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NORFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

County Medical Officer

FOR

1931





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PREFACE.

This report, the 25th of the series, is prepared in accordance with Circular 1206 of the Ministry of Health.

Unfortunately, the financial crisis has affected local as well as national government during the period under review. Economy has been more than ever the watchword. Some of the existing public health services have been curtailed, *viz.*, the provision of milk and dental treatment for nursing and expectant mothers, whilst development has been postponed, *e.g.*, the provision of a Central Isolation Hospital and an Institution for orthopaedic treatment and the care of advanced cases of tuberculosis.

The Public Health Service cannot readily present a balance sheet. Estimates each year indicate the money to be spent, but the result of this expenditure is cumulative over a period of years, and can only be expressed in terms of reduction in death rates, decrease in tuberculosis, and so on.

It is well, therefore, at times like these, to consider what the Public Health Service renders to the country. Public health work is preventive medicine, and one of its objects is to enable the young children of to-day to be the healthy forebears of the generations to come.

The Maternity and Child Welfare Schemes play the first part in assisting in the care of expectant and nursing mothers and young children. School Medical Inspection and Treatment Schemes continue the preventive work. When the child leaves school between 14 and 16 years of age, if the advice which has been given to the parents at the various medical examinations has been followed, he should be physically fit to take his place in the work of the world.

Other public health services also assist in the preservation of life and the development of a healthy nation, *e.g.*, proper housing, pure water and food, protection from infectious diseases, etc.

If a healthy nation is to be reared, it is of the utmost importance that the health services of the country should be efficiently maintained.

Notwithstanding the cutting down of estimates, it is gratifying to record that during the year 1931, no less than seven Maternity and Child Welfare Centres had been taken over or established, and the whole county was covered from a health visiting point of view for the first time.

The co-ordination of the work of the Public Health Department which was begun soon after my appointment in 1928 has progressed steadily. There is, however, still the anomalous position of overlapping, as evidenced by the whole-time health visitors and the school nurses, which is dealt with in detail on page 16.

I would like to take this opportunity of thanking the Chairmen and members of the various Committees and Sub-Committees for the considerable help they have given during this somewhat difficult period, and would also like to thank the staff for their hearty and loyal co-operation.

T. RUDDOCK-WEST, M.D., B.S., D.P.H.,

County Medical Officer.

Public Health Department,
29, Thorpe Road,
Norwich.

July, 1932.

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL.

Whole-Time.

County Medical Officer :

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

Deputy County Medical Officer :

KENWAY T. WILLIAMS, M.D., M.R.C.S., L.R.C.P.

Clinical Tuberculosis Officer :

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.

Assistant Clinical Tuberculosis Officers :

D. MORRISON SMITH, M.B., Ch.B.

E. HOLMES WATKINS, B.A., B.M., B.Ch.

Assistant Medical Officers :

N. CAMPBELL, M.B., C.M., D.P.H.

IRENE B. M. GREEN, M.B., B.S.

CHRISTINA LAMONT, M.B., Ch.B., D.P.H.

H. W. SEXTON, M.R.C.S., L.R.C.P.

Dental Surgeons :

A. J. CAIRNS, L.D.S.

SADIE S. HOW, L.D.S.

P. MILLICAN, L.D.S.

J. NIXON, L.D.S.

A. A. SUMPTER, L.D.S.

A. L. WHITAKER, L.D.S.

Inspector of Midwives and Superintendent Health Visitor :

MISS M. A. FOWLER, M.B.E., S.R.N., Cert. C.M.B., H.V. Cert.

Assistant Inspectors :

MISS M. V. E. DAVEY, S.R.N., Cert. C.M.B., San. Insp. Cert.

MISS MCGREGOR, S.R.N., Cert. C.M.B., H.V. Cert.

Health Visitors :

MISS W. A. BUXTON, S.R.N., Cert. C.M.B. (temporary).

MISS E. F. INGLE, S.R.N., Cert. C.M.B., H.V. Cert.

MISS E. A. JOHNSON, S.R.N., Cert. C.M.B., H.V. Cert. (temporary—resigned December, 1931).

MISS D. PARKER, S.R.N., Cert. C.M.B.

MISS O. M. PARKER, S.R.N., Cert. C.M.B., H.V. Cert.

MISS A. ROSCOE, S.R.N., Cert. C.M.B. (temporary—appointment terminated April, 1931).

School Nurses :

MISS E. B. BYGRAVE, Cert. Nurse.

MISS A. HOLDEN, S.R.N.

MISS F. B. JUGGINS, S.R.N.

MISS F. M. MANN, S.R.N., Cert. C.M.B.

MISS D. PERCIVAL, S.R.N.

MISS C. SHINGLETON, S.R.N.

MISS D. VICKERS, S.R.N.

MISS L. WALKER, S.R.N.

MISS A. WELLSTED, Cert. Nurse.

Home Teachers and Visitors under the Blind Persons Act :

MISS A. E. PINNINGTON, Cert. College of Teachers of the Blind.

MISS M. D. RUSSELL, Cert. College of Teachers of the Blind.

Stanninghall Colony :

Matron: MISS OFFORD, Cert. Nurse.

Steward: W. H. G. MILES.

Clerical Staff :

Chief Clerk: C. J. HUBBARD.

Sectional Clerks: G. E. MANTRIPP, A. R. PYE, H. E. WISEMAN, J. W. WOODCOCK.

Clerks: S. H. BISHOP, E. W. DURRANT, G. A. RABY, J. W. WEBB.

Laboratory Assistant: W. R. EMMS.

Juniors: A. J. ALLISON, A. ARMES, R. R. BALES, G. W. CURTIS, I. HOOK, W. R. HOWES, H. C. WEBB, D. WEEKS, P. WEEKS.

Typists: MISS B. DAVISON (*Senior*), MISS P. BECKWITH, MISS E. GRAVELING, MISS M. GREEN, MISS J. HAYHURST, MISS M. HUMPHREY, MISS B. LYNES, MISS E. WOODCOCK.

Part-Time.

Orthopædic Surgeon :

M. W. BULMAN, M.D., M.S., F.R.C.S.

Consultants under Puerperal Fever Scheme :

M. W. BULMAN, M.D., (Obstet.), M.S., F.R.C.S.

M. CROOK, M.R.C.S., L.R.C.P.

E. B. HINDE, M.B., B.Ch., F.R.C.S.E.

C. E. S. JACKSON, M.B., B.S., F.R.C.S.,

C. NOON, O.B.E., F.R.C.S.

Ophthalmic Specialists :

A. GREENE, M.D., F.R.C.S.I.

G. MAXTED, M.D., F.R.C.S.

S. T. PARKER, M.B., Ch.B., F.R.C.S.

W. E. RUTLEDGE, L.R.C.S., L.R.C.P.

W. WYLLYS, M.R.C.S., L.R.C.P.

Medical Officers Venereal Disease Clinics :

S. H. LONG, M.D.

T. J. WRIGHT, F.R.C.S.E. (*Assistant M.O.*) } Norwich.

J. W. McINTOSH, M.B., Ch.B., B.Sc. (P.H.), F.R.C.S.E., King's Lynn.

G. P. C. CLARIDGE, M.B., B.S. (*Pathologist*).

Assistant Bacteriologist :

F. T. ALPE, F.C.S.

County Analyst :

W. LINCOLNE SUTTON, F.I.C.

Inspectors under Food and Drugs Acts :

W. B. BARRY.

A. ROBINSON.

(*These Officers are also Inspectors of Weights and Measures*).

District Medical Officers under the Poor Law Acts :

85 Medical Practitioners act as part-time Officers.

Medical Officers of Institutions : 16.

Public Vaccinators : 84.

Vaccination Officers : 28.

Milk and Dairies Acts :

17 Veterinary Surgeons act as part-time Officers.

Dental Surgeons :

16 act as part-time Officers under the Council's Dental Treatment Scheme for Expectant and Nursing Mothers.

Health Visitors :

115 District Nurses act as part-time Health Visitors.

Sanitary Districts.

<i>District.</i>	<i>Acreage.</i>	<i>Population Census, 1931.</i>	<i>Medical Officer of Health.</i>	<i>Sanitary Inspector.</i>
URBAN				
Cromer ...	1062	4177	Dr. R. C. M. Colvin-Smith	R. Croome
Diss ...	3674	3422	„ H. M. Spiers	G. H. Jones
Downham Market ...	1003	2463	„ J. Gibb	Vacant
East Dereham	5313	5641	„ N. E. D. Cartledge	W. A. Norris
King's Lynn M.B. ...	3067	20580	„ J. W. McIntosh B.Sc. (P.H.)	J. W. Shaw
New Hunstanton	1064	3131	„ W. E. H. Bull	F. Wilkinson
Nth. Walsham	4256	4137	„ J. Shephard	W. Morris
Sheringham ...	928	4141	„ J. E. Linnell, D.P.H.	F. Hall Smith
Swaffham ...	7592	2783	„ R. O. Townend	C. Frobisher
Thetford M.B.	7096	4097	„ A. Oliver, D.P.H.	L. G. Howell
Walsoken ...	4907	4058	„ H. L. Groom	T. M. Kerridge
Wells-next-Sea	2670	2505	„ G. Calthrop	F. Rodwell
RURAL				
Aylsham ...	69341	16210	„ *H. H. Back	H. W. T. Trotter
Blofield ...	45783	14407	„ *H. H. Back	L. F. Beckwith
Depwade ...	79742	17687	„ F. N. H. Maidment	F. H. Bowden
Docking ...	87386	16283	„ B. G. Sumpter	A. B. Nowell
Downham ...	85411	15501	„ J. Gibb	S. C. Rigg
E. & W. Flegg	28991	10159	„ W. Royden	A. Coulter
Erpingham ...	62167	17018	„ J. E. Linnell, D.P.H.	†A. R. Tuddenham
Forehoe ...	38528	12899	„ A. P. Agnew	A. W. Hobbs
Freebridge Lynn ...	75075	12352	„ O. L. Appleton	A. W. Plowright
Henstead ...	42380	10778	„ C. P. R. Gibson	J. B. Panks
King's Lynn...	1638	931	„ T. O. Hutton	R. Walker
Loddon and Clavering ...	60273	11822	„ E. N. P. Martland	C.W. Pritchard
Marshland ...	51091	14128	„ S. R. Lister	J. T. Dewhurst
Mitford and Launditch	102371	17109	„ N. E. D. Cartledge	B. E. Penny
St. Faith's ...	48933	14111	„ S. H. Long	H. S. Hawkins
Smallburgh ...	62627	13978	„ B. D. Z. Wright	A. L. Taunton
Swaffham ...	74556	6766	„ E. F. Rose	W. H. Edwards
Thetford ...	95873	9636	„ G. Cowan	A. O. Adcock
Walsingham...	79996	15811	„ W. H. Fisher	W. H. Moffat
Wayland ...	68774	13149	„ E. F. Rose	C. Whitworth

*Died November, 1931. Successor, Aylsham, Dr. B. B. Sapwell;
Successor, Blofield, Dr. J. D. McKelvie.

†Resigned, September, 1931. Successor, G. L. Evatt. Appointed,
November, 1931.

STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

AREA	1,303,570 acres
POPULATION—Census 1931	321,870
Estimated by Registrar General mid 1931	320,030
NO. OF INHABITED HOUSES, 1921	78,168
NO. OF FAMILIES OR SEPARATE OCCUPIERS, 1921 ...	78,814

	<i>General purposes.</i>	<i>Special purposes.</i>
RATEABLE VALUE	£1,113,400	£1,019,714
PRODUCE OF PENNY RATE	£4,240	£3,870

Norfolk is the fourth largest geographical county in England, and extends from Gt. Yarmouth on the East to Lincolnshire on the West. It is bounded on the South by Suffolk and by Cambridgeshire and Lincolnshire on the South-west and West. From East to West the extreme breadth is 67 miles, and the greatest length from North to South is roughly 42 miles. The county being largely rural in character, the occupation of the majority of the inhabitants is agricultural. There are three sugar beet factories, *viz.*, Cantley, on the River Yare. Wissington, on the River Wissey; and King's Lynn, on the Gt. Ouse.

VITAL STATISTICS.

Births.

The live births registered during 1931 numbered 5028, of which 2539 were males and 2489 females.

The number of illegitimate births reported is 10 lower than last year, *viz.*, 287, comprising 159 males and 128 females.

113 stillbirths were registered, which gives a rate of 22.47 per 1000 live births.

