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COUNTY OF NORFOLK



**ANNUAL
REPORT**

OF THE

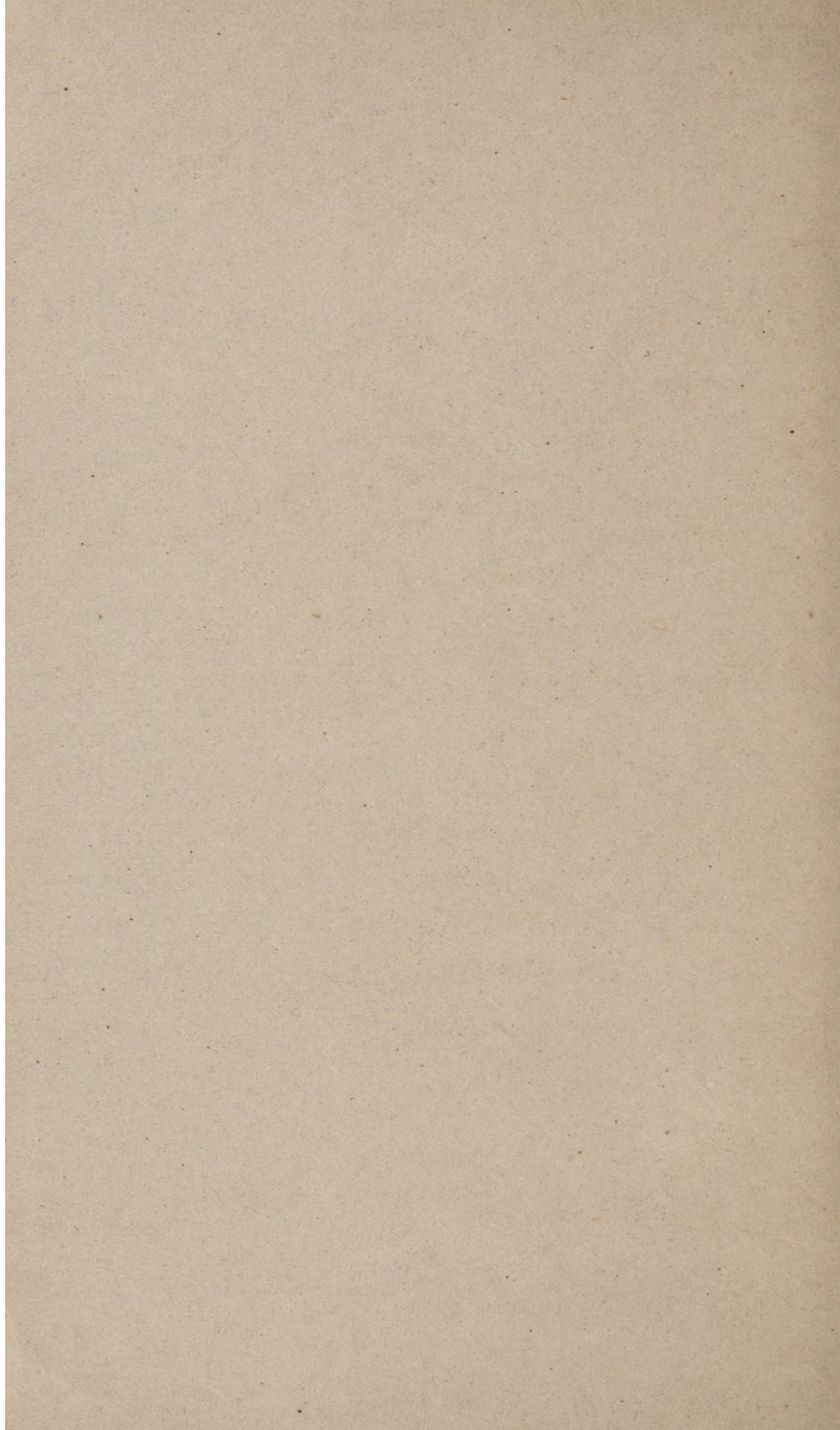
COUNTY

MEDICAL OFFICER OF HEALTH



FOR THE YEAR

1923



PUBLIC HEALTH, MATERNITY & CHILD WELFARE, AND TUBERCULOSIS COMMITTEES.

Public Health Committee.

Chairman : MR. WILLIAM CARR, M.A., D.L., J.P.

Vice-Chairman : MR. DANIEL DAVISON.

<i>Members :</i> Allen, H. J.	Fryer, W. B.
Arnett, J. A.	Gedge, J. H. B.
Astley, Major D. G.	Gooch, E. G.
Beck, G. W.	Harvey, Herbert
Beavor, Sir H. R., Bart.	Hewitt, G. E.
Brighton, J.	Pearce, Dr. J. C.
Cobon, George	Peel, Sam
Codling, W. G.	Pilgrim, George
Cozens-Hardy, A.	Smith, Walter
Day, H. A.	Suffield, Lady
Edwards, George, M.P.	Trafford, Major S. W.
Fisher, F. C.	

Co-opted Members.

Maternity and Child Welfare.

Brereton, Miss K.	Gooch, Mrs.
Carr, Mrs.	Wright, Dr. B. D. Z.
Colman, Mrs. R. J.	

