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NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1957

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PREFACE

During 1957, the population of the administrative county increased by 3,700, the St. Faith's and Aylsham Rural District accounting for nearly one half of the increase. This is not altogether surprising, as it is the largest of the three county districts in the Norwich fringe area and has built the largest number of houses in the post-war period.

The birth rate showed a small increase over the previous year and was 0.35 per 1,000 higher than in 1952. On the other hand, the still-birth rate was disappointing, being higher than last year and slightly in excess of the rate for England and Wales.

The infant mortality rate was also higher than last year, but considerably less than the rates of 5 and 10 years ago. Whilst there are bound to be fluctuations in the figures for successive years, it is encouraging to note that the general trend is in the right direction and that the death rate of infants under one year of age has decreased by over one-third in the last 10 years.

The death rate showed a slight decline, but the most interesting fact was that one half of the deaths were of persons 75 years of age or over.

The health of the county has remained at a satisfactory level and the numbers of deaths from those infectious diseases which were so prevalent 25 years ago show very marked decreases, due largely to the preventive measures which have been introduced.

Mothercraft classes, which were initiated in 1956, were extended to other centres and further classes are proposed. These have proved a most useful adjunct to our ante-natal arrangements.

The numbers of nursing and expectant mothers and pre-school children provided with dental care were comparatively small. This is unavoidable with the present shortage of dental officers in the public health service, unless school children are to be further neglected in order to cope with the other priority classes.

The shortage of all types of domiciliary nursing staff, and particularly qualified health visitors, continued. Six scholarships were allocated in 1957 to enable suitable candidates to train for the health visitors' certificate.

When the National Health Service Act came into operation, the County Council agreed that the Norfolk County Nursing Association should act as its agent for the provision of nursing services. This proved to be a very happy arrangement, but the Association, feeling that the time had come for the Council to provide a direct service, gave notice that it would like the Council to assume responsibility as from 1st April, 1958.

The medical staff were very much occupied with the vaccination against poliomyelitis of those children who were registered in 1956. Supplies of vaccine were limited and it was not possible to deal with any of the 1957 registrations. The scheme was twice extended during the year to include all children over 6 months and under 15 years of age and other persons at special risk.

The introduction of radio control has led to increased efficiency of the ambulance service. For the first time since the service was started in 1948, there was a reduction in the number of patients carried, compared with the previous year, and the mileage was the lowest since 1953.

The number of patients conveyed by the sitting case car service was lower than in the three previous years and the mileage was the lowest since 1952.

The new cases of pulmonary tuberculosis notified show a steady decrease over the years, but the 133 cases reported during 1957 do not justify any complacency and call for continued efforts by all concerned until the disease is finally eliminated. The efficacy of modern methods of treatment is reflected in the small number of deaths.

The home help service has met a very real need, particularly in relation to elderly folk who are enabled thereby to continue living in their own homes. Proposals for the training of selected home helps were approved with a view to using such staff in the homes of problem families.

Much is written these days of co-operation between the hospitals and the local health authority in the mental health field and new schemes are being introduced throughout the country. In Norfolk there has always been this co-operation, with a ready exchange of information and the joint use of staff on an informal basis. The implementation of this part of the report of the Royal Commission should, therefore, not be difficult to achieve in this county.

In an effort to provide care for more elderly persons suffering from senile dementia, the Medical Superintendent of Hellesdon Hospital has introduced a scheme of "6 weeks in—6 weeks out" for The Vale Hospital, Swainsthorpe. This scheme is on a trial basis and is an instance of the joint use of staff, as all contacts with the relatives are made by the Council's local welfare officers. The scheme shows every sign of being successful and, if so, this will have the effect of releasing more beds. This will make it possible to avoid certification of some elderly people, which has unfortunately so often been necessary in the past in order to obtain the necessary hospital care.

In the field of mental deficiency there has been a considerable improvement in the services provided both for home teaching and at occupation centres, but more remains to be done.

The waiting list for the admission of mental defectives to hospital remains lengthy and many human tragedies are occasioned by the inability of the hospital authorities to provide accommodation for low grade defectives. The development, however, of the temporary treatment scheme has greatly alleviated the position, and it will be noted from the statistical portion of the report that the number of admissions for temporary care has shown a marked and welcome increase.

The Norwich area psychiatric social club continued to meet at weekly intervals and had a very successful year. An additional club, to be held at King's Lynn, was under consideration at the end of the year in co-operation with the Medical Superintendent of Hellesdon Hospital.

Responsibility for the administration of schemes for the provision of welfare services under Sections 29 and 30 of the National Assistance Act, 1948, has been delegated to the Health Committee. There were no outstanding developments in 1957, beyond the appointment of an additional home teacher of the blind. Arrangements with the British Red Cross Society and the Norfolk Association for the Care of the Handicapped for handicraft training were reviewed and additional grants were promised so as to enable these organisations to extend their training facilities.

Much has been said and written about the increasing incidence of cancer of the lung and there is indeed strong statistical evidence as to its close connection with smoking. It is interesting, however, to note that the proportion of lung cancer deaths in relation to all cancer deaths, although showing a steady

increase from 1952 to 1956, decreased by a quarter in 1957. Why this should be so is not evident!

During the year, the question of re-grouping the water undertakings in Norfolk was dealt with by a Technical Panel and their report was submitted to the authorities concerned.

Following this preface, a short review has been included of the public health services provided by the County Council during the last 50 years. In so doing, considerable use has been made of notes compiled by Mr. C. J. Hubbard, a former chief clerk, on the "History of the Public Health Department."

In conclusion, I would again express my thanks to members of the Health Committee for their continued support, and to the voluntary bodies and many others for their contributions towards the health of the community through the services provided by the County Council. In particular, I would acknowledge my debt to the members of my own staff, without whose ready co-operation the health services of the county would cease to function.

K. F. ALFORD

Public Health Department,
29, Thorpe Road,
Norwich.
November, 1958.

HISTORICAL NOTE.

It was 50 years ago, in June, 1908, that a County Medical Officer was first appointed in Norfolk, when Dr. J. T. C. Nash assumed that responsibility. His first annual report dealt with the year 1907 and it, therefore, seemed appropriate that, in compiling this report for 1957, a brief survey of developments which have taken place in this county in public health during the past half century should be included.

The early reports were largely composed of summaries of the annual reports of district medical officers of health, with Dr. Nash's comments thereon, and the main problems were the prevalence of infectious diseases, housing conditions, water supplies, sewerage and refuse disposal.

In 1909, the first steps were taken to make tuberculosis a notifiable disease, when the Local Government Board issued regulations providing for the notification to the medical officers of health of sanitary authorities of cases of pulmonary tuberculosis occurring amongst the inmates of poor law institutions or amongst persons under the care of district medical officers. In that year there were 244 deaths from the disease. In 1912, notification of all cases of pulmonary tuberculosis became compulsory and the Insurance Committees established under the National Insurance Act, 1911, were given powers to provide sanatorium and domiciliary treatment for insured patients and their dependants.

The lack of isolation hospitals was largely responsible for the spread of infectious disease and for deaths which might have been prevented. In his report for 1910, the County Medical Officer of Health writes:—"With the exception of some sort of provision in the shape of small wood or iron erections in the event of an outbreak of smallpox, isolation hospital accommodation does not exist, or it is not utilised in the greater part of Norfolk."

The County Council had appointed an Inspector of Midwives in 1905. In 1910, her report stated that there were 127 midwives working in the county. "About 10% cannot read or write and their case books and registers are written by a relative to their dictation. All are reported to use a thermometer, the Inspector of Midwives having instructed more than half the practising midwives in its use."

Commenting on the infantile mortality rate of 83.96 per 1,000 births in 1912, Dr. Nash wrote:—"It is satisfactory to note that it is the intention of the powers that be to raise the wages of the agricultural labourer, for it is difficult, if not impossible, for a family to be properly housed and nourished on 14s. a week."

In 1914, when 6 cases of poliomyelitis were notified, it was stated that the disease appeared to be on the increase. It was then suggested that a certain type of fly—the stable fly—was responsible for many cases.

The need for the appointment of health visitors for the systematic home visitation of expectant mothers and young children, in an effort to reduce the number of infant deaths, was often referred to, but it was not until 1916 that the first health visitor commenced duty. Two more full-time visitors were appointed in the following year and arrangements were also made with the Norfolk Nursing Federation and other bodies for their nurses and midwives to act as part-time health visitors.

The first mention of infant welfare centres being established is that the health visitor assisted in the initiation of a voluntary centre at King's Lynn

in May, 1916, and that the Swaffham Urban District Council also started a small centre the same year.

Dr. Nash was constantly pressing for more adequate provision to be made for safeguarding the health of mothers and young children and, in his 1919-20 report, he mentioned the importance of dental treatment for nursing and expectant mothers, the provision of medical and hospital treatment at the time of confinement for those mothers who needed such treatment, and post-natal advice. At that time, in nearly half the county there were no arrangements for following up births owing to the shortage of staff available for this purpose. There were then six infant welfare centres serving the county, five in urban districts and one in a rural district.

In 1919, a county scheme for dealing with tuberculosis was approved. This included the appointment of tuberculosis officers and nurses under the supervision of the County Medical Officer of Health. Dr. W. B. Christopherson commenced duty as the Council's first Tuberculosis Officer in August, 1920, and a tuberculosis dispensary with a laboratory and office accommodation was opened at Bank Court, The Walk, Norwich.

At about the same time, the British Red Cross Society purchased 700 acres at Stanninghall for use as a farm colony for the after-care of men, chiefly discharged soldiers and sailors, following sanatorium treatment. The property was handed over to, and administered by, a Committee representing the Norfolk, Norwich and Gt. Yarmouth Authorities and the British Red Cross Society, on the understanding that, in considering applications for admission, preference would be given to men discharged from H.M. Forces.

In 1921, responsibility for the treatment of cases of tuberculosis was transferred from the Norfolk Insurance Committee to the County Council. A second tuberculosis officer commenced duty in 1922 and a third in 1925. In the latter year, a tuberculosis dispensary was also opened in King's Lynn.

It is interesting to read in the 1925 annual report, Dr. Nash's comments on the use in France of the B.C.G. anti-tuberculosis vaccine, and to recall that it was not until 1949 that a scheme for its use was adopted in Norfolk.

A scheme for the provision of dental treatment for nursing and expectant mothers, which the then County Medical Officer of Health had advocated for so long, was brought into operation in 1926. Mothers contributed towards the cost in accordance with their means.

1927 witnessed the commencement of an orthopaedic scheme for the treatment of children up to 16 years of age suffering from crippling defects.

In March, 1928, Dr. Nash retired, having laid the foundations of a county public health service upon which his successors have continued to build. He was succeeded by Dr. T. Ruddock-West, who had been Deputy County Medical Officer in Surrey. At the same time, the clerical staff dealing with the school medical work, hitherto employed by the Education Committee, was incorporated with the staff of the public health department, responsibility for the welfare of the blind was transferred from the Clerk's Department and the hitherto separate sections of the department were concentrated at Thorpe Road.

1928 was, incidentally, notable for an outbreak of smallpox in King's Lynn, where 41 cases occurred.

The Local Government Act, 1929, required County Councils to make a survey of the hospital accommodation for the treatment of infectious diseases

and to prepare a scheme for the provision of adequate facilities. This resulted in a decision by the Council to provide a central hospital at East Dereham for the treatment of infectious diseases other than smallpox.

Very shortly after his appointment, Dr. Ruddock-West undertook a comprehensive survey of the sanitary circumstances of each sanitary district in the county, and his annual report for 1930 included summaries of the position regarding water supplies, drainage and sewerage, scavenging arrangements and river pollution. In a report on housing, he made the comment that patients suffering from pulmonary tuberculosis and receiving institutional treatment had to be retained for long periods because of the poor condition of the houses in which many of them lived. He urged the provision of suitable houses at rents which the agricultural labourer could afford.

By the end of 1931, the whole of the county was covered for health visiting for the first time and the first County Council infant welfare centres—at Aylsham and Norwich—were opened in that year. Five centres were also transferred to the Council and 7 other centres in the county were organised by voluntary bodies.

In his 1932 report, Dr. Ruddock-West remarked that the death rate from cancer was still high; it was then the second chief cause of death and remains so today. The number of deaths that year was 615 compared with 770 for 1957.

In 1934, a County Sanitary Assistant, who in subsequent years was re-designated County Sanitary Officer and finally County Public Health Engineer, was first appointed.

In January, 1935, the County Council took over Melton Lodge, Great Yarmouth, for the treatment and education of crippled children following operative or other treatment at the Norwich Hospitals and, during that year, Stanninghall Colony was closed, arrangements being made for the use of additional beds at Kelling Sanatorium.

