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NORFOLK COUNTY COUNCIL

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**Annual Report**  
of the  
**COUNTY MEDICAL OFFICER**  
**FOR 1953**

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NORFOLK COUNTY COUNCIL

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# **Annual Report**

of the

**COUNTY MEDICAL OFFICER  
FOR 1953**

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# CONTENTS

	<i>Page</i>
PREFACE ... ..	4
PUBLIC HEALTH STAFF ... ..	7
STATISTICS AND SOCIAL CONDITIONS OF THE ADMINI- STRATIVE COUNTY—	
Births ... ..	10
Deaths ... ..	11
AREA ADMINISTRATION ... ..	13
HEALTH CENTRES ... ..	13
CARE OF MOTHERS AND YOUNG CHILDREN—	
Maternity Accommodation ... ..	13
Unmarried Mothers ... ..	14
Care of Premature Infants ... ..	15
Ante-Natal and Post-Natal Arrangements ... ..	16
Infant Welfare Centres ... ..	16
Welfare Foods and Medicaments ... ..	17
Dental Treatment ... ..	17
Day Nurseries ... ..	19
Nurseries and Child Minders' Regulation Act, 1948 ... ..	19
Birth Control ... ..	19
Infant Methæmoglobinæmia ... ..	19
MIDWIFERY SERVICES—	
Practising Midwives ... ..	19
Emergency Medical Aid ... ..	19
Confinements ... ..	20
Analgesia ... ..	20
Ophthalmia Neonatorum ... ..	21
Puerperal Pyrexia ... ..	21
HEALTH VISITING ... ..	21
HOME NURSING ... ..	21
HOUSING ACCOMMODATION FOR DISTRICT NURSES ... ..	22
REFRESHER COURSES FOR NURSING STAFF ... ..	22
VACCINATION AND IMMUNISATION—	
Vaccination ... ..	22
Diphtheria Immunisation ... ..	23
Vaccination against Whooping Cough ... ..	24
AMBULANCE SERVICE—	
Infectious Disease Transport ... ..	24
General Ambulance Service ... ..	25
Mutual Assistance Arrangements ... ..	25
National Health Service (Amendment) Act, 1949 ... ..	26
PREVENTION OF ILLNESS, CARE AND AFTER-CARE—	
Tuberculosis ... ..	26
Venereal Disease ... ..	31
Provision of Nursing Equipment ... ..	31
Recuperative Homes ... ..	32
HOME HELP SERVICE ... ..	32
MENTAL HEALTH—	
Administration ... ..	34
Account of work undertaken in the Community ... ..	35
Statistics ... ..	39
NATIONAL ASSISTANCE ACT, 1948—	
Welfare of the Blind ... ..	43
Welfare of the Partially-Sighted ... ..	48
Welfare of the Deaf, Dumb and Hard of Hearing ... ..	49
Welfare of the Physically Handicapped—General Classes ... ..	50

	<i>Page</i>
PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES     ...     ...     ...     ...     ...     ...	53
ENVIRONMENTAL HYGIENE—	
Milk and Dairies     ...     ...     ...     ...     ...     ...	55
Sanitary Survey of Schools     ...     ...     ...     ...     ...     ...	58
Disinfection     ...     ...     ...     ...     ...     ...	58
Disinfestation     ...     ...     ...     ...     ...     ...	59
Ice Cream     ...     ...     ...     ...     ...     ...	59
School Canteens     ...     ...     ...     ...     ...     ...	59
Housing and Sanitary Complaints     ...     ...     ...     ...     ...     ...	59
Water Supplies and Sewerage     ...     ...     ...     ...     ...     ...	61
EAST COAST FLOODS     ...	67
MISCELLANEOUS—	
Registration of Nursing Homes     ...     ...     ...     ...     ...     ...	69
Laboratory Facilities     ...     ...     ...     ...     ...     ...	69
Medical Examinations     ...     ...     ...     ...     ...     ...	70



## PREFACE

This is the last annual report which will be issued before my retirement next December and it covers a year of steady development in the county health services.

The outstanding local event was undoubtedly the flooding in the coastal areas of the county during the night of the 31st January, when 86 people lost their lives and many more suffered serious loss of property and personal effects.

So far as statistics are concerned, it is pleasing to note that, for the second successive year, the birth rate showed an increase, while the infant mortality rate declined to the second lowest recorded figure. A fall of 30% in both the morbidity and mortality of tuberculosis also gives great hope that this disease is at last being brought into subjection.

The cost of the hospital service is very much to the fore at the present time and local health authorities can do a great deal to lighten this burden by providing adequate domiciliary services, such as home nursing and domestic help. These on the one hand enable patients to be discharged sooner than would otherwise be the case, while, on the other, they do much to avoid the necessity for institutional care and treatment of the elderly and infirm. Although these services may entail additional expenditure on the part of the local health authorities, the saving to the hospitals and to other local authority services is considerable.

An attempt was made towards the end of the year drastically to reduce the expenditure on the home help service, but the repercussions were such that this policy had to be abandoned.

58% of all confinements in the County took place at the patients' homes and cases applying for maternity beds on other than medical grounds are referred to the Department for reporting on the home circumstances. Every encouragement and help is given for the home confinement of normal cases as this appears to be the natural place for such an event, releasing beds for the more urgent cases and reducing expenditure.

With a view to the prevention of infant methæmoglobinæmia, the examination of domestic water supplies, other than those obtained from public mains, has been carried out in the case of all births, whether at home or in hospital.

There is a real need for a greater awareness of the importance of the vaccination of children against smallpox as only about one-third of the children born each year is given this protection.

The position so far as immunisation against diphtheria is concerned is more satisfactory, but only 50% of children under 15 years of age can be regarded as fully protected. A further 16% were immunised prior to 1949, but have not since had a reinforcing injection to sustain their immunity. Not a single case of diphtheria was notified last year, the first time it has been possible to make such a statement in an annual report for this county, but there is now a great danger that freedom from the disease may produce apathy regarding immunisation.



The Ministry of Health has approved the Council's proposals for vaccination against whooping cough and the appropriate vaccines are now available for use by general medical practitioners and the Council's medical staff.

A considerable saving in the cost of the ambulance service has been effected by an arrangement with the Norwich Authority, whereby vehicles bringing patients to the Norwich Hospitals are used for taking home discharge cases. The cost of sitting case cars continues to exercise the minds of the members of the responsible committees, but the upward trend continues in spite of all the efforts which are made to ensure that the service is used only when medical need arises.

During the year, the Department has continued to collect and submit samples of milk from non-designated herds to the National Milk Testing Service Laboratory on behalf of the Ministry of Agriculture and Fisheries and it is with considerable misgivings that I note the standards indicated by the figures in the table on page 58.

In their circular relating to the preparation of this report, the Ministry of Health state that it would be helpful if the qualifications and duties of the authority's senior public health officers were published in the report, together with a list indicating the committees which are concerned with public health. A list of such staff, with their qualifications, always appears at the beginning of each report and it has not been thought necessary to include the other information as this was given in the special survey report last year.

There was an improvement during the year in the number of dental officers and, at the end of the year, 7 whole-time and 2 part-time dental officers were employed by the Council and were available for the inspection and treatment of the priority classes.

I much regret to record the death, at the early age of 38 years, of Dr. J. C. Johnston, who had been Assistant County Medical Officer in Area No 8 (Hunstanton and Wells U.Ds., Docketing and Walsingham R.Ds.) and also District Medical Officer of Health, except for Hunstanton U.D., since October, 1947. He was a very enthusiastic officer and his death was a great loss to the Health Department and to the District Councils.

Two officers with long years of service retired last year. Dr. W. B. Christopherson, the Chest Physician for East Norfolk, left us in August. He was the first Clinical Tuberculosis Officer to be appointed in Norfolk as the result of the transfer of responsibility for the treatment of tuberculosis from the Insurance Committee to the County Council, and he commenced duty in August, 1920. Although he was transferred to the employ of the East Anglian Regional Hospital Board in July, 1948, a proportion of his services was still paid for by the County Council in respect of preventive work, which is the Council's responsibility. Miss M. V. E. Davey, the Superintendent Nursing Officer, also retired last year. Miss Davey had held this appointment since September, 1936, and had been in the Council's service since July, 1922. I would like to pay tribute in this report to their long and devoted service and to express the hope that they may enjoy their years of retirement.



I would also like to take this opportunity of expressing my very grateful and sincere appreciation of the valued help and co-operation which I have received during the 26 years I have been in office. I am indebted to the members of the Council, and particularly to those who have served and are still serving on the Health Committee and its various Sub-Committees; also to the chief and senior officers of other Departments and to the many individuals representing official and voluntary bodies with whom my work has brought me into contact. Lastly, I would especially like to thank the members of my own Department, medical, dental, nursing, clerical and others, for the great help they have been to me. Without this, the improvements which have been made during the last 26 years in the county health services would not have been possible.

T. RUDDOCK-WEST.

Public Health Department,  
29, Thorpe Road, Norwich.  
*August, 1954.*

# PUBLIC HEALTH STAFF

## County Medical Officer:

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

## Deputy County Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

## Senior Medical Officer:

A. S. CAREY, M.B., Ch.B., D.P.H. (from 1.7.53).

## Senior Assistant Medical Officer:

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H. (from 5.1.53).

## Assistant County Medical Officers and District Medical Officers of Health:

W. AITCHISON, M.B., Ch.B., D.P.H., D.T.M.&H. (from 5.1.53. to 4.8.53).  
A. E. BROWN, M.D., B.S., D.P.H. (to 3.10.53).  
C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.  
IRENE B. M. GREEN, M.D., B.S., D.P.H.  
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.  
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.  
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H. (from 31.10.53).  
J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H. (to 22.7.53).  
J. COUTTS MILNE, M.B., Ch.B., D.P.H., D.T.M.&H. (from 16.12.53).  
R. N. C. McCURDY, M.B., Ch.B., D.P.H.  
J. H. F. NORBURY, M.B., B.S., D.P.H.

## Assistant Medical Officers:

NULECE CASSELLS, M.B., Ch.B. (part-time to 17.1.53).  
DORA HAMSHAW, B.Sc., M.R.C.S., L.R.C.P., D.C.H.  
(part-time from 28.4.53).  
W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H. (part-time).  
VIOLET M. JEWSON, M.A., M.B., Ch.B.  
ROSEMARIE D. LINCOLN, M.B., B.S. (part-time).  
C. MARGARET McLEOD, M.B., Ch.B. (part-time).  
CHRISTINA S. WEBSTER, M.B., Ch.B., D.P.H. (part-time).  
F. R. WILSON, M.D., Ch.B. (part-time).

## Senior Dental Officer:

P. MILLICAN, L.D.S., R.C.S. (Eng.).

## Dental Officers:

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (part-time).  
JOYCE G. CAMPBELL, L.D.S. (U. St.And.) (to 30.4.53).  
SADIE S. HOW, L.D.S., R.C.S. (Eng.).  
RITA M. HUGHES, B.D.S. (U. L'pool) (part-time).  
A. LONGDEN, L.D.S. (U. Leeds) (from 21.9.53).  
J. W. McQUISTON, L.D.S. (Q. U. Belf.) (from 2.11.53).  
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).  
F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).  
E. WARD, L.D.S. (V. U. Manc.) (from 2.11.53).



### **County Sanitary Officer:**

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

### **Senior Assistant County Sanitary Officer:**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

### **Assistant County Sanitary Officer:**

A. C. COOPER, C.S.I.B.

### **Superintendent Nursing Officer:**

MISS M. V. E. DAVEY, S.R.N., S.C.M., Cert.R.S.I. (to 31.10.53).

### **Deputy Superintendent Nursing Officer:**

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert.

### **Assistant Superintendent Nursing Officers:**

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert. (temp. from 1.5.53).

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert.

MISS A. POLLOCK, S.R.N., S.C.M., H.V.Cert. (to 8.3.53).

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

### **Health Visitors and School Nurses:**

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert. (to 30.4.53).

\*MRS. P. D. CHADWICK, R.S.C.N.

MRS. I. K. FURMAGE, S.R.N., S.C.M., H.V.Cert.

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MRS. M. E. C. EVANS, S.R.N., S.C.M., H.V.Cert. (part-time to 24.9.53).

MISS T. D. FULLER, S.R.N., S.C.M., H.V.Cert.

MRS. B. M. GRAY, S.C.M.

\*MISS A. E. HOLDEN, R.S.C.N.

MISS R. C. HOWLETT, S.R.N., S.C.M., H.V.Cert. (from 2.11.53).

MRS. A. M. KNOTT, Sick Children's Nurse.

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

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

\*MRS. F. B. NEVILLE, S.R.N.

MRS. W. M. PETTS, S.R.N.

\*MRS. M. I. QUAYLE, S.R.N.

\*MISS C. SHINGLETON, S.R.N.

MRS. J. ST. CLAIRE-VERNAN, S.R.N., S.C.M., H.V.Cert.

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

\*MISS D. VICKERS, S.R.N.

\*MRS. O. N. WAINWRIGHT, Sick Children's Nurse.

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

\*School nursing duties only.

†No school nursing duties.

### **Tuberculosis Health Visitors:**

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert.

### **Speech Therapists:**

MISS M. M. DIXON, L.C.S.T.

MISS J. RUTT, L.C.S.T.

MISS D. M. WHITTARD, L.C.S.T.

**Senior Home Teacher and Visitor for the Blind:**

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

**Home Teachers and Visitors for the Blind:**

MISS M. R. GREEN, Cert. College of Teachers of the Blind.

MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind.

**Home Help Organiser:**

MRS. E. A. KING, S.C.M.

**Occupation Centre Supervisors:**

MISS M. T. MEADE

MISS S. J. GEE

**Psychiatric Social Worker:**

MRS. J. M. GRUBB

**Home Teachers for Mental Defectives:**

MISS B. I. CUMING

MISS F. S. HURN

**Superintendent Welfare Officer:**

C. J. TAYLOR

**Deputy Superintendent Welfare Officer:**

T. H. HIGHAM

**Local Welfare Officers:**

A. BOOTHMAN  
S. H. BOUGHEN  
J. COWELL  
S. J. DODMAN  
S. FRYER  
C. J. GALLANT  
V. C. HALL  
D. R. INGHAM

V. K. C. KIRBY  
J. G. LARWOOD  
T. A. MAYFIELD  
W. J. PEACOCK  
F. L. RAY  
R. S. REEVE  
J. A. ROWE

**Chief Clerk:**

E. W. DURRANT

**SPECIALIST STAFF (Part-time).**

**Chest Physicians:**

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P. (to 14.8.53).

A. H. F. COUCH, M.D., M.R.C.P., D.C.H. (from 14.9.53).

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

(Joint appointments with Regional Hospital Board.)

**County Analyst:**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.



# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

ACREAGE	...	...	...	...	...	...	1,302,501
POPULATION—Estimated by Registrar-General (mid-1953)	...						374,800
PRODUCT OF PENNY RATE for general purposes (1952-53)	...						£6,318
RATEABLE VALUE for general purposes (1st April, 1953)	...						£1,593,858

## BIRTHS. (See Table 1.)

### Live births—

Rate per 1000 of the estimated population	...	...	15.64
---	-----	-----	-------

### Still-births—

Rate per 1000 total (live and still) births	...	...	20.88
---	-----	-----	-------

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

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1949	5793	16.40	16.7
1950	5755	15.85	15.8
1951	5524	14.81	15.5
1952	5607	15.04	15.3
1953	5862	15.64	15.5

It will be noted that the birth rate rose during the year by 0.60 to 15.64 per 1000 of the estimated mid-year population, continuing the upward trend beginning last year. The comparable figure for England and Wales was 15.5 per 1000.

Still-births, numbering 20.88 per 1000 total (live and still) births, showed an increase of 1.30 on the low rate for 1952.

Illegitimate births comprised 5.71% of all live births and showed a small increase on the 1952 figure.

## BIRTHS AND DEATHS.

TABLE 1.

County district.				Population 30.6.53	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Total deaths (all causes)
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	
MUNICIPAL BOROUGHS—																	
King's Lynn ... ..				26,120	449	35	484	8	1	9	17	1	18	11	1	12	333
Thetford ... ..				4,550	87	7	94	2	—	2	2	—	2	1	—	1	67
				30,670	536	42	578	10	1	11	19	1	20	12	1	13	400
URBAN DISTRICTS—																	
Cromer ... ..				4,864	61	4	65	—	1	1	—	—	—	—	—	—	57
Diss ... ..				3,485	47	—	47	3	—	3	2	—	2	2	—	2	44
Downham Market ... ..				2,580	21	2	23	1	—	1	2	—	2	2	—	2	84
East Dereham ... ..				6,571	101	5	106	4	—	4	3	—	3	3	—	3	79
New Hunstanton ... ..				3,910	97	5	102	—	—	—	4	—	4	3	—	3	59
North Walsham ... ..				4,716	60	5	65	—	—	—	2	—	2	2	—	2	49
Sheringham ... ..				4,669	68	9	77	—	—	—	1	—	1	1	—	1	72
Swaffham ... ..				3,012	44	1	45	1	—	1	2	—	2	1	—	1	36
Wells ... ..				2,610	46	1	47	1	—	1	1	—	1	—	—	—	32
Wymondham ... ..				5,693	83	7	90	1	—	1	2	—	2	2	—	2	65
				42,110	628	39	667	11	1	12	19	—	19	16	—	16	577
RURAL DISTRICTS—																	
Blofield and Flegg ... ..				31,470	399	17	416	5	1	6	7	—	7	4	—	4	400
Depwade ... ..				18,040	250	10	260	5	—	5	7	1	8	5	1	6	200
Docking ... ..				17,440	281	28	309	2	—	2	11	1	12	10	1	11	259
Downham ... ..				24,840	425	24	449	12	—	12	11	—	11	7	—	7	228
Erpingham ... ..				19,520	262	13	275	14	—	14	2	1	3	—	—	—	263
Forehoe and Henstead ... ..				23,300	338	20	358	5	1	6	7	1	8	6	—	6	343
Freebridge Lynn ... ..				10,930	187	12	199	2	—	2	5	—	5	3	—	3	124
Loddon ... ..				12,680	171	6	177	1	—	1	7	—	7	6	—	6	127
Marshland ... ..				16,270	220	12	232	3	—	3	3	1	4	1	1	2	137
Mitford and Launditch ... ..				18,460	259	21	280	5	2	7	4	—	4	3	—	3	191
St. Faith's and Aylsham ... ..				37,950	524	31	555	15	—	15	15	1	16	9	—	9	510
Smallburgh ... ..				18,130	220	13	233	6	—	6	5	—	5	3	—	3	179
Swaffham ... ..				8,980	148	15	163	2	—	2	2	—	2	2	—	2	84
Walsingham ... ..				24,780	371	19	390	12	—	12	8	1	9	4	1	5	202
Wayland ... ..				19,230	308	13	321	8	1	9	12	—	12	9	—	9	178
				302,020	4365	254	4617	97	5	102	106	7	113	72	4	76	3425
ADMINISTRATIVE COUNTY ... ..				374,800	5527	335	5862	118	7	125	144	8	152	100	5	105	4402





# DEATHS. (See Tables 1 and 3.)

Deaths per 1000 of the estimated population	...	...	11.74
Deaths from pregnancy, childbirth and abortion:—			
Deaths—3. Rate per 1000 total (live and still) births	...	...	0.52
Death rate of infants under 1 year of age:—			
All infants per 1000 live births	...	...	25.76
Legitimate infants per 1000 legitimate live births	...	...	25.87
Illegitimate infants per 1000 illegitimate live births	...	...	23.88
Deaths from cancer (all ages)	...	...	698
Deaths from measles (all ages)	...	...	Nil
Deaths from whooping cough (all ages)	...	...	2

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

Year	Urban Districts		Rural Districts		Administrative County		England and Wales— Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1949	978	13.70	3399	11.99	4377	12.39	11.7
1950	893	12.37	3266	11.23	4159	11.46	11.6
1951	1012	14.17	3627	12.02	4639	12.44	12.5
1952	951	13.24	3256	10.82	4207	11.29	11.3
1953	977	13.42	3425	11.34	4402	11.74	11.4

The crude death rate, at 11.74 per 1000 of the mid-year population, increased by 0.45 per 1000 as compared with the 1952 figure. The age distribution remained unchanged, 73% being persons of 65 years or over.

