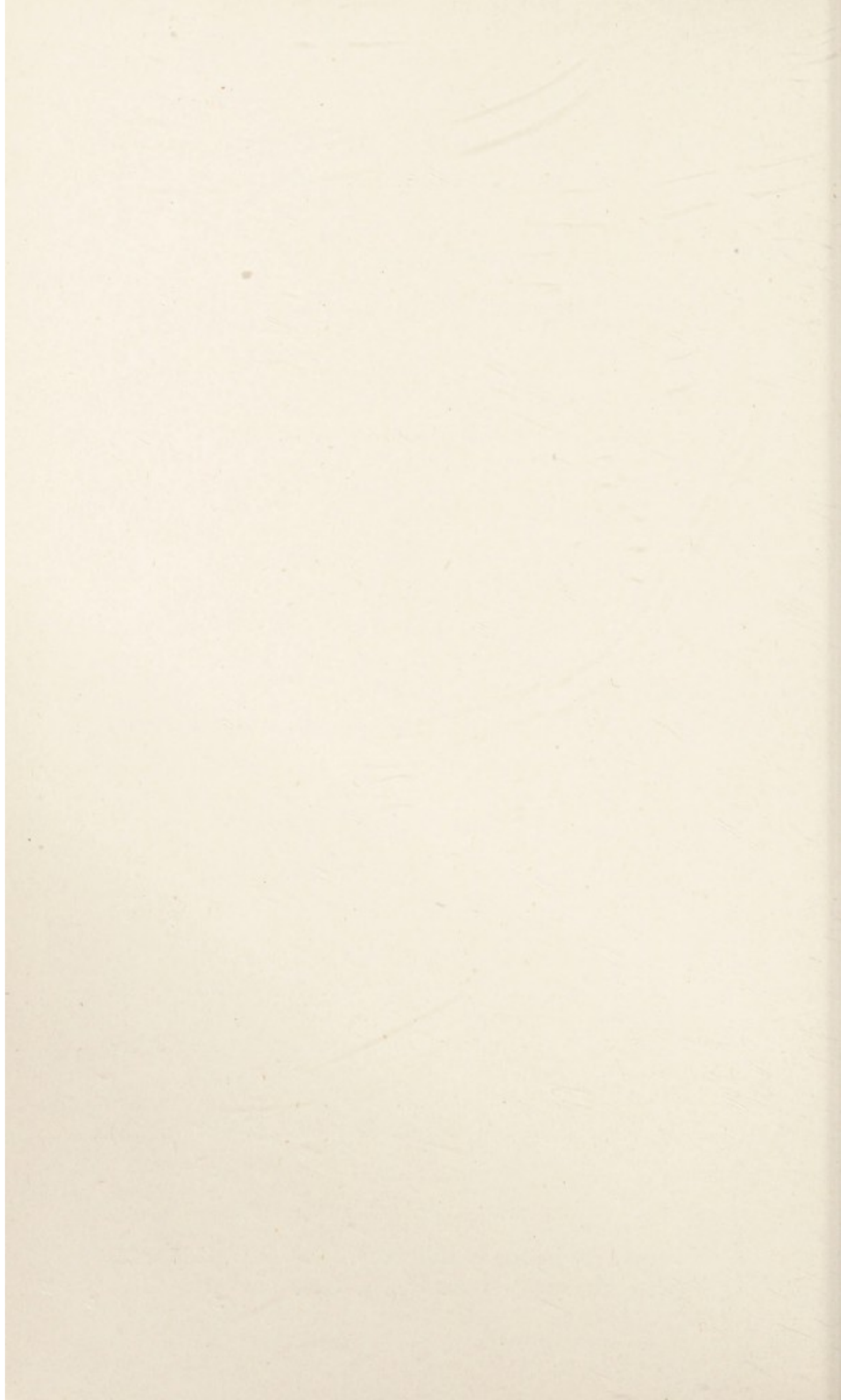
- (1) Public Health Acts, Amendments Acts, 1907.—
Part II, other than section 32.
Part III, other than sections 37 and 39 to 47 inclusive.
Part IV, other than sections 53, 54, 56 to 58 inclusive 60 and 67.
Part VI and Part X, other than section 94.
- (2) Infectious Disease (Prevention) Act, 1890.
- (3) Public Health Acts Amendments Acts, 1890.
- (4) Public Libraries Acts, 1892-1901.
- (5) Notification of Births Acts, 1907-1915. (Adopted May 1st, 1924).

BYE-LAWS IN FORCE IN THE DISTRICT.

- (1) Common Lodging Houses (P.H.A. 1875 s. 80).
- (2) Slaughterhouses. (P.H.A. 1875 s. 169 and T.I.C.A. 1847 s. 128).
- (3) Prevention of Nuisances (P.H.A. 1875 s. 44).
- (4) New Streets and Buildings (P.H.A. 1875 s. 157
P.H.A. (A) A. 1890 s. 23).
- (5) Employment of Children (Employment C.A. 1903 and E.A. 1918).
- (6) Sea Shore. (Lowestoft C.A. 1901).
- (7) For Good Rule and Government (M.C.A. 1882 s. 23).

REGULATIONS MADE BY LOCAL AUTHORITY.

- (1) Dairies, Cowsheds and Milkshops. (D.C.M.O. 1885 s. 23).
- (2) Port Sanitary. (P.H.A. 1875 s. 125).



SANITARY CIRCUMSTANCES OF
THE AREA.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

With the exception of a portion of Oulton Broad, the Borough is supplied with a good potable water derived from open lakes at Lound, about seven miles distant from Lowestoft, under the control of a private company, known as the Lowestoft Water and Gas Company.

There is a constant supply which apparently never fails. Its source is "shallow" springs, and a certain amount of surface water. The whole of the collecting basin is fenced off for 100 yards all round, to prevent people and cattle straying too near and contaminating the water, the rest of the ground surrounding the basin is all arable land. To my mind, there are two sources likely to contaminate the water, viz., the surface water from the surrounding arable land, and the proximity of the Lound reservoir to the road; but as the water undergoes a thorough filtration through sand filters, and then further storage in storage reservoirs, it should be rendered fit for all domestic purposes. This is borne out by the analysis, which proves the water, after filtration, to be a perfectly wholesome drinking water.

During dry seasons a certain amount of the filtered River Bure Water, which is the water supply of Yarmouth, is pumped through the mains into the town, so that at such times we receive a mixed filtered water.

The total average consumption daily equals 1,024,356 gallons, which is approximately 23 gallons per head per day. Chemical analysis are performed monthly.

The following is the report on the chemical and bacteriological contents of the water, as kindly supplied to me by J. Hawkesley, Esq.

	Jan.	1925. April.	July.	Oct.
Total solids	32.3	36.0	38.0	38.0
Ammonia saline	trace	trace	.002	.0016
Ammonia albumenoid	.011	.014	.012	.012
Chlorine	5.0	4.92	6.92	5.85
Nitrates	.52	.40	.12	.20
Nitrites	nil	nil	trace	nil
Oxygen absorbed in 4 hrs. at 80°F.	.08	.103	.145	.132
Hardness (total)	19.0	18.5	19.4	18.0
Hardness (permanent)	11.57	10.8	9.28	8.57
Silica, iron and alumina	.48	.62	.42	.69
(These results are stated in parts per 100,000).				
Bacillus coli		Absent in 100 c.c.		

Apart from the above quarterly examinations, samples are taken by your Health Staff from various parts of the Borough during each year for examination. In 1925 one of these samples showed that the water in a certain area of the town was heavily contaminated, and the analyst reported that it was unfit for drinking purposes. The Water Company were notified, and they took immediate action. The source of contamination was found to be a leaky branch main. Further samples taken, after remedying this defect, proved the water to be quite pure and quite wholesome for drinking purposes.

DRAINAGE AND SEWERAGE.

With the completion of the sewerage scheme for Oulton Broad about July, 1925, practically the whole of the Borough is now on the water carriage system, with the exception of houses along private roads in which sewers have not been laid.

At the present time it may be said that the sewerage is satisfactory, but as the town grows and the roads are made up and rendered impervious to water, there is no doubt that in certain sections of the Borough the sewer will either have to be enlarged or a separate storm-water system laid.

At the present time the sewage from the south portion of the Borough is taken under the harbour and raised by air pressure (Shone's system) to the level of the northern main sewer, whence it flows by gravitation to the main outfall, and is discharged into the sea at Ness Point on the north-east beach, the most easterly point in England.

The sewage from Oulton Broad is raised by pumps, which work automatically, and is discharged into the northern main sewer.

CLOSET ACCOMMODATION, PRIVY CONVERSIONS, ETC.

The majority of houses have water closets, but at the end of 1925 there were approximately 500 houses remaining on the pail system, and there were four with privy middens.

Of cesspools there are still 211, and it will only be possible to abolish 49 of these during 1926, owing to the fact that no sewer is available for the remaining houses using cesspools.

Many houses are springing up along private roads which are not sewered, and it is unfortunate to see cesspools increasing in number in the Oulton Broad Ward after so much money has been expended on the sewerage scheme.

The following table indicates the conversions which have taken place during the past five years, the greater part of the work, as will be seen, has been done since 1923.

Year.	Sinks Prov'd	Privies or Pails Abolished	New W.C's Prov'd	Houses connected to Sewer	Guileys Prov'd	Chambers Built	Vent Pipes	Cesspools Ab'lsd
1921	8	20	20	3	21	12	14	6
1922	12	21	21	8	20	15	16	2
1923	22	131	134	146	150	78	64	45
1924	23	130	139	154	139	167	127	86
1925	78	259	284	294	251	263	190	118
	143	561	598	605	581	535	411	257

POLLUTION OF RIVERS AND STREAMS.

Formerly the River Waveney was much polluted by sewage from houses lying along its banks. At the end of December, 1925, there remained 14 houses still discharging their crude sewage matter into the river. During the next few months, however, all these houses will be connected to the sewer, and the only source of pollution will be houseboats.

SCAVENGING.

This work is carried out by the Borough Surveyor's Department. Cleanliness of the streets and prompt removal of house refuse play no small part in the making of a sanitary town, and it is to be hoped that before long our side and back streets, courts and alley-ways will be put into a satisfactory state of repair in order that they may be kept in such a sanitary condition as the main streets.

Covered refuse carts have replaced the old type of cart, and no longer do we see paper and dust flying out of the refuse carts as they pass along the streets, either to the tip or destructor.

Galvanized covered ashbins are universally used for the storage of house refuse throughout the Borough. Sixty-seven of these were provided through the action of the sanitary inspectors during the year.

I should like to add here that it would facilitate the work of the sanitary inspectors greatly if the scavengers would co-operate with them and report, either daily or weekly, the houses which require new galvanised bins.

House refuse is removed regularly during the early hours of the morning, the collections varying from daily to weekly, according to district.

With regard to the emptying of cesspools and privies in the Oulton Broad district, during the past year Medical Officer has received many complaints from the populace. The completion of the sewer at Oulton Broad undoubtedly has decreased the number of cesspools considerably, and one has received fewer complaints. Unfortunately, however, houses are being built in Oulton Broad which cannot possibly be connected to the sewer,

with the result that unless further districts are sewered, the cesspools will increase year by year.

For the following figures, showing the amount of refuse removed during 1925, I am indebted to Mr. Mobbs, Borough Surveyor:—

Tons of refuse removed	....	....	....	18,502
Tons of refuse destroyed by destructor	....	....	....	7,550
Tons of refuse tipped	....	....	....	10,952

From these figures, it is seen the larger portion of the town's refuse is tipped in a sandy pit just off Beccles Road, about one mile outside the town. This method of disposal has unfortunately had to be adopted, owing to the cost of destruction by fire, but all precautions are taken by covering up the refuse with a layer of sand to prevent as little nuisance arising as possible. Nevertheless, it is a most undesirable method. A tip such as the one mentioned above, is nothing more or less than a large breeding ground for flies, rats and other vermin, as well as causing nuisances from bad smells and blowing paper, etc.

SCHOOLS.

The sanitary conditions of the schools, with the exception of two or three, are quite satisfactory. Eight out of the seventeen buildings are modern up-to-date structures, and extremely satisfactory types of schools.

All are supplied with the town's water supply, with the exception of Dell Road, the water of which is obtained from a well which is periodically examined and found to be quite satisfactory.

For further information *re* control of infectious diseases, etc., in schools, see methods adopted under heading "Control of Infectious Diseases," and School Report for current year.

SMOKE ABATEMENT.

Owing to the fact that there is very little atmospheric pollution from factory chimneys, the Sanitary Authority have made no regulations with a view to the abatement of the nuisance of smoke.

SANITARY INSPECTION OF THE DISTRICT.

The inspectorial work of the department is carried out by your three Sanitary Inspectors—Mr. A. Isherwood (Chief), Mr. C. J. Gayfer and Mr. R. W. Johnson.

For the purposes of district inspections, the Borough has been divided into two areas, Mr. Gayfer taking the southern, in addition to the Port, and Mr. Johnson the northern area. The larger portion of the work of inspection of the slaughterhouses and workshops is done by Mr. Johnson, under the supervision of the Chief Inspector, whilst the supervision of the dairies and cowsheds and sampling under the Sale of Foods and Drugs Acts, has been undertaken by your Chief Inspector.

A great deal of time has been spent during the year on the sewer connections and privy conversions at Oulton Broad, indeed the work has taken up more than half an Inspector's time to the detriment of other inspectorial work: but with the completion of this work, which, from a health standpoint, is one of the most important, we shall be able to give more time to other inspections, particularly housing.

The continuity of the work of your health department has been seriously interrupted during the year, owing to two changes of inspectors; in fact, for three months the whole of the work was carried on by your Medical Officer and Chief Sanitary Inspector. In spite of these adversities, however, the total number of inspections—7,569—show an increase of 3,000 over the previous year.

The following table sets out in detail the various inspections made during 1925:—

Housing Inspections	495
Dirty Condition of Houses	8
Housing and Town Planning Act	31
Docks	404
Dairies	187
Common Lodging Houses	113
Cowsheds	29
Private Slaughterhouses	1417
Food Premises	57
Bakeries	59
Vans and Tents	39
Piggeries	60
Butchers' Premises	345
Provision Shops	118
Offensive Trades	85
Fried Fish Shops	27
Fish Yards	44
Fish and Fruit Premises	3
Drains Tested	414
L. & N.E.R. Station	66
Port Sanitary Vessels	10
Boats	25
Fish Markets	117
Stables	6
Petroleum	20
Rats and Mice (Destruction) Act	168
Schools	27
Ice-cream Premises	87
Workshops	181
Infectious Diseases	182
Privy Conversions	1253
Purveyors of Milk	6
Sampling	189
Water Supply Enquiries	88
Markets	52
Pickling Plots	73
Tuberculosis Order	19
Nuisances	19
Interviews	285
Re-inspections	487
Miscellaneous	274
Total	7569

DEFECTS FOUND AND NOTICES SERVED TO REMEDY.

All told, 1,701 defects were found during these inspections, the majority of which were remedied as a result of the service of informal notices, which speaks most highly for the skill of your Inspectors.

During the year :—

702 Informal Notices were served ; of these Notices, 173 are still in hand.

The Statutory Notices served, with results, are indicated in the table below :—

Act and Section.	No. of Notices.	Complied with.	Outstanding.
Public Health Act, 1875—			
Section 91	17	17	—
Section 36	1	1	—
Housing Act, 1925—			
Section 3	12	11	1
Housing and Town Planning Acts, 1909-1919—			
Section 28	2	2	—
Lowestoft Corporation Act, 1920—Section 84	12	12	—
Lowestoft Corporation Act, 1901—Section 100	1	1	—
Total	45	44	1

The following table gives in detail the work carried out as a result of the above notices :—

HOUSES.		
Dampness abated	30	
Coppers or stoves repaired	46	
Roofs repaired	28	
Chimneys repaired	8	
Window-sills repaired	4	
Walls repaired	6	
Roof gutters and down spouts repaired	20	
New galvanized iron dust tins provided	56	
Ventilation improved	1	
Smoke nuisances abated	2	
Ceilings repaired	10	
Floors repaired	20	
Yard paving repaired	8	
Defective wall plaster repaired	24	
Window sash cords repaired	15	
Doors repaired	11	
Thresholds repaired	6	
Back yards cleansed	1	
Sink waste pipes repaired	6	
Windows repaired	2	
Skirtings repaired	3	
Overcrowding abated	1	
Staircases repaired	2	
Window frames repaired	6	
New sinks provided	2	
Defective exhaust to bath geyser	1	

FACTORIES, WORKSHOPS AND WORKPLACES.

TABLE A.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories (including Factory Laundries)	24	1	—
Workshops (Including Workshop Laundries)	216	3	—
Workplaces (Other than Outworkers' premises)	117	22	—
Total	357	26	—

TABLE B.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	Prosecutions. (5)
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	—	—	—	—
Want of ventilation	1	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	1	1	—	—
Other nuisances	8	7	—	—
Sanitary accommodation— insufficient	2	1	—	—
Sanitary accommodation— unsuitable or defective	22	5	—	—
Sanitary accommodation— not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Work- shops Transfer of Powers) Order, 1921)	—	—	—	—
Total	34	14	—	—

TABLE A.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
*Bakehouses—Workshops	35
Laundries (non-factory)	1
Workshops	211
Workplaces	93
Total number of Workshops on Register	340

*In addition, there are in the district 14 Factory Bakehouses.

TABLE B.—OTHER MATTERS.