The following table shows the number of births registered and the birth rates during the past five years:—

Year.	URBAN.		RURAL.		ADM. COUNTY.		Rate for England & Wales.
	Net No. Regstd.	Rate.	Net No. Regstd.	Rate.	Net No. Regstd.	Rate.	
1927 ...	932	15.16	4140	15.10	5072	15.73	16.7
1928 ...	967	15.75	4315	16.52	5282	16.37	16.7
1929 ...	841	13.61	4126	15.78	4967	15.36	16.3
1930 ...	873	14.32	4049	15.55	4922	15.32	16.3
1931 ...	863	14.29	4165	16.04	5028	15.71	15.8

It is gratifying to note that there has been a slight increase in the births, and the rate for the Administrative County was nearly equal to that for England and Wales.

Deaths.

The number of deaths of civilians belonging to the county, after the allocation of transferable deaths, was 4043, giving a net death-rate of 12.65 per thousand of the civil population.

The following table gives a comparison with the number of deaths and death-rates during the past five years:—

Year.	URBAN.		RURAL.		ADM. COUNTY.		Rate for England & Wales.
	No. of Deaths.	Rate.	No. of Deaths.	Rate.	No. of Deaths.	Rate.	
1927 ...	814	13.25	3295	12.64	4109	12.75	12.3
1928 ...	787	12.85	3102	11.65	3889	12.07	11.7
1929 ...	903	14.61	3433	13.14	4336	13.42	13.4
1930 ...	668	10.96	3049	11.73	3717	11.58	11.4
1931 ...	770	12.75	3273	12.62	4043	12.65	12.3

The chief causes of death were as follows. Figures in brackets are those for 1930:—

Heart Disease	...	...	...	918	(799)
Cancer	...	...	...	515	(538)
Other Circulatory Diseases	...	...	...	301	(No comparable figure)
Senility	...	...	...	233	(do.)
Cerebral Haemorrhage	...	...	...	231	(203)
Bronchitis	...	...	...	195	(158)
Pulmonary Tuberculosis	...	...	...	162	(184)
Congenital Debility, Premature Birth, Malformations, etc.)	...	...	...	153	(143)
Pneumonia	...	...	...	152	(150)

61.5% of the deaths were persons of 65 years and over, while 8.19% were children under 5 years of age.

A table giving the causes of death at specified ages will be found on page 8.

Number of women dying in, or in consequence of, childbirth:—

From Sepsis	...	...	...	7
From other causes	...	...	...	13
Total	...	...	...	20

Death-rate of infants under one year per 1,000 live births:—

Legitimate, 51.68. Illegitimate, 69.69. Total, 52.70.

Deaths from Measles (all ages) : 4.

Deaths from Whooping Cough (all ages) : 16.

Deaths from Diarrhoea (under 2 years of age) : 1.

The following table gives the death-rates per 1,000 population from certain causes, together with the corresponding rates for the previous five years:—

DISEASE.	1927.	1928.	1929.	1930.	1931.
Cancer	1.64	1.76	1.67	1.68	1.61
Respiratory Diseases	1.45	1.07	1.46	1.09	1.45
*Zymotic Diseases	0.28	0.25	0.27	0.11	0.13
Tuberculosis (Pulmonary)	0.58	0.55	0.61	0.57	0.51
„ (Non-pulmonary)	0.17	0.19	0.15	0.16	0.15

*Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Enteric Fever, Diarrhoea (children under 2 years of age).

The following table gives the causes of death at specified ages:—
(Figures given by Registrar General).

CAUSES OF DEATH.	Total All Ages.	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75
Typhoid and Paratyphoid Fevers ...	5	—	—	—	—	1	—	2	1	1	—	—
Measles ...	4	—	1	1	1	1	—	—	—	—	—	—
Scarlet Fever ...	4	1	—	1	—	2	—	—	—	—	—	—
Whooping Cough ...	16	11	1	3	1	—	—	—	—	—	—	—
Diphtheria ...	6	—	1	—	4	—	—	—	—	—	—	—
Influenza ...	89	5	—	1	3	—	1	4	4	10	33	28
Encephalitis Lethargica ...	2	—	—	—	—	—	—	1	1	—	—	—
Cerebro-spinal Fever ...	5	—	1	2	—	1	—	1	—	—	—	—
Tuberculosis of the Respiratory System ...	162	1	—	1	1	33	45	23	22	19	11	6
Other Tuberculous Diseases ...	48	6	9	5	5	9	2	4	4	1	—	3
Syphilis ...	12	5	—	—	—	1	1	1	1	3	—	—
General Paralysis of the insane, tabes dorsalis ...	7	—	—	—	—	—	—	2	2	2	1	—
Cancer, Malignant Disease ...	515	—	—	—	—	1	4	19	67	110	194	120
Diabetes ...	56	—	—	—	—	—	2	4	4	12	24	10
Cerebral Hæmorrhage, etc. ...	231	—	—	—	—	1	—	3	5	30	63	129
Heart Disease ...	918	—	—	—	3	6	5	16	35	118	293	442
Aneurysm ...	12	1	—	—	—	—	—	1	2	3	3	2
Other Circulatory Diseases ...	301	—	—	—	—	—	—	1	7	25	74	194
Bronchitis ...	195	11	2	2	1	—	—	—	2	5	34	138
Pneumonia (all forms) ...	152	19	5	7	5	3	7	13	7	23	31	32
Other Respiratory Diseases ...	48	2	—	1	—	—	3	1	5	6	9	21
Peptic Ulcer ...	30	—	—	—	1	—	2	4	10	7	6	—
Diarrhœa, etc. ...	19	8	—	1	1	1	—	—	—	—	2	6
Appendicitis ...	19	—	—	—	4	5	1	3	—	2	3	1
Cirrhosis of Liver... ..	10	—	—	—	—	—	—	1	2	4	1	2
Other Diseases of Liver, etc. ...	11	—	—	—	—	—	1	—	4	1	1	4
Other Digestive Diseases ...	85	5	1	1	10	1	5	5	9	7	22	19
Acute and Chronic Nephritis ...	106	—	—	—	1	2	5	4	8	20	27	39
Puerperal Sepsis ...	7	—	—	—	—	1	1	5	—	—	—	—
Other Puerperal Causes ...	13	—	—	—	—	4	7	1	1	—	—	—
Congenital Debility and Malformation, Premature Birth, etc. ...	153	151	2	—	—	—	—	—	—	—	—	—
Senility ...	233	—	—	—	—	—	—	—	—	—	16	217
Suicide ...	45	—	—	—	—	3	4	7	6	9	11	5
Other Violence ...	142	11	3	5	8	18	12	16	11	15	18	25
Other Defined Diseases ...	361	28	10	4	23	21	21	25	29	54	69	77
Causes Ill-defined or Unknown ...	21	—	—	—	—	1	—	—	1	5	8	6
All Causes ...	4043	265	36	35	72	116	129	167	250	493	954	1526

LOCAL GOVERNMENT ACT, 1929.

Administration.

The arrangements for the discharge of the medical services transferred to the County Council under the Local Government Act, 1929, remain as stated in the Annual Report for 1930.

No declaration has been made under Section 5 of the Act, as it was considered many of the functions which were previously carried out under the Poor Law Acts could be dealt with by the Maternity and Child Welfare, Tuberculosis, and Blind Persons Sub-Committees.

This arrangement has worked quite smoothly and over-lapping has been reduced to a minimum.

Institutions.

The County Council has not yet made a complete survey of the accommodation afforded by the various Public Assistance Institutions, but it has been decided to appropriate the Heckingham Institution for Mental Defectives and the Swainsthorpe Institution for cases of Senile Dementia. In the former case, the final arrangements for the transfer of the Institution to the Mental Deficiency Acts Committee had not been completed by the end of the year. The adaptation of the Swainsthorpe Institution was in hand on 31st December, 1931.

No question arose during the year which necessitated consultation with representatives of the Voluntary Hospitals.

Poor Law Medical Out-Relief.

The County is divided into 13 areas for Public Assistance purposes, as follows. Beyond the filling of vacancies there has been no alteration in the administration of the out-door relief:—

Area No.	No. of Districts.	Rural and Urban Districts in Area.	Population 1931 Census.	No. of District Medical Officers.	No. of Public Vaccinators.	No. of Public Assistance Institutions
1	9	Erpingham Rural Cromer Urban Sheringham Urban	25,836	7	7	1
2	12	Aylsham Rural St. Faith's Rural	30,821	11	11	1
3	6	Blofield Rural E. & W. Fleggs Rural	24,566	6	6	1
4	5	North Walsham Urban Smallburgh Rural	18,115	5	5	—
5	9	Henstead Rural Forehoe Rural	23,677	8	8	2
6	4	Docking Rural Hunstanton Urban	19,414	4	4	—
7	6	Walsingham Rural Wells Urban	18,316	6	6	1
8	7	Freebridge Lynn Rural King's Lynn M.B. King's Lynn Rural	33,863	6	5	2
9	12	Downham Rural Marshland Rural Downham Urban Walsoken Urban	36,150	10	10	1
10	10	Mitford and Launditch Rural E. Dereham Urban	22,750	9	9	1
11	18	Swaffham Rural Thetford Rural Wayland Rural Swaffham Urban Thetford Municipal Borough	35,431	14	14	2
12	4	Depwade Rural Diss Urban	21,109	9	9	1
13	4	Loddon and Clavering Rural	11,822	4	4	1

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Nursing in the Home.

(a) General.

Professional nursing in the home is provided by the District Nursing Associations, the majority of which are affiliated to the Norfolk Nursing Federation. The Federation is assisted by grants from the County Council, with whom close co-ordination is maintained.

(b) Infectious Diseases.

The nursing of patients suffering from infectious diseases is not undertaken by District Nursing Associations. No arrangements for this are made by the County Council, but certain District Councils engage nurses temporarily in necessitous cases which cannot be dealt with otherwise.

Laboratory.

The County Laboratory was established in 1920 for the purpose of providing public health laboratory facilities and is equipped for modern requirements. The Laboratory is always available for urgent work on Sundays and Public Holidays. The following table indicates the work of the Laboratory during the past five years:—

	1927	1928	1929	1930	1931
Swabs for diphtheria bacilli ...	854	2485	2574	2437	1292
Sputum for tubercle bacilli ...	1253	1239	1181	1049	1021
Sputum for other organisms ...	—	—	—	—	1
Urine for tubercle bacilli ...	20	19	25	26	22
Blood for Widal ...	96	83	59	56	42
Urine various ...	28	20	19	23	30
Fæces for typhoid ...	6	13	12	5	8
Fæces for tubercle bacilli ...	4	2	13	1	2
Blood counts ...	2	3	7	2	—
Swabs for Vincent's angina ...	—	—	—	—	4
Swabs for organisms ...	3	—	—	23	—
Smears for organisms ...	7	22	10	8	18
Pus for tubercle bacilli ...	2	3	6	4	4
Hairs for ringworm ...	11	3	3	7	3
Cerebro-spinal fluid for tubercle bacilli ...	—	5	8	—	1
Pleural effusion for tubercle bacilli ...	3	—	—	5	10
Milk for tubercle bacilli ...	2	10	3	—	—
Milk for cleanliness ...	—	—	—	—	20
Milk for Br. abortus ...	—	—	—	—	20
Milk various ...	6	2	—	3	—
Specimens of water ...	45	47	104	112	95
Vaccines prepared ...	17	11	4	4	4
Tuberculin dilutions prepared ...	19	5	19	35	30
Tuberculin ointment prepared ...	40	60	79	99	153
Miscellaneous specimens ...	19	19	24	33	13
Mussels for B. coli ...	—	10	—	30	—
Totals ...	2347	4061	4150	3962	2813

Foodstuffs are examined by the Public Analyst who is a part-time officer and has his own laboratory.

Legislation in Force.

The County Council has promoted no Local Acts, Special Orders or bye-laws relating to Public Health for the area.

Hospital Services.

No alterations have been made in the hospital services as outlined in the Annual Report for 1930.

There has been no extension in the existing Isolation Hospital accommodation and the majority of the population is still unprovided for in this respect. Arrangements are in force between the City of Norwich Authority and certain District Councils whereby patients can be admitted to the Norwich Isolation Hospital provided accommodation is available.

No further progress has been made with regard to the provision of a Central Isolation Hospital.

Ambulance Facilities.

(a) Infectious Cases.

The County Council has no ambulance.

The Wisbech Hospital (serving Marshland R.D. and Walsoken U.D.) has an ambulance, and some of the other hospitals have an old car or cab kept for this purpose. Others hire a car as required and disinfect it afterwards.

(b) Non-infectious Accident Cases.

The County Council has no ambulance, but the Order of St. John of Jerusalem and the British Red Cross Society have ambulances stationed at the following places:—Attleborough, Cromer, Downham Market, East Dereham, Fakenham, Hunstanton, Norwich and Swaffham. There are also affiliated ambulances at King's Lynn, North Walsham, and Norwich. During the year, 1912 cases were conveyed, the total mileage being 56,557 miles.