Of the main causes of death, 32% were due to heart disease, 16% to cancer, 14% to vascular lesions of the nervous system and 8% to respiratory diseases other than pulmonary tuberculosis. Pulmonary tuberculosis accounted for 0.5% only, and deaths due to this disease continue to decrease. The percentage of deaths from cancer, on the other hand, has remained stationary.

Maternal mortality at 0.52 per 1000 live and still-births, compares favourably with the national figure of 0.76 per 1000.

Infant mortality at 25.76 per 1000 live births, showed a decrease of 2.42 on the previous year's figure, the comparable rate for England and Wales being 26.8 per 1000.

69% of infant deaths occurred in the first month of life.

For the first time in the County's recorded history, the death rate of illegitimate infants was below the death rate of legitimate infants.



TABLE 2.

## VITAL STATISTICS 1934-53 (TWENTY YEARS).

Year	Live Births.			Still-Births.	Infantile Mortality.				Maternal Mortality.	Deaths.			
	Total for County.	Birth rate per 1000 pop.	Rate for England and Wales.		Sex-ratio (Males to 100 Females).	Rate per 1000 (all births).	Legit. (per 1000 legit. births).	Illegit. (per 1000 illegit. births).		Total (per 1000 live births).	England and Wales.	Rate per 1000 live and still-births.	Total for County.
1934	4893	15.23	14.8	109	36.80	44.48	91.60	47.01	59	4.14	3867	12.04	11.8
1935	4784	14.88	14.7	104	34.71	40.87	73.04	42.43	57	3.48	8993	12.42	11.7
1936	4802	14.85	14.8	104	39.98	43.67	77.55	47.48	59	5.39	4055	12.85	12.1
1937	4878	15.01	14.9	102	35.78	47.18	50.54	47.35	58	1.42	4141	12.74	12.4
1938	4861	14.93	15.1	106	36.28	37.63	71.09	39.08	53	1.98	3793	11.65	11.6
1939	4907	14.94	15.0	107	36.25	39.59	80.85	41.57	51	4.01	4184	12.76	12.1
1940	4992	14.74	14.6	106	38.33	45.91	71.43	47.00	57	1.67	4542	13.41	14.3
1941	5221	15.32	14.2	105	31.06	45.25	34.92	44.63	60	2.12	4318	12.64	12.9
1942	6031	18.25	15.8	108	31.58	39.50	63.13	41.05	51	1.12	4268	12.89	11.6
1943	5807	17.70	16.5	109	28.77	38.40	70.85	41.16	49	1.84	4142	12.63	12.1
1944	6611	20.06	17.6	102	25.64	31.00	50.00	36.00	45	1.92	4209	12.77	11.6
1945	5969	18.38	16.1	110	29.45	37.85	63.56	41.38	46	1.30	4055	12.48	11.4
1946	6612	19.79	19.1	104	24.63	29.75	49.73	31.46	43	1.66	4071	12.18	11.5
1947	7090	20.84	20.5	105	18.95	34.22	70.26	36.39	41	0.97	4354	12.62	12.0
1948	6137	17.56	17.9	103	24.63	30.51	50.06	31.61	34	0.79	3922	11.22	10.8
1949	5793	16.40	16.7	106	21.62	26.78	51.06	27.44	32	0.67	4377	12.39	11.7
1950	5755	15.85	15.8	106	20.59	25.42	30.67	25.72	29.8	0.51	4159	11.46	11.6
1951	5524	14.81	15.5	104	23.85	28.68	44.22	29.51	29.6	0.88	4639	12.44	12.5
1952	5607	16.04	15.3	101	19.58	27.49	40.54	28.18	27.6	0.36	4207	11.29	11.3
1953	5862	15.64	15.5	101	20.88	25.87	23.88	25.76	26.8	0.52	4402	11.74	11.4

DEATHS BY AREAS AND AGE GROUPS.

TABLE 3.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts										Total	Age at death														
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	New Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forchae and Henstead	Freebridge Lynn	Loddon	Marshland	Miford and Launditch		St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—		
Tuberculosis, respiratory ... ..	2	—	—	—	—	1	—	—	—	—	1	—	—	4	2	—	1	1	2	—	—	1	5	—	1	1	1	24	—	—	—	—	—	1	7	12	3	1
Tuberculosis, other ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	
Syphilitic disease ... ..	3	1	—	1	—	—	—	—	—	—	—	1	1	3	2	—	1	—	—	—	—	—	6	1	1	—	1	22	—	—	1	—	—	—	1	9	3	10
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	
Meningococcal infections ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	1	—	—	—	—	
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	
Other infective and parasitic diseases ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	1	—	—	—	2	1	—	3	—	12	—	1	1	—	—	—	6	1	2	
Malignant neoplasm, stomach ... ..	9	2	2	1	5	4	—	1	—	—	—	1	2	6	3	10	10	4	5	12	8	3	4	13	3	2	8	4	122	—	—	—	—	3	29	33	56	
Malignant neoplasm, lung, bronchus ... ..	2	—	2	—	—	1	—	—	—	—	—	—	—	7	5	4	9	4	10	2	3	4	3	8	5	1	3	2	78	—	—	—	—	1	40	24	13	
Malignant neoplasm, breast ... ..	8	1	1	—	—	—	—	2	1	3	—	—	1	5	1	3	3	3	2	—	2	1	2	2	5	1	1	4	53	—	—	—	—	3	27	9	14	
Malignant neoplasm, uterus ... ..	1	—	1	—	—	—	—	3	—	—	—	—	1	1	2	4	2	—	4	—	—	2	4	1	1	—	3	30	—	—	—	—	2	12	10	6		
Other malignant and lymphatic neoplasms ... ..	30	10	4	6	4	7	7	10	9	4	6	5	32	16	30	26	23	33	14	19	13	18	35	16	6	16	16	415	—	—	—	—	5	17	130	133	136	
Leukæmia, aleukæmia ... ..	1	—	1	—	—	1	—	1	—	1	—	—	—	2	2	2	—	1	2	—	—	—	—	—	—	—	—	20	—	2	—	4	—	—	—	—	—	
Diabetes ... ..	2	—	—	1	—	—	—	1	—	—	1	1	—	3	—	1	1	2	3	1	—	1	1	4	3	—	—	2	26	—	—	—	—	1	3	8	14	
Vascular lesions of nervous system ... ..	44	18	8	6	16	18	3	3	6	8	5	12	50	32	32	31	29	41	20	14	12	35	76	30	15	29	19	612	—	—	—	—	13	81	183	335		
Coronary disease, angina ... ..	27	7	14	7	10	9	7	7	9	4	3	18	36	17	34	24	45	44	11	12	10	21	48	20	13	23	512	—	—	—	—	3	115	181	213			
Hypertension with heart disease ... ..	6	5	—	—	—	—	—	—	—	—	—	—	2	2	1	—	7	1	3	4	3	1	4	20	2	1	—	71	—	—	—	—	—	11	24	36		
Other heart disease ... ..	47	18	4	7	13	12	6	7	27	2	2	9	92	51	32	40	80	99	15	27	28	39	97	29	6	30	22	839	—	—	—	—	14	55	162	608		
Other circulatory disease ... ..	23	1	1	1	6	5	—	4	1	2	1	3	10	13	12	7	18	25	9	4	13	5	26	10	8	15	231	—	—	—	—	3	21	47	160			
Influenza ... ..	4	—	—	1	4	—	—	4	1	1	1	2	1	2	1	2	—	1	1	2	—	7	7	—	3	5	1	48	—	—	—	—	—	4	9	35		
Pneumonia ... ..	38	2	4	1	2	1	2	1	—	—	—	1	25	9	11	11	6	19	7	2	9	9	26	6	5	9	7	214	30	4	3	2	6	32	44	93		
Bronchitis ... ..	13	1	3	2	2	1	1	1	2	2	2	2	18	7	3	6	6	11	6	7	9	6	16	3	5	8	4	147	—	—	—	—	1	26	41	78		
Other diseases of respiratory system ... ..	2	—	—	1	1	—	—	2	—	—	—	—	2	—	1	2	3	2	1	—	1	1	2	5	—	—	1	28	1	—	—	—	1	6	5	14		
Ulcer of stomach and duodenum ... ..	3	—	2	—	—	2	—	—	—	1	1	—	6	1	3	2	2	—	2	1	1	2	2	1	—	2	3	34	—	—	—	—	—	—	—	—		
Gastritis, enteritis and diarrhoea ... ..	2	—	—	—	—	—	—	1	—	—	—	—	2	—	—	1	—	—	—	—	1	3	1	3	2	1	—	17	3	1	1	—	2	3	6	1		
Nephritis and nephrosis ... ..	1	—	—	—	1	—	—	1	3	1	—	—	3	2	—	—	—	2	1	1	2	2	3	1	—	2	2	33	—	—	—	—	—	—	—	—		
Hyperplasia of prostate ... ..	5	—	—	—	2	1	—	1	1	1	1	—	2	5	3	1	2	4	1	2	3	2	6	8	1	6	2	60	—	—	—	—	—	—	—	—		
Pregnancy, childbirth, abortion ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	—	—	—	—	—	2	1	—	—		
Congenital malformations ... ..	3	1	—	—	—	—	—	—	1	—	—	—	3	1	—	4	1	2	1	3	2	1	3	1	—	—	1	30	22	3	1	2	1	—	—	—		
Other defined and ill-defined diseases ... ..	32	—	5	6	18	6	6	7	4	1	3	10	60	19	29	17	16	24	14	11	9	17	64	11	7	19	25	440	86	1	8	4	26	60	71	184		
Motor vehicle accidents ... ..	3	—	—	—	—	—	—	—	—	—	2	—	6	2	2	2	1	2	1	3	4	4	5	3	1	3	5	49	—	—	—	—	2	3	16	7	11	5
All other accidents ... ..	19	1	3	1	—	2	18	1	—	—	1	—	8	2	34	20	6	5	2	4	4	4	19	12	—	21	2	189	5	6	14	29	37	27	24	47		
Suicide ... ..	2	1	1	—	—	1	—	—	1	—	—	—	1	2	3	2	2	4	2	—	1	3	1	4	—	1	2	1	35	—	—	—	—	3	7	13	6	6
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
All causes ... ..	333	67	57	44	84	79	59	49	72	36	32	65	400	200	259	228	263	343	124	127	137	191	510	179	84	202	178	4402	153	24	34	70	165	751	1075	2130		





**DEATHS BY AGE GROUPS—ADMINISTRATIVE COUNTY.**  
(Percentage of All Deaths)

Year	Age Group.					
	0—	1—	5—	15—	45—	65—
1934	5.9	2.3	1.7	10.8	19.9	59.4
1935	5.1	1.5	2.0	9.4	19.8	62.2
1936	5.6	1.7	1.0	8.2	18.8	64.7
1937	5.6	1.4	1.3	8.7	19.6	63.4
1938	5.0	1.0	1.1	9.0	19.4	64.5
1939	4.9	1.0	1.0	8.1	19.0	66.0
1940	5.1	1.6	1.4	7.5	19.3	65.1
1941	5.4	1.7	1.4	8.3	19.1	64.0
1942	5.8	1.2	1.3	7.3	19.8	64.6
1943	5.8	1.6	1.2	6.6	18.4	66.4
1944	5.7	1.4	1.5	7.1	18.0	66.3
1945	6.1	1.2	1.3	6.5	18.7	66.2
1946	5.1	0.9	0.8	6.3	17.5	69.4
1947	5.9	0.5	0.8	5.4	17.4	69.9
1948	4.9	1.0	0.7	6.2	18.3	68.9
1949	3.9	0.8	0.6	5.1	16.7	72.9
1950	3.6	0.7	0.7	5.1	17.3	72.6
1951	3.5	1.0	0.8	4.9	16.5	73.3
1952	3.8	0.4	0.6	4.6	17.2	73.4
1953	3.5	0.6	0.7	5.3	17.1	72.8

## II. AREA ADMINISTRATION.

The local health office for Area No. 3 (East Dereham U.D. and Mitford & Launditch R.D.) has been accommodated since its establishment in July, 1948, in a hut at the Isolation Hospital, East Dereham, hired from the Norwich, Lowestoft and Gt. Yarmouth Hospital Management Committee. The accommodation is unsatisfactory and inadequate and the erection of new premises, which will also include clinic rooms, has been approved in principle. The proposals have been submitted to the Ministry of Health for approval.

## III. HEALTH CENTRES.

No steps have been taken towards the establishment of health centres in the county. The idea is impracticable in a sparsely populated rural county like Norfolk where the only town with a population of more than 7,000 is King's Lynn with approximately 26,000 inhabitants.

## IV. CARE OF MOTHERS AND YOUNG CHILDREN.

### MATERNITY ACCOMMODATION.

#### MIDWIFERY CASES.

Accommodation was provided at the West Norwich Hospital by the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee



for 43 midwifery cases because of unsatisfactory home conditions. In addition, the Council has continued to utilise certain maternity beds in one County Home under joint-user arrangements with the East Anglian Regional Hospital Board. 19 midwifery cases were admitted to this County Home.

#### MATERNITY CASES.

Sociological reports have continued to be provided for anticipated normal maternity cases referred to the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee for hospital confinement. During the year, similar arrangements were made with the King's Lynn Area Hospitals Management Committee.

#### DOMICILIARY CONFINEMENTS.

It is interesting to note that 58% of Norfolk confinements took place in the patients' homes. The policy of encouraging domiciliary confinement, wherever possible, and the investigating of normal cases referred for hospital admission, has ensured that beds are available for all who really need institutional accommodation for medical reasons or because of unsuitable home circumstances.

#### UNMARRIED MOTHERS.

The Norwich and Ely Diocesan Councils for Moral Welfare have continued to act as agents of the Council for the care and training of unmarried mothers.

Particulars of the cases dealt with are given below:—

Care and training in hostels with financial assistance from the Council	...	...	...	...	...	43
Without admission to hostel	...	...	...	...	...	157
						<hr/> 200 <hr/>

Nearly all the cases admitted to hostels were referred by the moral welfare workers. Those not admitted to hostels were brought to light through notification of birth cards.

				Admitted to hostels	Not admitted to hostels	Total
(a) <i>Classification—</i>						
First illegitimate child	...	...	...	38	120	158
Second illegitimate child	...	...	...	5	22	27
Third illegitimate child	...	...	...	—	8	8
Fourth or more illegitimate children	...	...	...	—	3	3
Illegitimate of married women	...	...	...	—	4	4
				<hr/> 43 <hr/>	<hr/> 157 <hr/>	<hr/> 200 <hr/>
(b) <i>Age of mother—</i>						
Under 16	...	...	...	2	2	4
16—21	...	...	...	25	92	117
22—25	...	...	...	12	32	44
26—30	...	...	...	4	19	23
Over 30	...	...	...	—	12	12
				<hr/> 43 <hr/>	<hr/> 157 <hr/>	<hr/> 200 <hr/>

(c) *Hostel to which admitted—*

Heigham Grove Shelter, Norwich ...	11
St. Paul's Lodge, Great Yarmouth	12
Bateman Street Mother and Baby Home, Cambridge ...	10
St. Bridget's, Chester ...	1
Loreto House, London ...	1
St. Joseph's, Grayshott ...	2
Bedford & County Girls' Home, Bedford ...	2
Quarry Maternity Home, Wragby Road, Lincoln ...	1
St. Katherine's, Mill Lane, Huddersfield ...	1
Mother & Baby Home, 10, Rutford Road, Streatham, London ...	1
The Fellowship of St. Michael and All Angels Hostel, 5, Bloomsfield Terrace, London, S.W.1.	1
	<hr/> 43 <hr/>

	Admitted to hostels	Not admitted to hostels	Total No.	%
(d) <i>Care of child—</i>				
Still-born ...	—	2	2	1.0
Died ...	1	4	5	2.5
Kept by mother ...	25	122	147	73.5
Fostered ...	3	7	10	5.0
Adopted ...	13	16	29	14.5
Children's Committee ...	1	3	4	2.0
Dr. Barnardo's ...	—	3	3	1.5
	<hr/> 43 <hr/>	<hr/> 157 <hr/>	<hr/> 200 <hr/>	<hr/> 100 <hr/>

In three cases, where it was known that the mothers would keep and provide for their children after leaving the hostels, refunds were made of half the contributions they had paid towards their maintenance up to a maximum of £10 in any one case.