Class (1)	Number (2)
Matters notified to H.M. Inspector of Factories	—
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory Acts (s. 5, 1901)	—
Notified by H.M. Inspector	23
Reports (of action taken) sent to H.M. Inspector	23
Other	—
Underground Bakehouses (s. 101) in use at the end of the year	2

LIST OF FACTORIES AND WORKSHOPS.

DESCRIPTION OF FACTORY.	
Agricultural Implements	1
Aerated Waters	1
Bakeries	14
Boot Repairing	4
Brick Making	1
Brewery and Beer Bottling	2
Blacksmiths	3
Coal Gas	1
Compass Making	1
Corn Crushing and Pea Picking	1
Carpet Beating	1
Carriage Builders	1
Cabinet Maker	1
Cycle Making	1
Coach Building	2
Confectionery	11
Engineering	15
Electrical Engineering Works	7
Fishing Net Making	2
Fish Curing	4
Flour Mills	1
Firewood	1
Grist Crushing	4
Iron Foundry	1
Ice Making	1
Joinery	6
Laundry	3
Motor Repairs	7
Motor Car Body Builders	4
Manufacture of Salt	1
Printing	7

List of Factories and Workshops—*continued.*

Preserved Food	2
Photographer	3
Sail Making	5
Saw Mills	3
Ship Chandlery	1
Ship Building	5
Sausage Making	4
Shingle Screening	1
Tailoring	1
Tram Repairs	1

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WORKSHOPS AND PLACES.

Bakeries	5
Basket and Box Making	7
Blacksmiths	13
Boot Repairing	22
Cabinet Makers	4
Concrete Post Making	1
Carpentry	4
Confectionery	1
Cooperages	2
Cycle Repairers	12
Doll Making	1
Dress Making	19
Engineers	2
Fish Yards	75 Wp.
Fishing Net Making and Repairing	9
Furs (remodelling)	1
Gravel Screening	1 Wp.
Joinery	18
Laundry	1
Locomotive Repairs	1
Mast and Block Making	5
Malting	1
Millinery	14
Motor Vehicles	4
Oil Clothing	1
Pickling Plots	16 Wp.
Picture Framers	1
Plumbers	7
Quarrying	1 Wp.
Rag Sorting	1
Saddlery	2
Sheet Metal Making	1
Ship Repairers	1
Ship Building	7
Sail Making	4
Stonemasons	3
Shipwright	1
Sugarboiling	1
Sweet and Jam Making	1
Tailors	16
Timber Repairing	1
Tinsmiths	6
Upholstery	7
Wheelwrights	3
Whitesmith	1

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PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

COMMON LODGING HOUSES.

There are two registered Common Lodging Houses in the Borough as follows:—

Dove Street—for men only.

Mariners Street—for men only.

These premises are kept under strict supervision ; the Sanitary Inspectors making 113 visits during the year.

Your Medical Officer has full powers of dealing with any eventuality which may arise in these premises under the Bye-laws and also under the Corporation Acts, 1901 and 1920.

HOUSES LET IN LODGINGS.

There are no Bye-laws for the orderly and sanitary regulations of this class of dwelling ; but, as in most other seaside towns, a very large proportion of the houses in Lowestoft come under this heading at some part of the year, even if Bye-laws were in force it would be an extremely difficult matter, if not impossible, to carry them out.

There is one matter, however, in which these Bye-laws would be extremely useful, and that is in respect of houses recently converted into flats. In many cases, these houses have been let off in stories, there is no separate entrance, neither is there a separate sanitary convenience for each flat, so that they come under the definition of Houses let in Lodgings, and should be controlled by Bye-laws, which the Council would be well advised to make.

UNDERGROUND DWELLINGS AND SLEEPING ROOMS.

Many of the houses in Lowestoft have basement kitchens, etc., and owing to the overcrowding and the amount of sub-letting at present in vogue, the conditions in all cases are not quite satisfactory. The Authority has power to make Regulations for controlling such dwellings under the Housing Act, 1925, and it would assist the work of the Health Department if such were in existence.

TENTS AND VANS.

The Authority intend making Bye-laws for controlling the sanitary arrangements, etc., of van dwellers at an early date.

SLAUGHTERHOUSES.

There are 19 private slaughterhouses in the Borough, two of which are registered and 17 licensed. 1,417 visits were paid to these premises by the Inspectors during the year. They are all, more or less, in a satisfactory sanitary condition.

Much time and labour would be saved if there were a Public Abattoir with cold store adjoining, of which there is need in the Borough, particularly so since the new Meat Regulations came into force.

BAKEHOUSES.

There are 49 Bakehouses in the Borough, of which two are underground. Very few are up-to-date, but they are all clean and without gross errors. 59 inspections were made of these premises.

OFFENSIVE TRADES.

Rag and Bone Dealers	....	5
Gut Scrapers	....	1
Bone and Fat Factors	....	1
Fried Fish Shops	....	43

The Council have as yet made no Bye-laws in respect of these trades; allusions are made to them in the Corporation Acts, but these are quite inadequate for dealing with such important matters. 112 visits were paid to the various premises during the year.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

PUBLIC BATHS.

I would once again like to draw the attention of the Council to the absence and the need for Public Baths. Only approximately 10 per cent. of the houses in the Borough have baths in them, and a very large proportion of the houses have no hot water supply beyond what can be obtained from a copper.

It is obvious, therefore, under such circumstances as these, that no mother with a large family can possibly give even a weekly hot bath to each of her children, and one good bath per week must be regarded as a minimum for anyone. It is said that cleanliness is next to godliness, but it is absolutely certain that cleanliness is one of the first principals in preventive medicine for keeping in good health. Our skin can be looked upon as a large filter, from which the sweat, containing certain waste products from our bodies, is excreted. When the pores of the sweat glands are made up with dirt, the skin is not able to function, it becomes unhealthy, skin diseases develop, and the waste products are retained in the body, throwing extra strain on to other excretory organs, with the ultimate result the general health of the individual suffers.

To bring things a little nearer home one has only to refer to the School Medical Report to find a most serious state of affairs—out of just over 6,000 school children attending the elementary schools, we find 3,000 had to be dealt with by your School Medical Department during 1925 for uncleanliness, almost 50 per cent.

of your school attendants ! The amount of work and time expended by the school nurses in dealing with uncleanness alone is enormous, much of which could be saved if people only had the proper facilities for keeping themselves clean. Plenty of soap and hot water are the means by which the bulk of this very serious condition could be eradicated, and I don't doubt that a large number of people would be glad to provide the soap if only a good bath, with plenty of hot water, were provided for them.

RATS AND MICE DESTRUCTION ACT, 1919.

Few people seem to realize the importance of this Act, and I think I can safely say that hardly any of the general public, in this Borough at all events, know that it is the duty of the occupier of any land or premises to destroy any rats on or in those premises and not that of the landlord ; furthermore, that anyone failing to take the necessary steps to keep down rats, can be prosecuted and fined £5.

" Rat Week " has been held as a routine each year for the past three years. Notices, placards and warnings regarding rat destructions have been posted, but the whole thing is looked upon in ridicule by the average person.

A point has now been reached when something more drastic will have to be done. Reports from the Sanitary Inspectors show that the rat population of the Borough is rapidly increasing, and that the damage done by them in some cases is very great. In one small shop alone, which recently came to our notice, the damage done by rats cost over £40 to repair.

The Sanitary Inspectors made 168 visits during the year under this Act, but they find that in order to deal effectively with the problem, it would easily take up one man's time and more ; there is no doubt, in my mind, that the Authority would do well to appoint a whole-time rat-catcher and recover expenses incurred by him in the destruction of rats, from occupiers of all premises who failed to take the proper steps themselves after due warning, and by making charges to persons who would seek his assistance.

REPORT OF THE VETERINARY INSPECTOR—
MR. J. M. CURRIE, M.R.C.V.S.—UNDER THE CONTAGIOUS
DISEASES ANIMALS ACT AND TUBERCULOSIS
ORDER, 1925.

Diseases scheduled are Tuberculosis, Foot and Mouth Disease, Sarcoptic Mange, Epizootic Abortion, etc.

TUBERCULOSIS ORDER, September, 1925.

One case was reported, and after clinical examination the animal was destroyed; on post mortem examination it was found to be in an advanced stage of the disease.

Two herds were reported to be giving tubercular milk; in one herd two animals were suspected, and after bacteriological examination of milk from these individual cows, one was found to be giving tubercular milk. This animal was destroyed, and found, on post mortem examination, to be in an advanced stage. The other herd is still under investigation.

SARCOPTIC MANGE.

Three causes of mange have been dealt with, all of which have recovered. In one case legal proceedings were taken for not reporting.

FOOT AND MOUTH DISEASE.

Two cases have been examined under this Order, and were found to be free from all traces of disease.

(Signed) J. M. CURRIE, M.R.C.V.S.,

Veterinary Inspector.

HOUSING.



HOUSING.

The housing needs of the Borough are still staring us in the face, and are still far from being solved.

The problem, however, as I shall be able to show, is not so acute, so far as the housing of an increased population is concerned, as it was in the year 1921, but on the other hand, as you are all well aware, there are many houses standing in the Borough which are many years old, and but for the shortage would be condemned as unfit for human habitation.

Every town throughout the kingdom is faced with the problem of slum property and the people occupying it. These people can be divided into two classes ; firstly, those unfortunates who are compelled to occupy such dwellings because they cannot afford the rental asked for a decent house, otherwise they are perfectly good and respectable tenants, and willing to pay rent regularly ; secondly, there is the class of person who is dirty, careless, unwilling to pay rent, however low, and quite unfit to occupy any house on account of the damage which they do.

Unfortunately, this last type cannot be expelled from the town, therefore they have to be housed, and the problem of housing them is one of the most difficult matters with which a Corporation is faced. Up to the present time the only satisfactory solution found for housing both types of persons has been the provision of corporation tenement houses, which are kept under the strict supervision of the health department, being visited weekly, or even more often, by the Sanitary Inspectors.

I have mentioned these few facts to you because such conditions exist in your Borough, and sooner or later they will have to be faced.

I will now pass on to the subject of the shortage of houses in your Borough at the present time. For this purpose it is necessary to study the statistical returns compiled by the Registrar General at the Census, June, 1921, and also the returns made by your Sanitary Inspectors during their housing inspections.

Some indication of the extent of the shortage is obtained from the fact that the number of applicants for houses on the register at the end of 1925 was approximately 400. This register is kept by the Borough Treasurer, and he informs me that the figure is not an accurate one, owing to the fact that probably some of the applicants have obtained accommodation in the meantime, and of which he knows nothing.

In the Borough the total number of houses (structurally separate dwellings) at the Census 1921, was 8,946, of which 228 were unoccupied.

Of these, 91 per cent. were private houses and 8 per cent. houses attached to shops, offices, etc.

8,718 of the private dwellings were occupied by 9,696 private families.

According to the Registrar General's return, the ward distribution of these houses was as follows:—

Ward.	Private Families.	Population in private families.	Dwellings.	Rooms Occupied.	Rooms per Person.
East	1289	5341	1171	7250	1.36
North	2534	10702	2357	12989	1.21
West	2176	9786	1954	11071	1.13
South	2640	10949	2245	14926	1.36
Oulton Broad ...	1057	4534	991	5729	1.26

What are the number of houses required at the present date to accommodate the increase of population, not taking into account houses required to replace those condemned as unfit for habitation, and what is the net total when unfit houses are taken into account?

In order to obtain these figures, it is necessary to find what was the shortage of houses in 1921, and for this purpose we shall have to study the increase of houses and of population during the decennial period, 1911-1921.

	1921.	1911.	Increase. Amount.	Per Cent.
Structurally separate dwellings occupied	8718	8071	647	7.8
Structurally separate dwellings vacant	228	529	301 (decrease)	—
Private families	9696	8412	1284	15.3
Excess of private families over occupied dwellings	978	341	637	—
Average number of private families per occupied dwelling	1.11	1.04	—	—

From the foregoing table it will be found that while private families have increased by 15.3 per cent. during the decennium, the growth in the number of occupied dwellings has been about half this rate, or 7.8 per cent., with the result that the average number of families per occupied dwelling has increased from 1.04 in 1911 to 1.11 in 1921. At the same time the number of unoccupied dwellings has dropped from 529 to 228, a decrease of 307.

The meaning of the ratio 1.11 families per dwelling is better appreciated from the following analysis of the total private families in the Borough.

Families living in single occupation of separate dwellings	....	....	....	....	....	7829
Families living two in a dwelling	....	....				1630
Families living in dwellings containing three or more families each	....	....	....	....		237

The excess of the 1921 ratio of 1.11 over 1911 ratio of 1.04 is approximately equivalent to a deficiency of 585 dwellings on the number returned in 1921, apart from the replacement of any of the portion absorbed from the margin of unoccupied dwellings. Thus for a total population of 44,323 in 1921, there was a deficiency of 585 houses. Working on the population figure for 1925 we find that there is a deficiency of 610 houses approximately, but during this period (1921-1925) 285 houses have been built, **leaving a shortage of 325 for accommodating the excess population without housing accommodation.**

On referring to our records of housing inspections, we find that there are 150-200 houses which are unfit for human habitation and should be condemned, making a **net total of 525 houses necessary to meet the requirements of the Borough at the present date.**

These figures prove that the housing problem is slowly improving, and that it is not so acute as it was in 1921, when 585 houses were needed to accommodate the increase of population alone, without taking into account the unfit houses.

OVERCROWDING.

The most evil consequence of the shortage of houses is the overcrowding which is produced. This is probably the most difficult matter with which your health department has to deal. Many cases have come to our notice, but it has only been possible to deal with a few of the worst, owing to the fact that no sooner have we served notices on people to abate the nuisance than they have gone into another house and overcrowded that, and so the matter has gone on in a vicious circle.

I have drawn your attention to these matters on many occasions now, particularly with regard to the effect that overcrowding has on the incidence of infectious diseases. This, unfortunately, is not the worst aspect of overcrowding, for where it exists, we find discontent, filth and immorality prevalent, and the effects which these conditions have on the infant mortality rate and sickness generally is incalculable.

The position is more or less at a deadlock, and the excessive cost of building, owing to the high price of material and wages, is doing the very opposite to solving this very serious problem, in fact it leads to complications.

For instance, the families who are occupying rooms in other people's houses are compelled to do so because they are unable to afford the high rental asked, never to speak of buying a house, which are the only type now being erected by the Corporation. On the other hand, many families who have risked taking a house are compelled to take in lodgers in order that they shall be able to pay the rent : under these circumstances, overcrowding becomes inevitable.

Returning to the Census figures we find that in 1911, 394 people, or 1.1 per cent. of the total private family population, were living more than two persons to a room. In 1921 this figure had increased so that we find 1,107 persons, or 2.7 per cent. of the total private family population, were living under similar conditions.

These figures will be better understood from the following analysis :—

	17 families of	3 or more persons	occupied	1 room
149	„ „	4 „ „	„	2 rooms
53	„ „	6 „ „	„	3 „
67	„ „	8 „ „	„	4 „
54	„ „	10 „ „	„	5 „
12	„ „	12 „ „	„	6-7 „
1	„ „	15 persons	occupied	8-9 rooms.

Since this date the population, according to the Registrar General, has increased by 1,800 persons, and from the findings of your sanitary inspectors in their housing inspections, matters remain in much the same condition, probably a little worse.

The following table sums up the dwellings occupied and unoccupied at the time of the Census 1921, and those which have been built and occupied since June, 1921, to December, 1925.

Ward	Census 1921.			Dwellings added and occupied since June, 1921 to December, 1925.		
	Total No. of Dwellings	Unoccupied Dwellings	Dwellings with more than one occupied	By private builders	By Local Authority Parlour type	Non-Parlour type
North	2428	45	173	24	73	36
South	2368	62	337	36	—	—
East	1264	61	99	22	—	—
West	2030	26	214	23	—	13
Oulton Broad	1028	28	66	58	—	—
	9118	222	889	163	73	49

FITNESS OF HOUSES.

Speaking generally, the standard of housing in the area is good. Unfortunately, I am not in a position to be able to give minute details of housing defects, etc., which exist throughout the Borough, owing to the fact that when I took office in 1923 no accurate housing records were available, and only in March, 1925, did the Committee appoint an additional Sanitary Inspector to enable one to carry out this work.

Unfortunately, the Sanitary Inspector appointed left us after two months, just as the housing inspection was making pace, and the work was again delayed for two or three months until another Sanitary Inspector had been appointed, and it was only found possible to inspect 236 houses under the "Housing Consolidated Regulations, 1925" during the year.

The work of the second Sanitary Inspector has largely been taken up by the drainage work going on in Oulton Broad, so that he has been, more or less, unable to undertake housing inspections. It is hoped, however, now that the drainage work is practically completed, to be able to turn the Inspectors on to their respective districts in order to make a general housing survey.

I am, however, in a position to state roughly, from what records I now possess in your health department, that there are between 150 and 200 houses existing in the Borough, which, but for the shortage of houses, would be condemned as unfit for human habitation.

The 236 houses inspected were specially chosen, as they stand in one of our worst areas. The chief defects found were defective roofs, floors, fireplaces, down-spouts and cooking stoves. Some of the defects were due to direct neglect of the tenants, but many were undoubtedly due to neglect of the owners, owing to the fact that rents, in many cases, had not been forthcoming over long periods.

Details of action taken under the Public Health Act and Housing Act will be found in the statistical summary under this heading. From the summary it will be seen that many of the conditions were remedied by the informal notices of your Sanitary Inspector, and only 32 Statutory Notices were served. With one exception, these notices were complied with, so that it may be fairly stated, apart from non-payment of rent, your staff have been able to get repairs undertaken without serious difficulties.

UNHEALTHY AREAS.