MATERNITY AND CHILD WELFARE.

Area.

The County Council is responsible for the Maternity and Child Welfare arrangements throughout the whole of the administrative county with the exception of King's Lynn.

Midwifery Services.

All midwives certified under the Midwives Acts must notify the County Council each year of their intention to practise within the administrative county. The following table is a brief summary of such notifications received during 1931:—

			Cert. C.M.B.	Bona- fide.	Total.
Permanent	...	...	159	4	163
Temporary	...	...	8	—	8
Total	...	...	167	4	171

Over 480 parishes are covered by 119 District Nurse-Midwives. Except in 4 cases, the associations employing these nurses are all affiliated to the Norfolk Nursing Federation. It would therefore appear that more than 200 parishes have no arrangements for the services of a midwife; this figure, however, includes a number of parishes covered by independent midwives, 39 of whom notified their intention to practise in the County during the year. These midwives probably cover between 50 and 100 parishes.

Training of Midwives.

The County Council makes a grant of £30 in respect of each midwife permanently appointed in the County, working under the auspices of the Norfolk Nursing Federation.

Inspection of Midwives.

Under the Midwives Acts, 1902, 1918 and 1926, the County Council is the Local Supervising Authority throughout the whole of the Administrative County. The Inspector of Midwives and Superintendent Health Visitor is also Superintendent of the County Nursing Association. There are two Assistant Inspectors—one appointed by the County Council and one by the Norfolk Nursing Federation. A further Assistant was appointed by the County Council early in 1931.

599 routine inspections were made during the year, being an average of 3—4 visits per midwife.

Under the rules of the Central Midwives Board, midwives are required to summon medical help under certain specified emergencies and to notify the Local Supervising Authority that they have done so. 388 notifications were received during 1931 (312 for mothers and 76 for infants), *i.e.*, 28.36% of the cases attended by midwives.

During 1931, 2,884 births were attended by midwives; 1,368 as midwifery cases and 1,516 as maternity cases.

The following table gives a summary of the number of cases in which midwives summoned medical aid during the past five years:—

Year.	No. of Midwifery Cases.	No. of Medical Aid Forms Issued.
1927	1110	295
1928	1217	337
1929	1221	297
1930	1130	367
1931	1368	388

PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	At Hospital.				
18	16	2	16	†1	—	*1

* This child died from gastro-enteritis, developed as a result of congenital syphilis.

† Slight impairment only.

PUBLIC HEALTH (PUERPERAL FEVER AND PYREXIA) REGULATIONS, 1926.

Disease.	No. of Cases Notified.	No. of Cases where Trained Nurse provided by Council.	No. of applications for 2nd opinion.	No. of Cases removed to Hospital.
Puerperal Fever	6	—	4	5
Puerperal Pyrexia	42	—	10	13

The County Council's scheme includes the service of Consultants, provision of a nurse in the home, hospital accommodation and bacteriological facilities. In each case where a second opinion is provided under the scheme, the Consultant submits a special report to the County Medical Officer.

There has been no difficulty in obtaining hospital beds for puerperal cases. When all other methods fail, patients can be admitted to the Norwich Isolation Hospital, provided accommodation is available.

Abnormal Maternity Cases.

Arrangements were made for two patients to be admitted to hospital for their confinements, owing to abnormal conditions. In each case the County Council accepted responsibility for the maintenance charges. Patients are required to contribute in accordance with their financial circumstances.

Maternal Mortality.

Maternal deaths are personally investigated by the C.M.O., and a confidential report submitted to the Maternal Mortality Committee of the Ministry of Health. The causes of these deaths during the year as given by the Registrar General were as follows:—

Puerperal Sepsis	...	...	...	...	7
Other Puerperal causes	...	...	...	...	13
					—
TOTAL	...	...	...	...	20
					—

In 15 cases reports were submitted to the Ministry; the remaining cases were not notified to the C.M.O.

Infantile Mortality.

The number of deaths under one year of age was 265, giving a net death rate of 52.70 per 1000 births, as compared with 66.00 in England and Wales. The infant death-rates for the previous five years are given below:—

1926	1927	1928	1929	1930
—	—	—	—	—
56.23	65.65	56.04	59.99	46.93

20 deaths occurred in illegitimate children under one year of age, representing a death rate of 69.69 per 1,000 illegitimate live births. This shows an increase of 6.39 on the rate for 1930, which was 63.30.

INFANTILE STATISTICS.

RURAL.

Sanitary District.	Estimated Population.	* Total L. Births.	* Birth Rate 1930.	* Birth Rate 1931.	Deaths under 1 year. 1931.	Infantile Death Rate 1930.	Infantile Death Rate 1931.
Aylsham ...	16,170	225	16.47	13.91	14	48.51	62.22
Blofield ...	14,550	211	12.55	14.50	5	39.11	23.70
Depwade ...	17,610	254	15.70	14.42	22	39.15	86.61
Docking ...	16,140	286	14.92	17.72	15	61.48	52.45
Downham ...	15,600	315	16.52	20.19	17	66.41	53.97
Erpingham ...	16,730	238	15.15	14.29	12	53.85	50.42
Flegg, E. & W. ...	10,050	179	16.11	17.81	8	66.67	44.69
Forehoe ...	12,890	233	16.60	18.08	8	42.45	34.33
Freebridge Lynn	12,330	147	14.50	11.92	4	67.80	27.21
Henstead ...	10,690	164	13.79	15.34	13	47.62	79.27
Loddon and Clavering ...	11,800	184	16.56	15.59	8	55.56	43.48
Lynn, West ...	937	19	15.10	20.28	3	—	157.89
Marshland ...	14,220	277	19.99	19.48	21	59.86	75.81
Mitford and Launditch ...	17,040	255	15.66	14.96	10	59.48	39.22
St. Faiths ...	14,170	256	16.21	18.06	10	40.18	39.06
Smallburgh ...	13,730	188	14.16	13.69	8	40.61	42.55
Swaffham ...	6,771	90	16.09	13.29	6	54.55	66.67
Thetford ...	9,312	195	15.42	20.94	12	20.98	61.54
Walsingham ...	15,810	238	15.01	15.05	14	29.41	58.82
Wayland ...	13,100	211	14.02	16.09	12	43.72	56.87
TOTAL ...	259,650	4,165	15.55	16.04	222	49.64	53.30

URBAN.

Cromer ...	3,948	37	12.21	9.37	—	—	—
East Dereham ...	5,619	90	15.61	16.02	5	38.48	55.56
Diss ...	3,398	42	12.30	12.36	4	23.81	95.24
Downham ...	2,455	32	18.76	13.03	—	21.74	—
Hunstanton ...	2,986	28	6.56	9.38	—	45.45	—
Sheringham ...	3,954	40	11.93	10.12	4	41.67	100.00
Swaffham ...	2,751	37	13.51	13.45	2	81.08	54.05
North Walsham	4,129	56	10.71	13.56	4	22.22	71.43
Walsoken ...	4,069	83	19.37	20.40	5	64.94	60.24
Wells-next-Sea	2,477	32	13.97	12.92	1	—	31.25
King's Lynn M.B.	20,480	335	15.99	16.36	15	36.92	44.78
Thetford M.B. ...	4,114	51	13.73	12.40	3	17.24	58.82
TOTAL ...	60,380	863	14.32	14.29	43	34.36	49.33

Total for Administrative County ...	320,940	5,028	15.32	15.71	265	46.93	52.70
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* Birth and Death Rates are based on the Registrar-General's estimated populations for respective purposes.

Notification of Births.

All births occurring in the Maternity and Child Welfare areas are notified direct to the County Medical Officer under the Notification of Births Acts, 1907 and 1915, as amended by the Notification of Births (Transfer) Order, 1930. Each case is followed up by a Health Visitor and any defects found are reported and dealt with under appropriate scheme.

The following are particulars of births notified during the year:—

(A) Births occurring in the County Maternity and Child Welfare Area:—

	Live Births.	Still-births.	Total.
By Doctors	2952	133	
By Midwives	1199	33	
By Parents	7	—	
Total	4158	166	4324

Births reported by registrars as not notified 163

(B) Births occurring in the King's Lynn M.B.:—

By Doctors	154	7	
By Midwives	167	4	
Total	321	11	332

GRAND TOTAL 4819

Health Visiting.

There has been no material change in this work during the past year. The five whole-time Health Visitors also act as Infant Life Protection Visitors, and 115 District Nurses act as Health Visitors in a part-time capacity.

The whole of the administrative county is now covered from a health visiting point of view. Unfortunately it has not been possible to co-ordinate this work with that of the School Nurses, although the elementary education and the maternity and child welfare areas of the County are identical. There are at present 9 School Nurses, only one of whom possesses the C.M.B. Certificate. Their duties consist of visiting in connection with the control of infectious diseases and cleanliness in schools, following up and obtaining treatment in cases found defective, and reporting on non-attendance. In addition they act as Infant Life Protection Visitors in that portion of their districts not covered by the whole-time Health Visitors. From an administrative point of view the advantages of combining these two branches of the work are obvious. The County would be divided into 14 districts, and a whole-time Nurse placed in each responsible for undertaking all duties required by the County Council not already carried out by the part-time Health Visitors. The present School Nurses would be allotted districts requiring a minimum of Infant Health Visiting.

By this method the area covered by our whole-time Nurses would be reduced considerably in size, less time and money spent in travelling, much overlapping prevented, and by this co-ordination the efficiency of the service would be materially enhanced. Thus would true economy be effected. The fly in the ointment, however, is the regulation of the Minister of Health whereby all Health Visitors appointed after April 1st, 1928, must, in

addition to being fully trained nurses, possess the Health Visitor's and C.M.B. Certificates. Curiously enough, the Minister allows the District Nurses to act as part-time Health Visitors, although none of these Nurses comply with the requirements previously mentioned, many of them being village nurses with the C.M.B. Certificate only, yet their duties are carried out efficiently.

Our School Nurses are all fully trained, and have carried out their work satisfactorily, in many cases under adverse conditions. It is not practicable to insist on each one of them complying with the Minister's requirements, and I am confident that they would be capable of carrying out the duties suggested. The Minister of Health may waive these regulations, and in view of the fact that it is absolutely essential for the co-ordination of our nursing services I recommend that this should be done in the case of Norfolk. If the Minister agreed to do this, all new appointments would, of course, be made strictly in accordance with the regulations, as the suggestions I have made are solely in connection with the existing Staff.

The following table indicates the growth of health visiting during the past five years:—

Year.	Parishes Covered.			Parishes Unprovided.	Total.
	By Whole-time Health Visitors.	By Nurses from Local Associations as part-time Health Visitors.			
		Affiliated.	Non-affiliated.		
1927	Not available				
1928	112	404	9	165	690
1929	112	409	5	164	690
1930	192	440	10	48	690
1931	256	424	10	—	690

The following table gives particulars of the Health Visitors work during the past five years.

Year.	Expectant Mothers.		Infants under 1 year.		Children 1—5 years.	Grand Total.
	First Visits.	Total Visits.	First Visits.	Total Visits.		
1927	1914	6430	2743	21554	51255	79239
1928	2804	7429	2925	21553	56437	85419
1929	2106	7028	2846	23863	56509	87400
1930	2354	8492	3340	24369	59003	91864
1931	2589	9439	4417	34117	76981	120537

Maternity and Child Welfare Centres.

At the end of 1930 the County Council had not established any Maternity and Child Welfare Centres. It is gratifying to note that during the year under review two new centres were inaugurated by, and five transferred to, the County Council. In addition, there were also eight recognised centres established by voluntary agencies receiving grants under Section 101 of the Local Government Act, 1929. Grants are also made to centres at Walsoken and Beccles in respect of the attendances of Norfolk mothers and children.

The following table gives particulars of the attendances at these centres during the year:—

Centre.	Address.	First Attendances.		Total Attendances (Including First).		No. of Sessions.	Average Attendance.
		Under 1 year.	1-5 years.	Under 1 year.	1-5 years.		
(1) County Council Centres—							
Aylsham ...	Town Hall ...	72	108	212	290	12	42
Costessey ...	Parish Hall ...	31	24	97	118	12	18
Docking ...	Oddfellows' Hall...	22	20	148	206	18	19
Hingham ...	Lincoln Hall ...	27	14	105	113	12	18
Norwich ...	29, Thorpe Road...	47	42	126	98	12	19
Swaffham ...	Baptist Chapel						
	School Room ...	20	11	112	169	12	23
Wymondham	Labour Institute ...	29	8	124	159	12	24
(2) Voluntary Centres—							
Blofield ...	Parish Hall ...	22	6	166	235	24	18
Holt ...	Church Hall ...	16	2	107	125	18	13
King's Lynn	St. James' Park ...	107	82	951	1901	52	55
Sheringham	Red Cross Head- quarters,						
	Station Road ...	36	8	364	355	45	16
Thetford ...	Old Malting House	27	10	238	298	24	22
Walsingham	Dr. Sturdee's Surgery	14	3	29	13	11	4
Woodbast- wick	The Hospital ...	7	3	37	105	12	12
(3) Centres Outside Adm. County—							
*Beccles ...	Beccles ...	10	7	76	105	53	3
*Wisbech and Walsoken	Church House ...	30	9	312	156	52	9

* Norfolk children only.