# CARE OF PREMATURE INFANTS.

333 premature births (119 more than in 1952) were notified as follows :—

Born at home ...	126
Born at private nursing homes ...	13
Born at regional hospital board establishments ...	194
	<hr/> 333 <hr/>

276 of these infants survived until the end of 28 days.

In addition, 47 premature still-births were notified, 35 in hospital and 12 at home.



Two Queen Charlotte type oxygen tents have been kept available, one at King's Lynn and the other at Norwich. The one at King's Lynn was not required for any domiciliary case, but was loaned to the King's Lynn hospital on one occasion. The tent at Norwich was issued for four domiciliary premature births. In two cases the tent was not required, in the third case the infant died in spite of the use of the tent, and in the fourth case the infant survived.

#### ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

The County Council has no ante-natal or post-natal clinics. All domiciliary midwifery cases are referred to medical practitioner/obstetricians for the necessary examinations and reports and appropriate fees are paid. Where the home circumstances are unsatisfactory and cases are referred to hospitals for confinement, the patients attend the hospitals' ante-natal booking clinics.

An ever-increasing number of expectant mothers is taking advantage of the Maternity Medical Services available under Part IV of the National Health Service Act, with a consequent decline in the number dealt with under the Council's scheme. 52 women were examined ante-natally and 33 post-natally during the year, compared with 1,180 and 104 in 1947, the last full year before the introduction of the National Health Service.

#### INFANT WELFARE CENTRES.

The Council's scheme for "main" and "village" infant welfare centres was given in detail in the 1949 report. In 1952, it was decided that from 1st January, 1953, the two classifications should be dispensed with and that essential equipment should be provided for the former "village" centres. Two centres were closed during the year owing to low attendances, and three new ones were opened. 176 centres were operating at the end of the year.

The successful working of the arrangements at the centres depends largely upon the many interested persons who so readily give voluntary help which is gratefully acknowledged.

Details of attendances are:—

Number of first attendances of children under one year of age ... 3,532

Number of children who attended during the year who were born in:—

1953	...	...	...	...	...	2,738
1952	...	...	...	...	...	2,787
1951-48	...	...	...	...	...	4,575

---

10,100

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Total number of attendances ... 52,888

The Isle of Ely County Council has continued to provide facilities at the Wisbech centre for any mothers and young children living in the adjacent fringe area of this county.

#### VOLUNTARY CENTRES.

In addition to the Council's centres, there were 30 voluntary weighing centres. There were also 6 centres at R.A.F. stations, providing facilities for R.A.F. families. The station medical officer usually attends the latter centres and the Council arranges for the district nurse or health visitor to be present. No figures of attendances are available for either the voluntary weighing centres or the R.A.F. centres.



## WELFARE FOODS AND MEDICAMENTS.

Welfare foods are available at infant welfare centres at cost price, or free in necessitous cases. Medicaments are also available free of cost where recommended on medical grounds. No applications for the free supply of welfare foods were received during the year.

Details of the sales of welfare foods and of the issue of medicaments during the past three years are as follows:—

### WELFARE FOODS.

			1953	1952	1951
Dried Milk	...	(lbs.)	34,594	36,308	34,469
Cereals	...	(lbs.)	3,370	3,717	3,695
Strained Foods	...	(lbs.)	70	47	59
Powdered Soups	...	(tins)	96	24	—
Brestol	...	(lbs.)	16	33	39

### MEDICAMENTS.

Virol	...	(lbs.)	6,264	6,735	6,551
Maltoline and Iron	...	(lbs.)	2,340	3,579	4,237
Glucose D.	...	(lbs.)	674	650	506
Dextrin Maltose	...	(lbs.)	36	—	—
Lactagol	...	(lbs.)	5,359	5,713	5,548
C.L.O. and Malt	...	(lbs.)	567	531	217
Iron Tablets	...	...	80,500	65,500	70,200
Calcium Tablets	...	...	15,900	23,280	44,700
Vitamin C.	...	...	48,300	15,650	5,250
Adexolin Capsules	...	...	384	50	—
Adexolin Liquid	...	(c.cs.)	23,520	15,896	10,256
Halibut Liver Oil	...	(c.cs.)	43,125	44,230	46,645
Parrish's Food	...	(fl. ozs.)	1,800	1,830	2,950

## DENTAL TREATMENT.

The Senior Dental Officer reports:—

The serious understaffing of the Council's dental service continued until the latter part of 1953, when an encouraging improvement took place. There is now every reason to believe that in future all priority cases invoking the aid of this service will receive prompt and adequate treatment.

The following statistical report indicates clearly the county districts which, unfortunately, it has either not been possible to serve at all, or to serve only partially.

District nurses are advising expectant and nursing mothers under their care of the advantages of this entirely free service which will now be made more readily available to them.



DISTRIBUTION OF PRIORITY CASES TREATED DURING THE YEAR 1953.

Health Area.	Districts.	Expectant and Nursing Mothers		Pre-school Children	
			Total		Total
1	North Walsham U.D.	—		4	—
	Blofield & Flegg R.D.	3		10	
	Smallburgh R.D.	1	4	1	15
2	Cromer U.D.	—		1	
	Sheringham U.D.	—		2	
	Erpingham R.D.	1	1	—	3
3	East Dereham U.D.	—		—	
	Mitford & Launditch R.D.	—	—	—	—
4	Forehoe & Henstead R.D.	20		26	
	St. Faith's & Aylsham R.D.	19	39	42	68
5	Diss U.D.	—		—	
	Wymondham U.D.	—		—	
	Depwade R.D.	—		3	
	Loddon R.D.	7	7	8	11
6	Thetford M.B.	—		1	
	Swaffham U.D.	—		—	
	Swaffham R.D.	—		—	
	Wayland R.D.	2	2	—	1
7	Downham U.D.	—		—	
	Downham R.D.	—		—	
	Marshland R.D.	—	—	—	—
8	Hunstanton U.D.	—		—	
	Wells U.D.	—		2	
	Docking R.D.	—		1	
	Walsingham R.D.	—	—	3	6
9	King's Lynn M.B.	—		—	
	Freebridge Lynn R.D.	—	—	—	—
			53		104

## ANALYSIS OF CASES DEALT WITH.

	1952	1953
Expectant and Nursing Mothers ...	43	53
X-rays ...	—	1
Dentures ...	26	33
Fillings ...	42	44
Dressings ...	6	9
Extractions ...	215	210
Scalings ...	2	11
General anæsthetics ...	11	36
Pre-School Children ...	126	104
Advice ...	3	4
Fillings ...	1	10
Dressings ...	194	185
Extractions ...	210	215
General anæsthetics ...	26	49

## DAY NURSERIES.

There are no day nurseries in the county.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

No new registrations were made during the year. The five previous registrations with facilities for 40 children (two premises for a total of 8 children and three daily minders for a total of 32 children) were continued.

## BIRTH CONTROL.

Arrangements have continued with the Norwich Mothers' Clinic and the Cambridge Women's Welfare Association for the provision of constructive birth control facilities for Norfolk mothers.

## INFANT METHÆMOGLOBINÆMIA.

The water supply in respect of 383 artificially fed infants was investigated during the year. In 151 cases the water supply was considered to be unsafe and in all these a suitable alternative supply was found.

## V. MIDWIFERY SERVICES.

The Norfolk County Nursing Association, as the Council's agent, has continued to provide the domiciliary midwifery service.

5 whole-time midwives and 138 district nurse/midwives were employed at the end of the year.

## PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 263 midwives, 31 ceased to practise and at the end of the year there were 232 on the register compared with 238 at the end of the previous year. The Superintendent Nursing Officer and her assistants, acting as non-medical supervisors of midwives, made 349 visits of inspection during 1953.

## EMERGENCY MEDICAL AID.

The decline since 1948 in the number of cases in which it has been necessary for the midwife to summon medical aid, still continued. This is



largely attributable to the maternity services provided by medical practitioners under Part IV of the National Health Service Act. In comparison with the previous year the figures are:—

(a) *For domiciliary cases:—*

	1953	1952
(i) Maternity cases (where the medical practitioner had arranged to provide the patient with maternity medical services under Part IV of the National Health Service Act.) ... ..	93	90
(ii) Midwifery cases ... ..	75	129
	<hr/> 168	<hr/> 219

(b) *For cases in Institutions* ... .. 2 8

### CONFINEMENTS.

The midwives attended 3,178 domiciliary confinements either as midwives or as maternity nurses where the doctor was also in attendance. In addition, they attended at 176 miscarriages.

301 confinements were dealt with entirely by the midwives (no doctor booked) and of the 2,848 cases in which a doctor had been engaged, he was not present at the actual confinement in 1,575 (55%). In 29 cases a doctor was present at the confinement although he had not previously been booked.

Comparative figures for the past three years are given below:—

	1953	1952	1951
Attended by midwives:—			
Midwifery cases ... ..	1,876	1,914	2,059
Maternity cases ... ..	1,302	1,477	1,374
	<hr/> 3,178	<hr/> 3,391	<hr/> 3,433
Confinements in county homes	19	35	53
Confinements in hospital ...	1,517	1,507	1,427
Private confinement cases ...	387	380	449
	<hr/> 5,101	<hr/> 5,313	<hr/> 5,362
Visits made:—			
Maternity and midwifery ...	66,222	63,236	64,272
Ante- and post-natal ...	31,549	28,670	28,230

In addition, the domiciliary midwives attended 928 cases delivered in institutions but discharged before the fourteenth day.

### ANALGESIA.

128 of the 143 midwives employed by the Norfolk County Nursing Association are qualified to administer gas and air analgesia and 123 sets of apparatus are in use. 26 midwives employed in regional hospital board establishments and 4 employed in private nursing homes or in private practice are also qualified. Analgesia was administered by the Nursing Association's midwives in 2,217 cases (1,336 midwifery and 881 maternity) compared with 1,865 in the previous year. 5 cases were dealt with by midwives in private practice, acting as maternity nurses.



Pethidine was administered by domiciliary midwives in 1,354 cases (701 midwifery and 653 maternity) while private midwives dealt with 16 cases as maternity nurses.

#### OPHTHALMIA NEONATORUM.

3 cases were notified during the year in respect of 2 domiciliary confinements and 1 institutional. In no case was it necessary for the patient to be admitted to hospital and there was no apparent impairment of vision in any case.

#### PUERPERAL PYREXIA.

26 cases were notified in respect of 9 domiciliary and 17 institutional confinements. The necessary facilities for treatment were available in all cases.

### VI. HEALTH VISITING.

At the end of the year the staff consisted of 13 full-time health visitors, 2 of whom do not undertake school nursing duties. There were also 8 full-time school nurses.

It is estimated that the time devoted to health visiting duties was equivalent to the services of approximately 10 full-time health visitors, the balance being devoted to school health service work. In addition, 119 district nurse/midwives employed by the County Nursing Association devoted time to health visiting duties estimated to be equivalent to 21 full-time health visitors.

Although the Council is prepared to offer scholarships to suitable student health visitors, conditional upon their undertaking to work for at least two years in Norfolk after qualifying, no applications were received during 1953.

The work of the health visitors over the last five years is summarised below:—

Year.		Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1949	...	16,692	5,101	101,570	118,262
1950	...	14,466	4,720	91,347	110,533
1951	...	14,562	5,019	104,131	123,712
1952	...	16,667	5,747	118,627	135,294
1953	...	28,607	5,757	109,713	138,320

In addition, health visitors not employed solely on tuberculosis work paid 651 visits to tuberculous households.

The work of the tuberculosis health visitors is included in the section of the report dealing with tuberculosis.

### VII. HOME NURSING.

As for midwifery, the County Nursing Association acts as agent of the Council for this service. 4 nurses devoted the whole, and 138 district nurse/midwives a part of their time to these duties. It is estimated that the equivalent of 63 whole-time nurses are engaged on this service. Supervision is carried out by the Superintendent Nursing Officer and her assistants.



The numbers and types of cases assisted and the number of visits paid during the year were as follows:—

	No. assisted.	No. of visits.
Medical ... ..	7,209	125,360
Surgical ... ..	3,513	46,429
Tuberculosis ... ..	54	1,728
Other infectious diseases ... ..	25	151
Natural complications ... ..	144	1,443
Others ... ..	976	6,308
	<hr/> 11,921	<hr/> 181,419

4,386 cases were 65 years of age or over at the time of the first visit during the year and 1,142 were children under five years of age. 1,702 cases received more than 24 visits during the year.

Close co-operation has been established with the various hospitals to which Norfolk patients are admitted for treatment and domiciliary nursing care is arranged as necessary immediately a patient is discharged. This facilitates a quicker turn-over of hospital patients.

#### VIII. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

The Council's programme for building houses for district nurses has shown steady progress. The programme has been constantly reviewed in the light of the requirements of the various nursing districts and the willingness of urban and rural district councils to provide accommodation. Where the latter has not been possible, sites have been made available on housing estates by some housing authorities.

At the end of the year, the 142 district nurses employed in the county were accommodated as follows:—

- 17 in County Council houses
- 46 in District Council houses.
- 25 in houses rented by or leased to the County Nursing Association.
- 28 in their own houses.
- 26 in rooms or houses (other than Council houses) rented by the nurses.

#### IX. REFRESHER COURSES FOR NURSING STAFF.

During the year, the following courses were attended by members of the supervisory and district staff:—

- Midwives' Refresher Courses—Attended by 4 district nurse/midwives.
- Post-Certificate Course for Supervisors of Midwives—Attended by Deputy Superintendent Nursing Officer.
- Health Visitors' Post-Certificate Refresher Course—Attended by two health visitors.

In addition to the above courses, two successful Study Days were held. Various subjects were dealt with and a good percentage of the nursing staff in the county attended.

#### X. VACCINATION AND IMMUNISATION.

##### VACCINATION.

1,932 children under the age of one year were vaccinated during 1953. This represents 32.9% of the number of births notified and is practically the



same as for the two preceding years. This figure cannot be regarded as satisfactory. The advantages of vaccination are brought to the notice of parents through a leaflet supplied by the County Council, which is issued by the Registrar when the birth is registered, and medical officers, district nurses and health visitors also stress its importance on every possible occasion. The response is, however, uneven, varying between 63% in S.E. Norfolk and 17% in the west of the county.

The number of cases vaccinated or re-vaccinated during the year in the age groups prescribed by the Ministry of Health is given below:—

Age at which vaccinated.			Vaccination.	Re-Vaccination.
Under 1 year	...	...	1,932	21
1 year	...	...	156	4
2—4 years	...	...	117	48
5—14 years	...	...	128	124
15 years and over	...	...	218	581
			<hr/> 2,551	<hr/> 778

The low vaccination rate which has been evident since the passing of the National Health Service Act indicates that the general population is but poorly protected against smallpox and with the increasing use of air transport, the possibility of its introduction cannot be overlooked. It is indeed fortunate that visitors to countries where smallpox is endemic must produce certificates of recent vaccination against the disease.

#### DIPHTHERIA IMMUNISATION.

The effectiveness of immunisation against diphtheria is well illustrated by the fact that only 32 cases, none fatal, have occurred in this county during the past seven years. No case occurred in 1953. This very gratifying position does, however, make it more difficult to impress upon parents the need for the immunisation of their children in the first year of life. The fullest use is made of literature obtained from the Central Council for Health Education, and medical officers of welfare centres, health visitors and district nurses have continued their efforts to secure primary immunisation before the first birthday, the injections being carried out at the infant welfare centres or by the family doctors, at the parents' choice. Similarly, no efforts have been spared to bring to the notice of parents the need for reinforcing injections at the ages of 5 and 9 years or at intervals of four years after the primary injection. The following table shows the number of children given primary and reinforcing injections during the year and in 1952:—

	Immunised.		Given reinforcing injections.	
	1953.	1952.	1953.	1952.
Under 1 year	1,463	1,400	—	—
Aged 1	1,440	1,428	—	—
Aged 2	186	251	4	4
Aged 3	101	132	15	7
Aged 4	147	150	184	229
Aged 5—9	1,124	895	3,918	3,481
Aged 10—14	214	181	2,013	1,778
Total	<hr/> 4,675	<hr/> 4,437	<hr/> 6,134	<hr/> 5,499



The Ministry of Health has revised the annual return showing the number of children under 15 years of age who have been immunised at any time. The return has divided the children into those given injections during the five years 1949-53 and those given injections in 1948 or previously.

The figures are:—

	Under 1.	1—4.	5—9.	10—14.	Total.
Last injection in 1949-53	671	12,090	16,613	13,147	42,522
1948 or earlier ... ..			6,179	7,259	13,438
Estimated mid-year population ... ..	5,590	23,110	56,300		85,000

In view of the need for reinforcing injections at 4—5 year intervals, those who have not received any injection since 1948 cannot be regarded as fully protected. 12% of children under 1, 52.32% of those between 1 and 4 and 52.86% of those between 5 and 14, (50.02% of all children under 15) can therefore be regarded as fully protected. A further 15.8% were immunised prior to 1949.

## VACCINATION AGAINST WHOOPING COUGH.

During the year, Ministry of Health approval was received for the inclusion of vaccination against whooping cough in the Council's proposals under Section 26 of the National Health Service Act, 1946.

The Council now makes available to general practitioners and the Council's medical staff, the suspended pertussis and the combined suspended diphtheria pertussis vaccines. A satisfactory number of requests for these vaccines, particularly the combined one, has been received but at the end of the year the number of children who had completed courses of immunisation was small, as the scheme did not commence until June and three injections at monthly intervals are required to establish immunity.

Thanks are expressed to Professor Robert Cruickshank of the Fleming Institute of Microbiology for his advice concerning vaccines and technique. This has been particularly valuable concerning the age at which children may be immunised with the combined diphtheria pertussis vaccine which, it has now been established, can safely be used when a child attains the age of three months. This is particularly important as whooping cough is much more dangerous during infancy.