No complaints or representations have been made in regard to unhealthy areas.

BYE-LAWS RELATING TO HOUSES, HOUSES LET IN LODGINGS, TENTS, VANS AND SHEDS.

New Streets and Buildings Bye-laws were made by you according to instructions from the Ministry of Health towards the end of the year; they are not yet in force.

These bye-laws relax, to some degree, the requirements demanded in the older bye-laws with respect to the width of new streets, construction of new buildings, etc., but they do not relax in any way the sanitary provisions such as the space required around buildings for the free circulation of air; the drainage of buildings; provision of earth closets; construction of cesspools; provision of sanitary dustbins, etc.

There are no bye-laws regulating houses let in lodgings, neither are there any with respect to tents, vans and sheds, although, in respect of the latter, your Health Committee intend adopting the model bye-laws at an early date.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a) Total (including numbers given separately under (b) 72

(b) With State assistance under the Housing Acts :

1. By the Local Authority. 24

2. By other bodies or persons. 48

1. UNFIT DWELLING HOUSES.

Inspection. (1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 1050

(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 236

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 5

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 122

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers 77

3. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs 14

(2) Number of dwelling houses which were rendered fit after service of formal notices :—

(a) By owners. 14

(b) By Local Authority in default of owners Nil

(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners or intention to close 4

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	18
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	18
(b) By Local Authority in default of owners	<i>Nil.</i>

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	5
* (2) Number of dwelling houses in respect of which Closing Orders were made	4
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	1
(4) Number of dwelling houses in respect of which Demolition Orders were made	<i>Nil.</i>
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	<i>Nil.</i>

*In one case, on an official representation being made, the owner immediately intimated his willingness to carry out the necessary repairs; the Closing Order consequently being unnecessary.

INSPECTION AND SUPERVISION
OF FOOD.



INSPECTION AND SUPERVISION OF FOOD.

Much attention has recently been paid to the "clean food" question, and all must be agreed that our food is handled and exposed to dust and dirt far too much, but a great deal of public education is necessary before headway is to be made in this very important matter.

Particular attention has been paid by Parliament to milk, meat and preservatives in food, and legislative measures have been passed dealing with each of these subjects, but we lack power to deal with such serious dangers to health, as the unnecessary exposure to dust and flies of sticky sweets, sticky fruits, such as dates and figs, etc., in open markets, shops, and stalls outside shop windows, all of which foods are eaten as bought, without previous cooking.

One or two of the larger confectioners and bakers in your Borough now cover their sugar-coated cakes with a transparent material, and also supply bread wrapped in special paper covers, thus rendering contamination of cakes and bread impossible, once having left the bakehouse.

It is also satisfactory to note that a few of the sweet shops have taken the matter in hand and are keeping sweets under glass, and in packages with transparent tops.

The sooner the general public realize the importance of these precautionary measures and demand sweets, bread, cakes and sticky fruits, etc., which have been hygienically packed or wrapped in containers, the sooner shall we find the manufacturers and trailers bowing to public opinion and meeting the demand, with the abolition of the present horrors which we see every day of our lives in the open markets and main thoroughfares of any town in the kingdom.

MILK SUPPLY.

The following is a list of Dairymen, etc., on the register during 1925.

Dairymen and Purveyors	....	....	37
Dairymen	....	....	3
Purveyors	....	....	5
Retailers of bottled milk only	....	....	8
Cowkeepers	....	....	10
Cowkeepers and Purveyors	....	....	9
Wholesaler and Retailer	....	....	1
Wholesaler	....	....	1
			—
			74
			—

In addition, there is one wholesale retailer and 17 retail dairies licensed for the sale of pasteurised milk, also one retail dairyman and purveyor licensed for the sale of Grade "A" milk.

During the past few years several new legislative measures have been made, giving Local Authorities increased powers to deal with the milk question. In 1922 the **Milk and Dairies (Amendment Act)** came into force, of which the principal features are that Local Authorities :—

1. Under certain conditions may refuse to register a retail purveyor of milk, or to remove such a person from the register.
2. Must keep two registers—one for retail purveyors and one for wholesalers and producers.
3. May issue licenses for the production and distribution of milk of four designations :—
 1. Licence to Producers of Grade " A " milk.
 2. Licence to Distributors of " Certified " milk.
 3. Licence to Distributors of Grade " A " milk, tuberculin tested and Grade " A " milk pasteurised.
 4. Licence to Distributors of Pasteurised milk.

Following this Act (and made under Section 3 of it) we have the **Milk (Special Designations) Order, 1923**, prescribing the terms and conditions subject to which licences may be granted for the sale of the " Graded Milks " mentioned above.

On September 1st, 1925, the **Milk and Dairies (Consolidation) Act, 1915**, came into force, giving special powers to Local Authorities for stopping a supply of milk likely to cause tuberculosis ; prohibiting the sale of tuberculous milk ; enlarging the power of officers of Local Authorities to take samples of milk ; amending the provisions of the Sale of Food and Drugs Acts with regard to the warranty defence ; and for the first time on record describing adequately the term " Dairy." On the same date the most important Order of the Board of Agriculture and Fisheries—**The Tuberculosis Order, 1925**—came into operation, the chief objective of which is the slaughter of all bovine animals suffering from tuberculosis of the udder or tuberculous emaciation, or giving tuberculous milk, or suffering from chronic cough and showing definite clinical signs of tuberculosis.

I regard this as the most effective measure yet introduced for protecting the health of the community from tuberculosis of bovine origin, and, if strictly carried out by all Authorities, should eventually free the milk supply from tuberculosis.

Your Health Committee have been very active during the past two years in taking the necessary steps to improve the dairies and the milk supply of the Borough under the new powers given to them by the Milk and Dairies (Amendment) Act, 1922. The net result of these activities is that all the larger dairies in the Borough have now separate cool stores and efficient steam

sterilising plants ; all shops selling other articles than of dairy produce, are limited to an efficient covered container or bottled milk. Thirty-one of the smaller milk retailers automatically gave up selling milk under the new requirements, and it has not been found, up to the present time, necessary to refuse to license or to remove any retailer from the register.

In spite of all the efforts of the retailers to prevent contamination of milk, they are absolutely under the thumb of the farmer, and they cannot take away the contamination which has gained access to it during the milking process and before delivery to them. In a community such as the Borough of Lowestoft, where the consumers are within easy access of the farms from which the milk supplies are obtained, the ideal to be aimed at is the production of " clean milk " at each farm.

It is pleasing to note that efforts to educate the farmers in this direction are being made by the County Council, by the organization of demonstrations on " clean milk " production and competitions : it is to be hoped that these efforts will be persisted in, as farmers require a great deal of education in milk production, which is generally looked upon by them as a matter of secondary importance.

Let the farmers produce a pure milk, and the retailers, of this town at all events, will see that it reaches the consumers in as good a state as delivered to them.

There is just one further matter to which I would like to direct your attention, and that is the overwhelming evidence that exists for bringing into force a minimum chemical and bacteriological standard for milk. It is no exaggeration to say that part of the milk sold at the present time is unfit for consumption, and also that some of it has a food value far below what ordinary average milk should contain. The public is practically without protection with regard to the liquid which they purchase under the name of milk. Anything squeezed from the cow's udder is milk, whatever its content, according to recent cases heard in the Court of Appeal. A liquid containing filth from the cowsheds can be sold with impunity.

The official grading of milk does not get us out of the difficulty ; it simply adds an additional terror to poverty, and it gives the poor no protection whatever. What is required is a minimum chemical and minimum bacteriological standard, below which no liquid should be allowed to be sold as milk for human consumption.

DAIRIES, COWSHEDS AND MILKSHOPS ORDER AND LOCAL REGULATIONS.

There are twelve cowsheds in the Borough, one or two of which can be classified as very good and the others as very fair. There have been no gross infringements of the above orders and regulations, but continuous action is being taken by your health staff in order that improvements can be carried out gradually on those farms where these have been found a necessity.

MILK AND DAIRIES (AMENDMENT) ACT, 1922, AND SPECIAL DESIGNATIONS ORDER.

I have detailed above the action taken by the Authority under this Act. No refusal or revocation of registration of retailers has so far been found necessary. Thirty-one small milk retailers (general stores) automatically giving up as the stricter supervision and requirements of the Health Committee were enforced.

During the year:—

One wholesale producer and retailer and 17 retail dairies were licensed to sell "pasteurised" milk.

In the case of the producer the apparatus licensed for pasteurisation of milk was one of the most up-to-date—"Retarder process" machines.

One retail dairyman was licensed for sale of Grade "A" milk.

SAMPLES OF MILK TAKEN FOR ANALYSIS DURING THE YEAR AND RESULTS.

Two samples taken of Grade "A" milk.

Average number of bacteria per c.c.—17,133.

Bacillus Coli absent in 100 c.c.

This milk was, therefore, up to good standard.

Three samples taken of "pasteurised" milk, and were found to conform with the necessary requirements.

Average number of bacteria per c.c.—20,333.

Bacillus Coli present in 1/10 c.c. in one sample, absent in other two samples.

Fifty-two formal and 17 informal samples of milk were taken under the Sale of Food and Drugs Acts.

Of the 52 formal samples, 44 proved genuine ; the remaining 8 samples were found to be adulterated, in that they were deficient in milk fat. Reports of Analyst on these 8 samples are as follows :—

1. Milk fat 2.94 per cent.
2 per cent. deficient in milk fat.
2. Milk fat 2.94 per cent.
2 per cent. deficient in milk fat.
3. Milk fat 2.91 per cent.
3 per cent. deficient in milk fat.
4. Milk fat 2.91 per cent.
3 per cent. deficient in milk fat.
5. Milk fat 2.4 per cent.
20 per cent. deficient in milk fat.
6. Milk fat 2.4 per cent.
20 per cent. deficient in milk fat.
7. Milk fat 2.7 per cent.
10 per cent. deficient in milk fat.
8. Milk fat 2.43 per cent.
19 per cent. deficient in milk fat.

Sixteen out of the seventeen informal samples proved to be genuine milk. One of doubtful quality contained 2.97 per cent. milk fat.

Your Health Committee, after considering each of these reports, sent warning letters to the vendors. No legal proceedings were instituted.

MILK CONSOLIDATION ACT, 1915, AND TUBERCULOSIS ORDER, 1925.

The Authority took immediate action under the above Act and Order, appointing a Veterinary Inspector and ordering samples of milk to be taken forthwith.

All specimens of milk are examined biologically at the County Laboratory, and when a positive tubercular report comes to our notice immediate action is taken, either by notifying the County Medical Officer in whose area the farm concerned is situated, or under the Tuberculosis Order should the farm be in the Borough.

Since September 1st, 1925, when the Act and Order came into force, to the end of 1925, 14 samples of milk have been examined for the presence of tubercle bacilli, two of which proved positive. The two positive samples came from farms in the Borough, and the offending animals were slaughtered and the cowsheds thoroughly disinfected.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923.

These regulations came into force 1st November, 1923. A little difficulty was experienced at first by your health staff in the case of the smaller retailers, but eventually we were able to obtain withdrawal of the old stock of tinned milk and have it replaced by tins labelled according to the regulations.

In the year 1924, 10 samples of condensed milk were taken, all of which proved genuine and to conform with the description on the labels.

No samples were taken under these regulations in 1925.

PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.

Beyond examination of containers to note that they are labelled in accordance with these regulations, no action has been taken.

MILK AND CREAM REGULATIONS, 1912 AND 1917.

Report for the year ended 31st December, 1925.

1. Milk and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
Milk	52	Nil.
Cream	3	Nil.

2. Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct:—

(1) Correct statements made	....	....	....	—
(2) Statements incorrect	....	....	....	—
Total	....	....	....	—

(b) Determinations made of milk fat in cream sold as preserved cream:—

(1) Above 35 per cent.	....	....	....	—
(2) Below 35 per cent.	....	....	....	—
Total	....	....	....	—

3. Thickening Substances.

Any evidence of their addition to cream or preserved cream—
nil.

4. Other Observations.

All shops, cafes, etc., where preserved cream is sold, display notices intimating the fact to customers.

MEAT.

On 1st April, 1925, the Public Health (Meat) Regulations, 1924, came into operation. Generally speaking, these regulations provided :—

1. That at least three hours' notice shall be given to the Local Authority before slaughter of any animal for human consumption.
2. That apart from certain conditions, no carcase shall be removed from the place of slaughter until inspected by the Meat Inspector.
3. That a slaughterhouse shall be used only for slaughter of animals for human consumption and for no other purpose.
4. That, subject to certain conditions of the Minister of Health, Local Authorities may institute "meat marking."
5. For the protection of meat exposed on stalls in markets against contamination from mud, dust and flies.
6. For proper sanitary arrangements of meat shops and stores, and for prevention of unnecessary handling and exposure of meat to contamination.
7. For the cleanliness of vans and persons engaged in conveying and carrying meat.

Some months prior to the date of commencement of these regulations, your Medical Officer and Chief Sanitary Inspector met the delegates of the Local Butchers' Association to discuss the whole matter and to make arrangements for carrying out the various clauses of the regulations. The following resolutions were arrived at :—

1. That Mondays, Wednesdays, Thursdays and Fridays, at specified hours, be regarded as regular slaughtering days ; three hours' notice to be given in the event of slaughtering taking place at any other time, such notice to be sent to the Health Department, Town Hall, up to 5 p.m. on weekdays, at any other times, to the Chief Sanitary Inspector, 18 Royal Avenue.
2. Master Butchers agree to give weekly records of all animals slaughtered.
3. Casualty cases to be notified within three hours of slaughter
4. Any evidence of disease to be reported to the Local Authority immediately.

5. Coppers for fat boiling to be erected outside slaughterhouse to the satisfaction of the Sanitary Inspector.
6. Meat marking to be arranged for.
7. No meat to hang outside shop or within 18 ins. from ground inside shop.
8. Meat not to be exposed except under glass or muslin.
9. Notices to be exhibited in shops requesting people not to handle meat.
10. Carts used for conveying meat from slaughterhouses to be kept thoroughly clean and washed out before use ; when open carts used all meat to be wrapped and covered with clean cloths.
11. Persons lifting and carrying meat to wear clean overalls.
12. Any possible negligence on the part of the Railway Company to be reported to the Local Authority.

All butchers were accordingly notified of these requirements, and it is satisfactory to note that without exception, each one has done his utmost to comply to the best of his ability.

The work of inspection and supervision of the nineteen slaughterhouses in the Borough has been ably carried out by your Inspectors. It is impossible to maintain anything like complete supervision of all meat slaughtered, with the slaughterhouses scattered about as they are throughout the whole Borough. Fortunately, your staff have secured the whole-hearted co-operation of the butchers, and very little unsound meat, therefore, escapes our notice.

From the time the Meat Regulations came into force to the end of the year, 4,486 animals were slaughtered for human consumption, of which number 1,506 were inspected.

The total amount of meat condemned as unsound and unfit for food amounted to 15,355 lbs., of which 9,613 lbs., or 62.2 per cent., was tubercular.

The following table is a summary of meat condemned :—
Voluntarily Surrendered.

34	Sets Ox Lungs.
134	Beasts' Livers.
21	Ox Heads and Tongues.
2	Ox Tongues.
13	Ox Skirts.
16	Ox Kidneys.
1	Frozen Kidney.
10	Tripes.
11	Spleens.
10	Ox Carcasses and Offals.
1	Calf's Lungs.
2	Calf's Carcasses.
5	Pigs' Carcasses.
3	Pigs' Heads.
2	Pigs' Lungs.
88	lbs. Beef.
9	Forequarters Beef.
4	Hindquarters Beef.
3	Sheeps' Livers.
2	Sheeps' Lungs.
991	lbs. Frozen Meat.

Out of the above, the following was affected with tuberculosis

6	Ox Carcasses and Offals.
21	Ox Lungs.
19	Ox Livers.
16	Ox Heads and Tongues.
11	Ox Skirts.
11	Ox Kidneys.
9	Tripes.
8	Spleens.
3	Pigs' Heads.
3	Pigs' Carcasses.
7	Forequarters Beef.
1	Hindquarter Beef.
	<i>Seized—Exposed for Sale.</i>
2	Shoulders Pork—24 lbs.

PRIVATE SLAUGHTERHOUSES IN THE BOROUGH.

	In 1920.	In January, 1925.	In December, 1925.
Registered	2	2	2
Licensed	17	17	17
	<u>19</u>	<u>19</u>	<u>19</u>

OTHER FOOD.

Other articles of food found unfit for consumption and accordingly condemned were as follows:—

Fish	39,116 lbs.
Tinned Salmon	9 lbs.
Turkeys	77 lbs.
Fruit	399 lbs.

ICE-CREAM PREMISES.

Ice-cream was manufactured in 87 places, so far as is known during the year 1925.

The whole position with regard to ice-cream manufacturers and vendors is most unsatisfactory, and your health staff have to work under great difficulties and without adequate powers. All milk producers and retailers have to be registered, and it is equally important from the public health standpoint that all manufacturers and vendors of ice-cream should be registered, and their premises too. Regulations are urgently required for this purpose, and for regulating the sanitary arrangements and the equipment necessary for the manufacture of this article of food.

SALE OF FOOD AND DRUGS ACTS.

The Authority is the County Council, but by agreement the Act is administered by the Local Authority, and samples are taken by your Chief Sanitary Inspector.

At the present time sanction has been given by the County Authority for the taking of 100 samples per annum; this number is on the lean side and limits one's activities on this most important matter: personally, I consider it necessary to be able to take at least 150 formal samples.

During the year 100 formal and 46 informal samples were taken under the Acts. Of the formal, 8 per cent. were returned as adulterated, all of which were milks. In no instance were legal proceedings instituted, warning letters being considered sufficient by your Health Committee to meet the cases.