In the same year, Captain J. E. Sears presented to the Council a fully equipped child welfare centre, which was built at Aylsham in memory of his son.

During 1936, in order to comply with the requirements of the Midwives Act of that year, the County Council entered into agreements with the Norfolk Nursing Federation and nursing associations not affiliated to the Federation for the provision of a domiciliary midwifery service covering the whole county.

In May, 1937, a scheme was brought into operation whereby facilities were made available for ante-and post-natal examinations by general medical practitioners and reference to a consultant obstetrician where necessary.

June, 1938, saw the official opening of the County Isolation Hospital at East Dereham for the treatment of infectious diseases, other than smallpox, from the whole of the administrative county, apart from six county districts who wished to continue with their own arrangements. Part of the old Public Assistance Institution at Great Snoring was adapted for use as a smallpox hospital.

The first combined appointments of Assistant County Medical Officer and District Medical Officer of Health were made in 1938, thus bringing together responsibility for the administration of the personal and environmental public health services in the areas concerned.

With the outbreak of war in September, 1939, four emergency maternity homes were equipped for dealing with expectant mothers received into the county under the Government evacuation scheme.

During the war years, the Public Health Department became the headquarters for the administrative county of the Civil Nursing Reserve. A Casualty Bureau for the geographical county was also established; with the Chief Clerk (Mr. C. J. Hubbard) as the Officer-in-Charge. The reception of evacuees placed a great strain upon all the staff and much of the normal work had to be postponed in order to give priority to the many special problems which arose.

Pre-occupation with wartime difficulties and the shortage of staff had seriously curtailed some of the health services and the immediate post-war years were occupied in their restoration and development.

In 1947, a severe outbreak of poliomyelitis occurred throughout the country and there were 44 cases in Norfolk. It was this outbreak which initiated the present period of high incidence of this disease.

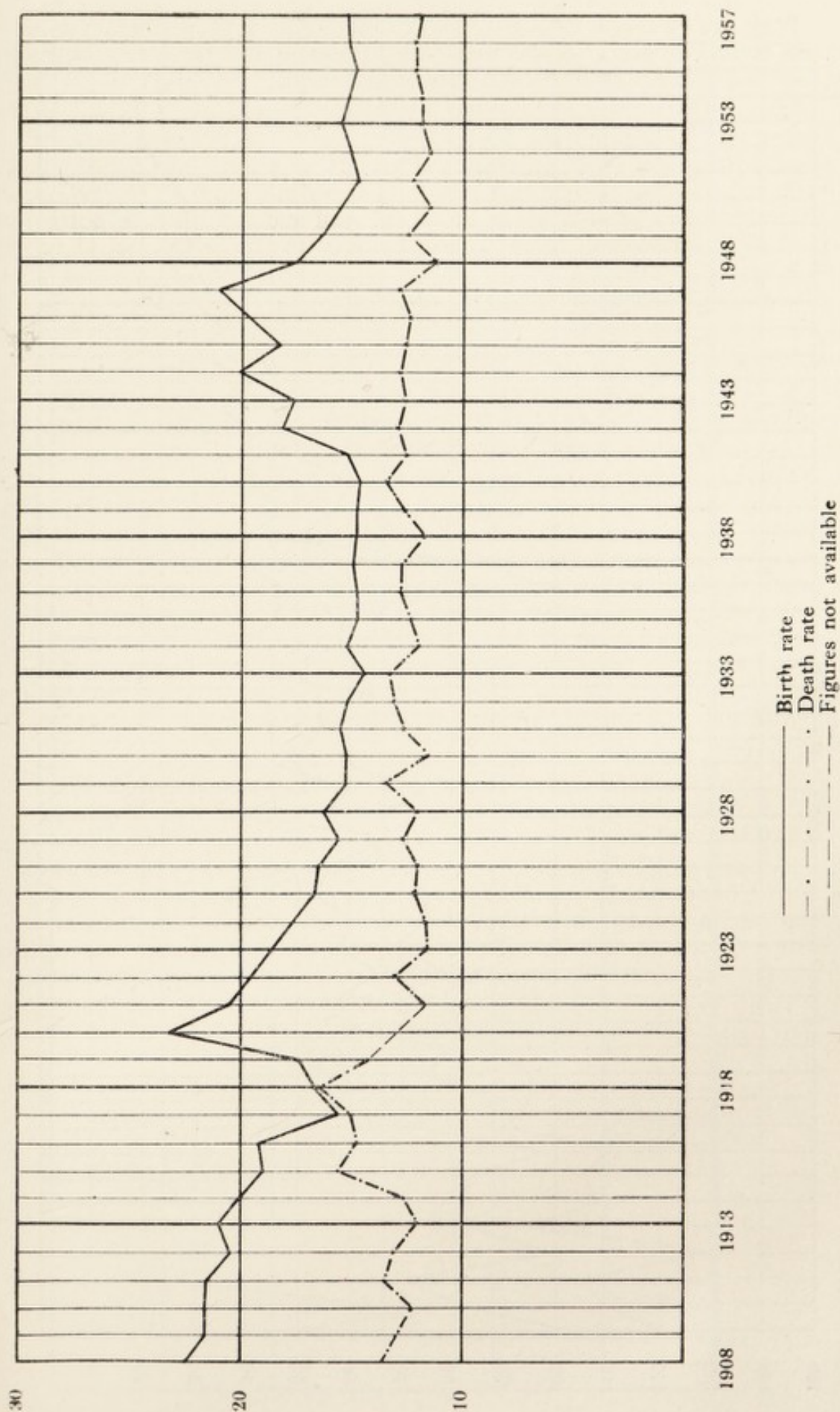
The year 1948 can probably be regarded as the most important since 1908 from the point of view of the public health service in Norfolk, marking as it did the introduction of the National Health Service Act, 1946. The Council became responsible for the provision of many new services, but other well-established services such as hospital treatment of infectious diseases, tuberculosis and orthopaedic defects, were transferred to Hospital Management Committees, although the Council acted as the agents of the Regional Hospital Board for the administration of some of these services for the time being. Nine local health offices were set up to deal with the day-to-day administration of certain services and to provide closer contact with the public.

The last ten years have been very full occupied in developing the services established in 1948, with which all members of the Health Committee are well acquainted.

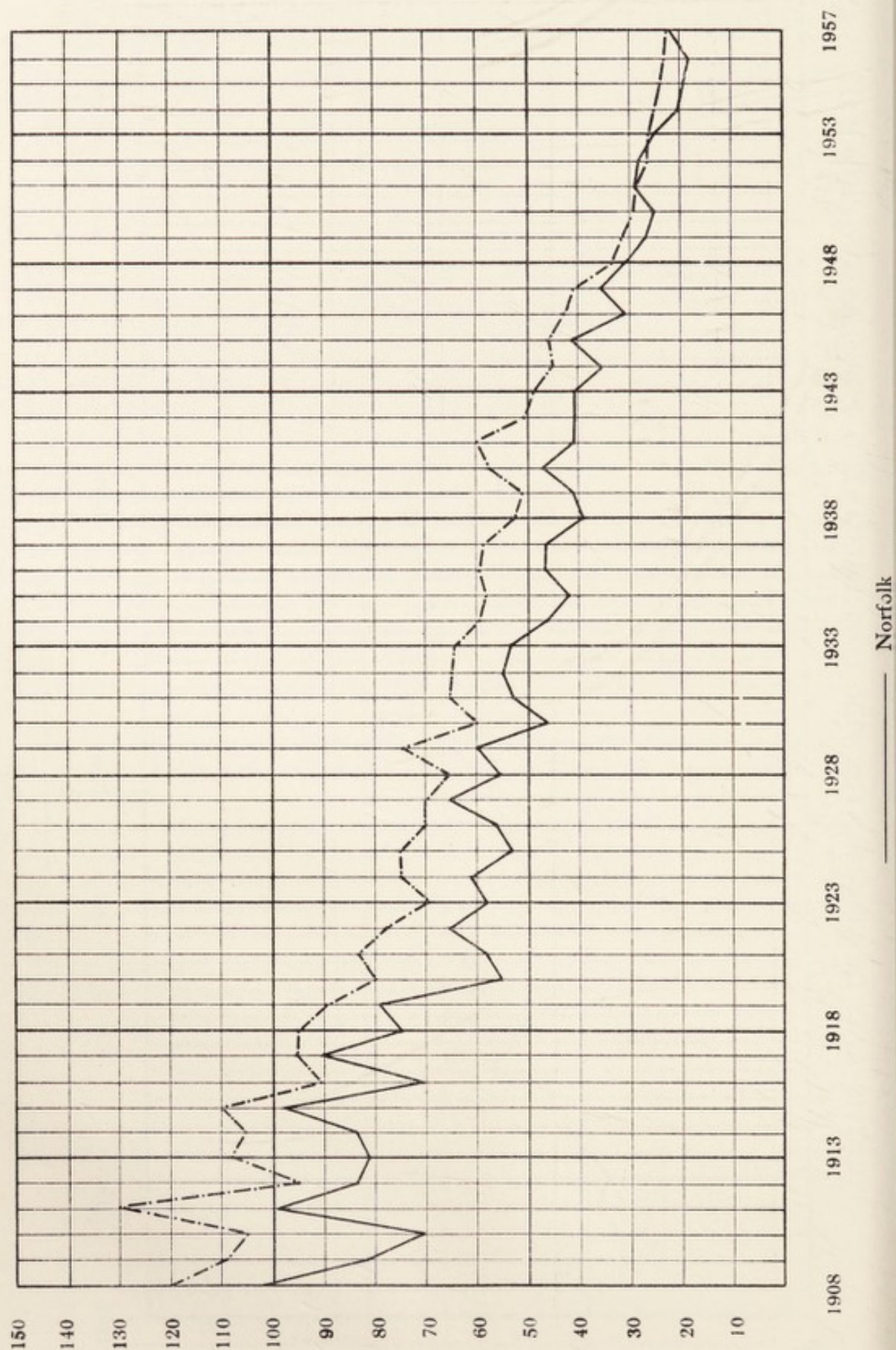
50 years is a long span, and for 46 of those years the Council was served by two County Medical Officers of Health only. The improvement in the public health during their terms of office has indeed been impressive, the measure of which may be best appreciated by studying the accompanying charts.

There can be little doubt that the Norfolk of today is a far healthier county than ever it was at the turn of the century.