## XI. AMBULANCE SERVICE.

### INFECTIOUS DISEASE TRANSPORT.

Although the Council's general ambulance service has been provided by the voluntary organisations on an agency basis since July, 1948, the Council continued to administer a direct infectious disease transport service. The infectious disease transport consisted of one ambulance at King's Lynn, serving the west of the county, and one ambulance and one car at East Dereham, serving the central and eastern parts of Norfolk. This has not been altogether satisfactory and during the year the voluntary organisations agreed to incorporate the infectious disease service within the framework of the general ambulance service arrangements, using separate vehicles based at Norwich and King's Lynn. This has been in operation since August, 1953, and is a much more convenient arrangement, particularly from the point of view of the hospitals and medical practitioners.



## GENERAL AMBULANCE SERVICE.

The general ambulance service continued to operate under the agency agreement with the voluntary organisations as outlined in the 1948 report but revised financial arrangements were introduced during the year. These provide for a block grant to be paid to the Joint Ambulance Advisory Committee for distribution to the various local ambulance committees. The grant is based on the previous year's running costs and is subject to annual review. The car service rate has remained at 7½d. per mile with the proviso that the rate for non-commercial drivers should be reduced to 6d. per mile after 800 miles in any month.

### AMBULANCES.

The demands upon the ambulance service continued to show the slight average monthly increase which has been apparent since the inception of the service in July, 1948. There was a sharper rise in 1953 than for several years, but this is attributed in part to the transfer to the agency service of infectious disease transport (mentioned above) which averaged 20 cases per month, and in part to revised arrangements with the Norwich Authority (referred to more fully in a succeeding paragraph) which averaged a further 20 ambulance cases per month. Average monthly figures for the past 5½ years are:—

				Patients.		Mileage.
1948	...	...	...	586	...	17,563
1949	...	...	...	655	...	18,389
1950	...	...	...	737	...	20,810
1951	...	...	...	751	...	21,252
1952	...	...	...	798	...	20,815
1953	...	...	...	886	...	22,936

During 1953 the ambulances conveyed 10,631 patients and the total mileage was 275,334.

### CAR SERVICE.

The demands for car service transport continued to increase at an alarming rate and the Health Committee gave earnest consideration to the need for calling a halt to this progressive increase which, it is appreciated, is also a national problem. General practitioners and hospitals have been frequently consulted and their renewed co-operation has been invited in an all-out effort to stabilise the service at a reasonable level by ensuring that only persons who, *for medical reasons*, are unable to travel by public transport, are conveyed to the *nearest* treatment centres. The figures for the last four years are:—

				Patients.		Mileage.
					Monthly average.	
1950	...	...	...	2,761	...	87,563
1951	...	...	...	2,494	...	80,230
1952	...	...	...	2,904	...	89,197
1953	...	...	...	3,753†	...	105,975

† Includes 230 cases conveyed in returning vehicles under new arrangements with Norwich Authority.

### MUTUAL ASSISTANCE ARRANGEMENTS.

While the official rate of 2/- per mile for ambulances and 9d. per mile for cars has remained under the national agreement, certain ambulance authorities have found it necessary to charge for mutual assistance journeys at much



higher rates in accordance with their actual running costs. This Authority, however, continued to charge 2/- and 9d. per mile respectively.

#### NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

The arrangements with the Norwich Authority to utilise more fully Norfolk vehicles bringing patients to the Norwich Hospitals for the discharge of patients from these hospitals, were detailed in the 1952 report. A trial period of three months revealed that a considerable saving had been effected and the arrangements were placed on a permanent basis. To facilitate the reporting in of vehicles, a direct telephone line was installed between the Norfolk and Norwich Hospital and the control room at this headquarters. The drivers also telephone just before leaving the hospital to cover any late discharges. It is very gratifying to record that of 4,796 Norfolk cases (867 ambulance and 3,929 car) who were discharged from the Norwich hospitals during 1953 and were medically unfit to travel by public transport, 3,054 cases (268 ambulance and 2,786 car) were conveyed in Norfolk returning vehicles at little or no additional expense. A further 266 cases were conveyed in Norfolk vehicles at the request of the Norwich Authority and only 1,476 Norfolk patients (479 ambulance and 997 car) were conveyed in Norwich Authority vehicles at 2/10d. per mile for ambulances and 1/7d. per mile for cars. It is impossible to estimate the actual amount saved by this arrangement, but it is obviously very considerable and the appropriate item in the estimates was reduced by £2,500 as a direct result.

#### XII. PREVENTION OF ILLNESS, CARE AND AFTER-CARE. TUBERCULOSIS.

There has been no change in the scheme for the care and after-care of tuberculous patients. Dr. W. B. Christopherson retired after many years' service in East Norfolk and Dr. A. H. C. Couch was appointed to fill the vacancy. The joint-user arrangement between the Council and the East Anglian Regional Hospital Board has worked very satisfactorily.

##### B.C.G. VACCINATION.

This has continued to a limited degree for those in actual contact with the disease and also for school leavers in the King's Lynn area of West Norfolk under the special pilot scheme detailed in the 1950 report. The Health Committee is, however, to consider the suggestion made by the Ministry of Health in Circular 22/53 of 5th November, 1953, that it might now be considered advisable to extend B.C.G. vaccination facilities to school leavers.

Vaccination was carried out in 404 cases as follows :—

Age groups	0 - 4	5 - 15	16 and over
	53	317	34

##### TUBERCULOSIS HEALTH VISITORS.

The two tuberculosis health visitors continued to attend all chest clinics, averaging 47 sessions per month. In addition, 2,710 domiciliary visits were made.

##### REVOLVING SHELTERS.

Four shelters surplus to requirements were disposed of during the year. At the end of the year 64 were in use and 48 in store.



### EXTRA NOURISHMENT.

45 patients were supplied with maltoline and iron, and 6 with cod liver oil, free of charge, on the recommendation of the chest physicians. 54 cases were supplied with milk as their financial circumstances precluded them from obtaining this in sufficient quantity.

### REHABILITATION.

The importance of placing tuberculous persons in alternative employment when they are unable, after treatment, to follow their normal occupation, has been stressed in recent years. The Council has agreed to pay rehabilitation fees at colonies for cases recommended by the chest physicians and accepted as suitable by the colonies. At the end of the year, 10 were being rehabilitated, 5 at Papworth Village Centre, 2 at the Enham-Alamein Village Settlement, and 3 at Preston Hall, Maidstone.

### NOTIFICATIONS.

224 cases (170 pulmonary and 54 non-pulmonary) were reported by formal notification during the year. The number of notifications and case rates per 1,000 population during the past five years are :—

Year.	No. of pulmonary cases.	Case-rate.	No. of non- pulmonary cases.	Case-rate.
1949	218	0.62	91	0.25
1950	232	0.64	91	0.26
1951	226	0.60	93	0.25
1952	239	0.64	71	0.19
1953	170	0.45	54	0.14

### MORTALITY.

Figures for the same five years are :—

Year.	No. of pulmonary cases.	Death-rate.	No. of non- pulmonary cases.	Death-rate.
1949	100	0.28	13	0.04
1950	72	0.19	12	0.03
1951	56	0.15	9	0.02
1952	35	0.09	14	0.04
1953	24	0.06	2	0.005

At the end of the year, there were 1,362 cases remaining on the register :

	Male.	Female.	Total.
Pulmonary ...	689	559	1,248
Non-Pulmonary ...	55	59	114
	<hr/> 744	<hr/> 618	<hr/> 1,362

### REPORTS OF CHEST PHYSICIANS.

Dr. A. H. C. Couch, the chest physician for the eastern half of the county, reports :—

"The retirement of Dr. Christopherson in August, 1953 is a great loss to East Norfolk, where for many years he has provided an extremely efficient Chest Clinic service. The relatively favourable position in East Norfolk



with regard to tuberculosis is largely due to Dr. Christopherson; he will be greatly missed by both patients and colleagues.

The number of deaths from tuberculosis shows a further fall; this is a reflection of the greater therapeutic resources now available. Inevitably this means the survival of patients who are potential sources of infection; their continued supervision and education is thus of even greater importance than hitherto.

The rise in the number of new cases notified does not necessarily mean an increase in the amount of tuberculosis, and it is hoped that it indicates an improvement in case-finding methods, so that more hitherto undetected cases of tuberculosis are discovered.

#### *Function of Chest Clinic.*

The work of the Chest Clinic as it affects the Public Health Department is concerned with the prevention, care and after-care of tuberculosis. This is, of course, inseparably bound to the other functions of the Clinic, namely the detection and treatment of all forms of chest disease.

One of the main methods of finding new cases of pulmonary tuberculosis is with the help of the family doctor. This work is aided by the provision from September, 1953 of an open chest X-ray service available to all family doctors without prior appointment. By this means any patient in whom there is any suspicion of chest disease can be readily X-rayed and disease detected sooner.

In this region there is no great delay in obtaining in-patient treatment for all patients suffering from tuberculosis, who are suitable for admission. Contact examination continues to be a fruitful source of case finding; every effort is made to give B.C.G. to all tuberculin negative contacts."

Dr. G. F. Barran, the chest physician for the western half of the county, reports:—

"It is again satisfactory to report that in West Norfolk, the disadvantages, frequently expressed, of the divorce of the curative from the preventative aspects of tuberculosis, inherent in the 1948 Act, have been very largely overcome by the close liaison that exists between the Medical Officer of Health and the Chest Physician.

#### *Mortality.*

Infectious diseases are subject to periodic cycles of variation in incidence and in severity, and complacency is never justified; nevertheless, some satisfaction can legitimately be obtained from the recent precipitate fall in the tuberculosis death rate. The mortality figures for pulmonary tuberculosis show a further substantial decrease of one-third over the unprecedently low figures of the preceding year, and the fact that only two deaths from non-pulmonary tuberculosis were recorded in the County during the year is a most striking improvement.

In the past, much of the fall in mortality has been attributed, quite rightly, to the improved living conditions of the people and this factor no doubt is still playing a considerable part, but daily clinical observation makes it abundantly clear that the dramatic improvement in the past five years is largely the result, at last, of modern drugs of proved value, together with the greater use of curative surgical measures. There is much still to be learned of the proper employment of these new weapons but a greater understanding of their use, acquired from further experience, augurs well for the future.



### *Incidence.*

Mortality rates, however, give no indication of the degree of suffering from the recognised cases of the disease known to the Chest Clinic, for unless the incidence of the disease shows a commensurate reduction, the number of persons with tuberculosis still requiring care and attention inevitably increases.

Whilst notification figures are well-known to be a most misleading indication of true incidence, owing to wide variations in the criteria for notification, it has been clear in recent years that the number of new cases arising has not shown any fall to accompany the reduction in the number of deaths. It is, therefore, gratifying to note that in 1953 the figures suggest also an appreciable fall in incidence, the number of new cases notified in the County falling from 310 to 224. Too much should not be read into the figures for any one year, but if the improvement is maintained it would indicate an important move in the direction of bringing tuberculosis under control.

### *Housing.*

It is pleasing to report that Housing Committees continue to be most helpful in making every endeavour to provide accommodation for tuberculous families living in over-crowded or otherwise unsatisfactory conditions. There are, however, on the clinic register, patients small in number but great in necessity who are sufferers with infective tuberculosis and who are homeless individuals. In a scattered rural area, the solution of hostel accommodation, practical in an urban community, is less easy to bring about and the problem is one to which attention might well be paid.

### *Rehabilitation.*

The placing in suitable employment of tuberculosis patients continues to have the helpful and energetic co-operation of the Disablement Resettlement Officers. For those requiring sheltered work, the Village Settlement is of some assistance but the help that the colony could give would be greatly increased if the authorities concerned could see their way to retaining the chronic open case who, though not capable of a full day's work is a danger to the community by reason of his infectivity and should not be put on the discard as completely unemployable.

### *Contact Examination.*

This valuable method of case finding continues to be actively employed. 1,325 examinations were made during the year of which 306 were contacts of recently notified cases. As a result of the examinations made, 3 new cases were diagnosed.

The advent of a photo-fluoroscopic radiographic unit in King's Lynn taking miniature films has facilitated the attendance of people for examination, but the numbers seen would show a considerable increase if the facilities for transport in the County were better. Under existing conditions, a man often has to give up a day's work and suffer the consequent financial loss to attend, when he feels in perfect health; this is a considerable demand on his sense of the need for attendance.

### *Mass Radiography.*

The Unit based in Norwich visited Swaffham in May, 1953. 1,549 volunteers came forward, three of whom required further observation but no



case of active pulmonary tuberculosis was found. A more extensive programme has been planned for 1954.

#### *Vaccination with B.C.G.*

Vaccination continues to be used for the protection of student nurses, medical students, other hospital workers and for the contacts of tuberculous patients. The numbers concerned were:—nurses and hospital workers 16, contacts 108. Vaccination continues to be readily accepted and there has been no instance of refusal when the protection was advised. No complications of any kind have arisen.

#### *The School Child.*

In spite of the lack of complete statistical evidence as to the value of B.C.G., it is clear that in this country the great majority of those concerned in tuberculosis prevention have accepted the vaccine as capable of increasing the resistance of the individual to the disease. This fact has been recognised by the Ministry of Health in the arrangements already made for the protection of student nurses, medical students and contacts. The problem now arises as to whether the vaccine should be made available for other groups of persons at risk and attention has been focussed particularly on the school child.

Although accepting the wisdom of making the vaccine available for the adolescent, it was clear that there might be certain administrative and technical difficulties which would make its general adoption in the schools impracticable. Arrangements were therefore made in 1951 for a pilot scheme to be introduced into the schools in King's Lynn. This was greatly facilitated by the active participation of the Medical Officer of Health for the Borough, for whose assistance most grateful acknowledgment is made.

The first complete year for which figures are available is 1952 and the experience thus gained was supplemented in 1953. Four principal schools were involved, a Boys' Secondary Modern with approximately 160 leavers a year, a Girls' Secondary Modern with 150 leavers, a Girls' High School 65, and a Boys' Grammar School 75. Care was taken to obtain the full co-operation of the teaching staff for what must appear to be a considerable encroachment on school activities. Assistance was most readily forthcoming.

The appeal for volunteers was made either by one of the teaching staff or by the Chest Physician, and an explanatory leaflet, together with a consent form, was given to each child to take home.

The percentage response for the two complete years was, Girls' Modern 53.5, Boys' Modern 67.3, Grammar School 92.65 and High School 81.85, the figures for 1953 being an improvement on 1952. The response in the Modern Schools, no doubt due to some difference in homes from which the children were drawn, was to some extent disappointing but in the light of the experience gained, it is expected that the figures for 1954 will show improvement. It should be mentioned, however, that the offer of the vaccine was not advertised and no extravagant claim of its effectiveness was made.

Originally, visits were made to the schools twice a year, but it was later realised that if the testing and vaccinations were performed in the autumn term and those offered included all children who would have reached the age of fourteen by October 1st, one visit only would be sufficient.

The tuberculin test employed was the Mantoux, using one tuberculin unit (1 T.U.) of old tuberculin for the preliminary test, 10 T.U. for the subsequent doubtful reactors and 100 T.U. for those reacting negatively. In view of the fact that it is now generally recognised that an appreciable number of reactions



to 100 T.U. are due to non-tuberculous allergy, a modification is in future to be made and the second test is to be of 10 T.U. Furthermore, Purified Protein Derivative (P.P.D.) is to be used as the tuberculin of most constant potency, and as being free, as far as possible, of impurities.

The percentage of those tested and found negative to 100 T.U. was, Girls' Modern 42.55, Boys' Modern 31.5, High School 35.3, Grammar School 47.1. The figures are approximate only, as a certain number of children over the age of 14 were included at the High School and at the Grammar School. All negative reactors were vaccinated and by the subsequent tuberculin test of 10 T.U., all converted. No complication of any kind was encountered and although the final healing was in some cases sufficiently protracted to cause some of the girls to ask for vaccination on the thigh, no adverse comment on the part of child, parent or school authority was made.

The total numbers of children vaccinated under this scheme for the years 1951, 1952, 1953 were 63, 139 and 164 respectively.

The time required to cover the four schools, all conveniently situated, involved six sessions of approximately three hours each, on the part of the vaccinator. An assessment of fifty hours of work for the clerical assistant was made, which included the hours of attendance at the vaccination session for the marshalling of the children and the recording of the results.

Whilst, owing to lack of suitable radiological facilities, it was not possible to submit all the positive reactors to an X-ray examination, such an examination is an important subsidiary part of the investigation and should, wherever possible, be included; thus the B.C.G. programme becomes integrated with other preventative measures.

From the experience gained, there is no reason to doubt that further extension of the use of the vaccine to other areas in the County would offer any difficulty. It is important to realise, however, that although the technique is a simple one, it does require considerable practice in its application and an intimate knowledge of what can and what cannot be expected of the vaccine. When, therefore, introduced into the schools, it should be under the very careful supervision of a Chest Physician. If this is not done, then the preliminary testing may be inaccurately performed and the vaccine may well receive an unfavourable reception by the public. B.C.G. vaccination should not, therefore, be introduced without first ensuring the ability of the Chest Physician to supervise very closely the work and without full administrative and clerical assistance being available."

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Details of this scheme, arranged in accordance with Ministry of Health circular 64/50, were given in the 1950 report. 156 x-ray examinations were made during the year, 52 by the mass radiography unit and 104 by private radiologists.

#### VENEREAL DISEASE.

The follow-up scheme for venereal disease, detailed in the report for 1949, has continued. The number of cases referred remains small.

#### PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross and the St. John Ambulance Brigade act as agents of the Council for the loan of nursing equipment. 136 depots were available throughout the county and 2,242 patients took advantage of the scheme during the year.



The ready co-operation of the voluntary organisations in this scheme is acknowledged by the Council with thanks to the voluntary personnel at the various depots.

One dunlopillo mattress was purchased by the Council and loaned to a patient.

#### RECUPERATIVE HOMES.

As stated in the report for 1949, the Council has authorised the admission of persons to voluntary convalescent homes which provide for rest, fresh air, and good food, but not medical or nursing care. During the year, arrangements were made for an infant to have a prolonged stay at the Dedisham Children's Nursery Home, while two mothers and their young children were sent to Spofforth Hall. Periods of two weeks' recuperative convalescence were also provided for two persons at Hunstanton Convalescent Home, for one at the Lowestoft Home and one at the W.V.S. Home at Elmleigh.