Tuberculosis.

Fanning, Dr. Burton	Wright, Dr. B. D. Z.
Horsfall, R. E.	Young, Mrs. I.

Maternity and Child Welfare Sub-Committee.

Chairman : MRS. R. J. COLMAN

<i>Members :</i> Arnett, J. A.	Gooch, Mrs.
Beck, G. W.	Gooch, E. G.
Brereton, Miss K.	Harvey, Herbert
Carr, Mrs.	Peel, Sam
Carr, Wm.	Smith, Walter
Day, H. A.	Suffield, Lady
Davison, D.	Wright, Dr. B. D. Z.
Edwards, George, M.P.	

Tuberculosis Sub-Committee.

Chairman : LADY SUFFIELD

<i>Members :</i> Arnett, J. A.	Hewitt, G. E.
Beavor, Sir H. R., Bart.	Horsfall, R. E.
Carr, Wm.	Pearce, Dr. J. C.
Cozens-Hardy, A.	Peel, Sam.
Day, H. A.	Trafford, Major S. W.
Davison, D.	Wright, Dr. B. D. Z.
Fanning, Dr. Burton	Young, Mrs. I.

TOTAL DEATH RATE (per 1000 population).

	Rural	Urban	Total
Cancer death rate ...	1'45	1'78	1'51
Respiratory death rate ...	1'14	1'63	1'23
Zymotic " " ...	0'21	0'45	0'26
Phthisis (pulmonary) death rate	0'61	0'80	0'65
Tuberculosis (non-pulmonary)	0'16	0'18	0'16

There was no unusual or excessive mortality beyond the steady increase in the Cancer death rate, which is receiving special attention and research in many place in this Country and abroad ; and 5 deaths attributed to Encephalitis Lethargica, which is also the subject of special enquiry. Otherwise the figures show a considerable decrease as compared with 10 years ago.

SECTION II.

CAUSES OF DEATH.

SEVEN PRINCIPAL ZYMOTIC DISEASES.—The Zymotic death rate is calculated from the total deaths caused by the following seven principal Zymotic diseases: Small Pox, Scarlet Fever, Measles, Enteric Fever, Whooping Cough, Diphtheria, and Diarrhœa.

In the Administrative County of Norfolk in 1923, 4 deaths were ascribed to Enteric Fever, 26 deaths to Measles, 3 to Scarlet Fever, 29 to Whooping Cough, 6 to Diphtheria and Croup, and 16 to Diarrhœa and Enteritis. 28 of the Whooping Cough deaths, 16 Diarrhœa deaths, 21 of the 26 Measles deaths, occurred among children under 5 years of age. These figures clearly indicate the excessive fatality of Whooping Cough, Diarrhœa, and Measles among *young* children, and the importance of precautions being taken by parents, guardians, and authorities to protect *young* children from these diseases.

In 1923, 51 deaths were ascribed to *Influenza*, as compared with 158 deaths in 1922.

Tuberculous Diseases accounted for 260 deaths in 1923, as compared with 302 deaths in 1922. The total *Tuberculosis* death rate in 1923 for Norfolk Administrative County was 0'81.

The *Phthisis* death rate was 0'65. These rates show a satisfactory continuance in the reduction of deaths from Tubercular diseases.

In 1912 the total Tuberculous death rate in Norfolk Administrative County was 1'02, and the *Phthisis* death rate 0'79.

The *Cancer* death rate for the Administrative County of Norfolk in 1923 was 1'51 as compared with 1'30 in 1912; 483 deaths being attributed to Cancer in 1923, as against 432 cases in 1912. Here unfortunately is a definite increase.

Organic Heart Disease accounted for 560 deaths in 1923, as against 482 deaths in 1912 ; again a definite increase.

Diseases of the Respiratory Organs (including Bronchitis and Pneumonia) accounted for 395 deaths in 1923, compared with 494 deaths in 1912. The death rate from this class of disease was 1.23 per 1000 living.

There were 16 deaths ascribed to Cirrhosis of the Liver. The majority of these were probably of alcoholic origin ; a decrease.

Puerperal Fever accounted for 3 deaths in 1923, all in rural areas.

Other Diseases and accidents of pregnancy and parturition accounted for 15 deaths.

Suicide accounted for 41 deaths, and other forms of *Violent Deaths* numbered 101.

SECTION III.

NOTIFIABLE DISEASES DURING THE YEAR.

The County Medical Officer of Health receives weekly cards from the District Medical Officers of Health showing the numbers of notifications received by them during the week. The following table is compiled from such returns. Apparently very few indeed are removed to a Hospital.

Disease.	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Small Pox	—	} See District M.O.H.'s Reports.	Nil
Diphtheria	150		6
Scarlet Fever	540		3
Enteric Fever (including 5 Paratyphoid)	44		4
Puerperal Fever	9		3
Pneumonia	97		138
<i>Other Diseases generally notifiable.</i>			
Erysipelas	51		—
Malaria	1		—
Encephalitis Lethargica	7		5
Cerebro Spinal Fever	5		—
Acute Poliomyelitis	1		—
Acute Polio-Encephalitis	1		2
Influenzal-Pneumonia	3		—
Measles	51		26
<i>Other Diseases notifiable locally.</i>			
Chicken Pox	45		—

meantime the County Council has secured a small number of beds at St. Luke's Hospital, Lowestoft, for the treatment of osseous tuberculosis in adults. Some cases of tuberculous spinal and hip-joint disease in children are sent to the Cripples' Hospital at Alton, which is deservedly renowned for the high-class of surgical skill there, to be obtained under Sir Henry Gauvain, who has made tuberculosis of the osseous system a matter of special study and resource. I had verified this statement by a personal visit to Alton.