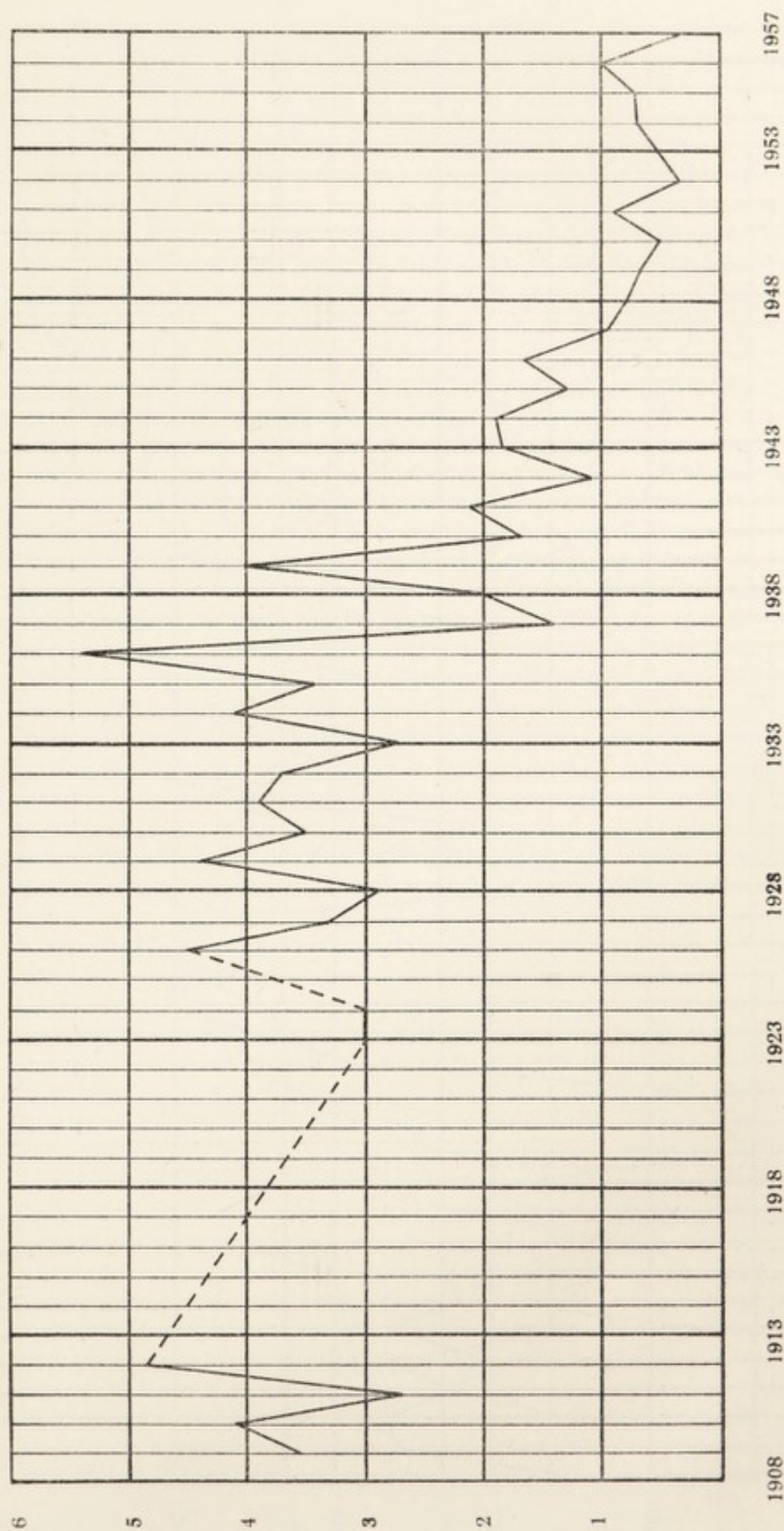
BIRTHS AND DEATHS (RATES PER 1,000 ESTIMATED POPULATION) 1908-1957



DEATHS OF INFANTS UNDER 1 YEAR OF AGE (RATES PER 1000 LIVE BIRTHS) FOR NORFOLK
AND ENGLAND AND WALES 1908—1957

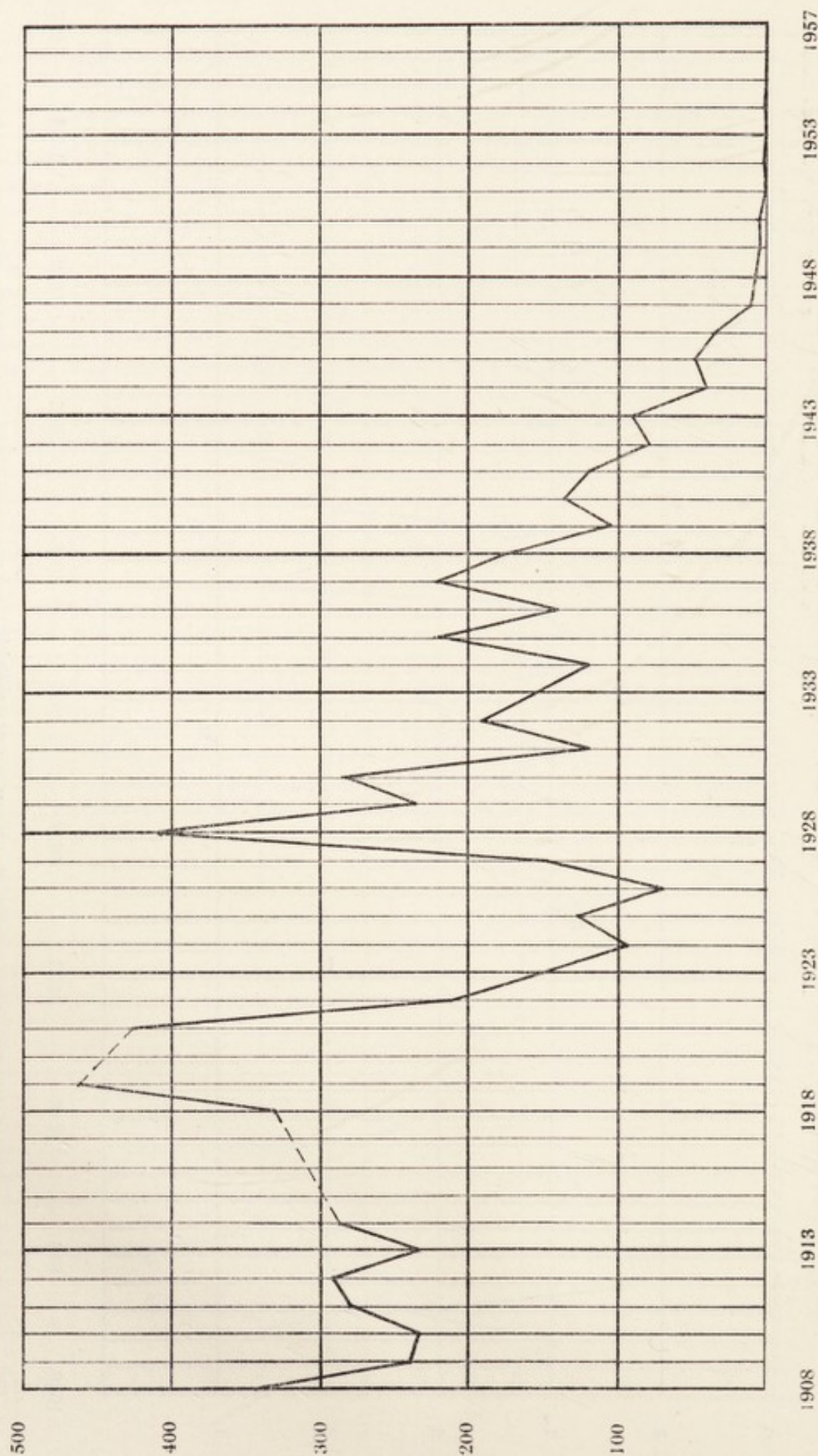


MATERNAL MORTALITY (RATES PER 1000 TOTAL BIRTHS) 1908—1957



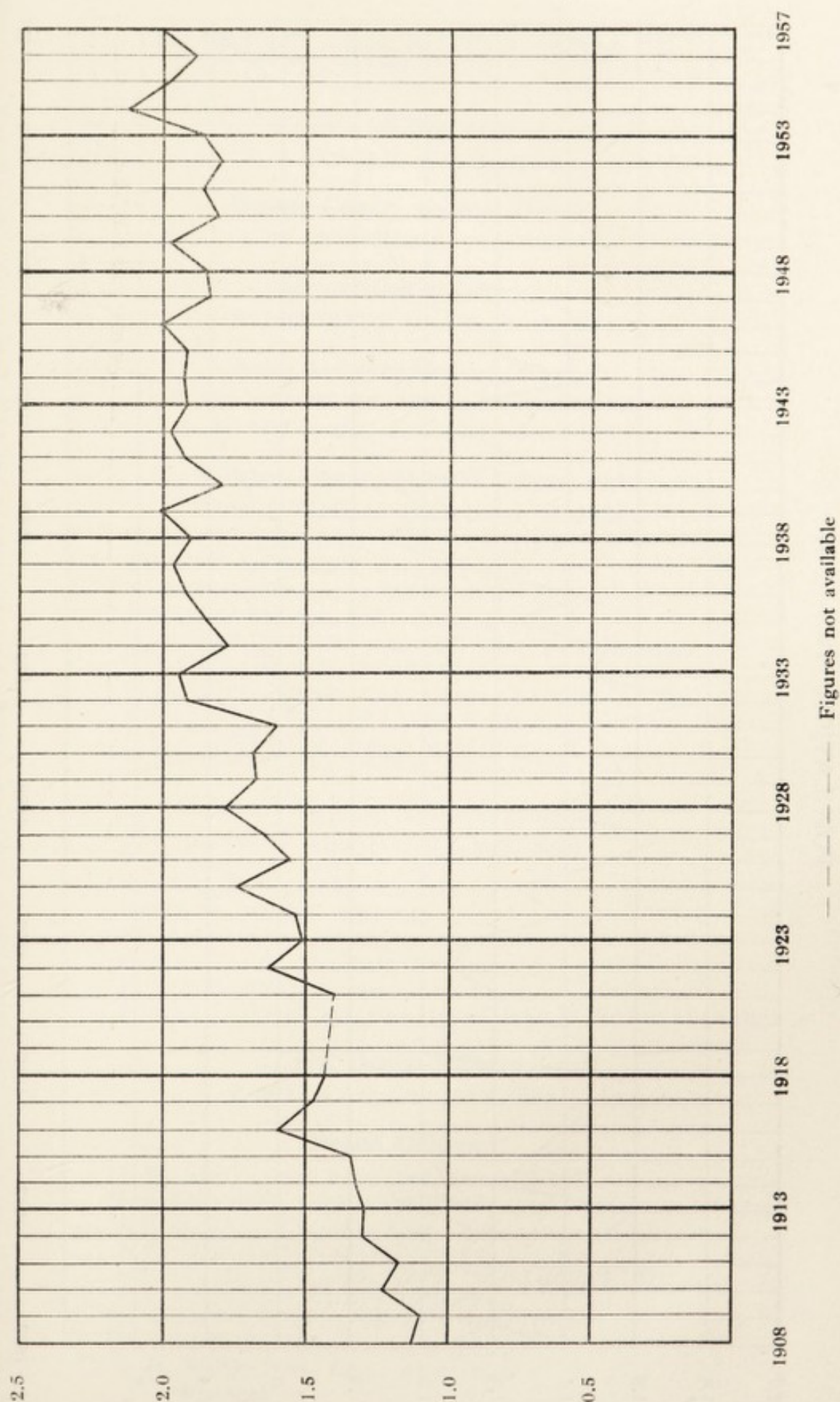
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DIPHTHERIA (NUMBERS OF CASES) 1908—1957

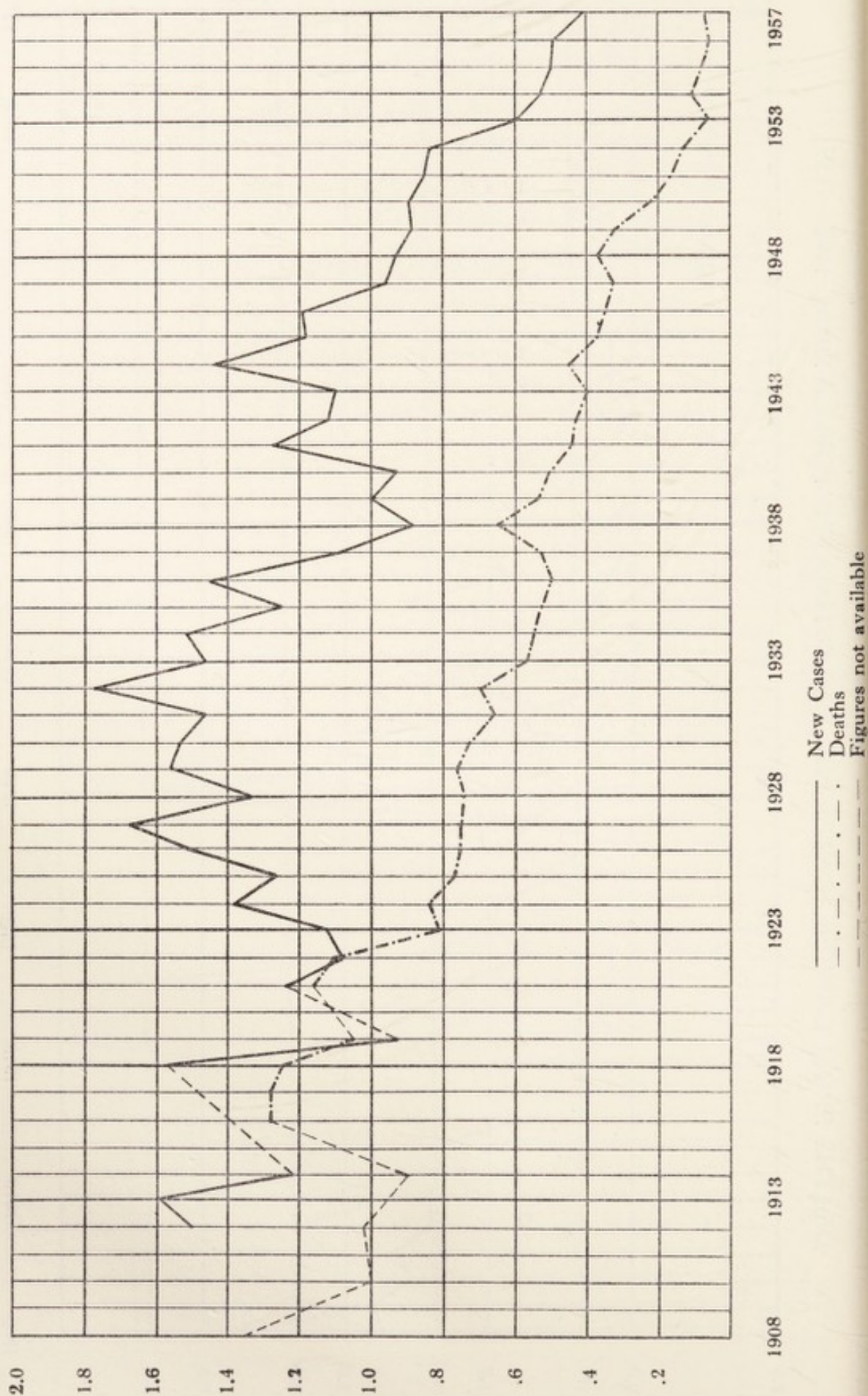


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DEATHS FROM CANCER (RATES PER 1000 ESTIMATED POPULATION) 1908—1957.