#### XIII. HOME HELP SERVICE.

This service continued to expand during the year, due largely to the "snowball" effect of "old age" and "sickness" cases requiring continuous service for prolonged periods. The arrangements made in 1950 to restrict expenditure by limiting the number of hours per type of case were continued and played a useful part in controlling expenditure. Nevertheless, the annual rate of expenditure of £36,000 at the beginning of the year had, by the end of October, reached an annual rate of £47,000 and the Health Committee decided to limit this expenditure to £45,000 for the financial year 1953/54 and to a somewhat lower figure in the following financial year. This decision was reached only after a special sub-committee had considered detailed reports. This sub-committee also met the field staff responsible for the administration of the service to exchange views and to discuss ways and means of effecting the reduction.

The National Assistance Board is to be approached regarding cases in the very low income groups who are receiving only a few hours' service per week.

The following details show the increasing number of cases assisted during the past three years:—

			1953.	1952.	1951.
Maternity ...	...	...	340	316	342
Tuberculosis ...	...	...	33	24	16
Other ...	...	...	1,101	966	887
			<hr/> 1,474	<hr/> 1,306	<hr/> 1,245
Home helps employed:—					
Whole-time ...	...	...	10	10	11
Part-time ...	...	...	32	23	26
Occasional ...	...	...	398	299	249
			<hr/> 440	<hr/> 332	<hr/> 286

TABLE 4.

## HOME HELP SERVICE

Summary of the duration of cases assisted during the period 1st January to 31st December, 1953.

Type of case.	Cases assisted up to																	Hours of service provided.	Percentage of total service.	Total cases assisted.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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The wages of home helps were increased from 2/2½d. to 2/3d. per hour by a national wages award announced in January, 1953, retrospective to 29th November, 1952, and to 2/3½d. per hour from 23rd October, 1953.

One whole-time home help organiser, responsible for the general administration of the scheme, supervision of home helps, and the investigation of special cases referred from local health areas, is employed by the Council. The day-to-day administration of the scheme is carried out at the local health offices.

Table 4 shows the duration of cases assisted during the year, the number of cases assisted and the hours of service provided.

#### XIV. MENTAL HEALTH.

##### ADMINISTRATION.

###### COMMITTEE.

The Mental Health Sub-Committee continues to meet monthly when matters of policy and the need for action in individual cases are considered. Members of the Sub-Committee include representatives of voluntary organisations. The resignation on health grounds of Mr. Colin McLean as Chairman was a great loss to the Sub-Committee as he had served in that capacity since July, 1948, and was previously Chairman of the Mental Deficiency Acts Committee for many years, taking a great interest in the work and the welfare of patients.

###### STAFF.

(a) *Medical.* During the year, Dr. A. S. Carey succeeded Dr. W. W. Sinclair as the responsible medical officer for mental health, examining cases and carrying out appropriate tests whenever necessary. The Consultant Psychiatrists of the Regional Hospital Board are freely available for consultation and difficult cases are referred to them for advice. The following medical officers are now approved by the Council for the purpose of giving certificates under the Mental Deficiency Acts:—

DR. J. V. MORRIS

DR. R. C. MACGILLIVRAY

DR. F. BLAKE

DR. A. S. CAREY

(b) *Non-medical.* The superintendent welfare officer is responsible for day-to-day administration and supervision of the work of the psychiatric social worker and the local welfare officers (duly authorised officers). The psychiatric social worker holds the Social Science Diploma of the London University and the superintendent welfare officer and many of the local welfare officers hold the Relieving Officers' Certificate and have wide knowledge and experience in mental health work. One of the supervisors of the two occupation centres holds the Diploma of the National Association for Mental Health and the other was a teacher at a primary school for many years prior to her appointment. One of the two home teachers was previously a supervisor of an occupation centre and is Montessori trained, whilst the other has had many years of experience in handicraft work and voluntary service in the Girl Guide movement.



#### PROFESSIONAL STAFF.

Medical Officers ... ..	1 (part-time)
Psychiatric Social Workers ... ..	1 (full-time)
Duly Authorised Officers holding combined appointments as Local Welfare Officers (including Superintendent and Deputy at Headquarters) ... ..	18 (part-time)
Occupation Centre Supervisors ... ..	2 (full-time)
Assistants at Occupation Centres ... ..	2 (full-time)
Home Teachers ... ..	2 (full-time)

(c) *Training of Staff.* The supervisor of the Sprowston Occupation Centre attended a refresher course at Birmingham organised by the National Association for Mental Health. A number of the duly authorised officers attended regularly at St. Andrew's Mental Hospital (by kind invitation of Dr. W. J. McCulley, the Medical Superintendent) when lectures and discussions on various aspects of mental illness were given.

#### CO-ORDINATION WITH THE REGIONAL HOSPITAL BOARD.

The close co-ordination and co-operation with the Regional Hospital Board which has been referred to in previous reports has continued. There is a ready exchange of views, and consultations take place whenever necessary with the medical and other professional staff at the hospitals who make use of the Council's staff in the after care of patients, the supervision of cases on licence and for all types of reports.

#### DELEGATION TO VOLUNTARY ASSOCIATIONS.

No delegation of duties has been made to voluntary associations but there is a close liaison and consultations are held whenever necessary.

#### ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

##### UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

(a) *After-care.* After-care work has continued to be undertaken by the Council's staff in cases referred from the two mental hospitals. Details of the previous history of the cases are received from the medical superintendents and reports are submitted to them on the progress of patients and on action taken to re-establish the persons concerned in the community. A very great deal of useful work has been undertaken under this heading as the Council's officers, by reason of their knowledge of local conditions, are able to assist and advise patients in regard to employment, accommodation, social activities, etc. During the year, over 2,000 visits were made. The psychiatric social worker deals with the more specialised cases and in one particular case of a young girl estranged from her parents was successful in keeping her in the community by continuation of day school in school term and by employment in school holidays until ultimately school certificate was taken, following which the young lady concerned was accepted by the W.R.A.F. after personal interview between the psychiatric social worker and the recruiting officer.

(b) *Prevention.* Very little active work has been done in this field but the question of the early referral of cases is continually in mind and the local welfare officers are encouraged to ensure that when cases come to their notice, arrangements are made, in conjunction with the patient's doctor, for attendance at a psychiatric out-patient clinic.



## UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The catchment areas of the two mental hospitals remain as previously and the medical superintendents welcome case liaison with the local welfare officers who discuss the action appropriate to a particular case with the general practitioner. As a result, in a very large number of cases, admission on a voluntary basis is arranged where certification would have been the procedure some years ago. It is interesting to note that during the year voluntary patients accounted for 78% of all admissions. A number of cases are dealt with under Sections 20 or 21 in the first instance and the great majority of these patients ultimately become voluntary patients.

*Aged Persons—Senile Dementia.* The problem of the certification of aged persons continues. We are fortunate in having a separate establishment (The Vale Hospital, Swainsthorpe) set aside for this purpose but the accommodation is never sufficient to meet the need and throughout the year there has been a waiting list. Additional accommodation is urgently needed. The matter was discussed at a conference with the medical superintendents when it was stated that the principal problem is lack of capital to commence new schemes. Each case of senile dementia is referred to the medical superintendent of Hellesdon Hospital who controls the admissions to The Vale Hospital. The welfare officers submit social history reports in order that priority can be determined, but it is to be regretted that, in a number of cases, beds could not be made available even in extreme urgency, and certification was necessary.

## UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

(a) *Ascertainment.* The majority of cases ascertained are those notified by the Education Committee under Sections 57(3) and 57(5) of the Education Act, 1944. Additional cases come to light from general practitioners, local welfare officers, and district nurses, whilst others are brought to notice through the Courts, by reference from the mental hospitals and in various other ways. Each case is considered by the Mental Health Sub-Committee and a decision made for placement under statutory or friendly supervision, the latter method being applied more frequently than in previous years.

(b) *Supervision.* Visits to mental defectives under statutory or friendly supervision are made by the local welfare officers, and assistance and advice to parents and relatives is given. The psychiatric social worker deals with a number of specialised cases. Defectives of school age under statutory supervision and those attending full-time occupation centres receive periodical medical examinations by the Council's medical staff and extra nourishment is provided where necessary. This group is thus brought into line with children attending ordinary schools.

The Council's youth employment officer is informed of every new case arising under Section 57(5) and the local welfare officers maintain close contact with the local offices of the Youth Employment Service in the matter of obtaining suitable employment for those defectives who are capable of work.



(c) *Accommodation—Waiting List.* It is a matter of grave concern that the Regional Hospital Board is still unable to provide beds for urgent cases and there was little change during the year in the number of low-grade defectives awaiting admission. A conference was held with the medical superintendents of the hospitals when this matter was fully discussed and the difficulty of the Board in meeting all their obligations on the restricted capital monies available was appreciated but it was suggested that some temporary accommodation should be provided. This suggestion was not acceptable for various reasons but particularly because at Little Plumstead Hospital two low-grade villas have been authorised for erection and construction work was well in hand at the end of the year. It is anticipated that during 1954 the great majority of the low-grade cases who have been on the waiting list (some for as long as 7 years) will be accommodated. Details of the waiting list are given in the statistical portion of the report and it will be seen that the figures show very little reduction excepting in the feeble-minded group. There is little doubt that the retention of these cases in their homes creates anxiety problems and family disturbances with consequent mental ill-health of other members of the family.

(d) *Guardianship.* Now that financial grants to guardianship cases are made by the National Assistance Board, it is the exception rather than the rule to place cases under guardianship, the system being mainly used when patients have been on licence from Little Plumstead Hospital for some considerable time and it is felt that they should be given a chance to re-establish themselves in the community but need the protection and guidance which guardianship offers. The system inaugurated during 1952 of appointing the Council's officers to act as guardians has been extended during the year. This arrangement seems to be well worth while and is especially helpful when relatives are not really capable of acting as guardians or the home conditions are not ideal.

(e) *Admission for temporary care.* For many years, Dr. J. V. Morris, the medical superintendent of Little Plumstead Hospital, has accepted patients for temporary care and the official recognition of this system by the Ministry of Health under Circular 5/52 has been very welcome. Without the ability to admit cases for short periods to give parents a rest or a holiday or to afford temporary treatment, the problems of the waiting list would be greater than they are, and we are indeed indebted to Dr. Morris for his co-operation in this matter.

(f) *Occupation and Training of Defectives.* (i) *Occupation Centres.* The two full-time occupation centres at Sprowston and King's Lynn have continued to operate very satisfactorily. In addition, six children from Norfolk attend the Great Yarmouth Occupation Centre by arrangement with that Authority. The children attending vary in age from 6—18. At the latter age, each case is reviewed as to whether continued attendance is justified for any special reason, otherwise the child ceases attendance and is referred



for home teaching. The King's Lynn and Great Yarmouth Centres were affected by the East Coast floods and the King's Lynn Centre was closed for a week, during which time it was in use as a mortuary.

The "Open Days" held at the centres just before Christmas were well attended by parents and friends who were very impressed with the standard of training and care given. The sale of articles made by the defectives attending was very successful at both full-time centres, the parents being very appreciative of the hand-work produced. A number of children are unable to attend the full-time centres owing to the distance they live from the centres and during the year the Mental Health Sub-Committee carefully considered as to whether further facilities (particularly at Cromer, Attleborough and Downham Market) should be provided. It was decided, however, to take no action owing to the cost of transport which would be involved in any extension of the scheme. The matter is to be reviewed at a later date, but in the meantime a system of home teaching is being used, covering the whole of the county so far as practicable. With young children, training in their own homes is not satisfactory and the day occupation centres described below do not by any means fully meet the need.

Children attending the occupation centres and day centres were given a spoon and gift card as a souvenir of the Coronation of H.M. Queen Elizabeth II.

(ii) *Home Teaching and Day Occupation Centres.* The two home teachers are now dealing with 137 home teaching cases and also operate 3 day occupation centres each.

The home teaching scheme is functioning extremely well and some very good handicraft work is being produced. The defectives are encouraged to dispose of the articles they make and after paying the Council for the actual cost of materials used, any small profit is retained by the defectives which gives some encouragement in their work. It is interesting to note that during the year the Council received from the sale of craft materials the sum of £234, which is a much greater return than was anticipated when the scheme was introduced.

The day occupation centres are only held once each fortnight, the children being conveyed to the centres by the home teachers in their own cars. Voluntary or paid assistance is provided and the curriculum is somewhat similar to that at full-time occupation centres. It would be much more beneficial if these centres could be held more frequently, but with the present staff this is quite impossible. Even with fortnightly attendances the children undoubtedly receive some benefit from their training and the scheme also provides some slight relief for the parents.



# MENTAL HEALTH STATISTICS at 31st December, 1953

(For the purpose of comparison, the figures at 31st December, 1952 are shown in brackets.)

## 1. MENTAL PATIENTS.

### (a) In-patients.

#### (i) In hospitals.

Name of hospital	Norfolk patients.							
	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	297(301)	501(497)	159(133)	179(163)	—(—)	—(—)	456(434)	680(660)
Hellesdon Hospital ...	38(33)	76(69)	21(28)	62(66)	—(—)	—(—)	59(61)	138(135)
Other hospitals ...	1(1)	7(7)	4(3)	2(—)	—(—)	—(—)	5(4)	9(7)
Totals ...	336(335)	584(573)	184(164)	243(229)	—(—)	—(—)	520(499)	827(802)
TOTAL ...							1347(1301)	

(ii) Senile dementia cases (uncertified) in the Vale Hospital, Swainsthorpe... 107(111)

TOTAL mental patients in hospitals in the county:—

(a) (i) & (ii) ... 1,454(1,412)

In-patient rate per thousand, based on Registrar-General's estimate of population of the county—June, 1953—  
 $374,800 = 3.87(3.78)$

#### (b) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	40(31)	63(58)	128(116)	177(196)	—(—)	—(3)	168(147)	240(257)
Hellesdon Hospital ...	15(11)	21(38)	72(69)	127(135)	—(—)	—(—)	87(80)	148(173)
Other hospitals ...	—(1)	—(2)	4(4)	5(4)	—(—)	—(—)	4(5)	5(6)
Totals ...	55(43)	84(98)	204(189)	309(335)	—(—)	—(3)	259(232)	393(436)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							19(29)	13(27)
TOTAL ADMISSIONS ...							278,261	406(463)
GRAND TOTAL ...							684(724)	



(c) *Discharges during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	32(34)	36(89)	84(103)	149(183)	— (—)	— (3)	116(137)	185(275)
Hellesdon Hospital ...	5 (3)	7 (7)	75 (52)	122 (92)	— (—)	— (—)	80 (55)	129 (99)
Other hospitals ...	— (—)	— (—)	3 (4)	3 (5)	— (—)	— (—)	3 (4)	3 (5)
Totals ...	37(37)	43(96)	162(159)	274(280)	— (—)	— (3)	199(196)	317(379)

(d) *Deaths during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	12 (9)	23(20)	18 (9)	12 (9)	— (—)	— (—)	30(18)	35(29)
Hellesdon Hospital ...	5 (2)	7 (5)	4 (3)	9 (5)	— (—)	— (—)	9 (5)	16(10)
Other Hospitals ...	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)
Totals ...	17(12)	30(25)	22(12)	21(14)	— (—)	— (—)	39(24)	51(39)

(e) *Uncertified senile dementia cases who died or were discharged during the year* ...

...	21(23)	15(23)
Total deaths and discharges ...	259(243)	383(441)
	642(684)	

(f) *Number of discharged patients referred by the hospitals during the year for after-care—*

By Council's own staff ...	233(230)
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2. MENTAL DEFECTIVES.

(a) *Certified cases in institutions.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	248(249)	349(341)	597(590)
Beckham House County Home ...	5 (5)	— (—)	5 (5)
Pulham Market County Home ...	(—) —	14 (15)	14 (15)
Riversfield House, St. Neots ...	3 (3)	1 (1)	4 (4)
Others ...	37 (36)	23 (22)	60 (58)
Totals ...	293(293)	387 (379)	680(672)

	Male.	Female.	Total.
(b) <i>Ascertained but uncertified cases in former public assistance institutions</i>	40 (40)	57 (54)	97 (94)

(c) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	92 (94)	71 (74)	163(168)
(ii) 16 years of age and over ...	237(220)	200(194)	437(414)
Totals ...	329(314)	271(268)	600(582)
Number of cases under friendly supervision ...	72 (53)	49 (40)	121 (93)
Number of cases under guardianship ...	16 (14)	15 (16)	31 (30)
Number of cases reported but not yet dealt with ...	5 (2)	4 (5)	9 (7)
GRAND TOTALS ...	422(383)	339(329)	761(712)

TOTAL cases in the county—(a), (b) and (c) ... 1538(1478)

Rate per thousand based on Registrar-General's estimate  
of population of the county—June, 1953—374,800=4.10(3.79)

(d) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944 ...	16 (18)	11 (11)	27 (29)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944 ...	30 (33)	10 (21)	40 (54)
(iii) Other cases reported and ascertained as mental defectives ...	15 (20)	17 (26)	32 (46)
Totals ...	61 (71)	38 (58)	99(129)



(e) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	15 (18)	14 (15)	29 (33)
Others ... ..	— (1)	1 (1)	1 (2)
Totals ...	15 (19)	15 (16)	30 (35)

(f) *Attending occupation centres.*

Centre	Male	Female	Total
Sprowston ... ..	14 (16)	13 (11)	27 (27)
King's Lynn ... ..	16 (12)	15 (11)	31 (23)
Great Yarmouth ... ..	5 (5)	— (—)	5 (5)
Out-County ... ..	1 (1)	1 (1)	2 (2)
Totals ...	36 (34)	29 (23)	65 (57)

(g) *Receiving home training under home teacher.*

	Male	Female	Total
At home ... ..	57 (58)	80 (58)	137 (116)
At day occupation centres ... ..	25 (21)	17 (13)	42 (34)
Totals ...	82 (79)	97 (71)	179 (150)

(h) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
<b>URGENT CASES.</b>			
Idiots ...	8 (4)	9 (8)	17 (12)
Imbeciles ...	12 (15)	4 (6)	16 (21)
Feeble-minded ...	2 (3)	3 (3)	5 (6)
	22 (22)	16 (17)	38 (39)
<b>NOT SO URGENT.</b>			
Idiots ...	3 (4)	4 (4)	7 (8)
Imbeciles ...	9 (12)	14 (19)	23 (31)
Feeble-minded ...	7 (8)	14 (19)	21 (27)
	19 (24)	32 (42)	51 (66)
<b>GRAND TOTALS ...</b>	<b>41 (46)</b>	<b>48 (59)</b>	<b>89 (105)</b>

#### XV. NATIONAL ASSISTANCE ACT 1948.

Sections 29 and 30 of this Act empower local authorities to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, or substantially and permanently handicapped by illness, injury or congenital deformity, and to make grants to voluntary organisations registered in accordance with the Act.