The County Council provides surgical appliances, and extra nourishment for cases recommended for such by the tuberculosis officers, and has approved of arrangements for X-ray examinations of the chest when desirable. For cases requiring home-nursing, arrangements have been made with the Norfolk Nursing Federation. "Following up" is undertaken by the kindness of 200 voluntary visitors, and 1030 home visits were made in 1923 by the tuberculosis officers. This would have been impossible without the aid of motor cars, for Norfolk is a very large county to be covered by only two tuberculosis officers.

The Stanninghall Colony at Crostwick is under a Joint Committee consisting of representatives from the constituent authorities, Norfolk, Norwich and Great Yarmouth. Between 40 and 50 patients were resident during 1923.

SECTION IV.

CAUSES OF SICKNESS.

Under Causes of Death, I have indicated the diseases which accounted for the principal fatalities. Although there were only 3 deaths from Scarlet fever, the incidence of this disease was greater and more widespread than the number of deaths would suggest, owing to the general mildness of the cases. The sanitary district most affected apparently was Mitford and Launditch R. D., in which three villages in the extreme northern boundary of the area were principally concerned. The M.O.H. of the district refers to this outbreak on pp. 4 and 5 of his Annual Report for 1923. There were 7 notifications of Encephalitis Lethargica as compared with 1 in 1922. Otherwise I am not aware of anything specially noteworthy during the year.

SECTION V.

MATERNITY AND CHILD WELFARE.

The Problem of Prematurity (and Immaturity).

In my Annual Reports year by year for the county of Norfolk I have drawn attention to the fact that the chief cause of infantile mortality in Norfolk is prematurity (and immaturity),

which indicate that special attention should be given to ante-natal conditions, *more particularly to the proper nutrition of pregnant women*. The death rates of pregnant and parturient women are somewhat in excess in Norfolk, as compared with England and Wales generally. There was a notable exception to this general rule in the years 1916 and 1917 and this notwithstanding an increase in 1916 of deaths from puerperal fever. The only factors among those which probably account for maternal mortality which had undergone a change for the better in 1916 and 1917, were those connected with the nutrition of the mother. Wages were higher for all workers, and the system of rationing which was in force combined with the higher wages, enabling working mothers to purchase meat, butter and other nutritious foods, procured for them better nourishment than they were able to secure in pre-war days when wages were very low, and when those with ample money were not limited *by law* to strict rations. The rationing system secured for *every* individual of all classes a prescribed quantity of food, and the higher wages enabled these to be bought. It is possible also that in a producing agricultural county the exigencies of the times interfered more or less with exports, and that consequently those living in the country or on farms, etc., were able to obtain food in excess of the rations to which town-dwellers were limited. At any rate the country folk in Norfolk appeared to be amply and better fed than in pre-war days, and the mortality of pregnant and parturient women was coincidentally certainly reduced. The other factors which probably conduce towards reduction of mortality such as (1) skilled assistance, (by doctor or midwife), (2) hospital treatment, (3) housing environment, were certainly no better in the years 1916-17, than in other years.

As regards deaths of infants attributed to prematurity (and immaturity) these average from 40 to 50 per cent. of the total deaths of infants under 1 year of age. During a series of years (1908 to 1921) the percentages were 45, 51, 50, 36, 41, 46, 46, 41, 46, 49, 46, 48, 54, 49—giving an average of 46. Thus it is not far from the truth to say that nearly half of the mortality of infants under 1 year of age in Norfolk is attributable to causes which may be summed up under the term "Wasting Diseases" (including prematurity and immaturity). As the majority of these deaths take place during the first month of life, the importance of ante-natal and natal care is emphasised in connection with any scientific methods of reducing this mortality. These will comprise not only securing better environment and nutrition for expectant mothers, but close observation and record of all circumstances connected with the earliest days of the new-born.

Infant mortality in Norfolk in 1923 was 58.48 compared with an average of 87 for 8 years prior to the war. The infant mortality for a given year is calculated on the number of deaths of infants under 1 year of age, in the calendar year per 1000 live births during the same calendar year.