TUBERCULOSIS (ALL FORMS)—NEW CASE RATES AND DEATH RATES PER 1000 ESTIMATED
POPULATION 1908—1957



PUBLIC HEALTH STAFF

County Medical Officer:

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Deputy County Medical Officer:

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C. MARGARET McLEOD, M.B., Ch.B.

F. R. WILSON, M.D., Ch.B.

MOLLY GOVIER, M.B., Ch.B., D.C.H. (from 28.10.57 to 13.12.57).

Chief Dental Officer :

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

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E. C. PACKHAM, L.D.S., R.C.S. (Eng.).

*C. A. PITT-STEELE, L.D.S., R.C.S. (Eng.) (from 1.5.57).

*JEAN S. P. SMITH, L.D.S., R.C.S. (Edin.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

*Part-time.

County Public Health Engineer :

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F. B. TAYLOR, C.S.I.B.

Superintendent Nursing Officer:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

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

Assistant Superintendent Nursing Officers:

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

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

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

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MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert. (to 22.4.57).

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert.

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

MRS. E. J. COLLETT, S.R.N., S.C.M., H.V.Cert.

MISS H. G. DAVIS, S.R.N., S.C.M., H.V.Cert.

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

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

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

MISS R. C. HOWLETT, S.R.N., S.C.M., H.V.Cert. (to 23.6.57).

*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. (to 8.9.57).

MISS E. M. MILNER, S.R.N., S.C.M., H.V.Cert. (from 2.12.57).

MISS M. O'MEARA, S.R.N., S.C.M., H.V.Cert.

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

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

MISS K. E. SEWELL, S.R.N., S.C.M., H.V.Cert.

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MRS. V. M. WHITBY, S.R.N., S.C.M., H.V.Cert.

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

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

Speech Therapists:

MISS S. KENDON, L.C.S.T. (to 31.8.57).

MISS J. RUTT, 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., M.I.H.H.O.

Occupation Centre Supervisors:

MISS M. T. MEADE
MISS S. J. GEE

Psychiatric Social Worker :

MRS. J. M. WESTERN (part-time) (to 6.7.57).
MRS. S. RAINBOW (from 13.5.57).

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	D. R. INGHAM
S. H. BOUGHEN	V. K. C. KIRBY
J. COWELL	T. A. MAYFIELD
S. J. DODMAN	W. J. PEACOCK
S. FRYER	F. L. RAY
C. J. GALLANT	R. S. REEVE
V. C. HALL	J. A. ROWE

Chief Clerk:

E. W. DURRANT

SPECIALIST STAFF (Part-time).

Chest Physicians:

A. H. F. COUCH, M.D., M.R.C.P., D.C.H.
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.

1. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Acreage	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1957)	...					383,600
Estimated Product of Penny Rate for general purposes (1957-58)	...	...	...	...	...	£11,949
Rateable Value for general purposes (1st April, 1957)	...					£3,084,686

LIVE BIRTHS.

Rate per 1,000 of the estimated population:—

ADMINISTRATIVE COUNTY	...	...	...	15.39
Municipal Boroughs	...	...	...	16.58
Urban Districts	...	...	...	17.01
Rural Districts	...	...	...	15.05
ENGLAND AND WALES	...	...	...	16.1

5,905 births were registered in 1957 and the birth-rate of 15.39 shows an increase of 0.08 over the previous year. The application of the comparability factor (1.12) gives an adjusted rate of 17.24 which compares very favourably with the England and Wales rate of 16.1.

There were 290 illegitimate live births in 1957, comprising 4.91% of all live births. This shows a small increase of 0.34% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

STILL-BIRTHS.

Rate per 1,000 live and still-births:—

ADMINISTRATIVE COUNTY	...	...	...	22.51
Municipal Boroughs	...	...	...	20.79
Urban Districts	...	...	...	14.76
Rural Districts	...	...	...	23.91
ENGLAND AND WALES	...	...	...	22.4

There were 136 still-births during the year, giving a rate of 22.51 per 1,000 total births (live and still). This was higher than the 1956 rate of 21.54, and slightly higher than the England and Wales rate of 22.4. The distribution of still-births is included in Table 1.

INFANTILE MORTALITY.

There were 133 deaths of children under the age of 1 year and the infantile mortality rate was as follows:—

All infants per 1,000 live births	...	...	...	22.52
Legitimate infants per 1,000 legitimate live births				22.08
Illegitimate infants per 1,000 illegitimate live births				31.03

DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts										Total	Age at death													
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forchoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch		St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—	
Tuberculosis, respiratory	3	—	—	1	—	2	—	1	—	—	—	—	2	1	—	1	—	1	—	—	—	1	3	—	—	—	1	—	16	—	—	—	—	3	6	5	2
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	3	—	—	—	—	—	11	—	—	—	—	3	3	3	—	
Syphilitic disease	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	1	—	4	—	—	—	—	1	10	—	—	—	—	1	—	—	4	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3	—	—	—	1	2	—	—	—	
Other infective and parasitic diseases	—	1	—	—	1	—	—	—	—	—	—	1	2	1	—	1	—	—	—	—	—	—	1	1	1	1	—	11	1	—	—	1	—	1	8	2	3
Malignant neoplasm, stomach	9	—	4	1	1	1	—	2	1	1	3	—	15	3	5	7	4	7	6	1	3	6	13	3	3	3	105	—	—	—	—	2	24	35	44		
Malignant neoplasm, lung, bronchus	13	1	1	2	3	1	2	1	—	—	1	1	10	4	6	3	6	19	2	1	4	1	16	7	1	4	2	112	—	—	—	—	—	64	35	13	
Malignant neoplasm, breast	11	—	3	1	—	5	—	—	—	—	1	2	1	11	—	3	2	3	13	2	3	1	3	8	1	2	5	89	—	—	—	—	9	37	19	24	
Malignant neoplasm, uterus	5	2	2	—	—	—	—	—	2	—	—	—	2	1	2	1	2	3	—	—	—	1	1	5	2	1	1	35	—	—	—	—	1	13	9	12	
Other malignant and lymphatic neoplasms	28	5	8	6	5	6	4	4	4	2	5	5	43	14	20	23	20	52	11	11	14	15	54	19	11	18	20	429	—	1	4	3	10	127	122	162	
Leukæmia, aleukæmia	—	—	—	2	—	2	—	—	—	—	—	—	—	—	2	—	5	—	—	—	1	1	2	2	—	2	2	24	1	1	2	3	7	4	6		
Diabetes	5	—	—	1	—	2	—	—	—	—	1	—	4	2	3	2	4	8	1	3	2	4	1	1	1	—	3	47	—	—	—	—	9	18	20		
Vascular lesions of nervous system	42	9	14	8	13	10	5	14	8	7	1	10	61	35	33	25	29	47	16	15	16	27	91	21	19	18	23	617	—	—	—	—	8	84	170	355	
Coronary disease, angina	31	9	17	5	3	16	12	10	14	7	2	7	47	32	19	23	40	41	19	26	13	24	79	30	8	21	23	578	—	—	—	—	4	133	188	253	
Hypertension with heart disease	4	—	1	—	1	1	—	—	—	2	—	—	1	8	1	2	5	8	12	1	5	6	3	23	9	1	2	3	99	—	—	—	—	1	8	33	57
Other heart disease	39	19	12	3	8	9	11	3	16	10	5	15	121	43	31	30	58	115	21	25	25	36	83	23	9	35	22	827	—	—	—	—	1	13	54	174	585
Other circulatory disease	10	3	1	3	4	3	2	4	1	4	2	3	24	17	17	21	7	45	10	10	11	13	11	1	10	11	15	263	—	—	—	—	2	22	67	172	
Influenza	2	—	—	—	1	1	—	—	—	—	—	—	9	1	3	2	2	—	2	3	—	4	3	2	—	3	2	42	—	—	—	—	3	12	9	17	
Pneumonia	17	3	6	3	3	5	1	1	4	—	—	2	19	12	16	14	7	26	8	6	8	13	31	5	5	10	13	238	21	3	2	1	6	21	51	133	
Bronchitis	9	2	1	—	1	3	—	2	1	3	—	2	11	5	2	5	4	10	4	8	5	21	5	4	7	6	131	1	—	—	—	22	46	82			
Other diseases of respiratory system	3	1	2	—	3	—	—	—	—	—	—	1	6	1	3	3	2	1	—	—	2	1	5	2	—	3	39	—	2	1	2	2	8	9	15		
Ulcer of stomach and duodenum	4	1	—	—	—	1	—	1	—	—	—	—	2	—	3	2	—	2	2	4	1	—	5	1	—	1	1	31	—	—	—	—	1	4	8	18	
Gastritis, enteritis and diarrhoea	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	1	—	—	4	—	1	—	—	11	1	—	—	—	—	3	2	4	
Nephritis and nephrosis	3	1	—	—	—	1	—	—	—	1	—	—	—	2	1	4	4	1	—	—	2	2	1	4	—	5	—	33	1	—	1	3	1	10	7	10	
Hyperplasia of prostate	4	1	3	1	1	2	1	—	—	—	—	1	8	3	3	1	5	5	6	—	—	3	5	—	2	1	1	57	—	—	—	—	—	2	14	41	
Pregnancy, childbirth, abortion	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—		
Congenital malformations	4	1	—	—	—	—	—	—	—	—	—	2	3	3	1	2	1	4	—	—	1	2	—	1	1	1	7	—	34	24	2	1	2	2	3	—	
Other defined and ill-defined diseases	21	2	4	4	8	9	4	6	3	1	6	4	54	18	33	15	18	35	22	13	18	12	40	26	5	20	29	430	81	2	2	7	18	84	61	175	
Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	6	3	2	1	2	4	2	6	—	1	4	5	41	—	—	2	3	16	7	10	—	3
All other accidents	8	—	2	1	—	2	—	—	3	1	—	1	10	4	4	2	5	13	2	2	4	4	7	6	4	7	5	97	2	7	3	11	7	7	10	50	
Suicide	2	—	—	—	—	1	—	—	2	—	—	—	7	1	—	—	—	—	1	2	2	1	1	5	4	1	2	38	—	—	—	—	1	10	20	6	1
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
All causes	279	62	81	42	57	82	45	50	61	42	32	57	487	206	217	199	237	467	147	140	148	184	531	177	90	190	193	4503	133	20	24	50	122	801	1112	2241	



BIRTHS AND INFANTILE MORTALITY.

TABLE 1.