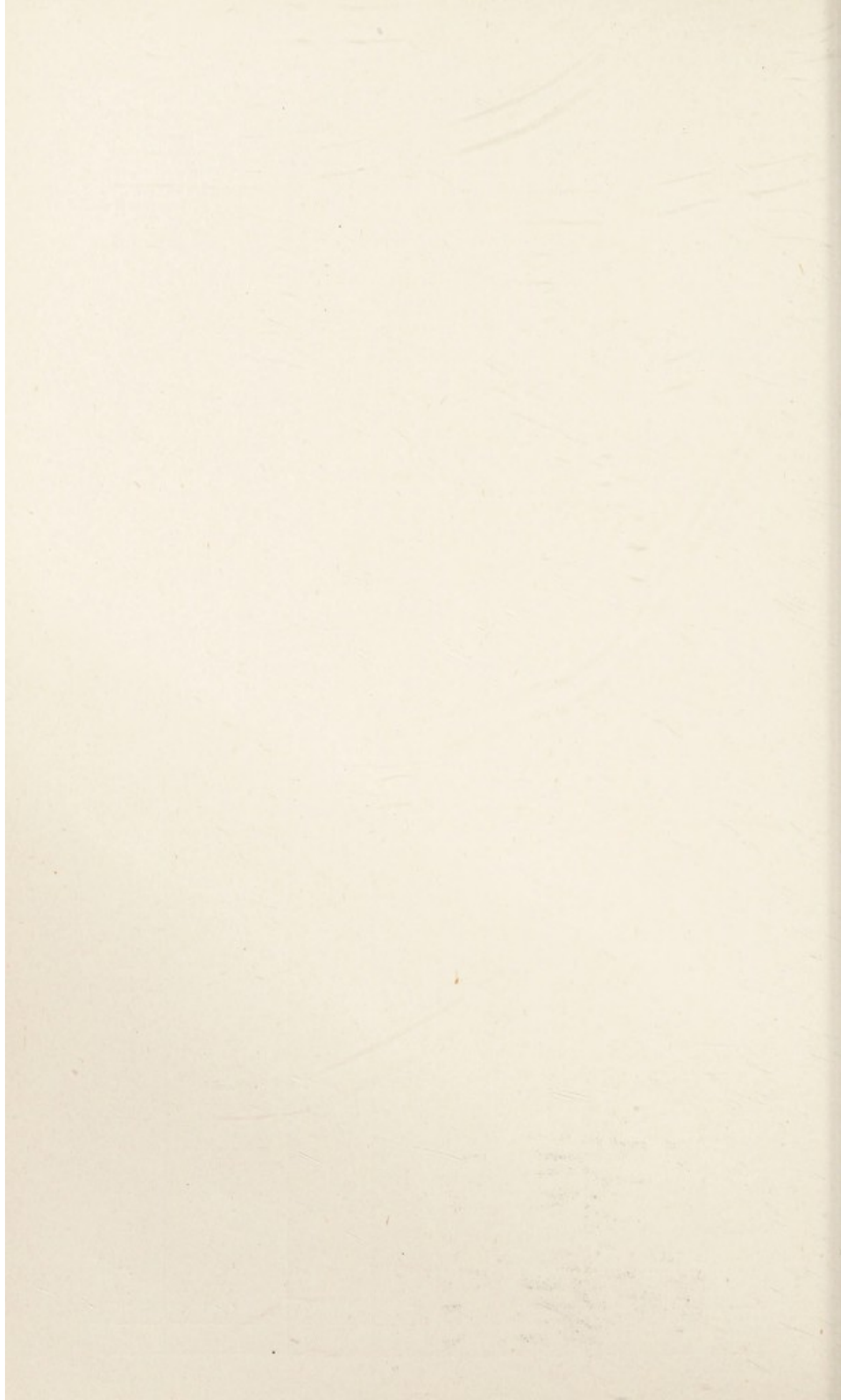
The following tables indicate in detail the number, type and result of analysis of each sample taken during 1925:—

FORMAL SAMPLES, 1925.

Nature of Sample	Number taken	Genuine	Containing Preservative	No. Adltd.	Perctge Adltd.	Remarks
Milk	52	44	—	8	15.4	For particulars of adulteration see Report of Analyst.
Ice Cream	2	2	—	—	—	
Cream Ice	1	1	—	—	—	
Cream	3	3	—	—	—	
Cooks' Farm Eggs	1	1	—	—	—	
Potted Ham	1	1	—	—	—	
Margarine	6	6	—	—	—	
Lard	3	3	—	—	—	
Sausage Meat	4	4	—	—	—	
Baking Powder	3	3	—	—	—	
Butter	4	4	—	—	—	
Pork Cheese	3	3	—	—	—	
Cheese	1	1	—	—	—	
Persian Sherbet	1	1	—	—	—	
Persian Lemonade	1	1	—	—	—	
Savoury Duck	1	1	—	—	—	
Sherbet Cornets	1	1	—	—	—	
Cake Royal	1	1	—	—	—	
Spongeoma	1	1	—	—	—	
Tapioca	1	1	—	—	—	
Ground Ginger	1	1	—	—	—	
Raspberry and Gooseberry Jam	1	1	—	—	—	
Black Currant Jam	1	1	—	—	—	
Pepper	1	1	—	—	—	
Whisky	3	3	—	—	—	
Raspberry Cordial	1	1	—	—	—	
Lemon Cheese	1	1	—	—	—	
	100	92	—	8	8%	

INFORMAL SAMPLES.

Nature of Sample	No. Examined	Genuine	Containing Preservative	No. Adltd.	Poor or doubtful quality	Perctge Adltd.
Raw Sausage	4	4	—	—	—	—
Cooked Sausage	2	2	—	—	—	—
Sausage Meat	1	1	—	—	—	—
Ice Cream	1	1	—	—	—	—
Cream Ice	2	2	—	—	—	—
Ready-to-freeze Mixture	1	1	—	—	—	—
Milk	17	16	—	1	2.97% milk fat	5.9
Vinegar	2	2	—	—	—	—
Sponge Cakes	2	2	—	—	—	—
Cocoa Essence	1	1	—	—	—	—
Cream Cheese	1	1	—	—	—	—
Pork Cheese	1	1	—	—	—	—
Baking Powder	1	1	—	—	—	—
Lard	1	1	—	—	—	—
Ham and Tongue Paste	2	2	—	—	—	—
Tongue Paste	2	2	—	—	—	—
Ham Paste	2	2	—	—	—	—
Beef Paste	1	1	—	—	—	—
Strasburg Meat Paste	1	1	—	—	—	—
Ham, Tongue and Chicken Paste ...	1	1	—	—	—	—
	46	45	—	1	—	22



PREVALENCE OF AND CONTROL
OVER INFECTIOUS DISEASE.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE

THE CONTROL OF INFECTIOUS DISEASE.

The first essential in the administrative control of infectious disease is the accurate information as to the occurrence and distribution of the first cases.

For this information a Medical Officer of Health is dependent on prompt notification by Medical Practitioners before he can take measures to prevent the occurrence of an epidemic. It will be readily understood how serious and far reaching the consequences might be should a Medical Practitioner fail to carry out his statutory obligations in such matters.

Upon receipt of the notification of a case of infectious diseases a definite routine is followed by the staff of your Health Department. The case is immediately recorded, and a Sanitary Inspector visits the house in question to make full enquiries and to report on the sanitary conditions. Steps are taken to secure isolation of the patient, quarantine of contacts and disinfection of the infected, premises, bedding, etc.

In cases of diphtheria, in addition to the above procedure throat and nose swabs are taken from every contact. This most necessary action would have been excessively costly but for the fact that you possess a laboratory, and your Medical Officer examines all specimens sent there. It is by this systematic swabbing, and this alone, that the number of cases of diphtheria in the Borough have been reduced during the past few years. Positive contacts and carriers have been discovered within twelve hours and isolated before widespread damage has been done.

As your Medical Officer is also School Medical Officer, there is no unnecessary loss of time between the two departments in taking action when infectious diseases occur in children of school age. The school department or departments affected are visited, and all children with suspicious symptoms are dealt with according to the code and excluded until your Medical Officer is satisfied that there is no risk in allowing them to return to school.

The head teachers of all departments have been supplied with information concerning the early signs and symptoms of the chief notifiable and non-notifiable infectious diseases, in order that they may exclude children with suspicious symptoms.

Sick absence slips are sent daily from schools to your Medical Officer, and all cases are visited within 24 hours and reported upon. Moreover, should any case be found to be an infectious disease, the parents are notified, and handbills indicating the symptoms and the treatment necessary are distributed.

In cases of influenza, or any serious infectious disorder likely to involve the health of the Borough, warning notices are placarded throughout the town, giving instructions as to early signs, symptoms, and the action to be adopted by affected persons.

In addition to these precautions, every patient, after discharge from Isolation Hospital, reports weekly to the Health Department until a freedom certificate is issued, permitting return to school or other duties.

During the summer months, when many visitors flock to the town, owing to the prevalence of smallpox in the country, you have made chickenpox a notifiable disease. This has rendered it possible for your Medical Officer to keep in close touch with such cases, thus diminishing the danger of a mild case of smallpox being missed.

The precautions which are adopted to prevent the importation of infectious diseases into the port, are fully described in the Port Sanitary Report.

Finally, your Medical Officer of Health is available for purposes of consultation with his medical colleagues upon cases of suspected infectious disease, and during the year 1925 his services in this capacity were requisitioned on 20 occasions.

IMMUNISATION AGAINST VARIOUS INFECTIOUS DISEASES.

Immunisation has not been undertaken against Scarlet Fever, nor have children been tested by means of the Dick Test to ascertain their susceptibility to this fever.

A number of children, however, were Schick Tested and immunised against Diphtheria during the year 1925, and a full description of the procedure will be found in the School Medical Report.

Vaccination falls very far short of what it should be, some 75 per cent. of our child population being unvaccinated. This is a very serious matter, as it is the only means of preventing cases of Smallpox occurring. Should a case arrive in Lowestoft from any town in which Smallpox is prevalent at the present moment, your health staff would be very seriously handicapped in dealing with the situation.

ISSUE OF ANTITOXINS, ETC.

The following antitoxins, anti-serums, etc., are issued free of charge by your Health Department to general practitioners, either for preventive measures or for the treatment of cases:—

- Diphtheria Antitoxin.
- Anti-Streptococcus Serum.
- Anti-Tetanus Serum.
- Anti-Meningococcus Serum.

During the year 1925, 459,000 units of Diphtheria Antitoxin, 10,500 units of Tetanus Antitoxin, and 16 phials of Polyvalent Anti-streptococcus Serum were issued.

A supply of Anti-Tetanus Serum is also kept at the Police Stations.

DISINFECTION.

The disinfecting station is situated in the grounds of the Isolation Hospital, where an "EQUIFEX" disinfector is installed.

During the year 1925, the following number of houses, etc., were disinfected after infectious and contagious diseases:—

Total number of houses	....	....	....	....	290
Number of articles fumigated	....	....	....	....	3381
Number of articles destroyed at the request of owners	....	....	....	....	1
Number of books from infectious houses detained from Lending Libraries	....	....	....	....	42
Vessels disinfected	....	....	....	....	4

VERMINOUS PERSONS.

Verminous children are dealt with at the School Clinic, where baths are available; other persons are dealt with in a special bath at the Isolation Hospital, their clothing and belongings being disinfected at the disinfecting station.

The work of cleansing adults has not been specially provided for by the Authority, but last year I advised the Sanitary Committee to pay a Health Visitor 2/6 for each woman disinfected by her; this sum was agreed upon.

During the year 1925, five adult females were cleansed at the Isolation Hospital.

In the above remarks I have given you a more or less complete survey of the machinery used for the protection of your Borough against epidemic diseases, but in spite of all these precautions, our task of keeping control of infectious diseases is rendered most difficult by the overcrowded state of your houses.

PREVALENCE OF INFECTIOUS DISEASES FOR THE FIVE-YEAR PERIOD, 1921-1925.

Speaking generally, there has been no serious epidemic during the period under review. Scarlet Fever decreased in numbers up to the year 1923, since which time there has been a slow increase. Cases of Diphtheria have gradually decreased, but there is some indication of an increase in virulence of this disease. Typhoid Fever has been on the decrease each year, until in 1925 we have had no cases at all. On the other hand, Paratyphoid Fever cropped up for the first time on record with a small outbreak of 22 cases in 1923. Pulmonary Tuberculosis, probably the most serious of our infectious diseases, is showing some inclination to still be on the increase. During the past two years we have had six cases of Encephalitis Lethargica, or Sleeping Sickness.

Of the non-notifiable infectious diseases there was a fairly wide epidemic of measles, of which 791 cases came to my notice, and of Influenza in the early part of the year 1924, but they were, more or less, of a mild character, judging from the mortality figures.

During the five-year period 1921-1925, there have been 16 deaths from Measles; 38 deaths from Influenza; and 19 deaths from Whooping Cough.

I will now deal with the more important infectious diseases separately.

SCARLET FEVER.

Year.	No. of Cases.
1921	219
1922	131
1923	74
1924	106
1925	117
Attack rate, 1925	2.42
Attack rate, 1925 (Eng. and Wales)	2.36
Number of deaths, 1925	1
Death rate, 1925	0.02
Death rate, 1925 (Eng. and Wales)	0.03

From the above figures it is seen that although the number of Scarlet Fever cases is not quite so high as in the years 1921-22, there has been a tendency towards an increase since 1923. Schools have played a large part in the spread of this Fever, particularly in the infants' departments, but not every case can be put down to school infection.

Many cases have occurred in households, particularly overcrowded ones, where adults have suffered from septic throats, with no other sign of Scarlet Fever, until one of the younger members of the family similarly affected has developed a rash, thus bringing to light the true nature of the throat condition. No outbreak has been traced to milk infection, and the chief cause of the spread has been mild missed cases.

Scarlet Fever has altered its type considerably; it is becoming much milder in every respect, and therefore increasingly difficult to diagnose, so that it is quite easy to understand how missed cases occur.

Return cases of Scarlet Fever, that is cases occurring in the same household 28 days after the return of a discharged case from hospital, have been rather frequent—there were 14 return cases in 1925. Careful records of these cases have been kept during the past two years, and the evidence collected shows that this type of case is more frequent:—

1. In overcrowded houses.
2. The longer the primary case is kept in hospital.
3. When the primary case has suffered with septic tonsils and adenoids, or has developed complications such as rhinitis or middle ear trouble.

In order to try and overcome the latter trouble, I advised the Isolation Hospital Committee, during the present year, to appoint Dr. Evans as Nose, Throat and Ear Specialist, in order that septic tonsils and adenoids or complications of the nose and ear could be attended to before discharge from hospital.

Towards the end of the year I also commenced treating the more toxic cases of Scarlet Fever with Scarlet Fever Antitoxin. The results obtained so far have been most encouraging, and complications have been fewer, but it is too early to give any definite opinion on this form of treatment.

DIPHThERIA.

Year.	No. of Cases.
1921	70
1922	72
1923	41
1924	21
1925	29
Attack rate, 1925	0.06
Attack rate, 1925 (Eng. and Wales)	1.23
Number of deaths, 1925	6
Death rate, 1925	0.13
Death rate, 1925 (Eng. and Wales)	0.07

As already indicated in my previous remarks in the report, Diphtheria cases have tended to decrease in numbers during the past five years, but there is an indication, as shown by the number of deaths which we had during the present year, that the virulence has increased, and unless we watch most carefully, an epidemic of Diphtheria may suddenly occur in a most deadly form.

We now possess a method of preventing the occurrence of Diphtheria by immunisation with a mixture of toxin-antitoxin. This form of preventative treatment was undertaken by your Medical Officer during the present year, owing to an outbreak of Diphtheria in one of the infants' schools. The results have been highly satisfactory, as no further cases have since occurred.

This method of prevention, unfortunately, is rather a lengthy procedure at present, which makes it impracticable on a large scale with a small staff. There is no doubt, however, that in the near future the process will be greatly simplified, which will make it possible to immunise anyone who is willing to be protected from Diphtheria.

When a patient develops Diphtheria, the only chance of making a speedy recovery is by the early administration of Diphtheria Antitoxin. The longer this is delayed the more ineffectual it becomes.

Of the six cases which died during the year, with two exceptions, the parents failed to realize the seriousness of the condition and did not call in a doctor for several days after the onset, when it was too late, and the administration of antitoxin useless.

It cannot be too strongly emphasised that it is absolutely necessary for parents to seek immediate medical advice for any child suffering from throat complaint or a discharge from the nose.

It is interesting to record that of the 29 cases of Diphtheria notified during the year, 21 occurred in a certain district situated in the south of the Borough, and that before cases ceased to occur, 10 carriers were discovered and isolated. It was in this district that the immunisation treatment was performed.

A more or less detailed report of this outbreak and the methods adopted to prevent further spread, will be found on page 11 in the School Medical Report for the current year.

TYPHOID FEVER.

Year.				No. of Cases.
1921	....	....	....	10
1922	....	....	....	8
1923	....	....	....	4
1924	....	....	....	3
1925	....	....	....	—

One of the most important matters for the Council to realize is the fact that the year 1925 is the first year in the history of Lowestoft that no cases of Typhoid occurred. As indicated by the table, the disease has been gradually dying out, which shows that the sanitary conditions of the Borough have been improving and that greater attention is given to the cleanliness of our food supplies.

PARATYPHOID.