The Notification of Births (Extension) Act, 1915, brought into play organised schemes in connection with child welfare work in large towns and other populous centres. In a sparsely populated county such as Norfolk is, with its $1\frac{1}{2}$ million acres and 320,000 population—which gives an average of 4 acres per individual—it is obvious that no scheme at reasonable expense could secure equal facilities for all mothers and young children in the administrative County. At that time, nearly half the parishes in Norfolk were without even a district nurse, because without assistance they could not finance one. One whole time Health Visitor was appointed by the County Council and undertook work in some of the parishes unprovided with a nurse and commenced her duties on January 1st, 1916. The County Inspector of Midwives was also appointed County Health Visitor. In 1916, the Swaffham U.D.C. started a small Infant Welfare Centre, and a Voluntary I.W.C. was initiated in King's Lynn M.B. In 1917 the County Council appointed two additional whole time Health Visitors, making 3 in all, and with the approval of the L.G.B., arrangements were made with the Norfolk Nursing Federation for health visiting to be undertaken by the District Nurses of 45 Nursing Associations, while 6 Non-affiliated Nursing Associations and two independent practising Midwives also undertook health visiting work under the County Scheme. A voluntary I.W.C. was inaugurated at North Walsham. Weighing Centres were started at Kenninghall, Diss, Castleacre and Harleston.

The Maternity and Child Welfare Act, 1918, conferred greater powers upon local authorities, and through them upon voluntary centres, and provided for the absolutely necessary additional financial assistance from the Imperial Exchequer. During the year 1918, there was great difficulty in securing additional nurses. By request of the L.G.B., I prepared a return of Midwifery provision in Norfolk Urban Centres similar to the return I had previously made for Rural Areas. The Forehoe R.D.C. appointed a Health Visitor, and King's Lynn (M.B.) appointed a Health Visitor. On my suggestion, a well organised auxiliary Milk Depôt at Thetford was enlarged into an Infant Welfare Centre.

In 1919, the Government recognised for grant the payment of fees to doctors, according to a prescribed scale, when midwives send for 'medical help,' and an increase of fees for midwives also received attention. The difficulty in securing district nurses continued. Walsoken shared in the benefits of the Wisbech (Isle of Ely) Voluntary I.W.C., to which the Norfolk County Council made a grant. A Rural Infant Welfare Centre was instituted at Blofield by Mrs. Harker, Commandant of the local branch of the Red Cross. In 1919 a large number of nursing and expectant mothers and children were supplied with milk through the Milk (Mothers and Children) Order, 1918, half the cost being refunded from the Imperial Exchequer. This order was effective in securing better nutrition for mothers and children needing extra food,

beyond what could be supplied by the families themselves. Unfortunately, the cost which amounted to somewhere near £500,000 for England and Wales, induced the government to modify the scheme, and in the summer of 1923 when agricultural wages dropped, the effect was soon noticeable in the increased applications for necessitous persons, and it became evident that the estimate for milk sanctioned by the Ministry would be exceeded. We had consequently to modify the amounts allowable, and on the facts the Ministry of Health allowed the County Council an additional grant of another £150 for the financial year, which was much appreciated. A larger estimate has been sanctioned for the present financial year.

Infant Welfare Centres.

In 1923 Voluntary Centres existed at King's Lynn, North Walsham, Thetford, and the villages of Blofield, Croxton, Walsingham and Woodbastwick. The centres at Swaffham and Wymondham were instituted by the Local Sanitary Authorities. Walsoken children are seen at Wisbech (Isle of Ely) Centre.

24 Weighing Centres existed in other parishes in connection with local Nursing Associations. At 3 of these a doctor attends at stated times.

Notification of Births.

5039 of the 5933 registered births were notified in 1923, that is approximately 85% of the registered births. This is an improvement on the previous year (78.5%). 1327 births were notified by midwives, 3712 by parents and doctors. In 273 cases medical aid was summoned by the midwives (211 mothers and 62 infants).

Health Visiting.

Visits paid by Health Visitors during the year :

		3 Whole-time County Health Visitors & 1 R.D.C. Health Visitor.		83 part-time Health Visitors.	
To Expectant Mothers	(1) First visits	313	2498	Total,	2811
	(2) Total visits	912	5261	Total,	6173
To Infants under 1	(1) First visits	901	1466	Total,	2367
	(2) Total visits	4176	8430	Total,	12606
To Children 1-5	Total visits	26936			

Breast Feeding.

In my opinion Health Visiting by properly trained health visitors should lead to an increase in the proportion of entirely breast fed infants, but in 1923 the percentage was not so satisfactory as in the previous year. This may have been partly due to increased difficulty in providing for adequate nutrition for the nursing mothers in the later part of the year. Of infants under 1 month visited, 90% were wholly breast fed, and a further 4% partly. Of infants, from 1-3 months of age visited, 75% were wholly breast fed, and a further 9% partly. Of infants from 3-6

months of age 67·5% were breast fed entirely, and a further 10% partly so. Of infants from 6–12 months, 61% were wholly breast fed, and another 10% partly.

Miss Fowler regrets to report the reappearance of long-tube bottles. I think it is time that legislation prohibited the sale of these 'death traps' as they are sometimes called.

SECTION VI.

SUMMARY (for Reference) OF NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE COUNTY.