County district.				Population 30/6/57	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age		
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																
King's Lynn	...	...	...	26,500	383	39	422	8	2	10	11	2	13	7	2	9
Thetford	...	...	...	4,750	94	2	96	1	—	1	—	1	1	—	1	1
				31,250	477	41	518	9	2	11	11	3	14	7	3	10
URBAN DISTRICTS—																
Cromer	...	...	...	4,880	71	6	77	—	2	2	2	—	2	2	—	2
Diss	...	...	...	3,590	64	—	64	1	—	1	—	—	—	—	—	—
Downham Market	...	...	...	2,680	37	1	38	—	—	—	1	—	1	1	—	1
East Dereham	...	...	...	6,790	94	4	98	1	—	1	4	—	4	4	—	4
Hunstanton	...	...	...	4,260	143	6	149	1	—	1	1	—	1	—	—	—
North Walsham	...	...	...	4,790	66	4	70	3	—	3	1	—	1	1	—	1
Sheringham	...	...	...	4,620	76	8	84	1	1	2	2	2	4	1	1	2
Swaffham	...	...	...	3,110	54	1	55	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea	...	...	...	2,600	30	1	31	—	—	—	1	—	1	1	—	1
Wymondham	...	...	...	5,830	66	2	68	1	—	1	3	—	3	2	—	2
				43,150	701	33	734	8	3	11	15	2	17	12	1	13
RURAL DISTRICTS—																
Blofield and Flegg	...	...	...	33,320	358	22	380	7	1	8	5	1	6	4	1	5
Depwade	...	...	...	18,000	225	4	229	4	—	4	3	—	3	3	—	3
Docking	...	...	...	17,540	303	24	327	6	—	6	6	—	6	3	—	3
Downham	...	...	...	24,920	355	23	378	9	2	11	6	1	7	4	1	5
Erpingham	...	...	...	19,860	241	13	254	5	—	5	4	1	5	3	1	4
Forehoe and Henstead	...	...	...	24,630	376	14	390	8	—	8	10	—	10	7	—	7
Freebridge Lynn	...	...	...	11,360	152	8	160	6	—	6	3	1	4	3	—	3
Loddon	...	...	...	12,770	165	7	172	6	—	6	2	—	2	2	—	2
Marshland	...	...	...	16,610	244	14	258	5	1	6	10	—	10	8	—	8
Mitford and Launditch	...	...	...	18,160	286	16	302	11	—	11	3	—	3	3	—	3
St. Faith's and Aylsham	...	...	...	41,100	645	25	670	13	1	14	12	—	12	10	—	10
Smallburgh	...	...	...	18,130	226	9	235	2	1	3	8	—	8	6	—	6
Swaffham	...	...	...	9,210	158	11	169	4	—	4	3	—	3	2	—	2
Walsingham	...	...	...	23,850	391	17	408	8	—	8	12	—	12	6	—	6
Wayland	...	...	...	19,740	312	9	321	13	1	14	11	—	11	11	—	11
				309,200	4437	216	4653	107	7	114	98	4	102	75	3	78
ADMINISTRATIVE COUNTY				383,600	5615	290	5905	124	12	136	124	9	133	94	7	101

The rate of 22.52 shows an increase of 4.46 on the 1956 figure. The rate for England and Wales was 23.0.

76% of these deaths were neo-natal deaths, occurring in the first four weeks of life. Table 2 gives the causes of death.

The rate, according to type of district, varied as follows:—

Municipal Boroughs	...	...	26.99
Urban Districts	...	...	23.16
Rural Districts	...	...	21.92

MATERNAL MORTALITY.

There were 2 maternal deaths, giving a rate per 1,000 total births (live and still) of 0.33, as compared with the national rate of 0.47. The numbers of such deaths are, however, now so few that comparisons of rates in recent years might be misleading.

DEATHS.

Rate per 1,000 of the estimated population ... 11.74

During 1957 there were 4,503 deaths. The death rate is 0.33 lower than last year's figure and, when the comparability factor of 0.80 is applied, the resultant rate of 9.39 is considerably lower than the England and Wales rate of 11.5.

50% of the deaths were of persons 75 years of age or over (see Table 2).

The main causes of death were heart disease (33%), cancer (17%), vascular lesions of the nervous system (14%) and respiratory diseases other than pulmonary tuberculosis (9%). The latter accounted for 0.3%.

The following table shows, as percentages of all deaths, the deaths in various age groups during the least 20 years:—

Year	Age Group.						
	0—	1—	5—	15—	45—	65—	75—
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	24.5	48.1
1951	3.5	1.0	0.8	4.9	16.5	24.3	49.0
1952	3.8	0.4	0.6	4.6	17.2	24.7	48.7
1953	3.5	0.6	0.7	5.3	17.1	24.4	48.4
1954	2.7	0.5	0.7	4.5	16.4	25.9	49.1
1955	2.4	0.4	0.5	4.0	16.8	25.7	50.2
1956	2.3	0.4	0.5	4.0	16.6	25.6	50.6
1957	2.9	0.4	0.5	3.8	17.8	24.6	50.0

II. CARE OF MOTHERS AND YOUNG CHILDREN.

MATERNITY ACCOMMODATION.

MIDWIVES' CASES.

12 midwives' cases were referred to the Regional Hospital Board for maternity accommodation because of unsatisfactory home conditions. This is 11 fewer than in the previous year and their number has declined steadily since 1949 ((when 215 cases were referred), due to the increasing proportion of expectant mothers taking advantage of the maternity medical service, and to improved housing conditions.

DOMICILIARY CONFINEMENTS.

60% of Norfolk confinements took place in the patients' own homes, which is a slightly lower percentage than in previous years.

UNMARRIED MOTHERS.

The care and training of unmarried mothers is dealt with by the Norwich and Ely Diocesan Councils for Moral Welfare on behalf of the County Council, and the numbers in 1957 were as follows:—

In hostels with financial assistance from the Council	44
Without admission to hostel	105
	149

The cases admitted to hostels were mainly referred by the moral welfare workers, while those assisted in other ways were, in general, ascertained from the notification of birth cards.

	Admitted to hostel	Not admitted to hostel	Total
(a) <i>Classification—</i>			
First illegitimate child	44	83	127
Second illegitimate child	—	14	14
Third illegitimate child	—	4	4
Fourth or more illegitimate child ...	—	4	4
	44	105	149
	—	—	—
(b) <i>Age of mother—</i>			
Under 16	2	—	2
16—21	36	74	110
22—25	5	15	20
26—30	1	8	9
Over 30	—	8	8
	44	105	149
	—	—	—

(c) *Care of child—*

Still-born	...	...	...	—	4	4
Died	...	...	...	1	—	1
Kept by mother	...	...	...	22	77	99
Fostered	...	...	...	8	6	14
Adopted	...	...	...	13	10	23
Dr. Barnardo's	...	...	...	—	8	8
				44	105	149

(d) *Hostels to which admitted—*

St. Paul's Lodge, Great Yarmouth	...	...	...	16
Heigham Grove Shelter, Norwich	...	...	...	6
Bateman Street Mother and Baby Home, Cambridge	...	...	...	8
St. Anne, Streatham	...	...	...	1
Good Shepherd, Colchester	...	...	...	1
Beacon Lodge, East Finchley	...	...	...	1
St. Saviour's, Northampton	...	...	...	1
St. Mary's, Stamford Hill	...	...	...	4
Quarry Maternity Home, Lincoln	...	...	...	1
St. Bridget's, Chester	...	...	...	1
Salvation Army Home, Salford	...	...	...	1
St. Catherine's, Newark	...	...	...	1
St. Joseph's, Grayshott	...	...	...	1
Chelmsford Diocesan Shelter, Walthamstow	...	...	...	1
				44

CARE OF PREMATURE INFANTS.

332 premature live births (7 more than in the previous year) were notified as follows:—

Born in hospital	...	...	...	...	169
Born at home and nursed entirely at home	...	...	...	...	124
Born at home and transferred to hospital	...	...	...	...	31
Born and nursed entirely at private nursing homes	...	...	...	...	8
Born at private nursing homes and transferred to hospital	...	...	...	...	—
					332

272 of these infants survived 28 days.

61 premature still-births were also notified, 42 occurring in hospital and 19 at home.

The Council's two Queen Charlotte type oxygen tents were available at King's Lynn and Norwich for use as necessary in domiciliary cases. The Norwich tent was used on one occasion, the baby eventually being transferred to hospital and surviving.

ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

Following the receipt of the Memorandum on Ante-Natal Care relating to Toxæmia, circulated by the Ministry of Health in 1956, a local Committee of Inquiry was established in this area. While it was felt that there was already an effective liaison between hospitals, general practitioners and the Council's midwives, certain steps were taken to bring about further improvement in the service provided.

Details of a scheme were circulated, designed to bring about further co-ordination of the ante-natal arrangements between the expectant mother, the medical practitioner and the midwife. In some parts of the county a combined ante-natal record card is now in use jointly by the doctor and the midwife, together with a system of appointment cards designed to provide adequate supervision of the patient.

Efforts have also been made, through the Council's midwifery service, to extend the collection of blood samples for testing for the Rhesus factor, the Wasserman reaction and hæmoglobin estimation. Venues purchased by the Council are made readily available to medical practitioners by the midwives in midwifery cases, and the midwives arrange packing and despatch to the Regional Blood Transfusion Centre at Cambridge.

Medical practitioner examinations specially arranged within the Council's midwifery scheme continued to decrease in numbers, being only 19 in comparison with 26 in 1956.

MOTHERCRAFT CLASSES.

Classes were being held at 19 centres at the end of the year, compared with 11 at the end of the previous 12 months, and further extension was contemplated.

INFANT WELFARE CENTRES.

3 centres with consistently low attendances throughout the preceding year were discontinued and 4 new ones were opened. At the end of the year, there were 162 County Council centres providing a total of 188 sessions per month. Medical officers attended regularly at centres where the average number of children per session was 25 or more, and the smaller centres were visited by them from time to time.

Attendances during the year:—

First attendances of children under one year of age	...	...	...	...	3,052	(2,848)
Children who attended during the year, born in:						
1957	...	...	...	...	2,774	
1956	...	...	...	...	2,597	
1955-52	...	...	...	...	3,954	
					9,325	(9,263)
Total attendances	...	...	...	...	46,257	(46,766)
						<i>(1956 figures given in brackets)</i>

Mothers and young children living in the fringe area of the county adjacent to Wisbech continue to attend the Wisbech centre by kind permission of the Isle of Ely County Council. A small number of Isle of Ely mothers and children attend the Outwell (Norfolk) centre.

VOLUNTARY AND R.A.F. CENTRES.

In addition to the centres provided by the County Council, there were 33 voluntary weighing centres organised by local nursing committees and staffed by district nurse/health visitors, at which 1,014 children made 5,545 attendances. Centres for Service families were also provided at seven R.A.F. Stations, usually attended by the station medical officer and assisted by the Council's health visiting staff: 466 children made 1,688 attendances at these centres.

WELFARE FOODS AND MEDICAMENTS.

Proprietary brands of welfare foods are available for issue at infant welfare centres at cost price, or free of charge in necessitous cases. Certain medicaments are also available for issue free of cost when recommended on medical grounds.

NATIONAL WELFARE FOODS.

The Ministry of Food scheme, transferred to local health authorities in 1954, continued to operate smoothly, arrangements being kept under constant review and new voluntary centres opened and existing ones closed in the light of the needs of each particular locality. The County Council is indebted to the voluntary distributors for the valuable work undertaken.

Foods distributed:—

National dried milk	...	...	135,225 tins	(163,186)
Cod liver oil	...	...	35,266 bottles	(39,440)
Vitamin A and D tablets	...	...	15,832 packets	(15,784)
Orange juice	...	...	250,151 bottles	(226,372)

(1956 figures given in brackets)

At the end of the year there were 273 centres (63 official and 210 voluntary).

DENTAL TREATMENT.

The Chief Dental Officer reports:—

One of the most important services which can be rendered to the community and to future generations is the preservation of good health in expectant and nursing mothers and young children, and a great deal of success can be attained in this matter by the timely (and learned) advice of the midwife.

An expectant or nursing mother with diseased gums and teeth cannot be expected to produce a child whose future will be free from the effects of such contamination.

These remarks also apply, of course, to any kind of disease from which the mother or child is liable to suffer; and in view of the fact that the condition of the teeth can be accepted, in most cases, as an index of the general condition of the young individual, it follows that malformed teeth resulting from disease may not only ruin the youngster's appearance, but may give rise to anxiety in other directions.

Expectant and nursing mothers living in the county can claim (as priority cases) entirely free dental treatment, including dentures, under the Authority's scheme. This is a point which has been published on many occasions and which should be realised by all who are officially concerned with the welfare of these cases.

A situation which can and should be avoided is often caused by mothers who invoke the National Health Service under which they must pay for their dentures, and then, pleading ignorance of this rule, attempt to recover this fee from the Local Authority Service.

In 1957, 5,905 births took place in the county, 276 mothers were dentally examined, 260 were treated and the treatment for 234 was completed. Of these cases, 129 were supplied with dentures, most of which would have been unnecessary should treatment have been requested at an earlier stage.

The following is a table showing the numbers dentally treated and the forms of dental treatment provided.

(a) *Numbers provided with dental care.*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	276	274	260	234
Children under five	122	104	100	98

(b) *Forms of dental treatment provided.*

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures full upper or lower	Provided partial upper or lower	Radio-graphs
Expectant and nursing mothers	89	356	71	—	1,257	105	65	116	9
Children under five	1	24	167	—	189	30	—	—	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year, 5 daily minders caring for a total of 38 children, and one building with facilities for 4 children, were registered with the Council. All were visited at intervals by the Council's medical officers.

BIRTH CONTROL.

The Norwich Mothers' Clinic and the Cambridge Women's Welfare Association continued to provide constructive birth control facilities, the County Council making grants towards their expenses in respect of Norfolk mothers.

During the year, the Family Planning Association commenced a clinic at the Local Health Office, 15, Nelson Street, King's Lynn, with 2 or 3 sessions a month.