Year.				No. of Cases.
1921	....	....	....	—
1922	....	....	....	—
1923	....	....	....	22
1924	....	....	....	8
1925	....	....	....	3

Paratyphoid first made its appearance in the autumn of 1923, when there was a small outbreak of 22 cases, which eventually were traced to a carrier, who was isolated and dealt with according to the Pneumonia, Malaria, Dysentery and Trench Fever Regulations, 1919.

A full description of this outbreak will be found in the Annual Report for 1923.

A further eight cases occurred in 1924, the origin of which I was quite unable to trace. In 1925 we had three more cases, but this time they were all visitors who came to the town actually suffering with the disease.

PNEUMONIA.

Year.				No. of Cases.
1921	....	....	....	—
1922	....	....	....	43
1923	....	....	....	33
1924	....	....	....	78
1925	....	....	....	68

The number of cases of Pneumonia coming to the notice of your Medical Officer has increased of late years, but whether this is due to the fact of stricter notification or to the actual increase in cases I am unable to say, as when I first took up duties in the town several of the medical men had entirely overlooked the fact that primary Pneumonia was a notifiable disease.

ENCEPHALITIS LETHARGICA.

Year.				No. of Cases.
1921	....	....	....	1
1922	....	....	....	—
1923	....	....	....	—
1924	....	....	....	3
1925	....	....	....	3
Attack rate, 1925	....	....	....	0.06
Deaths, 1925	....	....	....	2
Death rate, 1925	....	....	....	0.04

Encephalitis Lethargica, or Sleeping Sickness, so far as recognizing it is concerned, is comparatively a new disease. During the past few years there has been a large increase in the number of cases, not only in Lowestoft, but also throughout the country generally.

During the year 1924 three cases of the disease were notified, one of which was doubtful. Two of these were removed to Isolation Hospital, full particulars of which will be found in the Annual Report for that year.

Of the three cases notified during the current year, two were death notifications, and no enquiries were therefore made, and unfortunately there was no post mortem examination held, so that really there is some doubt about them. The other case was an indefinite one, and the patient recovered completely.

One of the most serious results of Encephalitis Lethargica, should the patient overcome the acute attack, is the effect which it has on the mental state of the patient. Often the patient, from being a quiet peaceable citizen, becomes changed into a violent or morally bad one.

SMALLPOX.

During the five-year period in question, Lowestoft has been fortunate in escaping infection by Smallpox, considering the unvaccinated state of the town and the prevalence of this dreaded disease throughout the country generally.

In order to show you more clearly the state of vaccination in your Borough, I give you a table which indicates at a glance the number of children vaccinated during the 10 years period, 1910-1919, and during each successive year from 1920-1924.

Years	Total births Registered	Successfully vaccinated	Insusceptible of vaccination	Had Small-pox	Number of Declarations from conscientious Objectors	Died Unvaccinated	Postponed by Medical Certificate	Removed to other Districts of the Vaccination Officer of which has been appraised	Removed Address unknown	Percentage successfully Vaccinated	Excluding those who died Unvaccinated. Percentage
10 Years' Ave age 1910-1919	7648	2076	8	—	4557	439	87	33	293	27	21
1920	1252	278	2	—	860	49	4	2	38	22	18
1921	1118	243	2	—	780	48	1	4	28	22	17
1922	980	226	1	—	659	48	3	7	32	23	18
1923	981	230	3	—	680	29	2	2	25	23	20
1924	880	236	1	—	571	37	3	10	23	27	22

I also wrote to the two Public Vaccinators in the Borough—Dr. Boswell and Dr. Barraclough—and I give you their replies in full.

“ Dr. D. W. BOSWELL, M.D., D.P.H., T.D., Public Vaccinator for Lowestoft, excluding the Kirkley District, states that only 111 primary vaccinations were done by him last year in this district.

This is the smallest number he has ever done in one year. The number has been gradually falling for several years. He considers the ease with which parents can get declarations of conscientiously objecting to vaccination signed, and the assistance and encouragement given by certain responsible people has brought about this state of affairs.

He considers that this young unvaccinated population is a danger, and is very liable to produce an epidemic of Small-pox such as is now occurring in other parts of the country. The infection can so easily be brought to this town by the summer visitors, sailors and fisher folk.”

“ As Public Vaccinator for the Kessingland District, which includes Kirkley, Pakefield, Carlton, Gisleham, Rushmere, Mutford, Kessingland and half Oulton Broad, I did 47 vaccinations in 1925. This is much below the average, and the cases are getting less each year.

" It is not so much because people don't believe in vaccination, and are against it, but that they can avoid it so easily. They have only to say they don't wish it to be done and they get off, as no steps appear to be taken to compel them, when they have not filled up their papers before the child is four months old.

" I have often been told ' I don't object to vaccination, and you have done all the other children, but I am not going to have this one done.' "

(Signed) HAROLD C. BARRACLOUGH, M.B

PUERPERAL FEVER.

See Maternity and Child Welfare Report.

OPHTHALMIC NEONATORUM.

See Maternity and Child Welfare Report.

TUBERCULOSIS.

Years.	Cases Notified.		Deaths.		Rate per 1,000 population.	
	Lungs.	Other.	Lungs.	Other.	Incidence.	Death Rate.
1920	42	8	36	12	1.5	1.1
1921	44	37	29	10	1.8	0.8
1922	43	30	41	9	1.6	1.12
1923	56	10	49	9	1.5	1.3
1924	46	21	41	12	1.5	1.16
1925	86	30	35	7	2.5	0.9

From the above table it is seen that 86 cases were notified during 1925, but this is a misleading figure, owing to the fact that about 30 of these were ex-soldiers who were notified to me for the first time by the County Medical Officer, and were old standing cases not previously notified on Form " A ."

Nevertheless, the fact remains that an increase of this " White Scourge " indicates that our methods of prevention are failing to diminish the number of cases. The fact is people forget that Pulmonary Tuberculosis is an infectious disease, and therefore they fail to take precautions which they would take with a case of Scarlet Fever.

The lack of means of isolation and the overcrowded conditions in many of the homes of the sufferers leads to the spread of this disease, and is defeating our efforts in preventing it.

Tuberculosis, other than Pulmonary Tuberculosis, is largely due to the drinking of milk infected with bovine tubercle bacilli, but it is hoped to see great improvements in this form of the disease as our milk supply improves.

Important measures have recently been passed, giving greater powers to Authorities in dealing with Tuberculosis generally. Under the new Public Health Act, 1925, an infectious case of Pulmonary Tuberculosis can be compulsorily removed to isolation when there is danger of other people becoming infected. Under the Public Health Prevention of Tuberculosis Regulations, 1925, a person suffering from Pulmonary Tuberculosis can be prevented from engaging in an occupation involving the handling by him of milk under such conditions as to create a danger of infection of the milk.

Lastly, but probably the most important step yet taken to safeguard our milk supplies, is the Tuberculosis Order of the Board of Agriculture and Fisheries, 1925. By this Order all animals suffering from Tuberculosis, and giving tuberculous milk, must be slaughtered.

The following table gives the analysis in age groups of the notifications of and deaths from Tuberculosis in 1925 :—

Age Periods.	New cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	—	—	—	—	—	—	—
1-5	—	—	5	3	—	—	1	1
5-10	1	2	2	3	—	—	—	1
10-15	1	4	4	2	—	1	2	—
15-20	6	3	3	3	3	2	—	1
20-25	6	2	—	1	3	1	—	—
25-35	14	10	1	1	8	2	—	—
35-45	14	7	—	—	2	4	—	—
45-55	11	2	—	1	5	—	1	—
55-65	—	2	—	—	2	1	—	—
65 and up	1	—	—	1	1	—	—	—
	54	32	15	15	24	11	4	3

Public Health (Prevention of Tuberculosis) Regulations 1925—
No action taken.

Public Health Act, 1925, Sec. 62—No action taken.

CHICKENPOX.

Chickenpox was epidemic in the Borough during the years 1924-1925, when 129 and 349 respectively came to my notice, either through voluntary notification of teachers or notification by General Practitioners during the periods when the disease was made notifiable.

A large number of these cases were seen personally by your Medical Officer, who satisfied himself as to the nature of the disease.

INFECTIOUS DISEASES OCCURRING DURING THE YEAR
1925.

The following tables indicate the returns of the principal infectious diseases during each quarter of the year, also the total cases notified and those admitted to hospital together with the total deaths from each disease.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Scarlet Fever	43	22	20	32
Diphtheria	7	10	11	1
Pneumonia	36	13	5	14
Typhoid	—	—	—	—
Paratyphoid	—	—	3	—
Puerperal Fever	—	1	—	—
Ophthalmia Neonatorum	1	—	4	1

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Diphtheria	29	29	6
Scarlet Fever	117	107	1
Paratyphoid Fever	3	3	—
Puerperal Fever	1	—	—
Pneumonia	68	1	21
Ophthalmia Neonatorum	6	—	—
Encephalitis Lethargica	3	—	2
Erysipelas	12	—	1
Tuberculosis (Pulmonary)	86	—	35
Tuberculosis (Non-Pulmonary)	30	—	7

Appendix V gives in detail the ward returns and the age groups, etc., of the notifiable infectious diseases during 1925.

MATERNITY AND CHILD WELFARE.



MATERNITY AND CHILD WELFARE.

The East Suffolk County Council is the Supervising Authority under the Midwives Act. There were 13 midwives registered as practising in the Borough during the year; three of these belong to the District Nursing Association. Any irregularities in carrying out the rules of the Central Midwives' Board that come to our notice are reported to the County Medical Officer of Health.

There is no doubt, in my opinion, that the inspection of midwives should be carried out by those Sanitary Authorities who are responsible for the administration of the Maternity and Child Welfare Acts. This would ensure closer co-operation between midwives, health visitors and infant welfare centres.

There are still one or two great drawbacks and difficulties which the Midwives' Act does not overcome. The first is the absence of supervision of those unqualified persons who make a living by acting as nurses to women during their confinements, ostensibly under the authority of a doctor. In many cases they undoubtedly act as midwives, and it is very difficult to detect them unless something serious happens to the patient, even then it is most difficult to obtain sufficient evidence to warrant their prosecution. The second is the absence of registration of homes taking in lying-in patients. Anyone with a spare room in the house can take in a lying-in woman, and they get over the difficulties in the Midwives' Act by employing a qualified midwife. Many of the houses which advertise as having a bed or beds are most unsuitable for the purpose, and if they were registered and were under the supervision either of the Local Authority or the Supervising Authority, they would never be allowed on sanitary grounds.

NOTIFICATION OF BIRTHS ACT.

The Notification of Births Act, adopted by the Authority in May, 1924, renders it compulsory for the parents, etc., to notify the birth of a child to the Medical Officer of Health within thirty-six hours of its occurrence.

There is still an absence of knowledge on this requirement, as forty-one births were not notified.

Births registered—

(1) Live births—Legitimate.	(2) Illegitimate.	(3) Total.
766	19	785

Births notified—

(1) Live births 754.	(2) Still births 20.	(3) Total 774.
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(1) Notified by midwives 488.	(2) Notified by parents and doctors 286.
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(a) Live births 478.	(a) Live births 276.
(b) Still births 10.	(b) Still births 10.

Previous to the adoption of the Notification of Births Act, we had to rely on obtaining the information of births from the County Council, although the Authority had its own Maternity and Child Welfare scheme. Naturally, this rendered it very difficult to properly co-ordinate the work.

Since the adoption of the Act, however, the following up of births has been rendered much simpler.

About ten days after the birth of a child the Health Visitor endeavours to get into touch with the mother in those cases in which a visit is desirable. Enquiries are made concerning the baby and information given about the Welfare Centres, and the mother encouraged to bring the child to one or other of them. In most cases subsequent visits are paid according to necessity, and an endeavour is made to keep in touch with children until they become five years of age, when they pass under the supervision of the School Medical Department.

For the purposes of this inspectorial work, the Borough has been divided into four areas, to each of which a Health Visitor has been allotted. As each Health Visitor is also a school nurse, she combines the work of the two departments, and is thus able to observe the child from babyhood until it leaves school.

There can be no doubt as to the value of this work, as the Health Visitor endeavours to educate the mother in all things appertaining to the health and welfare of her child. At the same time advice on the methods of storing milk and food in the house is given, and last year small pamphlets were distributed on "Points for Housewives and others concerned in the purchase, reception and storage of the domestic milk supply."

Any insanitary condition which may be noted at the time of the visit is reported to the health department, in order that it may be followed up by one of the Sanitary Inspectors and remedied. All this work requires great tact and personal sympathy on the part of the Health Visitor.

In all cases the greatest care is taken that there shall be no interference with the interest of the medical attendant, should there be one, and in many cases it can be shown that but for the instrumentality of the Health Visitor, mothers would have neglected to take their infants to their doctor for advice as to illness or defects. One is frequently told by medical men that the child welfare movement is quite an unnecessary one, and that the work of the private doctor is suffering through it. Personally, from what I have said above, I cannot see that such a criticism can be made with justness. True, it is that occasionally one does receive a complaint from a doctor that a Health Visitor has given advice on the feeding of a child contrary to his orders, but in no case which I have investigated, and I immediately investigate

all such complaints, have I been able to prove that the Health Visitor deliberately interfered with the doctor's instructions. Usually, it is the fault of the parent either asking for advice without mentioning that the doctor has already given instructions on this matter, or else conveying the wrong impression to the doctor when he next attends.

Exactly the same principles are carried out at the Infant Welfare Centres.

The motto of these Centres is "Prevention is better than Cure." The whole object of them is to keep in touch with infants as soon after their birth as possible, until they reach school age, in order that they may be examined from time to time by the doctor in charge. Should any slight defect be found, the matter is explained to the parent, who is advised to obtain medical treatment and have the defect remedied, so that the possibility of more serious conditions developing can be prevented.

The Clinics, therefore, come to fill a gap which has existed for generations between infant and doctor. They are purely advisory and educative in function. No treatment beyond the giving of extra nourishment in cases of dire necessity is carried out; and obviously the Child Welfare Movement must of necessity increase the General Practitioner's practice rather than decrease it, providing that he encourages mothers to bring their infants and to keep regularly in touch with the nearest Centre.

For the Welfare Centres to be a success we must have the whole-hearted co-operation, not only of the midwives, but also of the General Practitioners practising in the area.

VISITS PAID BY HEALTH VISITORS DURING THE YEAR 1925.

1. To expectant mothers.					
(a) Total Visits	....	....	....	....	213
2. To infants under one year.					
(a) First Visits	....	....	....	....	858
(b) Total Visits	....	....	....	....	2524
3. To Children 1-5.					
(a) Total Visits	....	....	....	....	2475
4. Enquiries into causes of death of children under 1 year	....	....	....	....	30
5. Ophthalmia Neonatorum Visits	....	....	....	....	200
6. Miscellaneous Visits	....	....	....	....	1329
					—
Grand Total	....	....	....	....	7629
					—

This work is carried out by four Health Visitors who also do half-time school work. Their duties have been outlined in my previous remarks.

MATERNITY AND CHILD WELFARE CENTRES.

POST-NATAL SERVICE.

The whole of the work is controlled by the Maternity and Child Welfare Committee of the Town Council, who have established three Centres :—

1. Connaught House, 123 High Street, which meets on Fridays at 2 p.m. to 4.30 p.m.
2. Wood-work Centre, Colville Road, Kirkley, which meets on Fridays at 2 p.m. to 4.30 p.m.
3. Council Buildings, Oulton Broad, which meets on Mondays at 2.15 p.m. to 4.30 p.m.

Each Centre is worked by a doctor—Dr. Jennette Hargrave—and a Health Visitor, together with a Committee of voluntary workers, without whom we should be unable to carry on, and our best thanks are due to them for their efforts.

Tea is provided at a charge of one penny per head, and the programme includes health talks, baby weighing, and consultations with the medical officer in attendance.

I would like to see the work of the Centres developed a little further, and to have included in the programmes such subjects as instruction in home nursing and demonstrations of sewing, cutting out, etc. I am certain that many of our voluntary helpers are skilled needlewomen and knitters, and would be only too willing to instruct young mothers particularly in the making of infant clothing.

An idea of the work accomplished during the year at the three Centres will be gained from a study of the following tables :—

Work of Centres.	Connaught House.	Oulton Broad.	Kirkley.
Number of Babies on Registers			
January 1st, 1925	327	111	148
Number of Babies added during 1925	166	33	66
*Number of Infants under 1 year added during 1925	105	23	42
Number of Babies in attendance			
January 1st, 1926	233	100	118
Number of Babies ceased to attend	260	44	96

* These numbers are included in the number of babies added during the year.

Number of births registered, 1925	788
Percentage of births who attended Centres	22%

Total Attendances during the year :—

Clinic.	No. of Sessions.	Mothers.	Infants.	Children. 1-5.
Connaught House	46	1437	871	709
Kirkley	46	799	682	291
Oulton Broad	43	893	272	899
	135	3129	1825	1899

The foregoing tables indicate the number of infants and the attendances made at the various Maternity and Child Welfare Centres during the year 1925. It will be seen that there is a falling off of attendances in children under one year of age, as compared with last year, when 30 per cent. of the births attended the Clinics, but it is satisfactory to note that over 400 more children between the age groups of 1 to 5 have attended, as compared with the previous year.

Although the Baby Clinics have now been established for five years, the majority of mothers in Lowestoft lack enthusiasm with regard to attending one or other of the Clinics. This is a great pity, as it is in the early years of life that it is so necessary to attend to slight defects and conditions which, if neglected, may lead to serious results in later life.

I have already pointed out in the School Report for the year 1925, 980 entrants—that is children between the ages of 5 to 8—were medically inspected, and 225 were found to have defects, the majority of which could have been either prevented or remedied if these children had only attended the Infant Welfare Centres before attaining school age.