The principal nursing arrangements are made in connection with the Norfolk Nursing Federation. A greater part of the County is now covered by district nurses than formerly. The County Council assists the N.N.F. in the formation of new District Nursing Associations, affiliated to the Federation by grants of £50 provided the proposed district raises at least a similar sum towards the provision of a nurse. Four new districts were formed in 1923. The Redenhall with Harleston Nursing Association has enlarged its district and employs a second fully-trained nurse. The Happisburgh Nursing Association which had lapsed has re-started. There are now 88 Nursing Associations affiliated to the N.N.F. These Nursing Associations provide for General Nursing. Occasionally in Measles outbreaks the County Medical Officer arranges for a County Health Visitor to visit the affected homes and advise, and if necessary, demonstrate to the mothers the care required. The superintendent of the Norfolk Nursing Federation is Miss Fowler, who is also the County Inspector of Midwives and Health Visitor, so that it is easy to coordinate the work of the N. N. F. with that of the County Council. In addition to the grants towards New Nursing Associations, 75 N. Associations received grants from the County Council (1) in aid of salaries to a total of £1,475, (2) for Infant Welfare Visiting £283 18s. 6d., (3) Tuberculosis Nursing £67 6s. 3d.

Midwives.

During the year 146 Midwives notified their intention to practice in the County. A few were only undertaking temporary work. On December 31st, 1923, there were 134 Midwives on the County Register (10 untrained).

Inspection of Midwives.—397 routine and 40 special visits to midwives, and 7 handy women visited.

Training grants to the amount of £672 15s. 0d. were allowed towards the training of 11 candidates.

Clinics and Treatment Centres.

The County Council provides clinics for the treatment of Venereal Diseases at Norwich and King's Lynn, and clinics (by appointment) at the same towns for Tuberculosis. The County Council through its Education Committee also provides school clinics. The Maternity and Child Welfare Clinics in Norfolk are mostly voluntary, to which the County Council makes grants. The clinics at Swaffham and Wymondham are under their respective district Councils.

Hospitals.

During the year the County Council gave districts which had no Small Pox Isolation Hospital the option of using the Infirmary at the Swaffham old Workhouse, for the isolation of any Small Pox case which might require it. Owing to local objections the Ministry of Health have intervened and the option has now been withdrawn. The Swaffham Urban and Rural District Councils have a wood and iron building for the isolation of Small Pox occurring in their districts—6 beds. King's Lynn M.B. has a Small Pox Hospital, with a caretaker in charge.

Fever Hospitals.

Cromer U.D., King's Lynn (M.B.), Marshland R.D. (by agreement with Wisbech U.D.C.), Erpingham R.D., Sheringham U.D. and N. Walsham U.D., New Hunstanton U.D., Forehoe R.D. have the use of Fever Hospitals. The Norwich Isolation Hospital receives a few cases from adjoining districts occasionally. The County Council have acquired land at East Dereham for the erection of a hospital under The Public Health (Treatment and Prevention of Disease) Act, 1913, but a meeting of representatives of the urban and rural districts in Norfolk voted against a hospital managed by the County Council. 4 or 5 districts in the Eastern part of the County are considering the erection of a joint Isolation Hospital.

General Hospitals.

- (1.) The Norfolk and Norwich, Norwich.
- (2.) The Lynn and West Norfolk Hospital, King's Lynn.

Cottage Hospitals at Thetford, Watton, Swaffham, Cromer, North Walsham, Wells, Coltishall.

Special Hospitals.

Jenny Lind Hospital for Children, Norwich.
Norfolk and Norwich Eye Infirmary, Norwich.
Norwich Diocesan Maternity Home.
Bethel Hospital (mental).

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS.
The Norwich Diocesan Rescue Home in Surrey Street, Norwich,

provides for 6 months' residence, and several girls from the administrative County have been confined there. The County Council makes a grant. The Boards of Guardians in the County area also receive cases in their respective Infirmaries.

AMBULANCE FACILITIES.—The Red Cross Society have stationed ambulances at Norwich, Dereham, Downham, Cromer, King's Lynn, Hunstanton, Thetford and Great Yarmouth, for the conveyance of non-infectious cases.

SECTION VII.

LABORATORY.

The County Council has established a Laboratory at The Walk (Bank Court). The routine work is carried out by Mr. F. T. Alpe, under the direction and supervision of the County Medical Officer of Health and the Tuberculosis Officer. Many practitioners have expressed their appreciation of the Laboratory, and of the careful work of Mr. Alpe.

Laboratory Work, 1923.

The following specimens were submitted to this Laboratory for examination during the year :—

	Positive.	Negative.	Suspicious.	Total.
Swabs for Diph. B.	225	969	71	1265
Sputum for Tubercle B.	244	691		935
Blood for Widal.	6	30		36
Blood Counts.				24
Fæces (for Typhoid).		6		6
Urine for Tubercle B.	3	16		19
Urine (various).				58
Vaccines prepared.				38
Water samples.				26
Milk for Tubercle B.		1		1
Milk (various)				5
C. S. Fluid.	1	2		3
C. S. Cultures.		10		10
Other Specimens.				103

Arrangements.

All specimens in connection with *Notifiable* diseases are examined free of charge to Medical Practitioners, such charge being made on the County Rate. Copies of all reports on specimens submitted in cases of infectious diseases are sent to the District Medical Officer of Health. Examinations made in connection with *Non-Notifiable* diseases are charged for at a reasonable rate, such charges being made direct on Practitioners sending in the specimens.

A supply of Anti-diphtheria and Antitetanus Sera are kept in stock at the Laboratory and supplied to Medical Practitioners in cases of urgency, accounts for which are sent quarterly to the District Councils concerned.