III. MIDWIFERY SERVICES.

The Norfolk County Nursing Association, the Council's agent for the provision of nursing services (including the midwifery service) since the introduction of the provisions of the National Health Service Act in July, 1948, gave notice that it would like the County Council to undertake direct responsibility as from the 1st April, 1958, and the necessary arrangements were made accordingly.

During 1957 the domiciliary midwifery service was carried out by 6 whole-time midwives and 133 district nurse/midwives employed by the Association, and by the supervisory staff employed by the County Council.

PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 259 midwives and 34 ceased to practise. At the end of the year there were 225 midwives on the register, compared with 227 at the end of 1956. 443 visits of inspection were made by the superintendent nursing officer and her assistants, acting as non-medical supervisors of midwives.

EMERGENCY MEDICAL AID.

Use of the general practitioner maternity medical services under Part IV of the Act continued to increase, with a corresponding decrease in midwifery cases for which medical aid was summoned (doctor not previously booked for confinement), as indicated by the following figures:

(a) <i>For domiciliary cases:—</i>	1957	1956	1955
(i) Maternity service cases under Part IV of the Act	274	226	168
(ii) Midwifery cases—doctor not booked	11	24	22
	285	250	190
(b) <i>Cases in Institutions</i>	—	—	—

CONFINEMENTS.

3,419 domiciliary confinements were attended by midwives, acting either as midwives or as maternity nurses, 217 more than in the previous year. In addition, the midwives attended 113 cases of miscarriage, a decrease of 16 on the figure for 1956.

Comparative figures for past three years:—

Domiciliary confinements—	1957	1956	1955
Midwifery/maternity cases (doctor not present)	1,964	1,846	1,711
Maternity cases (doctor present) ...	1,455	1,356	1,332
	3,419	3,202	3,043
Institutional confinements	1,906	1,466	1,394
Private institutional confinements ...	266	262	313
	5,591	4,930	4,750
Visits made by midwife—			
Maternity and midwifery	66,561	59,419	60,048
Ante-and post-natal	37,559	32,859	30,779

Domiciliary midwives attended 1,417 cases confined in institutions but discharged before the fourteenth day, entailing 6,380 visits.

ANALGESIA.

Of the 139 midwives employed by the County Nursing Association, 138 were qualified to administer gas and air analgesia and 140 sets of apparatus were in use; 26 midwives in regional hospital board establishments and 5 in private practice or employed in private nursing homes were similarly

qualified. Analgesia was administered by the Association's midwives in 2,650 cases (1,170 maternity and 1,480 midwifery), compared with 2,164 cases in 1956; 31 were dealt with by domiciliary midwives in private practice.

In addition, pethidine was administered by the Association's midwives in 1,925 domiciliary cases (757 maternity, 1,168 midwifery), and by private midwives in 25 cases.

OPHTHALMIA NEONATORUM.

8 cases were notified, 7 in respect of domiciliary confinements and 1 at a private nursing home. In none of the cases was it necessary for the baby to be admitted to hospital, and there was no apparent impairment of vision.

PUERPERAL PYREXIA.

12 domiciliary and 6 institutional cases were notified. The necessary facilities for treatment were available in all cases.

IV. HEALTH VISITING.

Health visiting has been carried out by full-time health visitors employed by the Council and by staff who also act as district nurses and midwives.

Considerable difficulty was encountered in obtaining qualified health visitors and 51 nurses were working under dispensation from the Ministry of Health at the end of 1957. While this figure cannot be regarded as satisfactory, the Council's policy of offering scholarships to enable suitably qualified persons to take the health visitor training course should slowly reduce the number of dispensations required. Six scholarships were made available in 1957 with the proviso that the students would undertake general duties in the county for at least two years after qualifying, and all were taken up.

The Council favours the employment of nursing staff undertaking combined home nursing, midwifery and health visiting duties in the rural areas, but training or replacement of existing staff must be a lengthy process. At the end of the year, 14 district nurses were also qualified health visitors, 9 having obtained their certificates through scholarships awarded by the Council.

65 district nurse/midwives devoted approximately two-fifths of their time to health visiting and 2 full-time health visitors and 14 full-time health visitor/school nurses were also employed at the end of the year, working mainly in the urban centres of population, while a further 6 nurses were engaged full-time on school nursing duties.

Health visiting duties undertaken during the past five years are summarised below:—

Year.	Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1953	28,607	5,757	109,713	138,320
1954	26,922	5,504	118,858	145,780
1955	27,918	4,904	104,338	132,256
1956	25,636	5,610	109,038	134,674
1957	31,639	6,363	102,578	134,217

Altogether, the health visitors visited 14,785 families.

Two full-time tuberculosis health visitors are also employed, but particulars of their work are included in the section of the report dealing with tuberculosis.

V. HOME NURSING.

The Norfolk County Nursing Association continued to act as agent of the Council for this service but gave notice to terminate this arrangement on 31st March, 1958.

6 nurses (including one male) were employed full-time and 135 district nurses devoted part of their time to these duties, and it is estimated that the equivalent of 59 whole-time nurses were so employed.

The district nursing service continued to cope with the constantly increasing proportion of hospital cases discharged home for nursing care, thus releasing beds for more urgent cases awaiting admission.

The numbers of cases assisted, and visits paid, were as follows:—

	No. of cases.	No. of visits.
Medical	5,893	111,055
Surgical	2,936	45,304
Tuberculosis	34	1,267
Other infectious diseases	14	161
Maternal complications	67	562
Others	838	7,427
	9,782	165,776

These include 4,229 cases aged 65 years and over involving 103,104 visits and 747 under five years with 4,220 visits. 893 patients each received more than 24 visits during the twelve months.

VI. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

At the commencement of the year the Health Committee reviewed the accommodation situation and approved a limited building programme for those districts where adequate housing could not otherwise be made available to meet district nurses' needs in the ensuing two years. 134 district nurses were accommodated at the end of 1957 as follows:—

38 in county council houses.

37 in district council houses.

17 in houses (other than council houses) rented by, or leased to, the county nursing association.

38 in their own houses.

4 in rooms or houses (other than council houses) rented by the nurses.

VII. TRAINING AND REFRESHER COURSES FOR NURSING STAFF.

The following courses were attended by members of the supervisory, district nursing and health visiting staff during 1957:—

Midwives' refresher courses—attended by 30 district nurse/midwives and 2 midwives from private nursing homes.

Health visitors' post-certificate courses—attended by 2 health visitors.

Post-certificate course for supervisors of midwives—attended by 1 assistant supervisor.

Nursing administrators' course—attended by 2 assistant superintendents.

Queen's Institute of District Nursing: Refresher course for district nurses—attended by 4 nurses.

Queen's Institute of District Nursing: Course of Queen's training—attended by 6 nurses.

In order to avoid a large number of the Council's domiciliary midwives having to undertake the refresher course during 1958 under the revised rule of the Central Midwives' Board, attendances have been spread over the last three years.

VIII. VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

It is very gratifying to be able to record a further increase in the number of infants vaccinated during the year. There has also been a small but satisfactory increase in the number of primary vaccinations of older children and adults, and in the number of re-vaccinations, although the latter remains very small in comparison with the population. The improved percentage of vaccinations reflects credit upon the efforts of the medical and nursing staffs.

Details of persons vaccinated or re-vaccinated during the last three years are as follows:

Age at which vaccinated	Vaccinations			Re-vaccinations		
	1957	1956	1955	1957	1956	1955
Under 1 year	2,530	2,393	1,804	—	1	—
1 year ...	274	260	247	5	2	6
2—4 years ...	144	122	78	36	20	26
5—14 years ...	139	111	43	125	89	59
15 years and over	268	211	145	551	364	382
	3,355	3,097	2,317	717	476	473

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION.

Only 2 cases of diphtheria have been recorded during the last 5 years and no death from the disease has occurred since 1946.

I would repeat what has been said on many previous occasions, namely, that the very fact that cases of diphtheria are now so infrequent is making it increasingly difficult to convince parents of the need for immunisation. It is, therefore, a tribute to the hard work put in by the medical, nursing and teaching staff of the Council that half of the children under 15 years of age are fully protected and that a further one-sixth have some measure of protection (no "booster" injection within the last five years).

Comparable figures for the past three years of children given primary and re-inforcing injections are:—

	Immunised			Given re-inforcing injections		
	1957	1956	1955	1957	1956	1955
Under 1 year ...	2,393	2,066	1,726	—	—	—
Aged 1—4 years	1,252	1,537	1,650	203	193	177
Aged 5—14 years	665	1,051	1,207	3,012	4,613	5,502
	<u>4,310</u>	<u>4,654</u>	<u>4,583</u>	<u>3,215</u>	<u>4,806</u>	<u>5,679</u>

It will be seen that more children were given primary immunisation in the first year of life than during the two previous years, but there was a decline in the number of primary immunisations in the other age groups and a very marked further decline in the number of children given re-inforcing injections. This may perhaps be partly attributable to the increasing amount of other preventive work that the medical staff was called upon to carry out in connection with B.C.G. and poliomyelitis vaccination.

Numbers of children who had been primarily immunised or who had received re-inforcing injections as at 31st December, 1957:—

	Under 1	1—4	5—9	10—14	Total
Last injection in 1953-57	964	12,099	15,260	15,096	43,419
Last injection 1952 or earlier ...	—	—	5,906	9,724	15,630
Estimated mid-year population ...	5,850	23,150	59,300		88,300

The Health Committee has considered circulars issued by the Ministry of Health and has revised its policy concerning the use of combined antigens in the light of the recommendations of the Medical Research Council. Previously, combined vaccines had been made available throughout the year, but their issue is now limited to the winter months of October to March and single antigens only are utilised in the summer time during the period of greatest risk of poliomyelitis.

The Health Committee has decided to add tetanus vaccine and the triple antigen (diphtheria, whooping cough and tetanus) to the list of antigens available, but the latter will be supplied in the winter months only.

VACCINATION AGAINST POLIOMYELITIS.

The report for 1956 dealt with the inception of the scheme for the vaccination against poliomyelitis of children born during the period 1947—1954. By the end of that year, only 1,503 children in the selected groups had had the two injections and 25 others had been given the first injection.

Further supplies of vaccine were received at intervals for the 14,865 children who had been registered, but in May the Minister extended the eligible age groups to include children born in 1955 and 1956 and re-opened registration for those in the first group.

In November, vaccination was further extended to all children over 6 months and under 15 years of age, expectant mothers, general medical practitioners and ambulance staff and their families, and to the families of staff of hospitals where poliomyelitis cases are treated. To enable this programme to be carried through, the Minister arranged to supplement supplies of British

vaccine with Salk vaccine tested to British safety standards. All persons registering were given the opportunity of stipulating their choice of vaccine.

This extension of the scheme involved a very considerable amount of extra administrative work, including the distribution of some 60,000 additional consent forms.

At the end of the year, all available children registered in 1956 had been protected, but no vaccine was received for vaccinating those registered during 1957. The numbers still awaiting vaccination were:—

Children born in 1943—1946	...	...	13,083
Children born in 1947—1957	...	...	23,000
Expectant mothers	...	...	272
General practitioners and families	...	...	304
Ambulance staff and families	...	...	52
Hospital staff and families	...	...	31
			36,742

Of those registering under the November circular, approximately 40% stipulated British vaccine only.

IX. AMBULANCE SERVICE.

AMBULANCES.

The main event of the year was the introduction of radio control of ambulances. Control stations were established at Norwich and King's Lynn and there was a considerable increase in the efficiency of the service.

For the first time since the inception of the service there was a reduction in the number of patients conveyed by ambulances and also in the total mileage.

Comparative figures for the past 5 years are:—

			Average No. of patients per month	Average monthly mileage
1953	...	...	886	22,936
1954	...	...	907	24,761
1955	...	...	992	24,955
1956	...	...	1,022	25,088
1957	...	...	981	23,513

During 1957, the ambulances conveyed 11,769 patients and the total mileage was 282,158.

CAR SERVICE.

The temporary additional increase of $\frac{3}{4}$ d. per mile in the mileage rate paid to car service drivers during petrol rationing, to meet the increased cost of petrol, was discontinued in April.

The demands upon the car service also show a welcome reduction in both cases and mileage, which is largely due to the whole-hearted co-operation of general medical practitioners and others in restricting the use of cars to those patients medically unable to travel by public transport. Every effort will be made to maintain the position and to reduce the mileage still further by combining journeys wherever possible.

Figures for the past 5 years are:—

			Average No. of car service patients per month	Average monthly mileage
1953	...	...	3,753	105,975
1954	...	...	3,870	105,116
1955	...	...	4,037	107,823
1956	...	...	4,099	103,568
1957	...	...	3,864	96,166

During 1957, 46,367 patients were conveyed by the car service and the mileage incurred was 1,153,998.