In addition, facilities are available at most centres for mothers themselves to obtain ante- and post-natal advice.

During the year, 82 mothers made 138 attendances at the welfare centres for ante-natal advice.

In two cases where centres were transferred to the County Council the rooms were not found suitable for the extension which was contemplated, and new premises were therefore secured.

The Aylsham Centre, although only opened for a year, shows an average attendance of 42 infants per session, and arrangements are being made during 1932 for an increased number of sessions.

The Centre at Norwich has also given encouraging results and has necessitated similar arrangements. It may be mentioned that this centre serves only for county mothers, and in many instances it is necessary for them to travel several miles with their babies.

It is of the utmost importance that advice should be readily available for all mothers and children in the county, and it is hoped that in the future the Welfare Centres will be extended. As there are approximately 700 parishes to cover, the only practical means of securing this end is by the establishment of some 20—30 large centres each having weekly sessions, with a medical officer and nurse in attendance, together with arrangements for transport of mothers and children from surrounding parishes. We are advancing slowly and steadily towards this goal, but unfortunately the time is not yet opportune for bringing the complete scheme into being.

In addition, a number of smaller centres have been established by voluntary agencies, usually the local nursing associations, helped in certain cases by the local detachment of the British Red Cross Society. These centres are mainly weighing centres only, and are not assisted by grants from the County Council. They comprise:—

Attleborough, Bawdeswell, Brancaster, Brooke, Buxton, Cley-next-Sea, Coltishall, Dereham, Diss, Earsham, Gunton, Hilgay, Hunstanton, Kenninghall, Mulbarton, North Walsham, Harleston, Saxlingham, Shotesham, Stanhoe, Syderstone, Stoke Holy Cross, Thornage, Woodton.

Milk Scheme.

When the County Council inaugurated this Scheme in 1921, the various District Councils were given an opportunity of administering it locally, paying the dairymen's accounts and re-claiming the amount involved from the County Council. During 1930 arrangements were made under which dairymen submitted their accounts direct to the County Medical Officer for payment—this has worked quite satisfactorily, and has enabled a more accurate estimate of expenditure to be made. On the 31st December, 1931, of the 32 Sanitary Districts, 15 were still administering the scheme, and, in addition, the Boroughs of King's Lynn and Thetford had their own arrangements. During the year 2,754 certificates were issued by the Medical Officers of Health of these 15 Districts in respect of 523 individuals. In the areas where the scheme is not administered by the District Councils, applications for milk are made direct to the County Medical Officer, who issued 1,316 certificates for 303 cases during the same period.

In September, owing to the financial crisis, it was found necessary to reduce the scope of the scheme and the following revised scale and regulations were brought into operation:—

No. in Family.			Income per head per week	
(Parents and dependent children only.)			after deducting Rent, Rates and Insurance, not to exceed.	
5	...	...	...	4/6
6 and over	...	...	...	4/-

No milk to be supplied to children over twelve months of age except as provided below:

Application forms to be completed only by Doctors, Health Visitors, District Nurses or Independent Practising Midwives.

To prevent any hardship arising, ex-scale cases (including children over one year of age) may be submitted to the County Maternity and Child Welfare Sub-Committee for special consideration. Any such applications to be supported by a medical certificate stating the reasons why milk is recommended.

Dental Scheme.

This scheme came into operation in 1926. The County Council has established a panel of fully qualified Dental Surgeons, who carry out treatment at their surgeries throughout the County at the same scale of fees as that fixed by the Dental Benefit Joint Committee for the purposes of National Health Insurance. A number of variations have been made in the original scheme, and under the present arrangements applications are classified as follows:—

Class.	Income per head per week after deducting Rent and Insurance.		Patient's Contribution (Treatment excluding dentures).		Initial fee payable on application.
I.	...	Under 6/-	...	One-sixth cost	2/6
II.	...	6/- — 7/-	...	One-fifth cost	2/6
III.	...	7/- — 8/-	...	One-quarter cost	2/6
IV.	...	8/- — 10/-	...	One-third cost	2/6

Assistance is now only given towards dentures in cases of exceptional circumstances.

The following tables indicate the development of the scheme during the past five years:—

Treatment.

(i.) Extractions, Fillings, Scaling.

Years.		Class I.	Class II.	Class III.	Total.
1927	...	27	10	4	41
1928	...	26	11	1	38
1929	...	80	32	2	114
1930	...	161	57	13	231
1931	...	243	125	9	377

(ii.) **Dentures.**

Years.		Class I.	Class II.	Class III.	Total.
1927	...	17	4	2	23
1928	...	11	4	—	15
1929	...	57	26	1	84
1930	...	75	20	11	106
1931	...	154	65	8	227*

*As a general rule, the majority of these cases have had extractions performed under the Scheme.

Infant Life Protection.

Under Section 2 (a) of the Local Government Act, 1929, on April 1st, 1930, the administration of Part I. of the Children Act, 1908, was transferred from Boards of Guardians to the County Council. The transfer applies to the whole of the administrative county with the exception of the municipal borough of King's Lynn.

Every person who undertakes for payment the nursing and maintenance of any child under the age of seven apart from its parents, or having no parents, for more than 48 hours, must give notice to the County Council. Notice must also be given if a registered foster-parent or nurse child removes, or in the event of the death of the child. All such notices are sent to the County Medical Officer.

In their respective areas, the whole-time Health Visitors act as Infant Life Protection Visitors, while the remainder of the county is covered by School Nurses. At the first visit, primary reports are made on the foster-parent, home and nurse child. In normal cases, subsequent visits are made at intervals of three to four months, more frequent visits being made in cases where conditions are not satisfactory.

No deaths of infants were reported during the year, and no cases arose which necessitated legal proceedings under Part I. of the Children Act.

The main weakness of the present Act is that any person can undertake the maintenance of a child under seven before applying for registration. Obviously a more suitable method of dealing with foster-parents would be to treat them similarly to persons in charge of nursing homes and insist on registration prior to allowing them to receive children. The inspecting Visitor could then make recommendations concerning the number of children for which the home is suitable and the foster-mother notified as to the maximum number she could take under the conditions prevailing at the time.

From the foster-parents point of view difficulties arise concerning the question of payment. In many instances it has come to my notice that regular payments are made for a time then suddenly cease, and often all trace of the mother is lost. In certain of these instances the foster-mothers have become attached to the children and either adopt them legally or continue to maintain them free of charge. In other cases the matter is reported to the Relieving Officer and the children are usually adopted by the County Council.

The following figures indicate the position at the beginning and end of the year 1931:—

1. **FOSTER PARENTS.**

No. on Register on January 1st, 1931	...	126
No. removed from Register during year	...	50
No. of new registrations	...	117
No. on Register on December 31st, 1931	...	193

2. NURSE CHILDREN.

No. on Register on 1st January, 1931 ...	...	180
No. removed from Register during year :—		
(a) To Parents or Benevolent Societies	57	
(b) Attained age of 7 years ...	36	
(c) Adopted by Foster Parents ...	4	
(d) Removed to Public Assistance Institutions ...	5	
(e) Removed to other counties ...	2	
(f) Miscellaneous ...	6	
	—	110
No. of new registrations ...	...	195
No. on Register on December 31st, 1931 ...	...	265

3. Visits made by Inspectors during year.

No. of Primary Reports :—

(a) Homes ...	119
(b) Nurse Children ...	157
No. of further reports on Nurse Children ...	704
Total ...	970

Maternity and Nursing Homes.

All Homes which apply for registration are visited by the County Medical Officer, and, if found suitable, registered.

The County Council has adopted the model Bye-Laws. Each Home when registered is supplied with a register, receipt book, and a copy of the bye-laws. Periodical visits are made to the Registered Homes, the inspecting officers being the County Medical Officer, the Deputy County Medical Officer and the Inspector of Midwives.

The following table gives particulars of the action which has been taken under the Nursing Homes Registration Act, 1927, during the year ended 31st December, 1931 :—

No. of applications for registration ...	4
No. of Orders cancelling registration ...	3

Total No. of Homes registered at 31st Dec., 1931 :—

Maternity Cases only ...	2
Medical and Surgical Cases only ...	3
Maternity and General cases ...	15
	—
No. of appeals against orders cancelling registration ...	Nil
No. of applications for exemption ...	„
No. of exemptions (a) granted ...	„
(b) refused ...	„

No applications have been received under Section 9 (2) of the Act, for delegation of powers.

HOUSING.

The Minister of Health indicated in Circular 1206 that it would not be necessary for County Medical Officers to repeat the particulars given in the Reports of the District Medical Officers of Health, but I have included a table giving particulars of the number of houses erected in each district (see page 55) as it will be of interest to Members of the County Council.

During 1931, 639 houses were erected by District Councils, making a total of 4,592 houses so provided under the various schemes.

Speaking of the County as a whole, progress has been made, though slowly, but many houses which cannot be considered in all respects reasonably fit for human habitation, must of necessity continue to be occupied. With the advent of increased prosperity there will be a demand for further houses which the Districts will then be in a better position to supply. In a number of cases the present Acts do not appear to fulfil the needs. The largest families are mainly the poorest ones, and in these cases even a new council house with three bedrooms does not provide sufficient accommodation to prevent overcrowding and to separate the sexes. In certain instances the rentals of such houses are beyond the means of the poorer families, and when any doubt exists as to the ability to pay, a council house is not always allotted to them. At one time it was thought that the Housing Act 1930 would provide a means of solving most of these problems. In actual practice, however, it is impossible to re-house such families unless their houses are actually unfit for human habitation or form part of Clearance or Improvement Areas. The Act has failed lamentably in this respect, and many of the small houses continue to be occupied by large families.

Unfortunately the national need for economy has undoubtedly affected the housing programmes.

The following table gives particulars of the applications received under the Housing (Rural Authorities) Act, 1931, and the action taken by the Minister of Health:—

Rural District Council.	1931 Act.			Sanctioned by Minister.	
	Agricultural Population.	Other.	Total.	Agricultural Population.	Other.
Aylsham	50	—	50	18	—
Depwade	130	34	164	44	—
Erpingham	66	—	66	22	—
Henstead	104	—	104	36	—
Loddon and Clavering	58	—	58	20	—
Smallburgh	57	5	62	20	—
Swaffham	30	—	30	10	—
Thetford	20	—	20	8	—
Walsingham	61	23	84	22	—
Wayland	48	6	54	16	—
Docking	76	50	126	26	—
Forehoe	45	25	70	36	—
Freebridge	50	—	50	18	—
	795	143	938	296	Nil

Rents at least 3/- per week exclusive of rates.

The County Council has decided not to increase the grant above the statutory amount of £1 per house.

On January 21st, 1931, a Conference was held between representatives of the County Council and Rural District Councils on the question of securing improved housing conditions in the rural areas of the county. The whole position was reviewed, and as a result the County Medical Officer was authorised to arrange for meetings of the Medical Officers of Health, Sanitary and Housing Inspectors of the various rural districts to discuss the Housing Act 1930 generally, and to make recommendations as to standards of fitness, methods and cost of building, adoption of bye-laws, and any other matters upon which they wished to make any observations.

In the first instance three group meetings were held, followed by a final central meeting for all concerned. The following recommendations were then submitted to, and approved by, a further conference between members of the County Council's General Public Health and Finance Sub-Committee and representatives of Rural District Councils:—

I. Standard of Fitness for Existing Houses, etc.

(a) Surroundings.

Except in parishes where scavenging or sewerage schemes are in operation, all cottages should have sufficient ground surrounding for the disposal of waste water and refuse (including night soil) far enough from the water supply to avoid contamination.

No pig-sty or similar place for the keeping of animals should be permitted within 50 feet of the water supply obtained from a well.

(b) Fabric.

This should be left to the discretion of the Sanitary Inspector, but it should be required that the fabric of a house (*i.e.*, walls, roofs, and floors) should be in a reasonable state of repair and not permanently wet owing to dampness.

(c) Lighting and Ventilation.