The following District Councils have acknowledged accounts for the above Sera during the year :—

Aylsham R.D.	Wayland R.D.	Swaffham R.D.
Blofield R.D.	Freebridge Lynn R.D.	Thetford R.D.
Depwade R.D.	Henstead R.D.	Diss U.D.
Docking R.D.	Loddon & Clavering R.D.	Swaffham U.D.
Flegg E. & W. R.D.	St. Faith's R.D.	Wells U.D.
Forehoe R.D.	Smallburgh R.D.	Thetford M.B.

SECTION VIII.

SANITARY ADMINISTRATION.

County Medical Officers of Health have been relieved by the Sanitary Officers Order, 1922, of the obligation to include in their Reports, a digest of reports made by Medical Officers of Health for County districts. For information therefore as to the work of Sanitary Inspectors, the inspection of places where food is prepared, the condition of Slaughter houses, the arrangements for disinfection and disinfestation, and the action taken with regard to Dairies, Cowsheds and Milkshops in each county district, reference must be made to the respective district reports. As affecting the Small Holdings Committee of the Norfolk County Council, the following is an extract from the report for the district of Freebridge Lynn.

"MILK SUPPLY.—There are now 107 registered cowsheds in the district, 13 are in course of improvement for registration, and 12 are distinctly unsatisfactory. Ten of these belong to the Norfolk County Council."

Sale of Food and Drugs Act.

These acts are administered by the County Council, who employ Inspectors, who take samples for examination by the County Analyst, and report to the Public Health Committee.

The Analyst's returns show that in 1923 there were submitted for analysis, 399 samples of milk, of which 66 were reported as not genuine, either on account of fat deficiency or addition of water. The majority (59) were deficient in fat, as compared with the standard of 3%. In many cases the deficiency was but slight—not more than 1 or 2%, but in one case the deficiency was as high as 55%. The Public Health Committee ordered 14 prosecutions,

and cautioned 23 others. As a rule, the results of prosecution are only insignificant fines. 231 samples of other substances were submitted for analysis. Many of these contained small quantities of preservatives.

*The following Report was sent to the Ministry of Health
in January, 1924.*

Public Health (Milk and Cream) Regulations, 1912 & 1917.

*Report by the Medical Officer of Health, for the year
ended December 31st, 1923.*

1.—MILK & PRESERVED CREAM.

414 Samples were taken for analysis as to preservatives.
All were examined for presence of preservatives.
In 4 Samples preservatives were found.
In each case the preservative was Boric Acid.

2.—CREAM SOLD AS PRESERVED CREAM.

3 Samples submitted for analysis to ascertain whether the
Statement on label correct.
3 Correct.
3 determinations of milk fat.
(a) above 35%.....3

**3.—Number of instances where requirements as to labelling or
declaration of preserved cream were not being observed.
Article 5 (1) and proviso in Article 5 (2) of the Regulations.
3 instances.**

4.—THICKENING SUBSTANCES.

No evidence of any illegal addition.

**5.—Particulars of each case in which regulations have not been
complied with, and action taken.**

- 1.—Cream contained '273 Boric Acid. Prosecution, fined 5s. each (second offence).
- 2.—Preserved Cream, unlabelled. Prosecution, fined 5s. each
- 3.—Cream contained '248 Boric Acid. Cautioned by Committee.

There is no outstanding feature calling for comment.

SECTION IX.

PUBLIC HEALTH.

The Staffs engaged on Public Health work includes : M.O.H. for the County (who is also S.M.O. & M. & C.W.O.) T.O. and Assist. T.O., Inspector of Midwives and Assist. I. of M. 3 whole-time Health Visitors (2 combine some Midwifery work with their duties) 83 District Nurses who act as part-time Health Visitors. Assistant Bacteriologist. Although School Medical Inspection is an important branch of Public Health Work, the 5 Medical Officers, 4 Dentists and 10 Nurses who carry out this work are appointed and remunerated by the Education Committee.

Special Reports.

The County M.O.H. prepared special Memoranda on :—

- (a) The Schick Test for Diphtheria.
- (b) On Isolation Hospital accommodation.

SECTION X.

VENEREAL DISEASES.

Clinics were held on Tuesdays and Fridays at the Norfolk and Norwich Hospital, and at the Lynn and West Norfolk Hospital. Persons who have run the risk of infection can attend any evening for irrigation.

1923. Norfolk new patients were treated.

	Syphilis.	Gonorrhœa.	Other than V.	Total
At the Norfolk & Norwich Clinic	21	31	23	75
„ King's Lynn Clinic	13	14	Soft Chancre 1	28

Total number of attendances during 1923—Norwich, 1248, King's Lynn, 421.

Also 30 "In-patient days" at The Norfolk & Norwich Hospital.

Number of pathological examinations for Wassermann reaction 359, Spirochetes 3, Gonococci 191, Urine 15, Cultures 2, Total, 570.

New cases of Active Syphilis tend to become fewer. There is a slight increase in the cases of Gonorrhœa attending for treatment, but the proportion is still less than was expected.

Mental Deficiency Act.

I am informed that the total cost of administering this Act during the year ending March 31st, 1923, was £3,804. There were 76 Mental Defectives in institutions, 2 under guardianship, and 74 under supervision. The total number of known Idiots and low-grade Imbeciles in the administrative area was 181.