The powers are mandatory in respect of the blind and permissive so far as other classes of physically handicapped persons are concerned but the Council has submitted schemes, which have been approved by the Minister, in respect of all classes.

#### WELFARE OF THE BLIND.

Details of this scheme were given in the 1949 report and no changes have since been made. The special needs of the deaf/blind have been emphasised at national level and these persons have always been given all possible attention by the Council's field staff. The importance of rehabilitation of newly-blinded persons also receives careful consideration and one case was sent to the Royal National Institute for the Blind rehabilitation centre at Torquay, through the Ministry of Labour and National Service.

#### REGISTRATION.

The ophthalmologists draw attention to certifiable cases which they examine, other than at the request of the County Council, and the officers of the National Assistance Board also refer for investigation a considerable number of cases which they consider may possibly be blind. By these means a high level of ascertainment of blind persons has been reached. Information has also been obtained regarding persons whose vision is seriously defective but who are not blind. This latter information is particularly important in the case of younger persons as training in suitable occupations can often be arranged.



The numbers of cases examined and certified during the past five years are as follows :—

Year.	No. examined.	No. certified.	Percentage certified.
1949	148	119	80.36
1950	178	145	81.45
1951	157	114	72.61
1952	168	103	61.31
1953	231	140	60.60

Form B.D.8. was completed in all cases examined and of those certified as blind, 124 (88%) were over 65 years of age; 3 were children under 1 year of age.

The causes of blindness were :—

	Number	Treatment recommended
Myopic error	8	1
Optic atrophy	6	1
Macular changes	15	—
Trauma	3	1
Arterio sclerosis	12	1
Diabetes	9	3
Glaucoma	*15	3
Cataracts	52	18
Others	17	1
INFANTS		
Congenital	1	—
Optic atrophy	1	—
Retrolental fibroplasia (premature infant)	1	—
	140	29

\*11 cases had received treatment before being certified as blind.

#### FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:				
(a) No treatment	34	12	1	64
(b) Treatment (medical, surgical or optical)	18	3	—	8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	6	2	—	5

## OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year ...	3
(ii) Number of cases in which:	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

At the end of the year there were 854 registered blind as follows :—

Age group	Males	Females	Total
1—4 ...	4 ( 2)	3 ( 2)	7 ( 4)
5—15 ...	8 ( 8)	5 ( 5)	13 ( 13)
16—20 ...	5 ( 4)	6 ( 7)	11 ( 11)
21—39 ...	16 ( 14)	24 ( 27)	40 ( 41)
40—49 ...	25 ( 26)	18 ( 18)	43 ( 44)
50—64 ...	73 ( 86)	65 ( 66)	138 (152)
65—69 ...	52 ( 45)	41 ( 39)	93 ( 84)
70 and over	202 (184)	307 (277)	509 (461)
	385 (369)	469 (441)	854 (810)

(The figures in brackets indicate the position at the end of 1952).

Although the number of persons registered continues to increase, this is attributed to better ascertainment and to the greater expectation of life rather than to any increased incidence of blindness. It is of interest to note that between 1933 and 1953 the rate per 1,000 of the population increased only from 1.8 to 2.3 but that the proportion of blind persons over seventy increased from 34% to 59.6%.

### EDUCATION AND TRAINING.

The Education Committee provides special educational facilities for blind children and assists students at colleges and on approved training courses.

At the end of the year, three children were attending the East Anglian Blind School, Gorleston, two others were at the Royal Normal College, Wroughton Park, and one was at the Norwich Institution for the Blind. Four children were attending ordinary schools whilst awaiting vacancies at the East Anglian School.

The Ministry of Labour and National Service also arranges training under the Disabled Persons (Employment) Act, 1944, and any suitable cases which arise are referred. Two adults were receiving training at the Norwich Institution for the Blind under this scheme at the end of the year.

### EMPLOYMENT.

(a) *Placement Service.* For many years, the Royal National Institute for the Blind has been providing a placement service, designed to assist blind persons to obtain suitable employment in sheltered workshops and in open



industry. This service was provided from the voluntary funds of the Institute, but the cost became greater than could reasonably be afforded without affecting other services. Accordingly, the local authority associations were approached with a view to each authority making its own placement arrangements or entering into an agreement with the Royal National Institute and paying a proportionate amount of the total cost. The associations agreed to this proposal and recommended individual authorities to take appropriate action.

Few cases occur in Norfolk which require the services of a placement officer and the Council has accordingly entered into an agreement whereby the Institute will act as the agent of the Council.

(b) *Home Workers.* This scheme has been amended to conform to the recommendations of the Local Authorities' Advisory Committee on Conditions of Service of Blind Workers, with no detriment to existing home workers. These recommendations cover minimum qualifying earnings for various trades for inclusion and retention in the scheme, rates of augmentation, periods of unemployment and sickness, and provision for holidays with pay.

One home worker ceased employment and two were enrolled during the year, increasing the total to 10. They were employed as follows:—

Poultry keepers	...	...	...	...	2
Basket makers	...	...	...	...	2
Machine knitters	...	...	...	...	2
Shop keepers ...	...	...	...	...	2
Wire worker ...	...	...	...	...	1
Braille copyist	...	...	...	...	1
					—
					10
					—

(c) *Workshop employment.* Two blind persons completed their training at the Norwich Institution for the Blind and were transferred to journeymen. At the end of the year thirteen workers were employed as follows:—

Machine knitters	...	...	...	...	2
Basket makers	...	...	...	...	8
Brush makers	...	...	...	...	2
Gardener ...	...	...	...	...	1
					—
					13
					—

(d) *Other Employment.* In addition to the 10 home workers and the 13 workshop employees mentioned in the preceding paragraphs, 40 other blind persons were in employment at the end of the year:—

Masseur	...	...	...	...	1
Ministers of religion	...	...	...	...	2
Telephone operators	...	...	...	...	2
Piano tuner ...	...	...	...	...	1
Agents, shopkeepers, etc.	...	...	...	...	9
Poultry keepers	...	...	...	...	8
Basket workers	...	...	...	...	3
Agricultural workers	...	...	...	...	5
Ambulance officer	...	...	...	...	1
Shorthand typist	...	...	...	...	1
Domestic and factory workers	...	...	...	...	7
					—
					40
					—



3 persons were trained but unemployed at the end of the year, a further 7, although suitable, had not received training, and the remaining persons on the register, 309 men and 446 women, were considered to be unemployable owing to age or illness.

(c) *Pastime Occupation.* Over 200 blind persons, other than those in employment, have been taught various handicrafts by the home teachers for pastime occupation. These crafts include string bag making, stool seating, crinothene work, rug making, leather work, basketry, raffia work and knitting. Most of the articles are sold privately, but exhibitions and sales are held at social centres, factories, etc., and over £300 worth of goods were sold by this means during 1953. Materials are provided by the Council at cost price and the workers, in addition to keeping themselves occupied, are able to benefit financially.

The Blind Gardeners' Horticultural Society has also continued to provide a great deal of pleasure to some 100 persons interested in gardening. The annual exhibition held in early October attracted over 500 exhibits, mainly of a high standard, from 78 blind exhibitors. A group exhibit was awarded second place in an inter-club competition with sighted gardeners from eight local horticultural societies. Arrangements are in hand for another exhibition in 1954 when it is also hoped to incorporate competitive classes for the various handicrafts.

#### HOME TEACHING AND VISITING.

The 5 female home teachers, all of whom possess the certificate of the College of Teachers for the Blind, have continued to work with a degree of keenness and efficiency which has ensured the success of the welfare scheme for the blind. They devote many hours outside normal duty to their work.

The number of blind persons in each home teacher's district is already considerably in excess of that recommended by the Ministry of Health, viz., 100 per home teacher, and an additional home teacher may be necessary in the near future, particularly if there is any further increase in the number of persons registered. Letters of appreciation, which emphasise the excellent work being done, are frequently received. The home teachers also act as almoners for various charity pensions. 7 Norfolk residents received pensions from the Gardener's Trust, 17 received Royal Blind pensions and 84 were in receipt of Hetherington Charity pensions.

9,343 visits were paid by the home teachers during the year.

#### SOCIAL CENTRES.

The five social centres at North Walsham, Diss, King's Lynn, Fakenham and Norwich, held monthly sessions throughout the year. The Sheringham group met fortnightly throughout the winter. To mark Coronation year, the five centres held a combined outing to Great Yarmouth in June. This enabled old friends from various centres to meet and was a great success.

Some deaf/blind persons attend the social centres, but are unable to enjoy fully the entertainment provided. Their numbers are small, they are widely scattered and it is impossible to provide frequent and regular social facilities for them. During the year, however, two socials were held in Norwich solely for the deaf/blind and these were very much appreciated.



The Council's thanks are again expressed to the voluntary workers at the social centres and to the members of the W.V.S., the British Red Cross Society, and the Diss and North Walsham Rotary Clubs, who provide transport to enable blind persons to attend the centres who would otherwise be unable to do so, owing to age, infirmity or lack of public transport.

#### GENERAL.

Six of the seven invalid chairs purchased by the Council in past years have been in constant use.

504 persons on the register (221 male and 283 female) were in receipt of National Assistance grants at the end of the year. The home teachers make regular checks to ensure that any adjustment of grants is made.

349 wireless sets supplied by the Wireless for the Blind Fund were in use at the end of the year. These sets are very much appreciated. The extension of electricity to rural areas has created a bigger demand for all-mains sets, which are, of course, much cheaper to run than battery sets. Blind users of wireless sets are entitled to free wireless licences on production of a certificate of blindness. Such certificates have been issued to all Norfolk blind persons with wireless sets, whether privately owned or loaned from the Wireless for the Blind Fund. 117 certificates were issued during the year to newly registered persons.

Instruction is given to all blind persons desiring to read embossed literature. 65 blind persons are members of the National Library for Blind Readers, a capitation fee being paid by the Council. In addition, braille and moon magazines are purchased by the Council and circulated to interested readers. A small stock of books is kept for those readers who do not desire to join the National Library.

Holidays are provided at the Council's expense at the Isle of Ely Holiday Home for the Blind, Hunstanton, for necessitous blind persons, while others able to pay the fees also spend holidays at the Home at their own expense. Unfortunately, the accommodation is very limited and priority is given to blind persons resident in the Isle of Ely and it is not always possible to secure sufficient vacancies.

The Norwich Institution for the Blind makes an annual allocation of £250 from charitable funds. This money is used to provide small Christmas gifts for the more needy cases and also to provide extra comforts, outside the scope of the Council's scheme, to specially selected cases.

The quarterly bulletin, "The Closer Link", the first issue of which was referred to in the last report, has continued to be published. It has become very popular and each addition is eagerly awaited by the blind. 450 typescript copies are distributed each quarter by the home teachers and Rev. J. Cory Elvin very kindly prepares a braille copy of each edition for circulation to deaf/blind persons and to others able to read braille who have nobody to read the typescript copy. Thanks are expressed to the Rev. Cory Elvin for this voluntary service which is much appreciated by the readers.

#### WELFARE OF THE PARTIALLY SIGHTED.

This section of the register is for persons, who, though not certifiable as blind, have seriously defective vision. Many of these cases are brought to light as the result of examinations for possible blindness, while others, particularly those who require training in alternative employment, are referred



by ophthalmologists. The numbers of persons on the register at 31st December, 1953, were as follows:—

Age group.	Male.	Female.	Total.
0—1 ...	— (—)	— (—)	— (—)
2—4 ...	— (—)	— (—)	— (—)
5—15 ...	1 (2)	2 (2)	3 (4)
16—20 ...	4 (3)	6 (4)	10 (7)
21—49 ...	14 (12)	22 (24)	36 (36)
50—64 ...	16 (13)	21 (18)	37 (31)
65 and over	57 (47)	106 (88)	163 (135)
	92 (77)	157 (136)	249 (213)

(Figures in brackets are for 1952.)

Training is available for partially sighted persons through the Ministry of Labour and National Service. In general, those who are likely to become blind within four years are trained in the same way as blind persons, but those who are not likely to become blind are trained in suitable trades as sighted persons unless, in the opinion of the examining ophthalmologist, such training is likely to prove detrimental to the sight remaining. All cases considered suitable for training are referred to the Ministry of Labour and National Service for investigation.

The home teachers visit these cases at four to six monthly intervals, unless circumstances render more frequent visits desirable.

## WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

### REGISTRATION.

86 persons had made application for inclusion in the Council's scheme for the welfare of the deaf, dumb and hard of hearing and had been registered at the end of the year as follows:—

Age group	Deaf and/or dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
16—49	4	4	8	5	7	12
50—64	7	6	13	8	10	18
65 and over	4	4	8	10	17	27
	15	14	29	23	34	57

### EMPLOYMENT.

The position of persons registered is shown below:—

	Deaf and/or dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
Employed ...	6	4	10	13	2	15
Unemployed ...	2	—	2	—	1	1
Incapable of / or not available for employment ...	7	10	17	10	31	41
	15	14	29	23	34	57



## GENERAL.

*Deaf and/or dumb.* The Deaf and Dumb (Norwich and Norfolk) Association provides social facilities at their Norwich Headquarters for Norfolk cases. Advantage is taken of this, particularly on Saturdays. The Missioner employed by the Association assists in welfare work and also visits whenever possible. The County Council pays an annual grant relative to the services rendered.

One person who was unemployed, but had been trained as a dressmaker, was provided with a sewing machine, on loan, to enable her to carry out work at home.

*Hard of hearing.* 31 cases had intimated that they would be willing to attend social centres, if arranged. They are, however, so widely scattered that it has been impossible at present to make any arrangements.

## WELFARE OF THE PHYSICALLY HANDICAPPED — GENERAL CLASSES.

### REGISTRATION.

Cases are only registered after personal application for inclusion in the scheme. In consequence, the register cannot in any way, be regarded as a complete record of those persons resident in the county who are substantially and permanently handicapped by illness, injury or congenital deformity.

At the 31st December, 1953, 587 persons were registered as follows:—

Age group	Male	Female	Total
16—49 ... ..	213	124	337
50—64 ... ..	155	49	204
65 and over ... ..	32	14	46
	<hr/> 400	<hr/> 187	<hr/> 587

Cases are classified in accordance with a code adopted by the Ministry of Health which had previously been devised by the Ministry of Labour and National Service and linked with the Medical Research Council's code of diseases and disabilities. The numbers in these various categories are:—

	Male.	Female.	Total.
A/E Amputation ... ..	53	12	65
F Arthritis and rheumatism ... ..	38	31	69
G Congenital malformations and deformities ... ..	23	22	45
H/L Disease of the heart, stomach and chest (other than tuberculosis) ...	73	27	100
Q/T Injuries or diseases (other than tuberculosis) of the head and body ...	76	23	99
V Organic nervous diseases ... ..	57	46	103
U/W Neurosis, psychosis and other nervous and mental diseases not included in V ... ..	11	3	14
X Tuberculosis (respiratory) ... ..	29	2	31
Y Tuberculosis (non-respiratory) ...	12	8	20
Z Other diseases and injuries ... ..	28	13	41
	<hr/> 400	<hr/> 187	<hr/> 587



## EMPLOYMENT

Cases are classified in accordance with their capacity and ability for work :—

	Male.	Female.	Total.
(a) Capable of work under ordinary industrial conditions ... ..	166	16	182
(b) Not capable of (a) but mobile and capable of work in sheltered work-shops ... ..	51	8	59
(c) Incapable of (a) or (b) but capable of work at home ... ..	15	10	25
(d) Incapable of or not available for work	168	153	321
	<hr/> 400	<hr/> 187	<hr/> 587

Responsibility for securing suitable employment, if necessary after training, rests with the Ministry of Labour and National Service. Cases which are brought to notice, who may be capable of training and subsequent employment, are accordingly referred to the local office of the Ministry for investigation.

## GENERAL.

Cases requiring adaptation of premises are investigated and, where necessary, the County Architect is consulted. During the year the following cases were assisted :—

Adaptation to kitchen ... ..	1
Facilities for garaging motor vehicles ... ..	4

Arrangements have been made with the Norfolk Branch of the British Red Cross Society for persons to be trained in pastime handicrafts. The Society also assists with the sale of the finished articles. The Council makes a grant towards the administrative expenses of the Society in connection with this work and pays a training fee of £2 10s. 0d. for each case trained and for which prior approval of the Council is given. 54 cases were referred to the Society for investigation as to suitability for training and approval to training was given in 30 cases by the end of the year.

The Norfolk Voluntary Association for the Welfare of the Physically Handicapped undertook the sale of the pastime products of physically handicapped persons resident in the geographical county. Stalls were arranged for this purpose at Norwich and other market towns in the county and the Council made a grant towards the expenses of the Association, appropriate to the work carried out for registered Norfolk cases. The Association also organised a holiday camp for the physically handicapped at Gorleston. The Council gave financial assistance to 7 Norfolk persons to enable them to attend this camp.

Social facilities for persons resident within easy reach of Norwich are provided by the Norwich St. Raphael Club and in recognition of the services rendered a grant was made to the Club's funds.

During the year, the King's Lynn and District Committee of the Norfolk Voluntary Association for the Welfare of the Physically Handicapped established a club at King's Lynn which has been named the King's Lynn St. Raphael Club. This provides social facilities for handicapped persons in King's Lynn and district and had some 40 members by the end of the year.



Many persons resident outside the sphere of the Norwich and King's Lynn St. Raphael Clubs have indicated their desire to attend social centres if established and this problem is now being investigated to find the best means of providing facilities for these widely scattered persons.

Much remains to be done before a comprehensive scheme for the physically handicapped in Norfolk is available and no doubt many problems and difficulties will have to be overcome. Close co-operation has, however, been established with the various Ministry offices and voluntary organisations concerned with the welfare of these persons. Thanks are expressed to all who have assisted, so far, in establishing this new service.