Every room should have at least one window capable of opening to the external air, providing adequate light and ventilation.

(d) General.

(1) Where the ceiling of the living room consists only of the underside of the bedroom floor, this cannot be considered satisfactory and the owner should be required to cover the same with some material which would prevent the falling of plaster or other material.

(2) FOOD.

Each house should be provided with adequate arrangements for cooking of food, including the provision of an oven.

(3) WASHING.

Every house should be provided with sufficient washing copper accommodation.

(4) PANTRY.

Whenever practicable a permanent structure with window opening into the external air should be available for the storage of food.

(5) SANITARY ACCOMMODATION.

Every house should have separate closet accommodation and should be provided with a water or pail closet. In cases where properly constructed vaults are not less than 50ft. from a well from which drinking water is obtained they might be continued. Where existing vaults are converted to pail closets, the floor of the closet should be made to slope towards the door to facilitate cleansing and the rim of the pail should not be more than half-an-inch below the underside of the seat board.

II. Overcrowding.

Part II., Section 3, of the Model Bye-Laws (Series XIIIc.) issued by the Ministry of Health in connection with the 1930 Act, taking as adults all children of an age exceeding ten years should be accepted as the minimum requirement.

III. Housing for Aged Couples.

While in some cases existing houses could be utilised for aged couples, as a general principle it would be preferable to build new houses under the 1930 Act.

IV. Model Bye-Laws.

More stringent bye-laws are needed with regard to the structure of new houses. Steps should be taken with a view to satisfactory building bye-laws being adopted throughout the whole of the administrative county.

It is suggested that all Rural District Councils in the County should adopt these standards, and also the Model Bye-Laws issued by the Ministry of Health (Intermediate Series IVc) with certain modifications to meet local requirements.

SANITARY CIRCUMSTANCES.

Water.

The Ministry of Health having approved of the scheme for providing a piped water supply at Wymondham, the work has been put in hand.

Rivers and Streams.

No complaints were received during the year with regard to pollution by the Sugar Beet Factories.

The pollution of the Attleborough Stream by the Cider Factory and the Town Sewage continues.

Elsewhere there is no serious pollution of the rivers in the Administrative County.

Drainage and Sewerage.

The work in connection with the new schemes at Caister-next-Sea and Wymondham has been commenced.

Schools.

(a) WATER SUPPLY.

In very few cases are the Elementary Schools in the County connected to a main water supply, this, of course, being mainly confined to the Urban Districts. The majority of schools have wells on the premises, but where this is not the case water for drinking purposes is obtained by arrangement from neighbouring wells.

The Assistant Medical Officers when at the schools report on the hygienic and sanitary conditions and any matters requiring attention are referred to the Education Committee.

(b) INFECTIOUS DISEASES.

In connection with outbreaks of infectious disease in Elementary Schools it is the duty of the Head Teachers to send immediate notifications on an approved form simultaneously to the District Medical Officer of Health and to the School Medical Officer in respect of any child suspected or known to be suffering from or in contact with any disease of an infectious nature. Close co-operation is maintained with the respective District Medical Officers of Health.

INFECTIOUS DISEASES.

The following table gives particulars of notifications of infectious diseases, and the number of deaths for certain of the diseases during 1931:—

Disease.	No. of cases notified.	Deaths as given by Registrar-General.
Scarlet Fever	447	4
Diphtheria	118	6
Enteric Fever	22	5
Pneumonia	190	152
Puerperal Fever	6	7
Puerperal Pyrexia	42	13
Polio-myelitis	10	4
Polio-encephalitis	2	Not given
Encephalitis Lethargica	3	2
Ophthalmia Neonatorum	18	Not given
Erysipelas	75	Not given
Tuberculosis (Pulmonary)	273	162
Tuberculosis (Non-pulmonary)	193	48
Chicken-pox	223	Not given
Anthrax	1	Not given
Measles	42	4
Cerebro-Spinal Fever	1	5
Whooping-cough	2	16
	1,668	428

VACCINATION.

Smallpox is a disease which can be prevented. There can be no doubt that a person successfully vaccinated or re-vaccinated acquires absolute immunity against the disease for a period which varies, according to the susceptibility of the subject, from two years to the lifetime. The average period of immunity may be taken as between five and ten years. The obvious corollary, therefore, is that all persons should be vaccinated, and re-vaccinated from time to time. Theoretically, vaccination is compulsory under the Vaccination Acts, but the ease with which conscientious objection can be obtained renders them to a large extent non-effective. As a result, in certain of our counties the number of infants vaccinated does not represent 10% of the births. In Norfolk the figures are considerably higher, as during 1931, 1,733 infants were successfully vaccinated, representing 34% of the births. It is significant of the present position that during the past five years in this Country the number of notifications of Small-pox has varied between 10,000 and 15,000 per annum. Although the majority of these cases have been mild in character a good deal of unnecessary suffering has been caused, and considerable expense incurred which might have been avoided had vaccination been compulsory.

In this connection the position in Germany is of interest. In that Country vaccination is rigidly enforced in respect of every child before attaining one year of age and again during its 12th year. As a result there are no special Small-pox Hospitals and very few cases of the disease. Under our present arrangements special Small-pox Hospitals are essential, but are often unoccupied for long periods. If compulsory vaccination were universal, such institutions would ultimately be unnecessary.

In this Country the present state of affairs is by no means satisfactory, and rather than envisage its continuance I am of opinion that better results would be obtained if vaccination were made optional. This would necessitate intensive propaganda with regard to the purpose of vaccination and its advantages as a protective agent against Small-pox. The transfer of the administration to County and County Borough Councils effected by the Local Government Act, 1929, provides ample opportunity for development of this proposal on practical lines.

Notification of Births is now made direct to the County Medical Officer, and under the Maternity and Child Welfare Scheme all births are followed up by the Health Visitors. These Officers could undertake the duties in connection with propaganda, and arrange for vaccination to be carried out by the family Doctor, either at his Surgery or the home of the patient, according to circumstances. The present appointments of Public Vaccinators, and Vaccination Officers, together with the cumbersome machinery of the existing Acts, would disappear. In accordance with the recommendations of the Ministry of Health, vaccination would be offered before an infant was 6 months of age, followed by re-vaccination on entering school and again on leaving. Such degree of compulsion as is provided in the existing Acts only applies to children and primary vaccination, and while successful vaccination in infancy gives immunity for five to ten years, no provision is made for the remainder of the lifetime. It is obvious that a series of repeated vaccinations at specific intervals will give the greatest protection against Small-pox to the normal individual. The advantage of this periodic re-vaccination cannot be too strongly emphasised, and acceptance by the community would, I feel sure, result in the ultimate eradication of the disease.

MILK.

In the administrative county there are over 3000 premises registered for the production and retailing of milk; of these at the end of 1931 three were licensed for Certified Milk, three for Grade A TT, and five for Grade A, under the Milk (Special Designations) Order, 1923.

The Clean Milk Campaign continues, and with a view to assisting District Medical Officers of Health and Sanitary Inspectors, arrangements have been made for samples to be examined for cleanliness at the County Laboratory free of charge. 20 of these samples were dealt with during the year. In cases where the result is unsatisfactory the Sanitary Inspector visits the cow keeper concerned and recommends any necessary improvements in methods or apparatus. The case is then followed up at a later date and further samples taken to illustrate the effect of carrying out the advice given.

A course of lectures for Sanitary Inspectors and others interested in clean milk production was arranged by the County Council and held at the Technical Institute, Norwich, during March and April. Ten lectures were given and all were well attended. The activities of the department of Agricultural Education have been of tremendous value in stimulating the supply of better milk. It is obvious that in order to produce milk of the standard required by the clean milk competitions and the accredited scheme, scrupulous attention must be given unremittingly to even the smallest detail. As a result, the milkers themselves become more observant and notice defects in the cows which might otherwise escape attention. These competitions give ample evidence that clean milk can be produced by any farmer who is prepared to give the necessary care and attention to his methods.

With regard to tuberculous milk, I have little to add to the remarks in my report for 1929 except again to stress the fact that more than one thousand children under 15 years of age die annually in England and Wales from consuming milk infected with tubercle. In addition, there are many thousands of cases of crippling deformities and permanent ill health due to infection of this origin.

It is generally admitted that tubercle free milk can ultimately be obtained by the elimination of tuberculous animals and the gradual building up of tubercle free herds. This would of course necessitate periodic veterinary inspections of all cows in the County supplemented by bacteriological and biological testing of the milk supply. On the other hand efficient pasteurisation should render milk free from pathogenic organisms. Until the former method can be universally applied it would appear that all milk which is not derived from tubercle free herds and is intended to be consumed in the raw state should be either efficiently pasteurised or boiled.

During the year, one of the general practitioners in the County notified me that he had a patient suffering from undulant fever and on investigating the milk supply certain of the cows' milk and blood were found to react to *Brucella Abortus*. Arrangements were accordingly made whereby the milk in question was stopped from being used for human consumption. At a later date another case in a different part of the county was brought to my notice and similar steps taken.

The Medical Officer of Health for the City of Norwich, during his routine investigation of milk despatched to City Depots from County producers,

discovered the presence of *Brucella Abortus* in a number of samples; this necessitated visits to the farms in question, and the taking of samples from every cow in the herd.

At the same time arrangements were made whereby all specimens of blood sent to the County Laboratory by general practitioners for the widal examination were also tested against *Brucella Abortus*. In no case was the latter infection detected.

In one case referred from Norwich the complaint referred to a certified producer and the animals giving a positive reaction were isolated from the herd and their milk not used in the raw state for human consumption. The Minister of Health gave a ruling that this disease was to be regarded as included in the description "Any infection of the udder or teats which is likely to convey disease" referred to in Article 11 of the Milk and Dairies Order, 1926. As there was no definite evidence of past or present human infection however no action was taken in the matter. In these cases many difficulties arise; at certain of the farms it was found that a number of the cows had suffered from contagious abortion and had been inoculated with living virus. It is reasonable to assume that many of these may continue to excrete and secrete the organism for long periods.

I have no accurate information on the matter, but I feel that a very large number of herds would give positive results if routine samples of milk or blood were examined for the presence of *Brucella Abortus*. Once an animal is infected it is a difficult matter to get rid of the infection, and in the case of herds showing only a few positive reactors it is advisable to isolate the infected animals and thoroughly disinfect the premises with a view to preventing any spread of the disease.

It may be well to mention that the organism in milk can be rendered ineffective by efficient pasteurisation or by boiling.

During 1931 15 cases were investigated under Section 4 of the Milk and Dairies Consolidation Act, 1915, resulting in the slaughter of 15 animals under the Tuberculosis Order, 1925.

The usual procedure of group sampling followed by separate samples from each cow in positive groups was carried out until the infected animals were ascertained. In one case brought to my notice a child was believed to be suffering from tuberculous glands of the neck due to the milk supply, but the results of samples taken from the herd in question did not substantiate this.

ORTHOPÆDIC TREATMENT SCHEME.

The following particulars concerning the administration of the Council's Orthopædic Scheme refer chiefly to the treatment of non-tuberculous children under school age and tuberculous children under 16 years old. In order, however, to show the scope of the Scheme, certain information respecting Education cases has been incorporated, but full details will be found in my report as School Medical Officer.

1. Ascertainment.

During the year, 223 new cases have been investigated. These were reported by:—

	Education.	M. & C.W.	T.B.
Assistant Medical Officers ...	75	1	1
School Nurses ...	24	1	1
Health Visitors ...	3	36	—
District Nurses ...	—	17	—
Medical Officers of Welfare Centres	—	6	1
General Practitioners ...	11	5	11
Infant Life Protection Visitors ...	—	3	—
Orthopaedic Nurse ...	3	3	—
Head Teachers ...	3	—	—
Hospitals ...	3	4	5
Miscellaneous ...	3	1	2
	125	77	21

169 of these cases were retained on the register of current cases at the close of the year, the others being discontinued for various reasons, most of them because no treatment was necessary.

2. Clinics held by the Orthopaedic Surgeon.

Inspection clinics have been held and children examined as follows:—

Centre.	No. of clinic sessions.	Cases Examined.						Total.
		Maternity and Child Welfare.			Tuberculosis.			
		New.	Re-exam- inations.	Approval of appara- tus.	New.	Re-exam- inations.	Approval of appara- tus.	
Norwich ...	20	24	38	14	—	3	3	82
King's Lynn ...	2	1	5	—	—	—	—	6
TOTAL ...	22	25	43	14	—	3	3	88

In addition to the above, one new Maternity and Child Welfare case was specially examined by the Surgeon at the latter's house.

3. Institutional Treatment.

(a) Maternity and Child Welfare Cases.