TREATMENT AT CHILD WELFARE CLINICS.

As stated in my opening remarks, no treatment is undertaken at the Baby Clinics beyond the issuing of milk, cod liver oil, ovaltine, etc., to necessitous cases. All cases requiring treatment are referred to the private practitioners or to the hospital.

The Authority have made no arrangements with the local General Hospital for the admittance and treatment of young children, nor have they made arrangements for the treatment of dental defects and minor ailments.

ANTE-NATAL SERVICE.

During the early part of the year the Committee decided to commence an ante-natal service, comprising ante-natal clinic and maternity beds, together with home helps, a scheme which was sanctioned by the Ministry of Health.

Accordingly, an ante-natal clinic was opened, for the first time, the last Tuesday in July, and has been open on every second and fourth Tuesday, at 2 p.m., in the month ever since. Two maternity beds were retained at a retaining fee of £60 per annum at the Alexandra Nursing Home; this fee to include the use of two beds for seven weeks, or one bed for fourteen weeks, the rate of charge to be four guineas per week for every additional week above and beyond the stated period.

With regard to home helps; it was decided at the present time not to appoint a whole-time woman, but to have a list of names of women who would be willing to undertake this work when necessity arose; terms to be agreed upon according to requirements.

Scale of fees to be charged for the use of maternity beds and for home helps was submitted to the Ministry for their approval, and are as follows:—

“ Where the net weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/-, the Council shall not claim repayment of any of the fees.

Where the net weekly income of the family, calculated as above, is over 30/-, but does not exceed 40/-, the Council shall claim the repayment of such fees to the equivalent of the maternity benefit.

Where the net weekly income of the family, calculated as above, is over 40/-, but does not exceed 50/-, the Council shall claim the repayment of one-half of such fees.

Where the net weekly income of the family, calculated as above, is over 50/-, the repayment of the whole of such fees shall be claimed.

In ascertaining the weekly income of the family, the average earnings of the four weeks preceding the birth shall be taken.”

The doctors and midwives practising in the district were all notified of the date of opening of the clinic and were asked for their full support. I interviewed each midwife personally, and in every case met with their approval and their willingness to do their utmost to help on the work.

Our Health Visitors were supplied with visiting cards, giving dates and times at which the ante-natal clinic is open and particulars of the service. These cards they leave at the house of any expectant mother whom they may come across during their visits.

Probably, as one has only to expect with a new service, expectant mothers have as yet failed to take advantage of it. From the time of opening until the end of the year, only nine expectant mothers attended, making a total of twenty attendances. Of the nine, seven were midwife cases and two doctor's cases. One of the latter was a case of contracted pelvis, and was admitted into the Alexandra Nursing Home into one of our maternity beds, where labour was successfully induced with the birth of a healthy live-born eight-months baby girl. Both mother and baby made rapid progress and have done extremely well since.

This was the only case who took advantage of the maternity beds during the year.

In all cases where the expectant mother attends the clinic and who has engaged a private practitioner for her confinement, the doctor is notified of her attendances and of any abnormal condition, should such be found at the examination.

When any abnormality is found in a woman who has been referred to the clinic by a midwife, a confidential letter is sent to the midwife, telling her the result of the examination and what advice should be given to the patient.

The midwives generally are endeavouring to encourage expectant mothers to book with them early, in order that antenatal supervision may be carried out. The District Nursing Association now make it a rule that all cases booked by them should present themselves at least once for examination before the date of confinement.

OTHER INSTITUTIONS ADMITTING MATERNITY CASES.

Maternity cases are admitted into the maternity wards at the Oulton Infirmary. The General Hospital also admits maternity cases requiring operative interference.

PROVISION OF MILK TO NECESSITOUS MOTHERS AND INFANTS.

All applications for free supplies of milk are enquired into by the Assistant School Medical Officer, according to the Ministry of Health's Circular 185. Full details of the family conditions are obtained, and care is taken to prevent overlapping with other charitable agencies distributing relief.

The following amounts of milk, etc., were distributed during the year:—

Under Authority's Scheme.

1. Number of cases supplied	....	....	22
2. Total quantity supplied	....	....	721 pints
3. Total period of supply	....	....	698 days

Mrs. Harris' Fund.

1. Number of cases supplied	....	....	4
2. Total quantity supplied	....	....	110 pints
3. Total period of supply	....	....	110 days

In addition to the milk supplied, the following articles of food were given free, out of voluntary or private funds.

- 6 Jars Chymol.
- 1 lb. Glaxo.
- 1 lb. Trufood.
- 1 Jar Virol.
- 2 Bottles Marylebone Cream.
- 1 lb. Ambrosia.
- 4 lbs. Virol and Milk.
- 6 lbs. Malt and Cod Liver Oil.
- 1 Jar Roboleine.
- 5 Bottles Cod Liver Oil.
- Samples Ambrosia.

INFANT MORTALITY.

Deaths under one year	....	31
Infant Death Rate	....	39

There were 31 deaths of children under one year of age, which makes the infant mortality rate 39 per 1,000 births. This is a record, and one of which the Committee have just cause to be proud. The average rate for the previous five years is 63.6.

The Committee must not, however, be disappointed if the rate does not remain at this low level; such a thing is hardly to be expected yet. Before we can expect this, much work will have to be done in overcoming the overcrowded condition of the majority of our poorer homes, in improving their general sanitary condition, and in the making up of the back ways and passages leading to them.

The figure 39, however, does indicate that it is possible to obtain a low mortality rate, even with these conditions existing, but it requires special weather conditions such as we had during the year 1925, and the absence of the fatal infectious diseases of infants such as measles, whooping cough and pneumonia.

There is no one reason why the infant mortality rate should have fallen as it has from 87 in 1915 to 39 in 1925, a saving of 48 lives in every 1,000 births. If I were asked to account for the great improvement, I should say that the chief causes are:—

1. Absence of any serious epidemics of measles or whooping cough, which are most fatal to infant life.
2. Better education of our mothers, therefore cleaner home conditions, etc., due to the efforts of our Health Visitors and educative work carried out at our Clinics during the year.
3. The improvement in our midwifery.
4. The very great improvement in the handling and distribution of our milk supply.
5. Improved sanitary conditions due to the vigilance of the Sanitary Inspectors.
6. Improvements in the methods of removal and disposal of household refuse.
7. An increase in motor traffic and a decrease in horse traffic, therefore cleaner roads and fewer manure heaps, which are favourite breeding grounds for flies.

All these conditions play a part in the saving of infant lives, and it would be very difficult to indicate which is the most important.

The following tables are of interest:—

Table A.—Showing the births, infantile deaths, and infantile mortality for the last five years, as compared with those of the country as a whole.

	Total Births.	Deaths of Infants * under 1.	Infant Mortality for the Borough.	Infant Mortality for England and Wales.
1921	1118	77	68	83
1922	980	72	73	77
1923	981	52	53	92
1924	880	54	61	75
1925	788	31	39	75

Table B.—Showing the principal causes of deaths among infants.

	1921.	1922.	1923.	1924.	1925.
Bronchitis	3	5	8	6	2
Measles	2	1	—	—	—
Whooping Cough	—	3	—	2	—
Diarrhœa and Enteritis	4	5	2	1	1
Pneumonia	4	8	4	3	—
Premature Birth	25	26	21	16	12
Tubercular Diseases	2	—	—	1	—
Meningitis	3	1	—	1	1
Accidental Deaths	—	—	3	1	1
Congenital Defects	22	11	14	12	9
All other causes	2	12	—	11	5

From Table B it is seen that the chief causes of infant deaths are premature birth and congenital defects, but it is pleasing to note that this year both these conditions have decreased, as compared with previous years. These are causes over which the Sanitary Authority have no control, and are, in a large number of cases, due directly or indirectly to the results of venereal disease in the parents, and an improvement can only be hoped for through education and careful supervision of expectant mothers at the ante-natal clinic.

Health Visitors make full enquiries into the cause of death of all infants under one year of age, and report to the Health Department, where records are kept.

Particulars giving exact causes of deaths in infants, under 1 year, during 1925 are as follows:—

INFANT DEATHS.

	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under 1 yr.
Bronchitis	—	—	—	—	—	—	—	2	—	2
Premature Birth	10	—	—	—	10	2	—	—	—	12
Convulsions	1	—	1	—	2	—	—	—	—	2
Marasmus, Atrophy and Debility	1	—	1	—	2	1	—	—	—	3
Inanition and Atelactosis	6	—	—	—	6	—	—	—	—	6
Suffocation	—	—	—	—	—	—	1	—	—	1
Accidental Death	—	—	—	—	—	—	—	1	—	1
Toxic Enteritis	—	—	—	—	—	1	—	—	—	1
Hydrocephalus	—	—	—	—	—	—	—	—	1	1
Laryngitis	—	—	—	—	—	—	—	—	1	1
Meningitis	—	—	—	—	—	—	—	1	—	1
	18	—	2	—	20	4	1	4	2	31

STILL BIRTHS.

Twenty stillbirths were notified, and in every case investigations are made and records filed in the Health Department. The cause of a large number of stillbirths is again the results of venereal disease in the parents, and the remedy is ante-natal care.

MATERNAL DEATHS.

Fortunately, the life of only one mother was lost, owing to child birth, and was due to unavoidable accidental hæmorrhage.

Owing to the midwifery being of a very high standard, it is an exception to have a maternal death, due to child birth, registered in the Borough.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE CHILDREN AND HOMELESS CHILDREN.

There are no homes in the Borough for this class of work, but provision is made by the Poor Law Guardians for the admission of necessitous cases to their maternity wards. Three unmarried mothers were admitted during the year.

There is also an excellent body of voluntary workers in the town, known as the Lowestoft Association for the Care of Girls under the control of a very able committee of ladies. This Committee has a small Home or Shelter in Church Road, staffed by two Rescue Sisters, to which any girl in need or trouble can apply, and every assistance is given. This type of work is very commendable, and the Association deserve every little help it is possible to give. More work of this sort is necessary, but the Association is unable to do more at present, owing to lack of funds.

Last year twenty-nine girls were helped by the Association. Eight passed through the Shelter. Eleven were sent to Training Homes.

OPHTHALMIA NEONATORUM.

Six cases were notified. All were treated at home successfully without impairment of vision. The Council have arranged with the District Nursing Association for a nurse to attend the home and carry out treatment in all cases where the medical attendant considers it desirable. This nurse continues treating the case under the doctor's supervision until it is pronounced cured, when she furnishes records to the Health Department.

Notified.	Cases.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	Treated.					
	At home.	In hospital.				
6	6	—	6	—	—	—

MEASLES AND WHOOPING COUGH.

Very few cases of these two diseases came to my notice during the year. Our epidemic wave was at the beginning of 1924, so that one would not expect many cases of Measles and Whooping Cough the following year.

The Maternity and Child Welfare Committee have made arrangements with the District Nursing Association for the home nursing of Measles, Whooping Cough and Pneumonia, of children under five years of age.

There is also an arrangement made for the admission to the Isolation Hospital of severe cases of Measles and Whooping Cough occurring in children under school age and requiring special attention.

EPIDEMIC DIARRHŒA.

One case of Diarrhœa and Enteritis was recorded.

PUERPERAL FEVER.

One case only was notified. The case was in charge of a doctor and was nursed at home, making a complete recovery.

Polyvalent anti-streptococcus serum is issued by the Health Department for use in cases of Puerperal Fever. Severe cases of this disease are removed to the General Hospital.

ORTHOPÆDIC TREATMENT.

No arrangements have been made by the Local Authority for Orthopædic treatment, but there is a special Orthopædic Clinic held at the General Hospital, where all necessitous cases requiring this form of treatment are attended to.

APPENDIX I.

Year.	Popula- tion to the middle of June.	No. of Deaths.	No. of Births.	No. of Infant Deaths.	Death Rate.	Birth Rate.	Infantile Mortality.
1919	37,564	387	791	51	9.2	21.0	64
1920	43,164	434	1,252	80	9.3	29.0	63
1921	44,326	435	1,118	77	9.8	25.2	68
1922	44,540	560	980	72	11.9	20.0	73
1923	45,320	402	981	54	8.8	21.6	53
1924	45,700	473	880	52	10.3	19.2	61
1925	46,150	445	785	31	9.6	17.0	39

APPENDIX II.

WARD STATISTICS, 1925.

Ward.	Estimated Population to Dec. 31st.	Inhabited dwellings, Dec., 1925.	Average person per house.	No. of Deaths.	Death Rate.	Infant Deaths.	Infantile Mortality Rate.	No. of Births.	Birth Rate.
North	11812	2516	4.7	96	8.1	2	8.6	233	19.7
South	12478	2342	5.3	144	11.5	11	61.0	180	14.4
East	6035	1225	4.9	54	8.9	7	77.0	91	15.0
West	11283	2040	5.5	90	7.9	10	50.5	198	17.5
Oulton Broad	5188	1060	4.8	61	11.7	1	12.0	83	16.0
	46796	9183	5	445	9.5	31	39.5	785	16.8

APPENDIX III.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING
THE YEAR 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Birth-rate per 1,000 total population	Annual Death-rate per 1,000 Population										Rate per 1,000 Births	
		All Causes	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis under Two Years	Total Deaths under One Year	
England and Wales	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	
105 County Boroughs and Great Towns, including London.	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000)	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.5	74	
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	
Lowestoft	17.0	9.6	0.00	0.00	0.00	0.02	0.00	0.13	0.15	0.26	1.27	39	

APPENDIX IV.

Causes of Death.		M.	F.	Total.
All Causes		231	214	445
1.	Enteric Fever	—	—	—
2.	Smallpox	—	—	—
3.	Measles	—	—	—
4.	Scarlet Fever	—	1	1
5.	Whooping Cough	—	—	—
6.	Diphtheria	3	3	6
7.	Influenza	2	5	7
8.	Encephalitis Lethargica	1	1	2
9.	Meningococcal Meningitis	—	—	—
10.	Tuberculosis of respiratory system	24	11	35
11.	Other Tuberculosis diseases	4	3	7
12.	Cancer, malignant disease	30	32	62
13.	Rheumatic Fever	—	1	1
14.	Diabetes	1	2	3
15.	Cerebral Hæmorrhage	10	24	34
16.	Heart Disease	32	34	66
17.	Arterio Sclerosir	13	1	14
18.	Bronchitis	12	12	24
19.	Pneumonia (all forms)	12	11	23
20.	Other respiratory diseases	4	4	8
21.	Ulcer of stomach or duodenum	2	1	3
22.	Diarrhœa (under 2 years)	1	—	1
23.	Appendicitis and Typhlitis	1	1	2
24.	Cirrhosis of Liver	1	1	2
25.	Acute and Chronic Nephritis	1	3	4
26.	Puerperal Sepsis	—	—	—
27.	Other Accidents and Diseases of Pregnancy and Parturition	—	1	1
28.	Congenital Debility and Malformation and Premature Birth	10	9	19
29.	Suicide	5	2	7
30.	Other Deaths from Violence	6	6	12
31.	Other Defined Diseases	55	45	100
32.	Causes ill-defined or unknown	1	—	1

APPENDIX V.

NOTIFIABLE INFECTIOUS DISEASES DURING THE YEAR 1925.

Notifiable Disease.	Ward Returns.				Total.	Attack Rate per 1,000 pop.	Cases removed from Isolation Hospital.	Number of Deaths.	Under 1	Age Groups in Years						
	North	South	East	West						Oulton Broad	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	15	1	5	8	—	29	6	—	5	23	—	1	—	—	—
Scarlet Fever	36	30	8	39	4	—	107	1	—	22	86	4	4	1	—	—
Paratyphoid	—	2	—	1	—	—	3	—	—	—	1	2	—	—	—	—
Pneumonia	16	5	8	35	4	—	1	21	2	11	11	7	22	9	6	—
Puerperal Fever	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lungs	23	32	9	16	6	—	86	35	—	—	8	17	45	15	1	—
Other	8	8	3	7	4	—	30	7	—	8	11	7	2	1	1	—
Erysipelas	2	3	3	3	1	—	12	1	1	1	1	2	4	1	2	—
Ophthalmia Neonatorum	2	—	2	2	—	—	6	—	6	—	—	—	—	—	—	—
Poli-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	1	—	2	—	—	—	5	2	—	—	—	—	1	2	—	—
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	88	96	36	108	27	—	355	73	9	47	141	39	80	29	10	—

REPORT OF THE
CHIEF SANITARY INSPECTOR.



REPORT OF THE CHIEF SANITARY INSPECTOR.

SANITARY INSPECTOR'S OFFICE,
TOWN HALL,

April, 1926.

*To His Worship the Mayor, Aldermen and Councillors of the
Borough of Lowestoft.*

Ladies and Gentlemen,

I have pleasure in submitting my Third Annual Report, which is a résumé of the work carried out during the year 1925.

In commencing this Report, it may be of interest to outline some of the duties as laid down by the Ministry of Health. These comprise :—

General Inspections of the Borough.

Inspections under the Housing Acts.

Investigation of all cases of Infectious Disease, whether ashore or afloat. Carry out all disinfections after such cases on board ship, in private houses or schools. Disinfection of all bedding and clothing.

Duties under the Contagious Diseases (Animals) Acts.

Inspection of Food Premises, such as those of Bakers, Grocers, Butchers, Fruiterers, Fish Frying, Hotels, Restaurants, Dairies, Cowsheds, Milkshops, Ice-cream Premises and Barrows, Hawkers' Carts and Markets.

Inspection of Slaughterhouses, Piggeries, Stables, Offensive Trades and Fish Gutting Yards.