Blind Persons Act.

The County Council's Scheme under Sec. 2 of the Blind Persons Act, 1920, came into operation on the 1st April, 1923. The remainder of the year was principally occupied in Registering Blind Persons, of whom approximately 309 were reported to the Blind Persons Act Committee up to the end of December, 1923. Three blind persons were provided with training in an industry at Institutions for the Blind, and two necessitous cases were assisted by way of weekly allowances. Forty-nine persons were examined by eye specialists at the expense of the County Council, as a result of which arrangements were under consideration for the provision of treatment where indicated. The total expenditure in respect of the nine months, was approximately £200.

SECTION XI.

THE HOUSING PROBLEM.

The State and Local Authorities having become almost the sole purveyor of houses, and private enterprise almost non-existent, the number of houses erected does not correspond with the demand, while the cost of labour and materials is so high that only one house can now be erected for a sum that would have sufficed to provide 2 or 3 houses before the war. The Chamberlain Act of 1922 endeavoured to stimulate private enterprise, with some success, against which, however, the Rent Restriction Act appears to militate. Most of the houses built within the last few years cannot be let at an economic rent, and the existing rents of new houses are much in advance of those to which the agricultural labourer is accustomed, and out of proportion to his slender resources. A considerable number of old railway carriages are being converted into dwellings, and there is much to be said for this cheap substitute for ordinary houses when the cost of building is prohibitive, and the shortage acute. But Sanitary Authorities will need to ensure that a wholesome water supply is available, and that no nuisance is created. I have in a former report (1919-20 p. 20) ventured to suggest a new method of providing for 3 or 4 families in a rural area if housing bye-laws are non-existent or relaxed, but beyond the extract from my report being quoted in a review of the report in a Medical Journal interested in public health work, I am not aware that any responsible authority has given the matter any consideration. People are very conservative, and appear to prefer the environment to which they are accustomed; but I am of opinion that if adequate nutrition of the body is provided for, the nearer the approach to open-air methods of living, the healthier will the people become. The table at the end of the report is based on figures appearing in the Reports of District Medical Officers of Health for the year 1923.

Closing Orders.

I received copies of 11 (eleven) closing orders in accordance with Section 69 (1) of the Housing Act of 1909.

Houses grossly unfit for human habitation and past repair must of course be dealt with by Closing Order; but in these days of house shortage every endeavour has to be made to get houses capable of repair at moderate cost so repaired; the main requirements being to have them dry, ventilated, and secure, with an adequate supply of wholesome water at a reasonable distance, and adequate sanitary arrangements for the disposal of excreta and waste.

Bessingham.

In July, 1922, a petition was made to the County Council to enquire into the condition of cottages in the Bessingham district. No other villages were named in the petition beyond the addresses of some of the signatories. I visited Bessingham in August, and reported to the Public Health Committee in September, that the Bessingham Parish comprised 495 acres, and had a population in 1911 of 141, occupying 29 houses (26 working class) and that no new cottages had been erected for over 60 years, and that not one existing cottage could be described as 'good.' Not one had a damp-proof course. Other defects in one or other of the cottages included defective roofs, deficient ventilation, unsatisfactory water supply, and insufficient closet accommodation: that the Sanitary Committee of the Erpingham R.D.C. had in 1917 recommended the erection of 4 new cottages at Bessingham.

A representation by the local Labour Party came before the Erpingham R.D.C. on July 31st, 1922, and the Sanitary Inspector was instructed to again visit and report on the parishes of Bessingham, Sustead and Metton, and instructions were given for notices to be served on landlords for necessary repairs. In view of the national problem of housing as a whole, and of the necessity for a carefully considered policy, I expressed the hope that the R.D. Council's policy would be so carried out that existing cottages would be rendered watertight, and secured a reasonable supply of wholesome water and fresh air. I expressed my personal view that it would be wise to revert to the original policy of erecting 4 new cottages at Bessingham.

The County Council communicated with the R.D.C., and on 27th September, 1922, were informed that instructions had been given and notices served. In June, 1923, in reply to a further communication, the County Council was informed that certain repairs were being carried out by one landlord, but nothing by the other two. A sub-committee visited Bessingham in November, and reported the conditions existing as quite average, that the Erpingham R.D.C. had done its duty in the matter of serving of

notices, and that they found that the landlord had either completed or was still executing repairs in accordance with such notices; that the cottages were watertight, the well provided with a substantial cover, and additional closet accommodation provided. In view of the fact that the population of Bessingham had declined by 27%, and that three cottages (over and above two derelicts) were vacant at the time of the inspection, the Committee did not see any reason for pressing for new houses in Bessingham.

As regards new Council cottages, it is well to bear in mind that if a person who cannot afford the economic rent takes such, the real problem will probably be solved by sharing the house or taking in lodgers. This is a matter for Sanitary vigilance, lest overcrowding occur in a new house. Several of the District Medical Officers of Health make allusion to the shortage of houses. One or two refer to some of the existing defective cottages as "unrepairable," and yet that it has not been possible to condemn any of the insanitary houses still occupied owing to the absence of alternative accommodation. The real shortage is that of houses of *low* rental.