MUTUAL ASSISTANCE ARRANGEMENTS.

The national inter-county ambulance and sitting-case car rates were increased to 2s. 6d. and 1s. 6d. per mile respectively from 1st April, 1957, to meet the rise in running costs, and the Council adopted these revised rates.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

There was no change in the arrangements with the Norwich Authority for the use of returning Norfolk vehicles to convey Norfolk patients discharged from the Norwich hospitals, nor in the arrangements similarly extended to neighbouring authorities for the use of their returning vehicles so far as discharges from Norfolk hospitals were concerned.

X. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS

B.C.G. VACCINATION.

B.C.G. vaccination was made available to all school leavers during the year, subject to parental consent being received. 2,165 children were skin tested; 1,536 were found to be suitable for vaccination and, by the end of the year, 1,464 had been vaccinated. 275 contacts of actual sufferers from the disease were also given B.C.G. vaccination.

This system of protecting persons from tuberculosis has only been operating in the county during the last few years, the vaccine being provided by the Ministry of Health on request. There is a tendency to consider this a recent innovation in the fight against tuberculosis, but it is interesting to read that, as long ago as 1925, the then County Medical Officer was advocating such a step in his Annual Report!

REVOLVING SHELTERS.

The number of these shelters in use continues to decline owing to improved housing conditions and the declining case rate. In consequence, a further number of shelters has been disposed of as surplus to requirements, leaving, at the end of the year, 32 in use and 28 in store.

EXTRA NOURISHMENT.

10 patients have been provided with maltoline and iron and 4 with cod liver oil, free of charge, on the recommendation of the chest physicians, while 61 cases were supplied with free milk on medical grounds, as their financial circumstances precluded them from obtaining sufficient quantities otherwise.

REHABILITATION.

The Council has continued to pay rehabilitation fees at colonies for suitable cases recommended by the chest physicians. At the end of the year, 4 patients were being rehabilitated at Papworth and 2 at Preston Hall, Maidstone.

NOTIFICATIONS.

The number of new cases reported by formal notification during the year was 155. Comparable figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1953	170	0.45	54	0.14
1954	167	0.44	46	0.12
1955	153	0.41	36	0.095
1956	149	0.39	39	0.10
1957	133	0.35	22	0.057

MORTALITY.

The figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Death-rate.	No. of non-pulmonary cases.	Death-rate.
1953	24	0.06	2	0.005
1954	34	0.09	7	0.018
1955	24	0.06	8	0.021
1956	21	0.05	3	0.008
1957	16	0.04	11	0.029

AFTER-CARE REGISTER.

At the end of the year, 1,483 cases were on the register, as follows:—

	Male	Female	Total
Pulmonary	754	601	1,355
Non-pulmonary ...	59	69	128
	813	670	1,483

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

123 chest X-ray examinations of teaching, canteen and other staff in close contact with children were made during the year.

REPORTS OF CHEST PHYSICIANS.

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

“There has been no change in the existing arrangements for the prevention, diagnosis, treatment and after-care of tuberculous patients. The arrangements have continued to work smoothly and the close liaison with the Public Health Department has continued.

The figures for the General Practitioner "X-ray only" Service for the eastern part of Norfolk are as follows:—

Referred for X-ray only	...	...	3,471	
Recalled for appointments	...	...	232	(6.56%)
Cases of pulmonary tuberculosis found			12	(3.5 per 1000)
Cases of cancer of the lung	...	...	23	(6.6 per 1000)

Examination of contacts continues to be a fruitful source of new cases; during the year, 312 new contacts were examined and 10 active cases of tuberculosis found among them.

B.C.G. was given to 154 contacts.

Incidence. A further slight fall in the number of new cases of pulmonary tuberculosis is noted but 133 new cases in the county is still a large number; a considerable proportion of these patients had moderately advanced disease on diagnosis and must have been responsible for spreading much infection in their surroundings. The incidence of the disease is still enough to warrant the greatest possible effort in prevention, diagnosis and treatment. The death rate has shown a small rise; this is accounted for by the death of a number of patients with advanced disease who have been kept alive for a long time with the aid of anti-tuberculous chemo-therapy.

Prevention. It will be necessary in the future to take more active steps in order to track down the reservoir of human infection which must still exist. The early elimination of bovine tuberculosis as a cause of tuberculous infection in humans should enable the tuberculin test to be much more useful as a pointer to sources of human infection.

I trust it will not be long before frequent tuberculin tests will be a routine part of school medical examination. The knowledge of a recent tuberculin conversion should be a signal for a determined effort to find the source of this conversion which in most instances will be in the restricted environment of the school child.

Housing. There has been some improvement in the rehousing of tuberculous families during the past year, but the lack of easy transfer to areas where suitable employment can be found is still a considerable hardship in the resettlement of tuberculous patients.

Resettlement. The difficulties met with in helping the treated patient to get back to work are still very formidable and present some of the most difficult aspects of the complete treatment of the tuberculous patient. Patients who have a suitable job to return to, or who previously worked for a large organisation which can offer suitable work, are fortunate. For the majority of patients, the search for suitable work is a long and frustrating one and it is disappointing that the Disablement Resettlement Officers of the Ministry of Labour are unable to help a large number of such patients."

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

"The year 1957 produced no radical change in the approach to the problem of tuberculosis control. The number of deaths from pulmonary tuberculosis (16) is the lowest ever recorded and, of these, the majority were in elderly people whose normal expectation of life was not great, or in those whose tuberculosis

was only a minor contributory cause of death associated with a major disorder such as chronic bronchitis. The heavy mortality of past years in young people is fortunately no longer present, and complete arrest of the disease can be anticipated in over 90% of the new cases diagnosed.

Prevention has not, unfortunately, advanced to such a satisfactory extent, although further substantial progress in the control of bovine infection can be confidently anticipated when the whole of Norfolk shortly becomes an attested area. The main difficulty remains in the control of the sources of human infection, which depends to some extent on improved methods of drug treatment to render safe the chronic case, but largely on the still unsolved problem of finding and bringing under treatment the appreciable number of unrecognised cases in the country at large, who form a general reservoir of infection for those with whom they come in contact. Every facility is given to the general practitioner to refer patients either direct to the out-patient clinics or to the open sessions for chest radiography, but the yield is only from those who have consulted their own doctor. It leaves untapped not only those who regard a chronic cough as a normal accompaniment of life or who attribute it to smoking, but those who in the early stages of the disease may be entirely devoid of symptoms. Mass radiography plays a useful part in bringing to light some of these cases but, unless the response of the individual is much greater than it is at present, it will continue to produce a diminishing return. The success of a complete community survey, such as that held recently in Glasgow where, with much advertisement and propaganda, a large percentage of the total population was persuaded to attend, is most encouraging, and there is little doubt that in other areas a similar survey would prove of very great value. Such surveys have to be extremely thorough and well planned, incurring a considerable expenditure of time not only by doctors but by the large number of workers, paid and unpaid, whose enthusiasm and drive is in direct proportion to the results obtained. To cover the whole country in this way would be a vast undertaking but, in any area where infection is known to be high, it should seriously be considered.

Meanwhile, the work in West Norfolk continues on the same basis as in the past few years and as described in previous reports. It is a pleasure to acknowledge the co-operation which the Chest Clinic Service continues to receive, not only from the County and Local Health Authorities, but from the numerous local voluntary services who are ever ready to help in the control of disease which, though shorn of many of its former dangers, still remains a problem, the final solution of which is not yet at hand."

CO-OPERATION WITH VOLUNTARY ORGANISATIONS.

The British Red Cross Society provides a library service for tuberculous patients who are housebound. The Council pays a nominal annual sum of 5s. for each person taking advantage of these facilities, to cover the cost of postage.

The Friends of Kelling assisted from their voluntary funds a number of patients in matters outside the scope of the Council's scheme.

The W.V.S. clothing depot provided items of clothing for 18 necessitous tuberculous persons and their families.

The Council are grateful to these voluntary organisations for their valuable assistance.

SMOKING AND LUNG CANCER.

In accordance with Ministry of Health Circular 7/57, the Health Committee reviewed this problem and was of the opinion that the wide publicity already given to the relationship between smoking and lung cancer had already ensured that the adult population was in possession of sufficient information to enable individuals to decide for themselves. Accordingly, no general wide-spread scheme of publicity was embarked upon but action was taken as follows :—

(i) Arrangements were made for the Council's medical, nursing and health visiting staff to include in normal health education programmes, suitable reference to smoking, particularly heavy smoking, in relation to health in general and cancer in particular, without undue over-emphasis. For this purpose, all relative information was issued to them.

(ii) Every effort was, and is being made to ensure, as far as possible, that young people do not acquire the smoking habit. Following close collaboration with the Chief Education Officer, full information was made available to teaching staffs to enable them to issue the necessary advice to school leavers.

(iii) Similarly, there has been full liaison with district councils and voluntary organisations and selected posters have been displayed in local health offices, infant welfare centres, and elsewhere.

ACCIDENTS IN THE HOME.

Details of cases treated during the year have been provided by the Jenny Lind and Norfolk and Norwich Hospitals and these have been summarised as shown below :—

	Jenny Lind	Norfolk and Norwich
Injuries to limbs and body ...	205	175
Cuts ...	200	64
Burns and scalds ...	108	36
Poisoning ...	41	—
Foreign body ...	41	4
Miscellaneous ...	34	—
	629	279

The high proportion of accidents in the home involving children is evident from the numbers treated at the Jenny Lind Hospital, which deals with boys under 11 and girls under 12 years of age. At the Norfolk and Norwich Hospital, which treats the older patients, 30% were over 60 years of age.

The importance of taking steps to prevent accidents in the home is fully recognised and pamphlets and posters were distributed to infant welfare centres, old people's clubs, domiciliary nursing staff, local health offices and voluntary organisations. Statistics and notes have also been supplied to medical officers, health visitors and voluntary organisations as the basis of talks and lectures, and the publication of a Home Safety Handbook has been approved.

VENEREAL DISEASE.

The follow-up scheme detailed in the 1949 report has continued, although the number of cases in which the aid of the Council's staff has been invoked remained very small.

Returns received from the treatment centres at Norwich and King's Lynn show that 269 new Norfolk cases attended during the year:—

Syphilis	...	...	16
Gonorrhoea	...	...	59
Others	...	...	194
			—
			269
			—

Dr. H. L. Rogerson, venereologist at the Norwich centre, reports in respect of East Norfolk:—

“There was a slight increase in the number of new cases attending the Department for Venereal Diseases at the Norfolk and Norwich Hospital, compared with the previous year. The chief increase concerned gonorrhoea, particularly in males, but the increase was not enough to cause uneasiness.

Non-gonococcal urethritis is still more common than gonorrhoea and is still a problem, since it occurs in married couples without extra-marital exposure. Since this condition often resembles gonorrhoea closely, it is most important that a smear of the urethral discharge be examined before any treatment is given to the patient.

It is still recommended that all pregnant women who have been treated for acquired syphilis in the past should have a course of treatment during subsequent pregnancies.”

PROVISION OF NURSING EQUIPMENT.

The agency arrangements with the Norfolk branches of the British Red Cross Society and St. John Ambulance Brigade for the loan of nursing equipment were continued. 136 depots were available and 2,976 patients took advantage of the scheme. The ready co-operation of the voluntary organisations and their personnel at the various depots is appreciated by both the patients and the Council.

No major item of nursing equipment was purchased by the Council during the year for loan to patients.

RECUPERATIVE HOMES.

The Council provided periods of recuperative convalescence at voluntary homes for 6 cases recommended by doctors or hospitals.

XI. HOME HELP SERVICE.

The major proportion of this service is devoted to the long-term aged, sick and infirm type of case. It is inevitable that, with many such cases receiving help continuously throughout the year and, indeed, often over several years, the over-all hours of service provided and the total cost per annum should show a steady increase. This is more than off-set by the incalculable savings accruing to the tax-and ratepayer by reason of reduction in the demands for hospital, hostel and other residential accommodation.