Institution.	Receiving treatment 1.1.31.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.31.	Awaiting admission 31.12.31.
Jenny Lind Hospital, Norwich	1	*8	9	—	3
Royal National Orthopaedic Hospital, London	—	4	†2	2	—
TOTALS ...	1	12	11	2	3

* Two of these children had two periods of in-patient treatment during the year.

† Includes one case diagnosed as tuberculous after admission and responsibility assumed by the Tuberculosis Sub-Committee.

The treatment of the 10 M. and C.W. cases discharged during the year has been analysed as shown :—

INSTITUTION.	DEFORMITY.	No. OF CASES TREATED.	TREATMENT.	RESULT OF TREATMENT.
Jenny Lind Hospital, Norwich	Rickets	4	General treatment ... 2 Osteoclasis of tibiae ... 1 Osteotomy of tibiae ... 1	All much improved.
	Congenital talipes equino varus	2	Tenotomy of tendo achillis ... 1 Open tenotomy of anterior and posterior tibials and subcutaneous tenotomy of tendo achillis ... 1	Good result. Little improvement
	Congenital dislocation of left hip	1	Plaster and X-ray	Good result
	Knock knees	1	Osteotomy of femora	Deformity corrected
Royal National Orthopaedic Hospital, London	Greenstick fracture of right forearm	1	Manipulated under anaesthesia	Cured
	Congenital right talipes equino varus	1	Subcutaneous tenotomy of tendo achillis	Not much improvement

(b) Tuberculous Cases.

Institution.	Receiving treatment 1.1.31.	Admitted during year.	Discharged during year.	Died in Institution.	Receiving treatment 31.12.31.	Awaiting admission 31.12.31.
Jenny Lind Hospital, Norwich	—	5	†4	—	1	—
Norfolk & Norwich Hospital, Norwich	1	1	‡2	—	—	—
West Norfolk and Lynn Hospital, King's Lynn ...	2	—	2	—	—	—
War Memorial Hospital, Beccles ...	1	1	—	—	2	—
Bury & West Suffolk Hospital, Bury St. Edmunds	1	—	1	—	—	—
St. Vincents Orthopædic Hospital, Eastcote, Middlesex	1	—	—	—	1	—
Lord Mayor Treloar Cripples Hospital, Alton, Hampshire	2	1	1	—	2	—
St. Nicholas and St. Martins Orthopædic Hospital, Pyrford, Surrey	10	10	†6	1	18	—
Royal National Orthopædic Hospital, London	—	*1	—	—	1	—
Children's Hospital, Gringley, Yorkshire	—	1	—	—	1	—
TOTALS ...	18	20	16	1	21	—

* This case was taken over from the Maternity and Child Welfare Sub-Committee, a diagnosis of tubercle being made shortly after admission.

† Included in this figure is one case who attained 16 years of age whilst in Hospital. His treatment was continued under the Council's Tuberculosis Scheme.

‡ Two of these cases were transferred to the St. Nicholas and St. Martin's Orthopædic Hospital, Pyrford, Surrey.

The following is an analysis of the treatment of the 15 Tuberculous cases who left Institutions during the year :—

INSTITUTION.	CASE REF.	LOCALISATION.	TREATMENT GIVEN.	CONDITION ON DISCHARGE.
Jenny Lind Hospital, Norwich	A. & B.	Knee-pain and swelling	Weight extension and plaster	Discharged in plaster. No X-ray evidence of tubercle
	C.	Spine—lumbar region	X-ray and observation	Diagnosed as tuberculous spine. Transferred to Orthopaedic Hospital, Pyrford
	D.	Descending ramus right pubis	X-ray and observation	No evidence of disease
Norfolk and Norwich Hospital, Norwich	E.	Elbows and left knee	Knee forcibly extended under anaesthesia to overcome flexion deformity	Transferred to Orthopaedic Hospital, Pyrford
	F.	Right knee	Renewal of plaster	Disease becoming quiescent
West Norfolk and Lynn Hospital, King's Lynn	A. & B.	Knee—pain and swelling	Plaster	No evidence of tubercle. Transferred to Jenny Lind Hospital

Analysis of the treatment of the 15 Tuberculous cases who left Institutions during the year—*Contd.*

INSTITUTION.	CASE REF.	LOCALISATION.	TREATMENT GIVEN.	CONDITION ON DISCHARGE.
Bury and West Suffolk Hospital, Bury St. Edmunds	G.	Left hip	Hip immobilised in plaster, rest and heliotherapy	Disease arrested. Discharged in plaster
Lord Mayor Treloar Cripples Hospital Alton, Hampshire	H.	Left hip	Hip immobilised in plaster, rest and heliotherapy	Disease arrested. Discharged with hip splint
St. Nicholas & St. Martin's Orthopaedic Hospital, Pyrford, Surrey	I.	Right femur	Observation	Condition diagnosed as periostitis which had cleared up on discharge
	J.	Left knee—painless swelling	Removal of bone cavity lower end of left femur and observation	Condition diagnosed as osteomyelitis of lower end of femur with associated arthritis of knee. No activity on discharge

Analysis of the treatment of the 15 Tuberculous cases who left Institutions during the year—*Contd.*

INSTITUTION.	CASE REF.	LOCALISATION.	TREATMENT GIVEN.	CONDITION ON DISCHARGE.
St. Nicholas & St. Martin's Hospital, — <i>continued</i>	K.	Left hip	Patient developed alveolar abscess and father refused to agree to removal of tooth. Child therefore discharged	General health improved. Disease still active.
	L.	Spine	Ultra violet light and physical exercises. Spinal support provided	Condition improved
	M.	Right hip and right sacro-iliac joint—tenderness and swelling	Rest and observation	Symptoms and physical signs cleared up. No evidence of tubercle.

The length of stay varied from 1 day to 14 weeks in the case of Maternity and Child Welfare patients, the average being about $6\frac{1}{2}$ weeks, and from 5 days to 134 weeks for Tuberculosis cases, the average being 25 weeks. The combined length of stay of two tuberculous cases amounted to just over 4 years.

4. Supply of Surgical Apparatus.

The following apparatus has been ordered during the year:—

	M.&C.W.	T.B.
Surgical Boots	15	5
Surgical Boots and Instruments	7	—
Calipers	—	1
Spinal Supports	—	3
Hip splints	1	—
Club Foot Shoes	1	—
Crutches	—	2
Cork Elevators	—	1
Straps for Spinal Supports	—	1
Repairs and alterations to apparatus... ..	10	8
	34	21

Of the cases on the register at the end of the year, surgical apparatus was being worn by the following:—

	M.&C.W.	T.B.
Surgical Boots	4	6
Ordinary boots wedged or otherwise altered	19	—
Surgical Boots and Leg Instruments	11	—
Spinal Support	1	8
Hip Splints	—	2
Calipers	—	1
Crutches	—	2
Collars	—	1
	35	20

5. Services of Orthopædic Nurse.

619 visits were made to Maternity and Child Welfare cases, and 182 visits to Tuberculosis patients. The large area to be covered and the inaccessibility of some of the homes necessitate a great portion of the Nurse's time being spent in travelling and make supervision difficult in some instances.

6. Cases discontinued.

33 cases on the Maternity and Child Welfare Register and 13 on the Tuberculosis Register at the beginning of the year have been crossed off for the reasons given:—

	M.&C.W.	T.B.
Cured	25	4
Further treatment not needed or not advised	7	—
Age limit reached	—	4
Removed from County	—	2
Treatment refused	1	—
Died	—	1
	33	11

In addition to the above, 26 patients who reached school age, and 3 cases diagnosed as non-tuberculous, were transferred to the Education Register.

7. Cases on the Register.

At the end of the year there were 605 current cases on the Register as compared with 577 at the end of 1930 and 509 at the end of 1929. The former figure is made up of the following :—

	Education.	M.C.W.	T.B.
Flat feet and valgus ankles	87	2	—
Claw feet	15	—	—
Hammer toes	4	—	—
Hallux valgus	1	—	—
Deformed toes	1	2	—
Knock knees	24	—	—
Bow legs	7	—	—
Congenital deformities :—			
Hip	18	4	—
Spine	9	1	—
Feet	32	22	—
Neck	23	—	—
Hand	3	—	—
Other	3	3	—
Spastic paralysis	26	6	—
Infantile paralysis	66	3	—
Muscular dystrophy	4	—	—
Erb's paralysis	3	2	—
Ichæmic palsy	1	—	—
Polio-encephalitis	—	1	—
Spinal deformities (not congenital) ...	26	1	22
Hip diseases (not congenital) ...	8	—	18
Wry neck (not congenital)	4	2	—
Rickets	5	61	—
Chest deformities (not congenital) ...	6	—	—
Deformity of thumbs or fingers ...	2	—	—
Osteomyelitis	6	—	—
Amputations	4	—	1
Knee	—	—	9
Ankle	—	—	3
Finger	—	—	3
Elbow	—	—	3
Shoulder	—	—	3
Leg	—	—	1
Thigh	—	—	1
Sacro-iliac joint	—	—	1
Knees and elbows	—	—	1
Multiple	—	—	1
Rib	—	—	1
Miscellaneous	29	8	2
	417	118	70

300 of these cases have been examined at least once by the Orthopædic Surgeon and 137 have received institutional treatment.

8. Supply of Special Foods.

As it is essential that children suffering from rickets should, in addition to having an orthopædic scheme available, also be supplied with milk, cod liver oil and the like, the Maternity and Child Welfare Sub-Committee has arranged that these items can be supplied free, at half cost, or full cost, in accordance with the financial circumstances of the parents. There can be no doubt that such arrangements should form an integral part of any orthopædic scheme

BLIND PERSONS ACT, 1920.

Register.

On the 31st December, 1931, there were 536 registered blind persons in the County as compared with 496 on the corresponding date last year.

During the year, 102 new cases were examined by Ophthalmic Specialists, 34 by General Practitioners and 6 by the Assistant Medical Officers.

There are now 61 cases on the Supplementary Register and 121 cases in the Prevention Register, as compared with 60 and 75 respectively at the end of the previous year.

During the year, 4 cases were transferred from the Blind Register to the Supplementary Register, having received treatment and certified by Ophthalmic Specialists to be no longer blind within the meaning of the Act. Five cases previously on the Supplementary Register were transferred to the Blind Register on being certified to be blind. It might be as well to mention here that the Supplementary cases consist mainly of those previously registered who have received operative or other treatment, after which they have been certified to be not blind within the meaning of the Act; whilst the Prevention cases consist of those who have been examined for various reasons and certified to be not blind within the meaning of the Act at the first examination. These cases are kept under observation, either by the Home Teachers or Health Visitors, who report periodically, and when in my opinion it appears necessary, subsequent examinations are carried out.

Training.

Registered cases over 16 years of age, when found suitable for training, and facilities are available, are sent to the Norwich Institution for the Blind, others being sent to Leatherhead or similar Institutions. Financial responsibility in these cases is borne by the Education Committee.

There are now 8 trainees at these Institutions.

12 children of school age are being educated at the East Anglian School for the Blind, Gorleston, under the Education Committee's Scheme.

Unfortunately, owing to the sparsely populated districts in the area, it is difficult for Home Workers to earn sufficient money to maintain themselves. As a consequence, the majority of trainees are admitted to the Norwich Institution as Workshop Employees under the Council's Scheme at the end of their training.

Home Teaching and Visiting.

Both Home Teachers hold the certificate of the College and Association of Teachers of the Blind.

4,774 visits were made during the year, in comparison with 4,558 last year.

When considered necessary, cases are visited once every month, whilst others are periodically visited at least once every three months.

26 cases are receiving instruction in embossed reading (Braille and Moon), knitting, cane and rush chair seating, basketry, rug work and hearth-rug making.

Welfare.

The powers under this section of the Blind Persons Act are very wide and varied, and permit practically any kind of treatment being given to registered blind persons.

Under this heading 2 cases have been supplied with dentures, these being essential for the preservation of the health of the individuals.

New glasses were provided in 26 cases, and alterations or adjustments made when and where necessary.

Wireless.

During the year, 30 one-valve sets, 10 two-valve sets (phone) and 12 two-valve sets (loud speakers) were supplied by the "Wireless for the Blind" Fund for distribution. Nearly 130 sets have now been supplied altogether, and are greatly appreciated.

Arrangements have been made with the "Wireless for the Blind" Fund for accessories to be supplied on request at reduced prices. Many of those in possession of wireless sets have availed themselves of this arrangement.

Employable Blind.

There are 60 registered Blind Persons employed, 12 as workshop employees at Institutions, 12 as home workers and 36 in various occupations not supervised by the Local Authority. The latter section all appear to earn a living wage without augmentation.