Inspection of Factories, Workshops and Workplaces.

Inspection of Common Lodging Houses.

Inspection of Meat and other Foods, including imported meat.

The taking of samples under the Sale of Food and Drugs Acts and also samples of drinking water from pumps and wells,

The investigation of complaints.

Interviewing of builders and owners of property, *re* Sanitary work.

Inspection of vessels in the Port, Foreign and Coastwise, and also Canal Boats.

Additional duties are :—

The administration of the Petroleum and Rats and Mice (Destruction) Act.

The Inspection of Hackney Carriages, Motor Omnibuses and Pleasure Boats, *re* Licensing of same.

INFECTION AND DISINFECTION.

During the year two hundred and two cases of Infectious Diseases were enquired into.

Scarlet Fever	142	(Nursed at home) 11
Diphtheria	56	
Enteric	3	
Puerperal Fever	1	

Information gained as a result of enquiry into these cases is submitted to the M.O.H., and dealt with according to his instructions.

In addition to the above cases, disinfection was carried out after the following :—

Phthisis	73
Cancer	10
Pneumonia	1
Scabies	1
Vermin	3

The total number of houses disinfected was	290
Number of Articles fumigated in the Steam Disinfector	3381
Number of Articles destroyed at the request of owners	1
Number of books from infectious houses detained from Lending Libraries	42

BAKEHOUSES.

There are forty-nine Bakehouses in the Borough. Fifty-nine inspections have been made during the year. Cleanliness and limewashing have been usually well maintained. During the year six notices were served in connection with dirty condition of the walls, and two for insanitary dust receptacles. There are two underground bakehouses.

ICE-CREAM PREMISES.

It is almost an impossible task to keep accurate record of the persons dealing in this commodity. Much depends on the weather—the better the summer the more persons set up in this business. During the year under report, there were eighty-seven persons known to be dealing in ice-cream, the majority trading from barrows in the street. All the premises where the ice-cream was made were inspected in addition to inspections of the barrows while retailing. Unfortunately, it is too often in the hands of young persons who do not sufficiently appreciate the necessity of intelligent handling. Special powers to deal with this matter are given by the Lowestoft Corporation Act of 1920, but these do not include the yearly registration of dealers, a point which would materially help in the control of the sale of this article.

During the year six samples of ice-cream were obtained, no boric acid was found in any of them. An arrangement exists with the trade to exhibit a notice on the premises to the effect that boric acid, not exceeding a certain percentage, is present in cream ices.

FACTORY AND WORKSHOP ACTS.

Twenty-six notices were received from H.M. Inspector of Factories. 357 workshops and workplaces were inspected.

The following nuisances were discovered and dealt with:—

Want of drainage of floors	....	....	....	1
Lighting and ventilation of W.C.'s improved	....	....	....	1
Insufficient W.C. accommodation	....	....	....	2
Unsuitable W.C. accommodation	....	....	....	11
• Unscreened W.C.'s	....	....	....	11
Other nuisances	....	....	....	8

SLAUGHTERHOUSES.

There are nineteen slaughterhouses in the Borough, two of which are registered and seventeen licensed. 1,417 visits have been made to these premises. Limewashing and cleansing have been carried out.

During the year 15,355 lbs. of meat and 39,116 lbs. of fish were condemned as unfit for human food.

The Public Health Meat Regulations, which came into force on the 1st April, caused a considerable increase in the work of inspection of slaughterhouses. Many visits have been paid out of the usual office hours, in spite of which fact, owing to the wide area over which the slaughterhouses are distributed, only a proportion of the animals slaughtered can be inspected.

In addition to the five regular slaughtering days when notice of intention to slaughter is not required to be sent to the Corporation, 221 notices have been received of intention to slaughter outside agreed hours.

TUBERCULOSIS ORDER, 1925.

Under this Order samples of milk were taken from all herds in the Borough during the year. Two samples were reported to contain tubercle bacilli, and in one case the affected animal, on a post-mortem examination, was found to be suffering from generalised tuberculosis. Investigation is still proceeding in the remaining case.

DAIRIES, COWSHEDS AND MILKSHOPS.

There are 74 persons registered for the carrying on of such businesses. 222 inspections have been made of the various premises.

Special efforts have been directed during the past two years to obtain better conditions for the sale of milk, and suitable sterilizing plant has been fixed in practically every dairy during the year.

STABLES.

Periodical visits have been made to these premises in order to minimise nuisances from accumulations of manure, refuse, etc., and to keep the places clean.

PRIVY CONVERSIONS.

605 premises, mostly houses, have been connected to the sewer during the year under report. This work, which has taken up considerable time, involved the abolition of 257 cesspools and 561 privy pails. 598 new W.C.'s, 143 sinks, 581 gully traps, 535 inspection and intercepting chambers, and 411 drain ventilators were provided in the course of reconstruction.

All the drainage work has been subjected to the water test before being filled in.

RATS AND MICE (DESTRUCTION) ACT, 1919.

During the year, 482 visits have been made to various premises respecting rat infestation.

Ten notices were served under the Rats and Mice (Destruction) Act, the remaining cases being dealt with verbally.

PUMP AND WELL WATER.

Thirteen samples of water were submitted for analysis. Five were taken from wells, and in two cases were found to be unfit for drinking purposes. Subsequent samples taken after cleaning the wells proved to be satisfactory. The remaining eight samples were taken from the Water Company's public supply. One sample was reported to be unfit. Washing out the main over a considerable area proved, after repeated samples, both chemical and bacteriological, to be effective.

HOUSING ACTS.

236 inspections have been made under the Housing (Inspection of District) Regulations, 1910.

PETROLEUM ACTS.

In addition to the statutory duties of the office, this work is also carried out by the Sanitary Inspectors. Seventy-seven premises are licensed for the storage of petroleum or carbide of calcium. The premises are periodically inspected.

HACKNEY-CARRIAGES, PLEASURE BOATS, ETC.

The Sanitary Inspector attends at the yearly inspection of such vehicles to see that the requirements of the bye-laws controlling the above are carried out.

COMMON LODGING HOUSES.

There are two Common Lodging Houses. 113 visits were paid to them in order to see that they were being properly conducted and complying with the Council's bye-laws. No further action was found to be necessary during the year.

FRIED FISH SHOPS.

Such businesses are now included in the list of offensive trades which may not be established without the consent of the Corporation.

There are 50 such premises in the Borough, to which 112 visits were made during the twelve months.

The businesses are usually well conducted and kept in a cleanly state.

PORT SANITARY AUTHORITY.

439 inspections have been made by the sanitary inspectors during the twelve months under report.

Disinfection after cases of infectious disease was carried out on four boats.

TABULATED RECORD OF SANITARY WORK CARRIED OUT DURING THE YEAR.

The number of informal notices served and letters sent respecting matters requiring attention under the Public Health Acts, were :—

Notices 260.	Letters 302	....	....	....	562
Number of Statutory Notices served		....	....	....	45
Total Number of Inspections and Re-inspections				....	7569
Number of Complaints dealt with		....	....	....	252

SALE OF FOOD AND DRUGS ACTS.

The Chief Sanitary Inspector carries out the duty of taking samples under these Acts on behalf of the East Suffolk County Council.

The number of samples taken and results will be found under the heading of "Inspection and Supervision of Food."

It will be observed that the number of samples obtained falls short of the recommendation of the Board of Agriculture and Fisheries, i.e., 3 per 1,000, even when estimated on the resident population of 46,000. Add to this figure the summer visiting population, it will be seen that considerable improvement in this respect is desirable.

In conclusion, I would express my thanks to the Chairman and Members of the Sanitary Committee for the great interest shown in the work, and also my appreciation of the great help I received from the two Sanitary Inspectors—Mr. C. J. Gayfer and Mr. R. W. Johnson, without whose hearty co-operation such results would not have been possible.

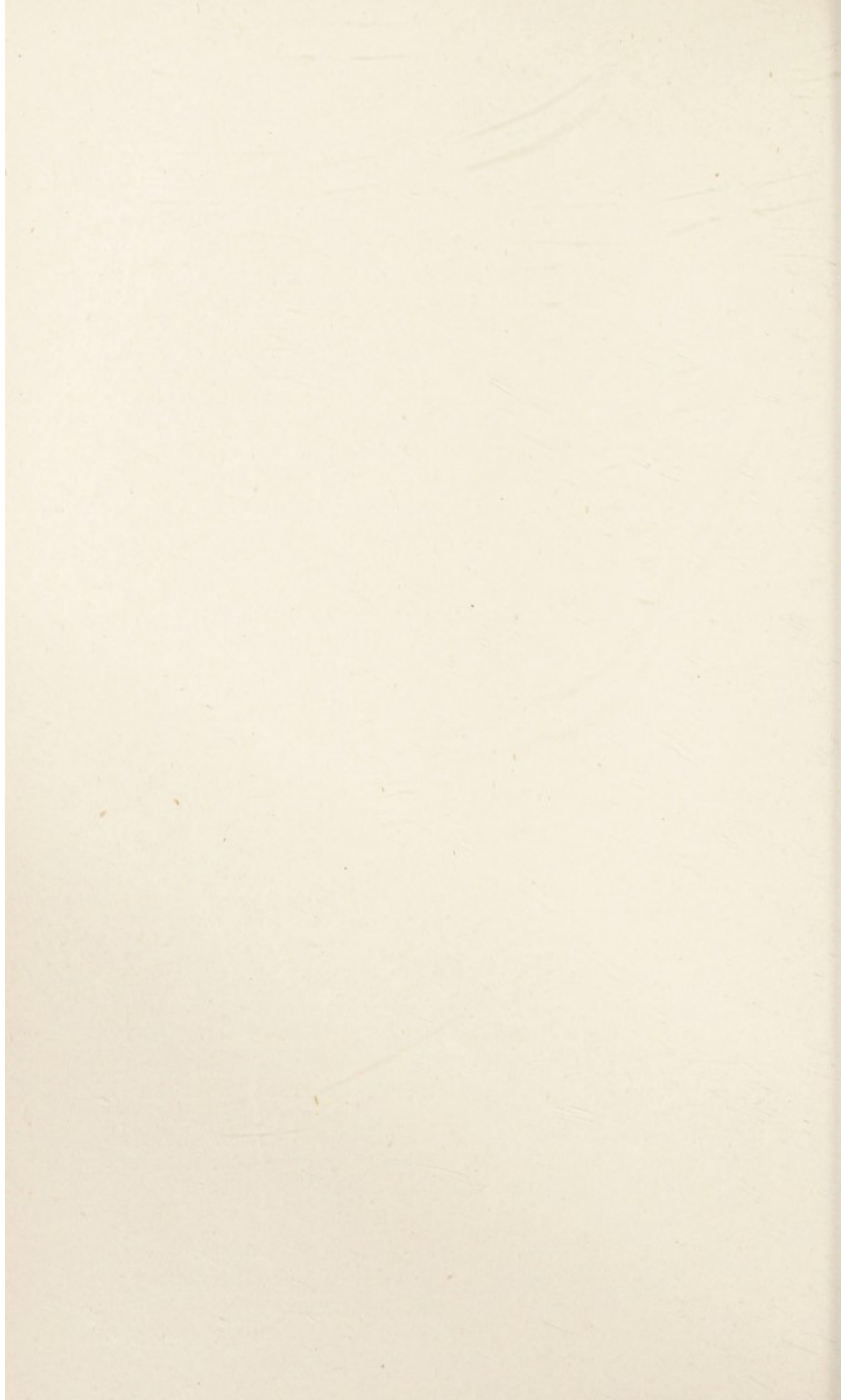
I am,

Mr. Chairman and Gentlemen,

Your obedient Servant,

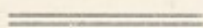
A. ISHERWOOD,

Chief Sanitary Inspector.





Port Sanitary District of Lowestoft.



Annual Report

of the

Port Medical Officer

FOR THE YEAR

1925

REPORT OF THE PORT MEDICAL OFFICER.

PORT SANITARY COMMITTEE.

Chairman :

MR. ALDERMAN A. B. CAPPS, J.P.

Aldermen :

MR. H. R. BOARDLEY, J.P. MR. A. JENNER, J.P.
MR. A. MIDDLETON, J.P.

Councillors :

MR. H. W. BAYFIELD	MR. J. RUSHMERE
MR. A. EVANS, J.P.	MR. H. SAVAGE
MRS. G. M. HARRIS, J.P.	DR. J. M. TAYLOR
MR. F. LARKE	MR. C. H. THROWER
MR. E. L. ROWE	MR. J. B. WHALEY

STAFF.

Port Medical Officer :

W. STOTT, M.B., B.S., D.P.H.

Deputy Port Medical Officer :

L. GIBSON, M.B., Ch.B., D.P.H.

Port Sanitary Inspectors :

- A. ISHERWOOD, C.R.S.I., M.S.I.A., Cert. Meat and Foods Inspector.
G. E. HADLEY, C.R.S.I., March 10th to June 10th, 1925.
C. J. GAYFER, C.R.S.I., A.R.S.I., July 1st, 1925.

Clerks .

MISS C. E. ABBOTT. MISS M. A. BARNARD.

The Staff, in each case, also carried out the work of the Public Health Department of the Urban Sanitary Authority.

PORT OF LOWESTOFT.

*To His Worship The Mayor, Aldermen and Councillors of the
Port Sanitary Authority of Lowestoft.*

Gentlemen,

It is my pleasure and privilege to present to you my Annual Report of the work accomplished under your jurisdiction during the year 1925.

The total number of vessels inspected during the year was 720, an increase of more than 300 inspections over the previous year.

The total number of cases of illness reported to the Medical Officer was 22, of which six were removed to Hospital.

No plague, cholera or typhus infection was introduced; no infected rat was found in the Port; and no smallpox was introduced, although large numbers of vessels arrived from Ports infected with this dreaded disease.

In February the Committee appointed Mr. G. E. Hadley, C.R.S.I., as part-time Port Inspector, who commenced duties on March 10th. Unfortunately, Hadley did not settle down to the work and left us on June 10th. In the meantime the Committee appointed Mr. C. J. Gayfer, C.R.S.I., who had previously been an Inspector under the Authority, to take Mr. Hadley's post and he commenced duties on July 1st.

The necessity for a part-time Inspector, at least, is indicated by the return of shipping entering the Port, from which it is seen that the number of vessels using the Port is double what it was in the year 1922; moreover, large numbers of vessels are at present coming from coastwise ports infected with smallpox, and these must of necessity be kept under strict medical supervision in order to prevent the introduction of this disease into your Borough.

Lastly, I wish to draw your attention to the fact that the Port Authority is now recognized as efficient by the Ministry of Health, and that it is in receipt of the 50 per cent. grant towards the expenses incurred.

I have the honour to be,

Yours faithfully,

W. STOTT,

Port Medical Officer.

CONSTITUTION AND JURISDICTION OF THE AUTHORITY.

The Lowestoft Improvement Commissioners were permanently constituted as the Port Sanitary Authority, Lowestoft, on the 29th September, 1879, by the Local Government Board's Provisional Orders Confirmation (Abergavenny Union, etc.) Act, 1879.

According to the Local Government Board's Provisional Orders Confirmation (No. 2) Act, 1888, on the 29th day of August, 1885, the Urban Sanitary Authority of Lowestoft was created a Municipal Borough by Royal Charter of Incorporation and by virtue of Section 310 of the Public Health Act, 1875, all the powers, rights, duties, capacities, liabilities, obligations and property, exercisable by, attaching to, or vested in the said Commissioners under the Public Health Act, 1875, passed to and became exercisable by, and vested in, the Council of the Borough.

For the purposes of the Order the following Sections of the Public Health Act, 1875, Public Health (Officers) Act, 1884, the Public Health (Ships, etc.) Act, 1885, and the Public Health (Members and Officers) Act, 1885, shall apply; and the said Port Sanitary Authority shall have, exercise, perform, and be subject to, all the powers, rights, duties, capacities, liabilities and obligations of an Urban Sanitary Authority under the same sections, so far as those sections are applicable to a Port Sanitary Authority, and to ships, vessels, boats, waters or persons within the jurisdiction of such Port Sanitary Authority; namely—

Of the Public Health Act, 1875 :

Sections 91 to 111, both inclusive, relating to Nuisances.

Sections 120 to 133, both inclusive, relating to Infectious Diseases and Hospitals.

Sections 134 to 140, both inclusive, as to the prevention of Epidemic Diseases.

Sections 141 and 142, relating to Mortuaries.

Sections 173 and 174, relating to Contracts.

Sections 175, 176 and 177, relating to Purchase of Lands.

Sections 179, 180 and 181, relating to Arbitration.

Sections 182 to 185, both inclusive, and Section 188, relating to Bye-laws.

Section 189 (except as regards the offices of Surveyor and Collector), Sections 191 to 196, both inclusive, and Sections 197, 198, 200, 203, 205 and 206, relating to Officers and Conduct of Business of Local Authorities.

Sections 245, 247 (as amended by the District Auditors Act, 1879), 249 and 250, relating to Audit.

Sections 251 and 253 to 268, both inclusive, and Section 269, as amended by the Summary Jurisdiction Act, 1884, relating to Legal Proceedings.

Section 278, relating to settlement of disputes as to Boundaries

Sections 299 to 302, both inclusive, relating to defaulting Local Authorities.

Section 305 to 309, both inclusive, relating to Miscellaneous Provisions.

AREA OF PORT SANITARY AUTHORITY.