#### EPILEPTICS AND SPASTICS.

In December, 1953, the Minister of Health issued circular 26/53 dealing with the special welfare needs of epileptics and spastics. This circular was accompanied by the reports of sub-committees of the Advisory Council for the Welfare of Handicapped Persons set up especially to consider the needs of epileptics and spastics.

The Sub-Committee stressed the difficulty of ascertaining the incidence of epilepsy and cerebral palsy in the country and, therefore, of ascertaining the extent of the problem. This particularly applies to persons over the age of 16, as the local education authorities have comprehensive records of children. There has, however, been no means of following up cases after they leave school and, of course, no compulsion for them to apply for inclusion in local authorities' schemes. Further, while many cases are no doubt known to the various Government Departments, the information is confidential and cannot be passed on to the welfare authorities.

The Sub-Committee on Epileptics estimated the incidence to be 0.2 per 1,000 of the population, giving a total for Norfolk of approximately 75. 20 epileptics 16 years of age and over are included in the 587 cases on the Norfolk register of physically handicapped and their age range is as follows:—

16—29	...	...	...	...	...	11
30—39	...	...	...	...	...	4
40—49	...	...	...	...	...	4
50—	...	...	...	...	...	1
						<hr/> 20 <hr/>

12 other cases are being maintained by the Welfare Committee in epileptic colonies and 8 more are in County Homes.

Of 17 children ascertained as handicapped pupils in the epileptic category:—

- 14 are in special schools.
- 1 is receiving home tuition.
- 1 is attending an ordinary school.
- 1 is at a mental deficiency colony.



The incidence rate for spastics has been estimated at 0.5 per 1,000, giving an expectation for Norfolk of approximately 190. 15 cases over 16 years of age are on the register as follows:—

16—29	...	...	...	...	...	8
30—39	...	...	...	...	...	2
40—49	...	...	...	...	...	1
50—59	...	...	...	...	...	2
60—	...	...	...	...	...	2
						—
						15
						—

Of 27 spastic children ascertained as handicapped pupils:—

10 are in special schools.

7 are suitable for attending any ordinary schools.

6 are awaiting admission to special schools (5 of these are receiving home tuition meanwhile and the other is attending an ordinary school).

2 are receiving home tuition.

2 are attending private schools.

Both epileptics and spastics receive medical care through their general practitioners and are referred to the hospital specialist services when necessary. All services provided by local health and education authorities are available to these cases in Norfolk as also are welfare services under sections 29 and 30 of the National Assistance Act, 1948.

## XVI. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

### MEASLES.

In last year's report it was observed that measles in this county had exhibited a well-marked biennial periodicity, incidence being low in 1949 and 1951 and high in 1950 and 1952. In 1953, incidence was again comparatively low, 1,865 cases being notified, compared with 6,239 cases in 1952.

### WHOOPING COUGH.

There was an increase in incidence of this disease, with 1,695 cases notified compared with 1,009 cases in 1952. Pertussis vaccines are now available under Section 26 of the National Health Service Act, but it is a little early yet to judge their effect on this disease.

### DIPHTHERIA.

No cases of this disease were notified and it is interesting to note the decline of incidence during the past seven years, viz:—

1947.	1948.	1949.	1950.	1951.	1952.	1953.
10	8	5	6	1	2	—

There has now been no death from diphtheria in the county for seven years.



### PUERPERAL PYREXIA.

20 cases of puerperal pyrexia were notified, a decrease of 5 from last year. No deaths were notified.

### CANCER.

Death rates per 1,000 population over the last 7 years are as follows:—

1947.	1948.	1949.	1950.	1951.	1952.	1953.
1.83	1.85	1.97	1.81	1.86	1.79	1.86

The age distribution of the deaths in 1953 was as follows:—

		0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	...	—	—	1	1	12	108	110	119	351
Females	...	—	3	—	5	14	120	99	106	347
		—	—	—	—	—	—	—	—	—
		—	3	1	6	26	228	209	225	698
		—	—	—	—	—	—	—	—	—

### ANTERIOR POLIOMYELITIS.

For the last seven years, anterior poliomyelitis has recurred in this county as an annual event, and a brief review may be of some interest. With the exception of peak years in 1949 and 1950, the incidence has varied between 25 and 40 cases yearly. In general, the disease has been sporadic and widespread, with little evidence of inter-connection or indication of the mode of transmission. While, however, there has been no epidemic focus, there has been a marked variation in the incidence in different parts of the county. Over one third of the total cases occurred either in the northern and eastern fringe areas of Norwich or within a seven mile radius of Wymondham. On the other hand, only 15% of the cases were recorded in those parts of the county lying west of a line joining Wells and Thetford. Marshland R.D. has the distinction of not having had a single case, while Swaffham U.D. and R.D. have each reported one only.

The incidence and mortality over the last seven years is shown in the following table:—

			Cases.		Deaths.
1947	...	...	40	...	4
1948	...	...	25	...	3
1949	...	...	60	...	3
1950	...	...	99	...	10
1951	...	...	28	...	5
1952	...	...	35	...	1
1953	...	...	28	...	2
			315		28

Morbidity was higher in males than females in a ratio of 3 to 2. In contrast, mortality was greater in females in a ratio of 3 to 2.

In the aggregate, the incidence was highest in children of 5—9 years followed by the 10—14 and 15—19 age groups, these together accounting for 55% of all cases.



## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

TABLE 5.

Disease	Number of cases notified																											Totals
	Municipal Boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	Dereham	Diss	Downham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Biofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever ... ..	78	23	3	44	—	—	—	7	—	5	—	9	61	21	8	60	32	37	31	5	35	7	79	25	48	7	22	647
Whooping cough ... ..	120	5	13	16	4	4	27	103	7	64	16	78	128	73	55	210	44	58	52	12	84	75	70	64	98	120	95	1695
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles, excluding rubella ... ..	11	144	4	40	1	—	10	3	—	49	2	12	163	88	11	141	13	86	7	8	277	17	147	48	161	32	390	1865
Acute pneumonia (primary or influenzal) ... ..	21	10	—	2	—	6	—	—	—	3	1	5	34	16	6	54	2	10	3	15	8	6	24	23	5	11	7	272
Meningococcal infection ... ..	3	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	4	5	—	—	—	2	—	—	1	1	19
Ac. Poliomyelitis ... ..	—	1	—	2	1	—	1	1	—	—	1	2	6	2	—	—	—	1	—	—	—	2	—	—	—	2	3	25
Ac. Encephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	1	4
Dysentery ... ..	56	—	—	—	—	—	3	—	—	—	—	—	43	18	—	—	1	14	2	4	—	2	18	—	1	—	5	167
Ophthalmia neonatorum ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Puerperal pyrexia and puerperal fever ... ..	1	—	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	1	—	2	—	—	11	1	—	—	—	20
Erysipelas ... ..	2	2	—	1	—	—	—	—	—	—	—	—	10	6	—	2	—	10	—	5	1	—	6	3	—	3	3	54
Food poisoning ... ..	—	—	—	—	—	—	—	—	—	—	—	1	5	2	—	3	—	5	—	12	—	—	2	3	—	—	5	38
Malaria .. ...	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Jaundice or infective hepatitis ... ..	—	—	1	—	—	—	2	—	—	5	1	—	2	20	2	12	—	2	—	1	—	2	11	—	11	—	—	72
†Chickenpox ... ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cerebro-spinal fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Typhimurium infection ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Psittacosis ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals ... ..	293	185	22	106	6	10	41	119	7	121	25	109	454	229	101	473	104	227	102	63	406	109	364	179	313	187	532	4887

†This disease is notifiable only in King's Lynn M.B., Cromer U.D. and Freebridge Lynn R.D.







Case mortality averaged 8.9% and it is perhaps worth noting that 36% of all deaths occurred in persons of 25 years of age and over. Mortality was highest, however, in adolescents and young adults, and 32% of all deaths occurred in the age range 15—25 years. Two deaths only were reported in children under 5 years.

Insofar as 1953 is concerned, the disease followed the general pattern, and 28 cases were confirmed, giving a morbidity rate of 0.075 per 1,000 of the mid-year population. The incidence curve was unusual in that there was a complete intermission of the disease in October, the reason for which was not apparent. There were two deaths, giving a fatality rate of 7.1%. These occurred in a lad of 12 years and a man aged 27 years.

## XVII. ENVIRONMENTAL HYGIENE.

The County Sanitary Officer reports as follows:—

### MILK AND DAIRIES.

#### GENERAL.

It is to be regretted that the Minister of Agriculture and Fisheries has seen fit to recommend dispensing with the setting up of County Milk and Dairies Advisory Committees provided for under Section 4(3) of the Food and Drugs (Milk and Dairies) Act, 1944. These committees were to be set up with a view to keeping under review the operation and administration of the Milk and Dairies Regulations and Milk (Special Designations) Regulations and of making recommendations thereon. The Minister's grounds for so doing are substantially that, in his opinion, the committees would duplicate the existing County Agricultural Executive Committees established under the Agriculture Act, 1947. Legislation is to be introduced, when the parliamentary time table is less congested, to relieve the Minister of the need to set up these committees.

#### PASTEURISING PLANTS.

The number and type of pasteurising plants in operation at the end of the year were unchanged from the previous year.

As far as possible, samples of pasteurised milk were taken at least once weekly from the retail round of each of the nine plants and detailed inspections of the plants were made at approximately fortnightly intervals. Of 437 samples examined by the phosphatase test, 10 were unsatisfactory, and of 411 submitted to the methylene blue test, 23 did not conform to the standard required by the Regulations.

All failures were investigated and in the majority of cases the causes were found and suitable recommendations were made. As a result of the detailed routine inspections at the plants, once again it was found necessary to report certain unsatisfactory features at one plant to the Public Protection Committee, with the result that the dairyman was brought before a special Sub-Committee and severely cautioned. The total quantity of milk dealt with *daily* by the pasteurising plants in this county was 36,200 gallons, which is an increase of 10,200 gallons on last year.

In general, the standard and methods of operation at the plants have been satisfactory and the licensees have co-operated very well with the Department.

#### STERILISED MILK.

Although there are no sterilising plants in the county, one retailer imports this milk from Grimsby and is sampled at the request of the local sanitary authority once yearly. The sample taken passed the turbidity test.



## MILK IN SCHOOLS SCHEME.

It is pleasing to record that at the end of the year each school was receiving a supply of liquid milk and that by far the greater proportion of the supplies consisted of bottled pasteurised milk, with a small number of schools receiving tuberculin tested milk either in bottles or in bulk. Endeavours are now to be made to ensure that every school receives a bottled supply with drinking straws.

Supplies have been sampled frequently and of 285 samples of pasteurised milk submitted to the phosphatase test, 14 were unsatisfactory; of a similar number submitted to the methylene blue examination, 25 failed. In all instances where results were unsatisfactory and where the pasteurisation plant is in this authority's area, appropriate investigations and suggestions were made in an endeavour to avoid further failures. In some cases it was necessary to refer the details of failures to neighbouring Food and Drugs Authorities for attention. During the year, it was decided that the biological examination of pasteurised milks should be undertaken only where samples failed to satisfy the phosphatase test.

From a total of 196 samples of raw milk, 55 failed the methylene blue examination. These were referred for attention to the County Milk Regulations Officer or to the District Councils concerned. The biological examination of each raw milk supplier was conducted once a term for the presence of both tubercle bacilli and brucella abortus organisms and, although none was found to contain tuberculosis, several showed evidence of brucella abortus. In these instances, alternative arrangements were made for the school supplies concerned.

On the 31st December, 1953, the milk supplies to schools were as follows:—

Type of supply.	No. of schools.
Pasteurised (bottled) ...	410
Tuberculin Tested (bottled) ...	53
Tuberculin Tested (bulk) ...	11
Total ...	474

## TUBERCULOSIS IN MILK.

63 samples of pasteurised milk and 2,066 samples from 1,856 herds were examined biologically for tubercle bacilli during the year and the table below gives the appropriate details:—

Designation	Samples taken	Samples positive	Herds sampled	Herds positive	% of herds positive	Samples negative	Samples exam. in-complete
Tuberculin Tested (Attested) ...	77	—	48	—	—	77	—
Tuberculin Tested Accredited ...	70	—	51	—	—	70	—
Non-designated ...	321	8	257	7	2.72	308	5
Pasteurised ...	1,598	24	1,500	24	1.60	1,522	52
Pasteurised (Phosphatase failures)	59	—	—	—	—	55	4
	4	—	—	—	—	4	—
	2,129	32	1,856	31	1.67	2,036	61

Once again the percentage of herds positive, i.e., 1.67, was much the same as that found in previous years and again the highest percentage of positives was from accredited herds.



Investigations subsequent to positive bulk samples resulted in the slaughter under the Tuberculosis Order, 1938, of 20 cows in 19 herds. Animals sold for slaughter in the interval between the submission of the bulk samples and the receipt of positive results were presumed to have been the cause of the original positive sample in 8 herds. In the remaining 4 herds, investigations were still proceeding at the end of the year.

The number of samples taken from T.T. Attested and T.T. herds has been reduced considerably from last year and sampling has been concentrated on accredited and non-designated herds, irrespective of whether the milk is sold by wholesale or retail. This policy not only meets the position created by off-loaded supplies but serves also to assist in the eradication of bovine tuberculosis. The T.T. Attested and T.T. samples which have been taken were from school supplies.

In all positive cases, where the milk was not already being pasteurised, restrictions were placed on the supply until either an offending animal was found or a negative sample had been obtained from all remaining animals.

#### BRUCELLA ABORTUS.

About 50% of the samples examined for tuberculosis are also examined for the presence of brucella abortus organisms and details are shown in the following table:—

Designation	Samples taken	Samples positive	Herds sampled	Herds positive	% of herds positive	Samples negative	Samples complete
Tuberculin Tested (Attested) ...	70	5	45	4	8.88	65	—
Tuberculin Tested Accredited ...	55	5	39	3	7.69	48	2
Non-designated ...	150	18	126	15	11.90	128	4
Pasteurised ...	720	41	704	41	5.82	648	31
Pasteurised (Phosphatase failures)	37	—	—	—	—	36	1
	4	—	—	—	—	4	—
	1,036	69	914	63	6.89	929	38

There has been no change in the sampling procedure in regard to individual animals in a positive herd from that given in last year's report. It is to be regretted that a definite lead in such cases has not yet been given either by the Ministry of Health or the Ministry of Agriculture and Fisheries.

#### HOSPITAL DAIRY FARMS.

Routine samples for biological and methylene blue examination were again taken throughout the year from hospital dairy farms at the continued request of the Ministry of Health, with the results shown in the following table:—

Dairy Farm	METHYLENE BLUE			TUBERCULOSIS		BRUCELLA ABORTUS		
	Samples Taken	Unsatisfactory	Taken	Samples positive	Inconclusive	Taken	Samples positive	Inconclusive
St. Andrew's Hospital	12	4	3	—	1	3	—	1
Hellesdon Hospital, Wensum Mount ...	12	1	3	—	—	3	—	—
Hellesdon Hospital, Low Fm., Drayton	12	—	3	—	—	3	—	—
Lt. Plumstead Hall ...	11	1	2	—	—	2	—	—
	47	6	11	—	1	11	—	1



## NATIONAL MILK TESTING SERVICE.

Once again the pilot sampling scheme on behalf of the Ministry of Agriculture and Fisheries was continued and methylene blue samples from non-designated herds were submitted to the National Milk Testing Service Laboratory. Details of these are as shown below:—

Month	No. of samples	No. of failures	% of failures
January ... ..	122	8	6.55
February ... ..	88	12	13.61
March ... ..	105	19	18.09
April ... ..	79	12	15.19
May ... ..	70	31	44.29
June ... ..	82	41	50.00
July ... ..	90	40	44.44
August ... ..	83	55	66.26
September ... ..	82	37	45.12
October ... ..	83	24	28.92
November ... ..	95	22	23.16
December ... ..	78	20	25.64
	<hr/> 1,057	<hr/> 321	<hr/> 30.36

Members will probably be concerned at the high percentage of failures, which is almost identical to that recorded last year, but they will appreciate that the control of these premises now rests with the Minister of Agriculture and Fisheries. I am bound to say that the general standard of designated premises falls short of the high standard which the County Council adopted when they were responsible for this work.

## FOOD AND DRUGS ACT, 1938.

Of 467 school milk samples submitted to the Gerber test in co-operation with the Chief Inspector of Weights and Measures, 406 were genuine. 27 were deficient in milk fat, 29 in solids not fat and 5 deficient on both counts.

## SANITARY SURVEY OF SCHOOLS.

Because of the continued restriction on the capital allotment for improvements to schools, recommendations to the Chief Education Officer were confined mainly to defects having a public health significance as shown in the following table:—

Item	No. of defects referred.	No. of defects attended to.
Water supply ... ..	62	46
Closet accommodation ... ..	59	28
Drainage ... ..	31	20
Washing accommodation ... ..	31	13
Refuse disposal ... ..	16	7
School buildings ... ..	19	11
Playgrounds ... ..	6	3
Totals ... ..	<hr/> 224	<hr/> 128

Apart from the above, it has been possible, because of our intimate knowledge of sewerage and water supply schemes, to advise the Chief Education Officer and with the co-operation of the District Councils, obtain improved services to many schools in the County.

## DISINFECTION.

On 8 occasions, arrangements were made for the transport of clothing and bedding for steam disinfection at the Isolation Hospital, East Dereham.



The transport of infectious disease cases is now undertaken by the Voluntary Ambulance Committees, and the County Council is thereby no longer able to assist District Councils with the transport of clothing or bedding for disinfection.

#### DISINFESTATION.

No case of scabies nor verminous person from the County area was treated at either the Isolation Hospital, East Dereham, or the City of Norwich Clinic.

#### ICE CREAM.

The position in relation to ice cream differs little from previous years, except that there has been a small reduction in the percentage of unsatisfactory samples. The number of samples taken, together with the results obtained, are given in the following table:—

		1953.	1952.
Grade I (Satisfactory)	... ..	123	149
Grade II (Satisfactory)	... ..	62	53
Grade III (Doubtful)	... ..	12	43
Grade IV (Unsatisfactory)	... ..	2	13
		<hr/>	<hr/>
Totals	...	199	258

#### SCHOOL CANTEENS.

Inspection of foodstuffs at school canteens continues to be made as required. During the year, the following foodstuffs were condemned as unfit for human consumption. Much of the trouble was due to unsatisfactory storage conditions and we are in close contact with the Chief Education Officer, who is arranging for necessary improvement as and when it becomes possible.