The home workers include: hand and machine knitters, basket makers, chair seaters, piano tuners, boot repairers, and one brush maker.

A piano tuner, removed from a town to a country district, and owing to his inability to find sufficient work, has been in receipt of a small maintenance allowance, which is reconsidered from time to time.

The brush maker has been considerably assisted by orders for brooms from the County Surveyor.

All home workers are periodically visited by the Home Teacher and once quarterly by the Superintendent of the Norwich Institution.

Maintenance Allowances.

185 registered Blind Persons are in receipt of maintenance allowances ranging from 1/- to 25/- weekly, in accordance with the Committee's scale. The Committee retains the power to vary the scale in cases of exceptional circumstances.

The following Tables give particulars of cases on the Register on 31st March, 1932 :—

Distribution in Age Groups.

Age Period.			0-5	5-16.	16-21.	21-30.	30-40.	40-50.	50-60.	60-70.	70-.	Un-known.	Total.
Male	...	...	—	12	5	16	18	28	41	65	104	6	295
Female	...	...	2	6	2	11	17	15	31	64	100	4	252
Total	...	...	2	18	7	27	35	43	72	129	204	10	547

Ages at which Blindness occurred.

Age Period.			0-1.	1-5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70-.	Un-known.
Male	...	...	44	3	6	16	17	26	27	39	50	22	45
Female	...	...	28	4	6	12	14	13	16	41	38	33	47
Total	...	...	72	7	12	28	31	39	43	80	88	55	92

Training and Employment.

			Employed.				Under-going Training.						
			By Blind Institutions		(c) All others not included in (a) and (b).	(d) Total Employed.	(e) Industrial.	(f) Secondary.	(g) Professional or University.				
			(a) Workshops.	(b) Home Workers.									(h) Trained but Unemployable.
			(k) Total.										
Male	...	...	8	9	36	53	2	—	—	—	1	227	283
Female	...	...	4	3	—	7	4	—	—	—	—	233	244
Total	...	...	12	12	36	60	6	—	—	—	—	460	527

Occupations of Employed.

	Agents, Collectors, etc.	Basket Workers.	Boot Repairers.	Wire drawn (Brushes).	Carpenters and Woodworkers.	Dealers (Tea Agents, Shopkeepers, etc.).	Domestic Servants.	Farmers.	Hand Knitters.	Machine Knitters.	Labourers.	Poultry Farmers.	Tuners.	Miscellaneous.	Total.
Within Institutions for the Blind	—	7	1	—	—	—	—	—	—	4	—	—	—	—	12
In approved Home Workers Schemes	—	5	1	1	—	—	—	—	3	—	—	—	2	—	12
Others (not part-time workers)	1	1	6	—	2	3	1	1	2	—	6	5	1	7	36
Total	1	13	8	1	2	3	1	1	5	4	6	5	3	7	60

Physically and Mentally Defective (all ages).

	(a) Defective. Mentally.	(b) Physically Defective.	(c) Deaf.	(d) Combination of (a) and (b).	(e) Combination of (a) and (c).	(f) Combination of (b) and (c).	(g) Combination of (a), (b) and (c).	Total.
Male	6	45	13	1	1	2	1	69
Female	7	51	5	1	2	2	—	68
Total	13	96	18	2	3	4	1	137

Prevention of Blindness.

Under Section 66 (1) of the Public Health Act, 1925, the County Council has agreed that where, in my opinion, treatment is essential for the prevention of blindness, the services of local Medical Practitioners may be utilised.

Pre-School Age.

During the year, 18 cases of Ophthalmia Neonatorum were notified. All were followed up under the Maternity and Child Welfare Scheme (see page 13).

School Children.

Treatment, as usual, is being carried out under the Education Committee's Scheme, and any cases where this is not applicable are treated under the Public Health Act, 1925.

Adults.

The same procedure continues as heretofore, practically all cases being brought to my notice by the Home Teachers. Arrangements are made for examination by Ophthalmic Surgeons in all cases where the patients are able to travel, and in cases where this is impracticable, certificates are obtained from Assistant Medical Officers or local Medical Practitioners. When recommended, glasses are provided through the Council's contractors, and, where financial circumstances warrant, these glasses are supplied free of charge, and travelling expenses paid.

TUBERCULOSIS.

1. Notifications and Mortality.

The number of new cases coming to the knowledge of the County Medical Officer by formal notification or otherwise during the past ten years has been as follows:—

Year.	Pulmonary.			Non-pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
1922	122	146	268	30	43	73	341
1923	135	138	273	42	42	84	357
1924	142	164	306	62	54	100	442
1925	176	148	324	46	58	118	406
1926	152	188	340	70	77	147	487
1927	191	171	362	102	77	179	541
1928	146	157	303	75	52	127	430
1929	149	182	331	97	75	172	503
1930	168	159	327	83	81	164	491
1931	144	129	273	102	91	193	466

Apart from the first two years, when notification came into force and naturally numbers were high, the peak for pulmonary tuberculosis appears to have been reached in 1927, last year's notifications reaching the lowest point since 1924. Does this mean that tuberculosis is definitely on the decrease? Time alone will tell, but the figures for the whole country bear this out, notifications having decreased from 60,747 in 1924 to 57,274 in 1929.

Our non-pulmonary notifications, however, tell a different tale. There has been no regular decline in this county or the country generally.

Included in these notifications are many slight gland cases receiving the inunction treatment described on page .

The comparison of notifications alone would be incomplete without reference to the mortality figures. Unfortunately the figures for 1923 are not available, so the following table starts at 1924:—

Year.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.	
	No. of Deaths.	Rate per 1000 Population.	No. of Deaths.	Rate per 1000 Population.
1924	214	.66	58	.18
1925	212	.65	39	.12
1926	190	.59	52	.16
1927	189	.58	57	.17
1928	176	.55	60	.19
1929	197	.61	48	.15
1930	184	.57	50	.16
1931	162	.55	48	.15

In 1908 the death rate for pulmonary tuberculosis was .90, and for non-pulmonary .26, so there are some grounds for hoping that the upper hand of this disease is gradually being attained.

2. Dispensary Cases.

Table I., on pages 46 and 47, gives details of the work done at or in connection with the two Dispensaries at Norwich and King's Lynn during the year.

It will be seen that of the 828 new cases examined, only 376 were found to be definitely tuberculous. The corresponding figures for 1930 were 915 and 397 respectively. These apparently disproportionate results merely indicate that medical practitioners generally throughout the County are alive to the importance of early diagnosis and are making good use of the Tuberculosis Officers' expert services in cases where they have the slightest suspicion of possible tuberculous infection. It is very gratifying to record the cordial relationship which exists between the medical practitioners and the Tuberculosis Officers.

The number of patients on the Dispensary Register at the end of the year was 2,266, as compared with 2,098 at the beginning. Of these, 264 were "observation cases" only, in which no definite diagnosis had been made. Table 2, on page 48, gives a detailed analysis of the total figures.

It will be seen that of the 2,002 definite cases, 788 had active disease, whilst of the 1,214 non-active cases, 321 had reached the "arrested" stage, *i.e.*, the disease had been quiescent for at least two years. Cases in which tubercle bacilli had been found in the patient's sputum, classified as TB+1 (early disease), TB+2 (advanced disease) and TB+3 (very advanced disease), numbered 410. Of these, 67 were in Institutions, including those under the supervision of the Tuberculosis Officers in Public Assistance Institutions.

Of the remaining 343, there were 30 patients with advanced disease, who, owing to unsuitable home conditions and the risk of their infecting other members of the household, ought to have been receiving treatment in an Institution for advanced cases, had such been available. Owing to the postponement of the Stanninghall Development Scheme, on the ground of economy, admission to a Public Assistance Institution is the only possible

method of segregating this type of patient. Unfortunately, there is no really suitable inside accommodation at any of the County Institutions, and most of the cases sent there have had to be placed in shelters outside. Moreover, the majority of patients have a horror of being sent to what they still regard as the Pauper Infirmary, and, in the absence of suitable accommodation for them, it is useless attempting to obtain a Magistrate's Order for their compulsory removal under Section 62 of the Public Health Act, 1925. The provision of a shelter at home only minimises the risk run by the rest of the family. In some cases, shelter treatment is not possible owing to the absence of a suitable site or the patient being too ill to sleep outside.

3. Residential Treatment.

Table 3A, on page 49, shows that the total average of beds at Sanatoria and Hospitals occupied during the year was 185. The average was 194 for the preceding year. The waiting list was usually a small one, and very little difficulty was experienced in obtaining beds within three or four weeks at the outside, except for male orthopaedic cases, where the nearest available accommodation is at Northampton and vacancies are very infrequent.

The actual number of patients treated during the year in each category is shown in Table 3B, on page 49. The total of 494 represents a decrease of 17 as compared with the previous year.

Table 3C, on page 49, shows that 26 patients were under the supervision of the Tuberculosis Officers in Public Assistance Institutions during the year.

Table 4, on page 50, gives in detail the results of residential treatment in the various classes of cases discharged from Sanatoria and Hospitals during the year. The figures for pulmonary cases bear out the experience of previous years that the best results are obtained when Sanatorium treatment is given before the patient's sputum becomes positive, and that the percentage of quiescent cases increases as the period of treatment lengthens.

The ideal conditions for the most effective Sanatorium treatment are (1) that the patient should be admitted whilst the disease is early and limited, and (2) that he or she should remain in the Sanatorium until the disease has reached the quiescent stage. These conditions are, unfortunately, unattainable in a large number of adult cases. The onset of pulmonary tuberculosis is usually very insidious, and, as the patient feels only very slight discomfort at first, the tendency is to put off consulting a doctor until the disease is already well advanced. This mainly accounts for the fact that approximately one-third of the new pulmonary adult cases examined by the Tuberculosis Officers during the past year were found to be suffering from advanced disease. The economic factor acts as a powerful deterrent in this connection. Patients who have dependants keep on working until compelled to give up. Even when recommended for Sanatorium treatment, a great deal of persuasion is often necessary to secure the patient's acceptance. Various causes operate to prevent the period of treatment being extended sufficiently to enable the fullest possible benefit to be gained. The desire to get back to work owing to bad financial circumstances, domestic anxiety, especially where there are young children, home-sickness generally, and inability to settle down to Sanatorium routine and discipline for more than a short period—all these play their part in curtailing the period of treatment. It must therefore be considered satisfactory that 74% of the adult patients discharged from Sanatoria during the past year had been persuaded to stay more than three months, whilst of the TB- cases 58.8% and TB+ (1) cases 27.5 % stayed long enough to reach the quiescent stage.

The fact must not be lost sight of that even where patients have been unwilling to remain at the Sanatorium for more than a short period, their stay has at least been of educational value. They have had practical experience and instruction as to the routine of life best calculated to strengthen their resistance to disease and to minimise the risk of their infecting others on their return home.

Reports have again been obtained with regard to as many as can be traced of the institutional cases discharged with the disease quiescent during the first six years' operation of the Council's Tuberculosis Scheme, namely, 1921-6. The results show that quiescence has been maintained in a large proportion of the cases, as follows:—

	No. of "quiescent" discharges.		Report received.		Disease still "quiescent".	
1921	...	20	...	17	...	10 (7 "recovered")
1922	...	56	...	42	...	28 (17 do.)
1923	...	76	...	68	...	50 (35 do.)
1924	...	91	...	85	...	69 (48 do.)
1925	...	71	...	55	...	42 (25 do.)
1926	...	109	...	93	...	81 (35 do.)

4. Dispensary and Other Treatment.

The Council's 159 Shelters have again proved valuable accessories to treatment, particularly where patients' home conditions are bad. The difficulty is to induce the patients to sleep in the Shelters during the winter months, when usually some 30 or 40 have to be brought into store on this account. It is one of the additional advantages of Sanatorium treatment that patients who have undergone it are more inclined than others to occupy their shelters all the year round.

The number of patients receiving courses of Ultra-Violet Light treatment, either at the Norfolk and Norwich Hospital or by arrangement with certain medical practitioners in the County who have installed the necessary apparatus, increased considerably during the year. The results on the whole have been satisfactory, as shown by the following statement:—

Form of Tuberculosis.	No. of Cases.	Periods of Treatment.	Results.			
			Re- covered.	Much Im- proved.	Im- proved.	No Improve- ment.
Glandular	15	{ 2—6 months	—	7	—	—
		{ 7—12 "	—	6	1	1
Abdominal	5	2—6 "	—	3	2	—
Bones and Joints ...	5	1—7 "	2	—	1	2
Abscesses	4	1—11 "	1	1	2	—
Lupus	15	{ 2—6 "	1	—	5	—
		{ 7—12 "	1	—	4	—
		{ 1—4 years	—	3	1	—
Observation only ...	4	3—6 months	—	4	—	—
Totals	48		5	24	16	3

Dental extractions were authorised in 23 cases, and dentures in 6 cases, whilst a weekly average of 170 patients received extra nourishment in the form of milk and butter.