According to the Local Government Board's Provisional Orders Confirmation (Abergavenny Union, etc.) Act, 1879, as amended by the Local Government Board's Provisional Orders Confirmation Act, 1888 :—

“ So much of the Port of Lowestoft as abuts on the sea coast of the Borough and of the Parish of Gunton and of the Parish of Corton as far northwards as League Hole, together with Lake Lothing, Inner Harbour below Mutford Lock, and the waters of such part of the said Port, and the place for the time being appointed as the Customs Boarding Station for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port under any regulations for the prevention of the spread of disease issued under the Authority of the Statutes in that behalf, and the Docks, Basins, and Creeks of and belonging to such part of the said Port.

PORT SANITARY AUTHORITY OFFICES.

Customs Buildings, South Quay.

Town Hall, Lowestoft.

Telephone No. 460.

BOARDING STATION.

The South Road between the entrance to the Harbour of Lowestoft and the North Newcome Buoy.

HOSPITAL FOR INFECTIOUS DISEASES.

Borough Isolation Hospital, Rotterdam Road. Telephone 79.

SICKNESS DURING THE YEAR.

PREVENTATIVE MEASURES ADOPTED AGAINST IMPORTATION OF INFECTIOUS DISEASE.

A weekly list of infected ports from which vessels are likely to arrive in Lowestoft is sent to the Pilots and the Preventive Officer. Should a vessel arrive from any such Port, your Medical Officer is immediately notified.

Under the Lowestoft Port Sanitary Regulations made under Section 125 of the Public Health Act, 1875, every vessel arriving in this district and having, in the opinion of the Master, on board any person or persons suffering from a dangerous infectious disorder, must stop on arrival at the mooring station and forthwith send notice to the Port Medical Officer. The mooring station is the south road between the entrance to the harbour of Lowestoft and the north Newcome Buoy. There is a steam tug available for the use of your Medical Officer to board any vessels held up at the mooring station. There is satisfactory provision made for hospital accommodation, the disinfection of quarters and clothing, and also for the reception of any contacts when necessary. There is a Motor Ambulance for conveyance of the sick.

Every vessel which is inspected has a copy of the "Port Sanitary Authority Infectious Disease Regulations," and "Leaflet for Seamen—Form V, 14"—left on board for the information of the Master and crew. Our own local vessels, including fishing craft, have each been supplied with cards to be hung up in their cabin, giving the Masters information of their duties in cases of sickness, and also of their duties under the Rats and Mice Destruction Act.

Twenty-two cases of sickness were reported during the year, six of which were admitted to Hospital.

INFECTIOUS DISEASES.

Diseases notifiable to the Authority under this heading are :—

Smallpox	Encephalitis Lethargica
Pneumonia	Typhus Fever
Scarlet Fever	Relapsing Fever
Cholera	Continued Fever
Diphtheria	Trench Fever
Plague	Dysentery
Membranous Croup	Ophthalmia Neonatorum
Puerperal Fever	Erysipelas
Enteric Fever, including Paratyphoid	Tuberculosis
Cerebro-spinal Fever	Measles
Acute Polio-Myelitis	Malaria
Acute Polio-Encephalitis	

PNEUMONIA.

Three cases of Pneumonia occurred on our fishing vessels, all of which were removed to hospital, and the vessels subjected to disinfection.

OTHER CASES OF SICKNESS OCCURRING IN THE PORT.

<i>Name of Vessel.</i>	<i>Diseases.</i>	<i>Action.</i>
Muen-et-Teun	Recurrent Malaria	Removed home
Ostrich	Influenza	Removed home
Reward	Chronic Gastric Ulcers	Removed to General Hospital
Grimenco	Gastritis	Removed home
Girl Ethel	Injury	Removed to General Hospital
Bonnie Lassie	Influenza	Removed home
Golden Ring	Injured Hand	Removed home
Mottlan	Venereal Disease	Removed to Hospital at Danzig
Marie Seidler	Injured Foot	Remained on board
Breidahlia	Tonsillitis	Remained on board
Aspray	Influenza and Septic Throat	Removed to Isolation Hospital
Young Dawn	Influenza	Removed home
Supreme	Eczema	Removed home
Flynderborg	Diarrhœa and Sickness	Remained on board
Searcher	Quinseys	Removed home
Aberdeen	Recurrence of trouble from old head wound	Removed home
King Arthur	Influenza	Removed home
Magnolia	Colic	Removed home
Dover	Influenza	Removed home

DEATHS OCCURRING AT SEA ON VESSELS ARRIVING AT THE PORT.

The Skipper of the Smack "Shrublands," L.T. 1223, was brought in dead on the 11th January, having died suddenly whilst on duty. Post-mortem examination showed that he died from ruptured Aortic Aneurysm.

PUBLIC HEALTH VENEREAL DISEASE REGULATIONS, 1916.

There is still no Venereal Disease Clinic in Lowestoft, and this renders it very difficult to obtain treatment for men on board vessels suffering from Venereal Disease, owing to the fact that the nearest Clinic is at Norwich, and the men have not the time to go by train to attend this Clinic.

The attention of the County Medical Officer has been drawn to the urgent need of a Clinic locally, and steps are now being taken to arrange for a Clinic at the Local General Hospital.

SHIPPING.

The following table shows the number and tonnage of steamers and sailing vessels from foreign and coastwise ports that entered and cleared the port with cargoes, and in ballast (excluding fishing vessels) during the past four years:—

	1922.		1923.		1924.		1925.	
	No.	Tonnage	No.	Tonnage	No.	Tonnage	No.	Tonnage
Foreign	192	—	479	50,519	621	75,691	431	70,259
Coastwise	245	—	398	60,099	416	77,750	417	75,027
	437	*—	877	110,618	1,037	153,441	848	145,286

*No figures available.

The following table shows the number, tonnage and journeys made by fishing vessels during the year:—

BRITISH.

Type of Vessel.	No. entering Port during 1925.	Aver. Net Tonnage of each.	Total No. of entries made in year.
Sailing Beam Trawlers	145	32	6300
Steam Otter Trawlers	84	45	3360
Steam Seiners	45	42	646
Steam Drifters	426	42	10201
Motor Drifters	43	31	496
Totals	743	—	21003

FOREIGN.

Type of Vessel.	No. entering Port during 1925.	Aver. Net Tonnage of each.	Total No. of entries made in 1925.
Belgian Sailing Trawlers	60	16	131
Dutch Steam Trawlers	13	78	22
Totals	73	—	153

THE TRADE OF THE PORT.

The staple industry of the Port is its fishing. In addition to this, merchant vessels of various nationalities bring cargoes the chief amongst which consist of granite, coal, salt, ice, slag, timber, steel, potatoes, barley and wheat.

Below is given a list of coastwise and foreign ports trading regularly with the Port of Lowestoft, together with the chief imports

COASTWISE.

Port.	Imports.
Alderney	Granite
Barry	Coal
Boston	Coal
Blyth	Coal
Grimsby	Timber and Steel
Hull	Barley
Hartlepool	Coal
Immingham	Coal
London	Wheat
Middlesbrough	Slag
Montrose	Potatoes
Newport	Granite
North Shields	Steel
Penzance	Granite
Peterhead	Fish
Poole	General
Purfleet	Paraffin and Petrol
Rochester	Cement
Runcorn	Salt
Sunderland	Coal
Yarmouth	Fish
West Hartlepool	Coal

FOREIGN.

Country and Port.		Imports.	
BELGIUM	Antwerp	.....	Cement
	Bruges	.....	Granite
	Ghent	.....	Phosphates and Granite
	Nieuport	.....	Stone
	Ostend	.....	Granite
FRANCE	Bayonne	.....	Timber
	Bordeaux	.....	Timber
FREE CITY	Dantzic	.....	Timber
GERMANY	Altona	.....	Ice and Salt
	Cuxhaven	.....	Ice and Salt
	Hamburg	.....	Ice, Salt and Kainet
HOLLAND	Ymuiden	.....	Salt
LATVIA	Riga	.....	Timber
NORWAY	Bergen	.....	Ice
RUSSIA	Archangel	.....	Timber
SWEDEN	Falkenberg	.....	Timber
	Gefle	.....	Timber

INSPECTION OF VESSELS.

During the year 720 vessels were inspected in the Port ; this is an increase of more than 300 inspections over the previous year, owing to the fact that we now have an Inspector devoting part-time to this work.

A detailed list of vessels entering the Port and those inspected will be found at the back of the Report on Form " A." Out of the number inspected, 17 were found to be insanitary, a list of the conditions found is shown in the table appended. In all cases an informal notice is left on board, requesting the Master to remedy, and re-inspection is made on the ship's next entry into the Port. In no case has any further action had to be taken during the year.

Particulars of Insanitary Conditions found in the Vessels Inspected.

CREWS' QUARTERS.

	Steamships	Sailing Vessels
Chain locker casing broken and defective	1	—
Decklights, portlights, etc., broken and defective	1	—
Forecastles, etc., deficient in lighting	2	—
Forecastles, etc., requiring cleansing	3	—
Flooring, fittings, etc., defective	—	1
Miscellaneous leakages into quarters	2	—
Ship's gear, stores, etc., kept openly in or in communication with quarters	7	—
Ventilation inefficient or ventilators defective	1	—

CONDITION OF DECKS.

Accumulations of dirt and refuse about decks	2	—
--	---	---

STORAGE OF WATER.

Water tanks not provided with proper cover	—	1
Water tank of insufficient capacity	1	—

Various Nationalities of the Vessels Inspected and found Insanitary.

	<i>Inspected.</i>	<i>Insanitary.</i>
--	-------------------	--------------------

Austrian	1	—
Esthonia	1	—
Belgian	31	1
British	560	15
Danish	1	—
Dutch	13	—
German	54	1
Norwegian	51	—
Swedish	5	—
Dantzic	3	—
	<hr/>	<hr/>
	720	17
	<hr/>	<hr/>

Number and Nationality of Hands carried on the above Vessels.

Austrian	2
Esthonia	15
Belgian	144
British	4538
Danish	14
Dutch	116
German	694
Norwegian	694
Swedish	74
Dantzic Free Citizens	41

SANITARY CONDITIONS OF FISHING VESSELS.

Owing to the nature of the work, the size of the vessel, and the number of hands which have to be carried, life on our fishing vessels is not one of the most pleasant, the space allowed for living accommodation being at the minimum.

The food, however, is plentiful and is kept in clean lockers, and, in the majority of cases, a wholesome water supply is carried in a satisfactory tank. Sleeping quarters and mess deck are in the same cabin, which is usually kept as clean as circumstances will allow.

It is to the sleeping bunks which I particularly wish to draw attention, as, in my opinion, these can be made a little more hygienic at practically no further cost.

These bunks are large box-like structures built round the sides of the cabin ; they have a hole in the side for access. From this somewhat inadequate description it is seen that a man sleeping in such a structure soon lies in a pool of stagnant air which he breathes over and over again. The remedy for this would be to have ventilating holes made at the top of the panels on the cabin side of the bunk, which would allow of the free circulation of air and would benefit the occupant considerably, or better still, to have the panels removed entirely and replaced by small rails.

PORT SCAVENGING.

The scavenging of the port throughout the year has been quite satisfactory. Offals from the fish market are removed daily some distance from the town by a contractor, who mainly uses them for manurial purposes. The fish market, being entirely surfaced with concrete, is rapidly and easily cleansed, and is invariably cleared daily.

There is an ample water supply available and the market is thoroughly washed down, the washings draining into the harbour. Any few pieces of offal remaining are speedily disposed of by gulls. Other refuse is collected daily by the L.N.E.R. Company's staff, and removed on trolleys.

Various alterations have been effected during the year, such as the removal of defective woodwork in various parts of the dock, which has been replaced by concrete, thus effectually helping in the rat menace.

No nuisance has been caused during the year by skippers of boats depositing refuse in the harbour itself ; this is usually taken well out to sea and there dumped.

REGISTRATION OF SHIPPING.

The responsibility for registering and the measurement of ships, the inspection of passenger vessels, the issue of certificates setting forth the number of passengers to be carried, the inspection of the boats and life-saving appliances, and the matter of manning, and several other items in connection with shipping rests with the Marine Department of the Board of Trade, whose Surveyors are located in various ports in the country. There is no Surveyor in Lowestoft, the nearest being at Great Yarmouth.

It is noteworthy that pleasure yachts and fishing vessels exclusively employed in fishing on the coast of the United Kingdom, are not affected by the Board of Trade instructions as to the survey of Master's and Crew Spaces.

ADMINISTRATION OF THE RATS AND MICE (DESTRUCTION) ACT, 1919.

The obligation to keep a vessel free of rats rests with the Master. The Officer of the Authority is only required to give his opinion as to whether the Master of any ship has failed to take the proper steps required by Section 1 of the Act for preventing the vessels becoming infested to the Authority, who may then serve a 24 hours' notice, requiring such arrangements as are satisfactory for freeing the vessel to be undertaken, or the Authority will, by its Officers, enter the vessel for the purpose of destroying the rats thereof.

The Act provides for delegating the powers of the Authority to sub-committee.

METHOD OF RAT DESTRUCTION ADOPTED.

After experimenting with various methods it has been found that poisoning is the most effective, and this, therefore, is in use.

FUMIGATION OF VESSELS.

Lowestoft is not an approved port for the fumigation of ships for rat destruction under the arrangements made by the Ministry of Health with the U.S. Public Health Service.

The fumigation by either SO₂ or HCN of fishing vessels is impracticable owing to their construction, it being found that the various compartments are not gas-tight, thus facilitating the escape of the gas generated.

So far as the vessels themselves are concerned, rat destruction is carried out satisfactorily ; but on the docks and in the warehouses very little interest is taken. In spite of notices and propaganda work during Rat Weeks, tenants of property still fail to realize that the duty of rat destruction is theirs and not the owners. As I pointed out in the Report for 1924 under this heading, the chief and most effective methods of doing away with rats is to deprive them of their food supplies, and to make all buildings rat-proof, so that they are unable to find a resting place.

The L.N.E.R. are taking steps to rat-proof the docks by gradually replacing defective woodwork with concrete. Scavenging is good and refuse is promptly removed, as shown under the heading of Port Scavenging.

On Table " A," at the back of the Report, the Ministry require the number of rats destroyed during the year. This information we have been quite unable to obtain, that is, any reliable information, so that instead of showing the numbers of rats which have actually been picked up I give the number of vessels which have been subjected to rat destruction in each month of the year.

CANAL BOATS.

REGISTRATION AUTHORITY.

Although appointed a Registration Authority for the purposes of the Canal Boats Acts, 1877 and 1884, by orders of the Ministry of Health (then the Local Government Board) on the 17th May, 1878, and the 26th June, 1879, in respect of canal boats using among other waterways the Norwich and Lowestoft Navigation Canal, there do not appear to be any canal boats on the register.

INSPECTION.

I have had the opportunity of visiting the boats plying on the particular canal mentioned, the majority of which belong to the Steam Navigation Company, who own twelve Lighters, nine Wherries and two Tugs. Trading is mainly between Norwich Yarmouth and Bungay. All these vessels have been inspected and in no case are women and children carried, the crew being composed of two or three men. None of the vessels were registered as canal boats, but were registered under the Merchant Shipping Act.

According to the Canal Boats Order of 1922, canal boats must be registered under the Canal Boats Act whether they are already registered under the Merchant Shipping Act or not.

In May, 1925, I invited Mr. Owen J. Llewellyn, the Chief Inspector of Canal Boats, Ministry of Health, to come down and discuss the matter with me. After inspecting one or two of the boats in question, and after pointing out to Mr. Llewellyn that we were never obstructed in any way and that our requests with regard to water supply, crew's spaces, painting and sanitary conditions generally were always complied with, we decided that there was no necessity at the present moment to enforce registration under the Canal Boats Acts.

ALIENS.

Lowestoft is not an approved port under the Aliens Order, 1920.

DANGEROUS DRUGS.

The Port Medical Officer is authorized to grant certificates for the supply of dangerous drugs to Masters of foreign vessels, the quantity to be supplied being regulated by the immediate needs of the crew until the ship reaches its next home port.

FOOD INSPECTION.

The chief article of food coming into the Port is fish. A close watch is kept over the Fish Market, the Inspector making regular inspections.

During the year, 39,116 lbs. of fish were condemned as unfit for human food, this figure showing an increase of 8,234 lbs. over that of last year.

PRECAUTIONS AGAINST PLAGUE.
FORM C.

PARTICULARS RELATING TO VESSELS "INFECTED" OR "SUSPECTED," OR FROM INFECTED PORTS.

Name of Vessel.	Date of Arrival.	Whether infected or suspected from an infected Port.	Methods of Rat Destruction employed			Number of Rats killed.	Whether a certificate of Deratisation was issued.	Remarks.
			Fumigation by Sulphur Dioxide.	Fumigation by Hydrocyanic Acid.	Trapping, poisoning, etc.			
1.	2.	3.	4.	5.	6.	7.	8.	9.
—	—	—	—	—	—	—	—	—

FORM D.

VESSELS (OTHER THAN THOSE DEALT WITH IN FORM C), SUBJECTED TO MEASURES OF RAT DESTRUCTION

Number of Vessels fumigated by SO ₂ .	Number of Rats killed.	Number of Vessels fumigated by HCN.	Number of Rats killed.	Number of Vessels on which trapping, poisoning, etc., were employed.	Number of Rats killed.	Number of Fumigation Certificates issued on Form "Port 10."*	Number of other certificates issued.	Remarks.
—	—	—	—	277	—	—	66	—
—	—	—	—	—	—	—	—	—

*Form "Port 10" is issued only by the Port Medical Officers of Health of Bristol, Cardiff, Hull, Liverpool, London, Manchester River Tyne, Southampton, Swansea and Weymouth for vessels proceeding to U.S.A. ports.