J. T. C. NASH, M.D.

The following Statement is compiled from the District Reports and indicate the general condition of Housing in 1923.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR—																																			
(a) Total	9	11	8	26	11	31	12	433	33	17	1	?	39	10	20	26	1	12	15	2	317	19	5	nil	1	5	27	1	8	8	5	5	5	79	396
(b) With State assistance under the Housing Acts, 1919 or 1923	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	24
(i) By the Local Authority	nil	nil	nil	nil	nil	?	?	nil	nil	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	
(ii) By other bodies or persons	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	
1. UNFIT DWELLING HOUSES.																																			
Inspection (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) -	509	189	90	94	96	4005	104	81	482	264	1	26	210	49	60	330	359	nil	125	254	7328	34	250	95	9	11	17		38	93	130	580	119	1376	8704
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 -	353	148	nil	nil	38	4005	104	32	81	237	nil	28	185	40	40	—	359	nil	51	183	5884	23	200	24	—	—	17		22	30	551		867	6751	
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation -	9	5	7	nil	5	496	nil	1	nil	1	nil	16	nil	2	1	nil	3	nil	15	3	564	nil	nil	3	—	—	—		nil	nil	4	1	1	9	573
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation -	5	21	20	61	37	—	14	27	2	nil	1	12	114	9	nil	8	316	nil	36	114	797	14	50	87	—	—	2		16	30	120	29	11	359	1156
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 -	177	37	12	50	26	26	23	17	nil	53	nil	10	106	9	nil	50	279	10	36	58	979	13	120	70	—	8	7		11	24	5	nil	258	1237	
3. ACTION UNDER STATUTORY POWERS—																																			
A—Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.																																			
(1) Number of dwelling-houses in respect of which notices were served requiring repairs -	nil	2	3	9	5	nil	7	nil	nil	nil	nil	nil	4	7	13	73	13	—	—	12	148	†		11	9	—	—		5	3			28	176	
(2) Number of dwelling-houses which were rendered fit—	nil	2	2	9	3	—	7	nil	nil	nil	—	nil	4	5	13	44	13	—	—	1	103	†		11	—	—	—		5	3			19	122	
(a) by Owners	nil	nil	1	nil	nil	—	nil	nil	nil	nil	—	nil	nil	2	13	44	13	—	—	—	3	†		nil	—	—	—		—	—			—	3	
(b) by Local Authority in default of owners	nil	nil	nil	nil	nil	1	**2	—	nil	—	nil	nil	2	1	nil	nil	—	—	—	6	†		nil	—	—	—			—	—			—	—	
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close -	nil	nil	nil	nil	nil	1	**2	—	nil	—	nil	nil	2	1	nil	nil	—	—	—	6	†		nil	—	—	—			—	—			—	—	
B—Proceedings under Public Health Acts.																																			
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied -	1	94	4	nil	8	103	19	—	73	91	—	nil	56	15	14	87	—	29	146	1	741	1		12	—	6		—	—	4	8	29	11	71	812
(2) Number of dwelling-houses in which defects were remedied—	1	41	4	nil	4	26	18	10	64	105	—	nil	56	15	14	49	—	29	120	1	359	1		12	—	8		—	—	4	8	29	11	71	812
(a) by Owners	nil	nil	nil	nil	2	nil	nil	nil	nil	nil	—	nil	nil	15	14	49	—	29	120	1	359	1		12	—	8		—	—	4	8	29	11	71	812
(b) by Local Authority in default of owners	nil	nil	nil	nil	2	nil	nil	nil	nil	nil	—	nil	nil	15	14	49	—	29	120	1	359	1		12	—	8		—	—	4	8	29	11	71	812
C—Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909—																																			
(1) Number of representations made with a view to making of Closing Orders -	2	nil	7	nil	2	12	nil	nil	nil	—	4	—	6	—	—	—	—	—	15	3	48	nil		3	—	—	—		—	—	—	—	—	—	—
(2) Number of dwelling-houses in respect of which Closing Orders were made -	2	nil	6	nil	2	2	nil	nil	nil	—	6	—	6	—	—	—	—	—	15	3	39	nil		2	—	—	—		—	—	—	—	—	—	—
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit -	nil	nil	2	nil	—	nil	nil	nil	nil	—	—	—	—	—	—	—	—	—	—	—	4	nil		1	—	—	—		—	—	—	—	—	—	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made -	nil	nil	nil	nil	—	nil	nil	nil	nil	—	1	—	—	—	—	—	—	—	—	—	1	nil		nil	—	—	—		—	—	—	—	—	—	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders -	nil	nil	nil	nil	—	nil	nil	nil	nil	—	1	—	—	—	—	—	—	—	—	—	2	3	nil		nil	—	—		—	—	—	—	—	—	—

§ Scheme in preparation * 19 houses in course of erection, Dec. 31st, 1923. † Includes 6 Army Huts and 8 Railway carriages converted. ** 1 closed and 1 demolished. ‡ All without formal notices. § 2 in course of erection. ¶ 2 Huts converted into Bungalows in addition. One or two District M.O.s H. state—“Owing to the high cost of labour and materials, much difficulty has been experienced in inducing owners to undertake necessary repairs to their property.”