Surgical appliances were provided as follows, in addition to the cases included in the Orthopaedic Scheme report:—

Knee Splint	...	...	...	...	1
Hip Splint	...	...	...	...	1
Arm Splint	...	...	...	...	1
Cervical Collar	...	...	...	...	1
Pelvic Support	...	...	...	...	1
Spinal Support	...	...	...	...	4
Crutches	...	...	...	...	1
Surgical Shoe	...	...	...	...	1
Walking Caliper	...	...	...	...	1
Plaster Bed	...	...	...	...	2
					14

For several years, extensive trial has been given to the use of Moro's Percutaneous Tuberculin Ointment in the case of children suffering from certain forms of surgical tuberculosis, especially glands in the neck and tabes mesenterica. It is now possible to state definitely that very good results have been obtained in these two forms of tuberculosis in children. In several instances children having large masses of tuberculous glands in the neck, who would formerly have been sent to hospitals for excision, have markedly benefitted, the glands having disappeared or become greatly reduced in size.

We are still treating a considerable number of cases by this method, which has many obvious advantages. The expense involved is very slight, the ointment being prepared for use at frequent intervals by our own Laboratory. After instruction by the Tuberculosis Officers, the parents are quite well able to undertake the simple technique required and the treatment does not interfere with the child's education, unless other circumstances are present.

5. The Public Health (Prevention of Tuberculosis) Regulations, 1925.

One patient suffering from moderately advanced pulmonary tuberculosis is a smallholder and keeps cows. He has undertaken not to engage in milking or the handling of the milk. The case is kept under constant supervision.

6. Public Health Act, 1925.

No action was taken under Section 62 during the year.

TABLE 1.

TUBERCULOSIS SCHEME of the Norfolk County Council.
Return showing the Work of the Dispensaries during the year 1931.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.	Children.		
	M.	F.	M.	F.	M.	F.	M.	F.				
A.—NEW CASES examined during the year (excluding Contacts) :—												
* (a) Definitely tuberculous	93	93	11	11	25	31	42	39	118	124	53	50
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	20	18	46	27
(c) Non-tuberculous	—	—	—	—	—	—	—	—	57	77	44	32
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous	5	8	6	—	—	1	6	5	5	9	12	5
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	4	11	13
(c) Non-tuberculous	—	—	—	—	—	—	—	—	4	19	35	44
C.—CASES written off the Dispensary Register as												
(a) Cured	35	31	5	4	8	8	8	5	43	39	13	9
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	73	112	100	97
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Diagnosis completed	542	481	153	111	149	138	241	187	691	619	394	298
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	35	42	104	83
* Includes 13 cases previously removed from the Register as "Recovered."												

* Includes 13 cases previously removed from the Register as "Recovered."

TABLE 1—*continued*.

1.	Number of persons on Dispensary Register on January 1st	...	...	...	2098
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	...	...	...	43
3.	Number of patients transferred to other areas and cases "lost sight of"	...	...	...	82
4.	Died during the year	...	...	...	135
5.	Number of observation cases under A and B above in which period of observation exceeded 2 months	...	...	...	—
6.	Number of attendances at the Dispensary (including Contacts)	...	...	...	1272
7.	Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision...	...	...	...	—
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	...	...	...	...
	(a) "Light" treatment	...	...	...	1364
	(b) Other special forms of treatment...	...	...	...	—
9.	Number of patients to whom Dental treatment was given, at or in connection with the Dispensary	...	...	...	23
10.	Number of consultations with medical practitioners:	...	...	...	...
	(a) At Homes of Applicants	...	...	...	175
	(b) Otherwise	...	...	...	687
11.	Number of other visits by Tuberculosis Officers to Homes	...	...	...	4262
12.	Number of visits by Nurses to Homes for Dispensary purposes	...	...	...	1937
13.	Number of visits by Voluntary Visitors to Homes	...	...	... (at least)	2700
14.	Number of	...	...	...	...
	(a) Specimens of Sputum, &c., examined	...	...	...	409
	(b) X-ray examinations made	...	...	...	105
	in connection with Dispensary work	...	...	...	...
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	...	...	...	211

TABLE 3.

RESIDENTIAL INSTITUTIONS.(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS
DURING THE YEAR 1931.

	Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sana- torium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ...	1	61	2	12	1	77
Adult Females ...	1	32	1	2	1	37
Children (under 15)	4	38	—	18	11	71
Total ...	6	131	3	32	13	185

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT
DURING THE YEAR 1931.

			In Insti- tutions on Jan 1.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31.
Number of Patients	Adults Child- ren (under 15)	M.	76	103	96	7	76
		F.	47	84	91	8	32
			69	79	75	3	70
Number of Obser- vation Cases	Adults Child- ren (under 15)	M.	—	8	8	—	—
		F.	—	6	6	—	—
			5	17	20	—	2
Totals ...			197	297	296	18	180

(C) RETURN SHEWING THE EXTENT OF RESIDENTIAL TREATMENT
IN PUBLIC ASSISTANCE INSTITUTIONS DURING THE YEAR 1931.

			In Insti- tutions on Jan 1.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31.
Pulmonary cases	{	Adults {	M. 3	7	3	6	1
		F. 5	6	1	3	7	
	{	Child- ren (under 15)	1	—	—	—	1
		Totals	9	13	4	9	9
Non-Pulmonary cases	{	Adults {	M. 1	—	—	—	1
		F. 1	—	—	—	1	
	{	Child- ren (under 15)	2	—	2	—	—
		Totals	4	—	2	—	2
Grand Totals			13	13	6	9	11

TABLE 4.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1931.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL.
		Under 3 months.				3—6 months.				6—12 months.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus.	Quiescent ...	3	2	—	2	8	4	2	9	13	1	—	16	60
	Improved ...	6	6	—	6	5	2	2	2	5	—	1	3	38
	No material improvement...	1	2	—	1	—	—	1	—	—	—	—	—	5
	Died in Institution ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Class T.B. plus Group 1.	Quiescent ...	1	—	—	4	—	—	3	3	—	—	—	—	11
	Improved ...	4	—	—	4	2	—	1	1	—	2	—	—	14
	No material improvement...	3	2	—	—	1	—	1	1	—	2	1	—	11
	Died in Institution ...	1	—	—	—	—	—	—	—	—	—	—	1	2
Class T.B. plus Group 2.	Quiescent ...	—	—	—	—	—	—	—	1	—	2	1	—	4
	Improved ...	2	3	—	9	7	—	5	5	—	2	2	—	35
	No material improvement ...	2	2	—	2	3	—	1	4	—	—	—	—	14
	Died in Institution ...	1	2	—	2	—	—	1	1	—	1	1	—	9
Class T.B. plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	—	—	—	1	—	—	—	—	—	1	—	—	2
	No material improvement...	1	1	—	1	1	—	—	—	—	2	—	—	6
	Died in Institution ...	—	1	—	—	1	—	—	2	—	—	—	—	4

SALE OF FOODS AND DRUGS ACTS.

The two Inspectors of Weights and Measures act as part-time sampling officers, examinations being undertaken by the County Analyst.

During the year 663 formal samples were submitted. Details of these, together with the action taken by the Council, are given in the following table:—

Article.	No. of Samples taken.	No. found Genuine.	No. Adulter- ated.	Action taken.	
				Prosecu- tion Ordered.	Cautioned.
Milk	467	415	52	5	25
Condensed Milk ...	4	4	—	—	—
Evaporated Milk ...	2	2	—	—	—
Butter	62	60	2	—	2
Milk Cheese	2	2	—	—	—
Shredded Suet	5	5	—	—	—
Canned Peas	4	4	—	—	—
Baking Powder	10	10	—	—	—
Mincemeat	5	5	—	—	—
Malt Vinegar	3	3	—	—	—
Currant Sponge Pudding	1	1	—	—	—
Strawberry & Apple Jam	1	1	—	—	—
Rice Cake Mixture ...	1	1	—	—	—
Cocoa	1	1	—	—	—
Blanc Mange	1	1	—	—	—
Citrate of Magnesia ...	1	1	—	—	—
Lemon Curd	2	2	—	—	—
Pastry Maker	1	1	—	—	—
Cream	1	1	—	—	—
English Honey	1	1	—	—	—
Ice Cream	1	1	—	—	—
Lard	3	3	—	—	—
Margarine	1	1	—	—	—
Lemon Cheese	4	4	—	—	—
Olive Oil	5	4	1	—	1
Sponge Jam Roll	3	3	—	—	—
Jam Sponge Sandwich ...	1	1	—	—	—
Orange Wine	4	4	—	—	—
Orange Crush	1	—	1	—	1
Sponge Cake	1	1	—	—	—
Slab Cake	1	1	—	—	—
Tinned Crab	1	1	—	—	—
Glycerine, Lemon and Ipecac. Mixture	1	1	—	—	—
Jam	5	5	—	—	—
Marmalade	2	2	—	—	—
Camphorated Oil	1	1	—	—	—
Parrishes Chemical Food	1	1	—	—	—
Quinine Wine	1	1	—	—	—
Custard Powder	1	1	—	—	—
Lemonade Crystals	1	1	—	—	—
Pepper	2	2	—	—	—
Coffee & Chicory Essence	1	1	—	—	—

Article.	No. of Samples taken.	No. found Genuine.	No. Adulter- ated.	Action taken.	
				Prosecu- tion Ordered.	Cautioned.
Meat Paste	2	2	—	—	—
Sausages	2	2	—	—	—
Plum Jam	1	1	—	—	—
Fruit Cake	1	1	—	—	—
Green Peas	2	2	—	—	—
Concentrated Vinegar					
Essence	1	1	—	—	—
Raspberry Vinegar ...	1	1	—	—	—
Whisky	17	17	—	—	—
Brandy	3	3	—	—	—
Rum	7	5	2	—	2
Ginger Wine (non-alcoholic)	2	1	1	—	1
Ginger Brandy do.	1	1	—	—	—
Raisin Wine do.	2	2	—	—	—
Lemon Squash do.	1	—	1	—	1
Fruit Wine do.	1	1	—	—	—
Port Flavour Wine do.	1	1	—	—	—
Aspirin Tablets	1	1	—	—	—
	663	603	60	5	33

VENEREAL DISEASES.

Under the Public Health (V.D.) Regulations of 1916, treatment centres have been established at the Norfolk and Norwich Hospital and the West Norfolk and Lynn Hospital. Sessions are held at Norwich twice weekly for both sexes, and at King's Lynn twice weekly for males and once weekly for females. Intermediate treatment is carried out daily at both Clinics.

166 new patients from the administrative county were treated during the year 1931, as follows:—

Clinic.	Syphilis.	Gonorrhoea.	Other than V.D.	Total.
Norwich ...	42	65	2	109
King's Lynn ...	22	29	6	57
Total ...	64	94	8	166

This is a decrease of 54 cases compared with the number of new cases treated during 1930.

The following table shows the total attendances made by Norfolk patients at each clinic during the past five years:—

Year.	Norwich.	King's Lynn.
1931 ...	2326	1636
1930 ...	2066	1086
1929 ...	2229	909
1928 ...	2325	394
1927 ...	1998	432

In view of the large increase in attendances at the King's Lynn Clinic, the Staff was augmented by the appointment of a part-time male orderly in November, 1931.

Pathological examinations were made as follows during 1931 :—

For Wasserman Reaction	...	...	...	...	335
„ Spirochetes	...	...	...	...	14
„ Gonococci	...	...	...	...	430
„ Other Organisms	...	...	...	...	4
Total	...	...	...	...	783

MINISTRY OF HEALTH INQUIRIES.

Ministry of Health inquiries in connection with matters affecting the Public Health of the County have been held as follows since 1st January, 1931 :—

Authority.	Date.	Place.	Purpose of Inquiry.	Amount of Loan applied for.
Downham R.D.C.	14th Oct., 1931	Southery	Water Supply	£2,100
	15th Oct., 1931	Welney	Do.	£3,800
Erpingham R.D.C.	16th Sept., 1931	Holt	Sewerage and sewage disposal	£5,500
East Dereham U.D.C.	28th July, 1931	East Dereham	Confirmation of Clearance Order under Housing Act, 1930	

No.	A	R.D.			
		Wayland R.D.	Total Rural Districts	Cromer U.D.	E. Dereham U.D.
No.	8	20	514	12	38
D	4	116	3839	15	74



HOUSING STATISTICS

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