Item.		lbs.	ozs.
Baking Powder	... ..	5	—
Coconut	... ..	2	—
Dried egg	... ..	3	14
Dried milk	... ..	292	—
Flour	... ..	15	—
Mustard	... ..	—	4
Prunes	... ..	10	—
Raisins	... ..	2	5
Sultanas	... ..	12	—
Spice	... ..	—	4
Split peas	... ..	8	—
Tea	... ..	—	4

#### HOUSING AND SANITARY COMPLAINTS.

The following table gives details of the complaints received and investigated. Once again the majority was in relation to unsatisfactory housing:—

Nature of complaint.	No.
Housing	106
Offensive drains	16
Rodents on premises	1
Nuisances by animals	2
Refuse disposal	2
Smoke nuisance	4
Miscellaneous	6
	<hr/>
Total	137



The provision of adequate housing is still very much to the fore but, with the removal of restrictions on private building, the future position looks more hopeful, so much so that attention is shortly expected to turn to slum clearance.

The following table shows the number of new permanent dwellings completed both in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government:—

Total permanent dwellings completed in 1953 and total completed to date in the post-war period for the Administrative County of Norfolk.

Housing Authority Area	(a) Housing Authorities and Housing Associations.		(b) Private Builders		Total (a) and (b)	
	During 1953	Total to 31.12.53	During 1953	Total to 31.12.53	During 1953	Total to 31.12.53
<b>MUNICIPAL BOROUGHs—</b>						
King's Lynn ...	168	834	40	151	208	985
Thetford ...	58	200	6	23	64	223
<b>URBAN DISTRICTS—</b>						
Cromer ...	15	124	9	30	24	154
Diss ...	28	177	5	37	33	214
Downham Market ...	6	81	5	17	11	98
East Dereham ...	56	260	15	56	71	316
New Hunstanton ...	10	75	10	46	20	121
North Walsham ...	44	194	12	59	56	253
Sheringham ...	2	115	11	42	13	157
Swaffham ...	16	126	7	30	23	156
Wells-next-the-Sea ...	—	122	1	13	1	135
Wymondham ...	54	245	9	71	63	316
<b>RURAL DISTRICTS—</b>						
Blofield & Flegg ...	34	396	162	390	196	786
Depwade ...	104	692	28	121	132	813
Docking ...	29	281	37	114	66	395
Downham ...	100	482	26	138	126	620
Erpingham ...	123	465	42	144	165	609
Forehoe & Henstead ...	126	584	110	336	236	920
Freebridge Lynn ...	36	334	24	95	60	429
Loddon ...	121	436	22	91	143	527
Marshland ...	68	408	25	161	93	569
Mitford & Launditch ...	90	368	27	113	117	481
St. Faith's & Aylsham ...	63	797	165	466	228	1263
Smallburgh ...	90	466	30	123	120	589
Swaffham ...	91	431	17	62	108	493
Walsingham ...	84	440	25	100	109	540
Wayland ...	110	448	20	127	130	575
<b>TOTALS ...</b>	<b>1,726</b>	<b>9 581</b>	<b>890</b>	<b>3 156</b>	<b>2,616</b>	<b>12,737</b>



## WATER SUPPLIES AND SEWERAGE.

The work of providing piped water supplies continues very satisfactorily. Doubtless it will be many years before all the needs are met, but a good foundation is being laid and the process continues along a carefully laid plan. The close and friendly co-operation existing between the District Councils and the County Council in these problems is a matter for the greatest satisfaction.

Unfortunately, as the water problems are solved new sewerage problems are created. Although much has already been done as regards sewerage, it is clear it will be the problem of the future, of which only the fringe has been touched, if the underground chalk from which the water supplies are drawn is to be protected.

The following tables show the schemes considered by the Committee during the year and the schemes in respect of which grants have been assessed:—



# **RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 and 1951**

During the year the following schemes were approved by the County Council :—  
**WATER SUPPLIES.**

District Council	Scheme	Estimated Capital Cost £	Approval	Remarks
Blofield & Flegg	Rollesby	...	Final	Extension of mains—ex Great Yarmouth Waterworks Co.
	S.W. Area (Regional Scheme)	378,000	Referred back	
	Scratby	1,950	Final	Revised costs approved.
Depwade	Tacolneston (C.H. Site area)	2,725	Final	Additional Stage II.
	Carleton Rode (Uppgate Street)	3,480	Final	Additional Stage II.
	Pulham Market (Bush Green)	1,800	Final	Additional Stage II.
	Harleston/Wortwell	9,020	Final	Additional Stage II.
	Catholic protection, Pumping Main, etc.	300	Restricted	Stage I.
	Short Green	3,500	Final	Additional Stage II.
	Tacolneston (Pelican P.H. area)	1,550	Final	Additional Stage II.
	Thorpe Abbotts	6,900	Final	Additional Stage II.
	Scole (Bungay Road)	1,550	Final	Additional Stage II.
Downham	Agricultural Scheme	31,432	Principle	Agricultural extensions.
	Central Area	10,500	Final	Improvements at Denton Lodge.
	Wereham Fen Drove	2,065	Final	Trunk main.
Erpingham	Central Area (Regional Scheme)	49,000	Principle	Revised proposals.
	Matlaske/Holt (Regional Scheme)	89,000	Principle	Revised proposals.
	Cley	13,916	Final	Emergency scheme.
Freebridge Lynn	Regional Scheme	105,860	Principle	Revised proposals.

Loddon	Norton/Thurlton/Haddiscoe	...	...	25,145	Final	Extension of mains.
	Stage I (Regional Scheme)	...	...	121,224	Final	Revised proposals.
	Stage II (Regional Scheme)	...	...	95,650	Final	Stage II (additional)
	Bergh Apton (Stage II)	...	...	1,467	Final	
Mitford & Launditch	Hockering	...	...	5,400	Final	Village scheme.
	Rougham	...	...	6,900	Final	Village scheme.
	Whissonett	...	...	10,075	Final	Village scheme.
	Litcham	...	...	14,580	Final	Village scheme.
	Mileham	...	...	7,784	Final	Village scheme.
	Beeston	...	...	5,100	Final	Village scheme.
	Swanton Morley	...	...	9,924	Preliminary	Village scheme.
	Mattishall	...	...	20,400	Final	Village scheme.
	Colkirk	...	...	7,400	Preliminary	Village scheme.
St. Faith's & Aylsham	Cawston/Reepham—Stage I	...	...	96,300	Outline	} Based on Salle bore.
	—Stage II	...	...	70,700	Referred back	
Smallburgh	Area B (Regional Scheme)	...	...	89,500	Final	Subject to details of Blofield N.E. scheme.
	Area A (Regional Scheme)	...	...	252,700	Principle	Emergency scheme. 1st Stage development Local extension.
	Sea Palling	...	...	18,500	Final	
	Area A (Regional Scheme)	...	...	75,280	Final	
	Ingham	...	...	5,100	Final	
Swaffham	Necton/Sporle	...	...	15,000	Final	Revised proposals.
	Saham Waite	...	...	6,130	Final	Extension for County Land Agent.
	South Pickenham	...	...	1,160	Final	Village scheme.
	Great Cressingham	...	...	5,000	Final	



District Council	Scheme	Estimated Capital Cost £	Approval	Remarks
Wayland	Watton Water Tower ...	... 1,450	Final	
King's Lynn	Hillington Scheme ...	... 300,000	Principle	
SEWERAGE.				
Depwade	Dickleburgh (reconnections) ...	... 2,590	Principle	
Docking	Heacham ...	... 188,000	Principle	
Forehoe & Henstead	Hethersett ...	... 80,000	Principle	
Smallburgh	Hoveton ...	... 102,000	Principle	
Swaffham	Saham Toney Extension Sporle ...	... 1,350 ... 9,409	Principle Principle	Extension of existing scheme. Revised proposals.
East Dereham	Toftwood ...	... 15,045	Principle	
Thetford	Green Lane ...	... 1,450	Principle	Extension of existing scheme.
Norwich Fringe Area	Thorpe and part Sprowston ...	... 136,300	Final details approved	

# **RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 and 1951**

The following schemes were assessed for Grant Purposes during 1953.

District Council	Scheme	Estimated Cost £	Ministry Grant £	N.C.C. Grant Annual £	Grant Aggregate £
(a) WATER Depwade	Bressingham, Fen Street	...	1,500	63	1,890
	Stage I Regional Scheme	...	37,000	{ 15 years 1,122 20 years 938 30 years 819 }	29,710
	Starston	...	1,600	40	1,200
	Stage II Regional Scheme	...	59,000	2,360	70,800
	Tharston	...	4,000	180	5,400
Downham	Stradsett/Wereham	...	4,000	113	3,390
Forehoe & Henstead	Hackford	...	150	12	360
Loddon	Waveney Valley	...	39,000	1,615	45,025
Mitford & Launditch	Swanton Morley	...	4,000	213	6,390
	Shipdham	...	9,000	450	13,500
	Mileham	...	3,000	179	5,370
	Whissonsett	...	3,000	208	6,240
	North Elmham	...	4,000	269	8,070
	Mattishall	...	6,000	360	10,800
	Litcham	...	4,500	289	8,670



District Council	Scheme	Estimated Cost £	Ministry Grant £	N.C.C. Grant Annual £	Grant Aggregate £
Smallburgh	Honing	...	1,500	108	3,240
	Swanton Abbott	...	4,500	237	7,110
	Dilham	...	2,800	172	5,160
	Worstead	...	5,500	295	8,850
Swaffham	Oxborough	...	1,600	117	3,510
	Beechamwell	...	3,500	177	5,310
	Saham Waite	...	600 (Smallholdings grant—Ministry grant not known.)	103	—
Walsingham	Barney	...	2,900	123	3,690
	Stage IIb, Regional Scheme	...	7,000 (W.D. grant)	120	3,600
		...	5,000 (Ministry grant)		
(b) SEWERAGE.					
Blofield & Flegg	Faiblo (part Thorpe)	...	75,000	Authorised payments on account.	
Thetford	Green Lane Reconnections	...	250	574	(lump sum grant).



## XVIII. EAST COAST FLOODS.

Five local health areas were seriously affected by the wide-spread flooding which took place along the Norfolk coast on the night of the 31st January, 1953, and six of the Council's local welfare officers were involved in the resultant work.

In most cases, the officers were contacted by the police before midnight on the 31st January, and immediately made their way to the main flood points with a view to getting in touch with those who had lost their homes, providing a general welfare and advisory service and assessing the need for the opening of rest centres under the Council's Emergency Scheme under the National Assistance Act. In some areas, a house-to-house canvass over a wide area was necessary as the flood victims had been given temporary shelter by those householders who had been fortunate enough to escape the main effects of the disaster.

Where necessary, immediate arrangements were made for rest centres to be opened and appropriate transport was provided. Rest centres were opened at :—

Hemsby (covering Sea Palling)	...	23 people—open 2 days
Heacham	...	41 people—open 1 day
Snettisham	...	50 people—open 1 day
Weybourne (covering Cley and Salthouse)	...	74 people—open 3 days
Watlington	...	30 people—open 2 days
St. Germans	...	20 people—open 4 days
Downham Market	...	40 people—open 7 days
King's Lynn	...	700 people—open 6 days

As will be seen, the biggest single incident was at King's Lynn where it was necessary to accommodate some 700 homeless persons in a rest centre. This centre remained open for approximately one week whilst the floods were subsiding, and the general arrangements for the care of those who were accommodated were fully adequate.

A number of the officers had to continue their services over a period of several days with very little, if any, sleep. In addition to their rest centre work, they co-ordinated many of the services on the spot, assisted in tracing relatives, found temporary homes for homeless persons, arranged for houses to be scrubbed out and disinfected, handled the distribution of gifts of clothing, food, etc., obtained supplementary allowances of coal, assisted affected persons to obtain monetary grants from the National Assistance Board and arranged special welfare services in order to meet the many human problems which arose during a disaster of such magnitude. From the very commencement, they worked in the closest possible liaison with officials of the District Councils, Voluntary Organisations, Ministry of Food, Ministry of Fuel and Power, the National Assistance Board and other departments and organisations, and there is little doubt that they were the means of bringing help and comfort to a great number of people.

All the Officers concerned carried out their duties in a most efficient manner, and many compliments were paid as to their work.

Report of County Sanitary Officer :—

"The environmental health services problems which arose as a result of the serious coastal flooding in January were the contamination of public and private water supplies, the flooding of public sewage disposal works, and



70  
private cesspools, damage to houses, accumulations of refuse and debris and the contamination of foodstuffs. Before referring to these in detail, tribute should be paid to the very considerable assistance rendered by the Fire Service in pumping out wells; etc., and to various District Councils who so readily loaned water storage and carting equipment.

#### PUBLIC SERVICES.

(a) *Hunstanton*. Some trouble occurred here with the storm water outfall of the sewerage system which was quickly repaired. The main difficulties arose in connection with the public water supply. The entire public supply, which extends to Heacham, was contaminated at the headworks and had to be put out of action. The system was cleared within a week and in the interim, water supplies for the town were carted from the mains supply at Docking.

(b) *Wells*. The sewage disposal works were almost totally submerged and part of the sewerage system had to be diverted temporarily to an existing outfall discharging direct into the harbour. In the remainder of the town, temporary pail closets were provided and emptied by the U.D.C. The treatment works have since been brought back into commission.

#### PRIVATE INSTALLATIONS.

A few private cesspools were flooded and more serious difficulties arose from the flooding of private wells and/or bores. In the Walsingham, Erpingham and Smallburgh R.Ds, over 200 wells were affected and each had to be cleared of debris and then pumped out, the majority on two or three occasions. Sampling of each well was continued until contamination was shown to be removed. Where necessary, notices were distributed advising that water from these sources should be boiled before consumption, and emergency supplies of mains water were provided.

The major problems arose in Erpingham and Smallburgh R.Ds, especially so at Cley and Salthouse in the former district and at Sea Palling in the latter. As the public health officers of both these districts were more than fully occupied with other pressing problems arising from the floods, the County Sanitary staff assumed full responsibility for dealing with water supplies.

(a) *Cley*. Over 100 wells were flooded and practically the entire village water supply was put out of action. Emergency storage tanks were provided at strategic points and were filled with mains water from Cromer and Sheringham by the Fire Service who, working under our direction, also pumped out the wells pending sampling. Arrangements were put into operation for an extension to be made from a council house bore outside the flood area to a standpipe on the Green so as to reduce the cost of carting water and, in addition, early approval was obtained for the provision of a mains water supply scheme for the village. This has since been commissioned.

(b) *Salthouse*. Some 30 wells were affected and, after sampling, only 10 were permitted to be used for domestic use provided the water was previously boiled. Alternative supplies were available from a council house bore on higher ground unaffected by flooding, and outlying parts of the village were served from emergency tanks as at Cley. An ex-W.D. bore was pumped clear and, after sampling and chlorination, a standpipe supply was made available to a temporary caravan site provided to house residents rendered homeless by the floods.



(c) *Sea Palling*. In the built up part of Sea Palling, emergency tanks were provided and filled from a water tanker loaned by the Forehoe and Henstead R.D.C. Elsewhere in the area the boiling of well supplies was advised and sampling was carried out as necessary. Here again the R.D.C. pressed forward with an advanced stage of their district water supply scheme and proposed immediate laying of mains in Sea Palling. The work has since been completed.

#### OTHER SERVICES.

At Cley certain quantities of foodstuffs were condemned because of contamination. With the co-operation of an official of the Ministry of Housing and Local Government, Bomber Engine Heaters manned by R.A.F. personnel were provided for house drying in three rural districts.

#### CO-ORDINATION.

The emergency taught at least one lesson, viz., the necessity to establish central co-ordination in the County, particularly so far as making the best use of available equipment is concerned."

### XIX. MISCELLANEOUS.

#### REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during year ...	1	—	8	8
Homes on the register at end of year	20	46	203	249

#### LABORATORY FACILITIES.

The Medical Research Council provides facilities at the Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examination of staff.

The Norwich Laboratory examined the following samples submitted by the sanitary staff of the County Council and by the sanitary inspectors of the County District Councils:—

##### *Samples submitted by County Sanitary Staff.*

Milk (biological examination) ...	...	...	...	1,061
Milk (methylene blue examination) ...	...	...	...	939
Water (bacteriological examination) ...	...	...	...	106

##### *Samples submitted by County District Sanitary Inspectors.*

Ice-cream (methylene blue examination) ...	...	...	...	199
Water (bacteriological examination) ...	...	...	...	1,379
				<hr/>
	Total	...	...	3,684
				<hr/>



Other samples examined were as follows:—

BY PUBLIC ANALYST.

*Sewage Effluents*

Schools	...	...	...	...	...	2
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*Water Samples—*

Chemical examination—

Schools	...	...	...	...	26	
Police Houses	...	...	...	...	5	
General Public Health	...	...	...	...	6	37
					<hr/>	

Bacteriological examination—

Schools	...	...	...	...	27	
Police Houses	...	...	...	...	2	
General Public Health	...	...	...	...	11	40
					<hr/>	

Bacteriological and Saline content (after floods)	...	160
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*Liquid Milk Supplies:—*

Phosphatase test	...	...	...	...	737	
Methylene Blue examination	...	...	...	...	3	
Special samples	...	...	...	...	5	745
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Dried Milk	...	...	...	...	...	6
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Total	...	990
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BY CAMBRIDGE PUBLIC HEALTH LABORATORY.

Milk samples for biological examination for tuberculosis and brucella abortus	...	...	...	...	798
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BY IPSWICH PUBLIC HEALTH LABORATORY.

Milk samples for biological examination for tuberculosis and brucella abortus	...	...	...	...	270
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MEDICAL EXAMINATIONS.

The following examinations were made by the medical staff of the Health Department:—

272 examinations for superannuation purposes.

110 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education circulars 248 and 249.

178 examinations of school canteen workers (non-superannuable).

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.