TABLE 3.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1957

Type of case.	Cases assisted up to																Hours of service provided.	Percentage of total service.	Total cases assisted.
	Weeks.				Months.														
	1	2	3	4	2	3	4	5	6	7	8	9	10	11	12				
Maternity ...	10	47	48	3	—	—	—	—	—	—	—	—	—	—	—	5,595 $\frac{3}{4}$	2.17	108	
Children without mothers ...	1	1	1	—	1	—	2	2	—	—	—	—	2	—	2	4,175	1.62	12	
Post-operative ...	1	1	1	3	4	2	—	—	1	—	—	1	—	—	2	2,517 $\frac{1}{2}$	.98	16	
Sick and Old Age ...	23	27	26	44	85	58	28	41	41	28	24	32	44	49	288	229,368 $\frac{1}{4}$	88.96	838	
Blind ...	1	—	—	2	3	2	2	2	3	4	2	1	1	7	15	13,203	5.12	45	
Tuberculosis ...	1	1	—	2	—	—	1	3	1	—	1	1	—	1	1	2,957 $\frac{1}{4}$	1.15	13	
Totals ...	37	77	76	54	93	62	33	48	46	32	27	35	47	57	308	257,816 $\frac{3}{4}$	100.00	1,032	

referred and improvement in the health of many of the patients has resulted from their attendance at the club and sharing in the varied programme.

The arrangements for considering problem families at Area Conferences of social workers has continued and many of the cases have psychiatric aspects. The work of the health visitors, district nurses, children's officers, welfare officers and other social workers in trying to ensure that children are not neglected, or to prevent the break-up of families, plays an important part in the prevention of mental illness.

In the mental deficiency field, clinics were held at regular intervals with Dr. J. V. Morris as consultant and 47 patients were seen during the year at 18 sessions. As Dr. Morris is also consultant psychiatrist to the Education Authority's child guidance clinic, there is a very close link between these two prevention services. It is sometimes found that maladjusted children, who have been seen at the child guidance clinic, subsequently need further advice at an adult clinic and have the advantage of being seen by the same consultant.

(b) *After-Care.* Over 600 cases were referred by the hospitals for after-care visits by the Council's field staff. Advice and assistance was given to meet the need of the individual cases and their families on varying matters, including finance, pensions, employment, holidays, marital difficulties and general rehabilitation in the community.

The membership of the psychiatric social club, referred to previously, is largely composed of discharged patients who require support and encouragement to mix with other people. Despite changes in staff, the club has been extremely successful during the year and a wide variety of activities has been followed. The Mental Health Sub-Committee, after considering a progress report and with the concurrence of the medical superintendent of Hellesdon Hospital, has authorised the opening of a similar club at King's Lynn, for which plans were under active consideration at the end of the year.

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

In addition to their statutory duties as duly authorised officers, the Council's local welfare officers are in close contact with the medical superintendents of the two mental hospitals, who encourage case discussion and look to the Council's officers to provide the background knowledge of social circumstances. In this connection, an interesting development during the year was the request from both medical superintendents that, so far as possible, the welfare officers should prepare and submit a social history for every case admitted to the hospitals.

Every effort is made to avoid certification and there was a further marked decrease in the number of certified patients during the year, and an increase of nearly 100 in voluntary admissions. It will be observed from the statistical portion of this report, that the number of cases admitted for observation under Section 20, on the authority of the duly authorised officer, or under Section 21, on the authority of a Justice of the Peace, has practically doubled during the year.

The Vale Hospital, Swainsthorpe, continued to be used for the admission of senile dementia cases without certification but, unfortunately, there was insufficient accommodation to meet the demand. The Regional Hospital Board was approached during the year and asked to increase the number of beds available. Later, at a conference of welfare officers, Dr. Napier,

Medical Superintendent, stated that in order to try to meet the demand, he was proposing to introduce a system of admission and discharge on the basis of "six weeks in, six weeks out." He felt that, in a number of cases, the relatives would be prepared to have the patient home if they could be relieved by regular periods of hospital care. This suggestion was welcomed by the medical and lay staff of the Council, and it was agreed that the relatives of all cases in the hospital should be interviewed by the local welfare officers to see if they would take part in the scheme and accept the patient home on the undertaking of the hospital authority to re-admit if necessary. By the end of the year, all applications for admission were being discussed with relatives on the new basis and the initial response has been satisfactory. This scheme has considerable possibilities and, if successful, will enable a much larger intake, obviate the lengthy waiting list and, more important still, avoid the certification of elderly persons.

UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

(a) *Ascertainment.* Although the greater proportion of new cases reported and ascertained were notified by the Education Committee under Section 57 (Sub-sections 3 and 5), it is rather disturbing to find that a third of the cases were reported from other sources. In the main, these are of the feeble-minded group who are not reported for supervision on leaving school but subsequently get into some difficulties, often with the law or with their family, or maybe find it extremely difficult to obtain employment. When such cases come to notice, it is usual for them to be referred to the adult clinic for diagnosis, after which every effort is made to assist them through the Council's health and welfare services. One is a little perturbed to think that the Royal Commission proposes that there should be little formal notification of cases. Our evidence would appear to suggest that it would in fact, be helpful if a greater number of cases were notified, including borderline cases, so that various welfare services could assist from the time the child leaves school.

(b) *Supervision.* This is carried out by the local welfare officers, with the assistance of the mental health worker, health visitors and district nurses in specially selected cases. In an increasing number of cases where the home background is good and it is anticipated the defective will create no real difficulties, it is the practice to place the child under friendly instead of statutory supervision.

Children excluded from school who are unable to attend occupation centres, are provided with medical care similar to that given to children at school and, where necessary, extra nourishment is provided. The closest consultation is maintained with the youth employment officers, and every endeavour is made to ensure that defectives are placed in suitable employment.

(c) *Accommodation and Waiting List.* There was a further increase in the number of cases awaiting admission to mental deficiency hospitals. The number rose to 100 and, unfortunately, the largest increase was in the urgent group and particularly in the idiot and imbecile classes. The question of accommodation for low-grade defectives has faced local health authorities with a most difficult problem for the past 10 years, and demands the most urgent attention from the hospital authorities in the provision of low-grade accommodation. If it were not for the outstanding co-operation of the medical superintendent of Little Plumstead Hospital in accepting cases for temporary care, to enable parents to have a holiday or a break from the care of their

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(c) *Accommodation and Waiting List.* There was a further increase in the number of cases awaiting admission to mental deficiency hospitals. The number rose to 100 and, unfortunately, the largest increase was in the urgent group and particularly in the idiot and imbecile classes. The question of accommodation for low-grade defectives has faced local health authorities with a most difficult problem for the past 10 years, and demands the most urgent attention from the hospital authorities in the provision of low-grade accommodation. If it were not for the outstanding co-operation of the medical superintendent of Little Plumstead Hospital in accepting cases for temporary care, to enable parents to have a holiday or a break from the care of their

children, the situation would be impossible. It will be seen from the statistical portion of the report that over 120 cases were provided with temporary care during the year.

(d) *Guardianship.* There was no change in the number of cases under guardianship but 3 cases were discharged to friendly supervision and 3 new cases transferred to guardianship from institutional care.

(e) *Training of Defectives.*

(i) *Occupation Centres.* The arrangements previously reported have continued and no new provision was made during the year. The total number of children under 18 receiving full-time occupation centre training rose to 75. The usual activities were followed, including open days, Christmas parties and summer outings. A very successful year with extremely good attendance has been experienced.

The centres receive good support from local residents, which is perhaps best exemplified by the fact that during the year the Mayor and Mayoress of King's Lynn paid a special visit to the King's Lynn Centre, wearing full regalia. The Mayor made a most homely, appropriate and informal speech to the children, who were delighted at the picturesque touch provided by the robes.

During the year, two boys left the occupation centres, having obtained work with sympathetic employers and, at the end of the year, were still in the same jobs. There is no doubt that their training at the centre has greatly helped them to undertake simple routine tasks and to give satisfaction in their work. A girl of 16, who had been unable to obtain employment after leaving school at 15, was authorised to attend one of the centres in order to provide additional training. It is hoped that this girl will subsequently be able to maintain herself in a suitable post.

Occupation centres can only function in a large rural county by the provision of extensive transport, and the advent of petrol rationing at the beginning of the year caused considerable difficulties which were eventually overcome with the co-operation of the Divisional Petroleum Officer.

Little progress has so far been made in the plan for erecting a new full-time centre at Attleborough. At the end of the year, there was some hope that the problem of obtaining a suitable site would be overcome, and the erection of the centre, so urgently required in the southern part of the county, proceeded with. It has been agreed in principle that a further full-time centre should be provided in the north of the county and enquiries to obtain suitable premises were commenced.

(ii) *Home Teaching and Day Occupation Centres.* There has been no change in the provision previously made. The two home teachers continue to be responsible for the six occasional centres held at fortnightly intervals, and also for home teaching. It is desirable that the occasional centres should be opened more frequently, but this is impracticable until additional staff is appointed. The home teaching scheme works very successfully and a major proportion of completed articles is sold, the cost of the materials being paid into the County Fund and any surplus handed to the defectives. The home teachers report that the defectives are very encouraged and happily rewarded by the small sums paid to them. Even if the amount is only a few pence, it is frequently the only money the defective has ever received as a result of his own effort and achievement. Articles made include rugs, stools, ironing boards, lamp shades, peg bags, dishcloths, embroidered work, etc.

(iii) *Low-Grade Children.* These children are not suitable for occupation centres and the number in any one area is too small to warrant the establishment of special centres. The scheme introduced two years ago, under which home attendants are provided to care for low-grade children in their own homes on one or two occasions each week, has continued. No charge is made and the mother is able to have some relief from the constant care of the child, and can attend to personal matters. It has been rather surprising that, although this service has been made widely known, the demand has not been as great as was originally anticipated.

(iv) *Adult Defectives.* The Norfolk and Norwich Society for Mentally Handicapped Children proceeded during the year with their plans for the establishment of an Industrial Centre in Norwich to cater for both city and county cases. A Church Hall has been hired and adapted, whilst the Norwich City Council has agreed to the secondment of a male member of their occupation centre staff. Both authorities have agreed to make a grant to the Society for each case admitted for training and to appoint a representative on the Society's management committee.

The Council also gave assistance by the loan of insulated food containers and carpentry benches. The project has been welcomed by the Mental Health Sub-Committee as it will meet a need in the Norwich fringe area. The question of the ability of adult defectives to travel by public transport from the county areas and to find their way in the city without escort will be watched with interest. The centre was due to open at the beginning of 1958 and, when this report was prepared, appeared to have made a good start and to be functioning satisfactorily.

MENTAL HEALTH STATISTICS AT 31ST DECEMBER, 1957.

(For the purpose of comparison, the figures at 31st December, 1956, are shown in brackets.)

1. MENTAL PATIENTS.

(a) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	19(28)	26(46)	210(202)	308(281)	1(-)	1(1)	230(230)	335(328)
Hellesdon Hospital ...	11(19)	19(23)	112(86)	183(162)	1(1)	-(-)	124(106)	202(186)
Other hospitals ...	- (1)	1 (1)	8 (3)	8 (5)	-(-)	-(-)	8 (4)	9 (6)
Totals ...	30(48)	46(70)	330(291)	499(448)	2(1)	1(2)	362(340)	546(520)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							28 (36)	33 (30)
TOTAL ADMISSIONS ...							390(376)	579(550)
GRAND TOTAL ...							969 (926)	
(b) Admissions under Section 20 and Section 21 of the Lunacy Act, 1890 ...							M. 23 (16)	F. 60 (29)
(c) Discharged patients referred by the hospitals during the year for after-care ...							606(597)	

2. MENTAL DEFECTIVES.

(a) *Certified cases in institutions.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	269(261)	308(315)	577(576)
Other certified accommodation ...	46 (52)	30 (34)	76 (86)
Totals ...	315(313)	338(349)	653(662)

(b) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	113(122)	80 (77)	193(199)
(ii) 16 years of age and over ...	269(248)	216(212)	485(460)
Totals ...	382(370)	296(289)	678(659)
Number of cases under friendly supervision ...	151(139)	95 (72)	246(211)
Number of cases under guardianship ...	6 (6)	14 (14)	20 (20)
In county homes or other establishments	33 (38)	50 (51)	83 (89)
GRAND TOTALS ...	572(553)	455(426)	1027(979)

TOTAL cases in county—(a) and (b) ... 1680 (1641)

Rate per thousand based on Registrar-General's
estimate of population of the county—Mid 1957:

383,600 ... 4.38

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

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944	6 (21)	5 (9)	11 (30)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944	28 (32)	30 (21)	58 (53)
(iii) Other cases reported and ascertained	25 (19)	10 (12)	35 (31)
(iv) Number of cases reported but not yet dealt with	7 (10)	11 (10)	18 (20)
Totals ...	66 (82)	56 (52)	122(134)

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

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	17 (16)	8 (13)	25 (29)
Others	— (5)	1 (2)	1 (7)
Totals ...	17 (21)	9 (15)	26 (36)

(e) *Admissions for temporary care under Circular 5/52.*

	Male	Female	Total
(i) To Regional Hospital Board establishments			
(1) For one day	12 (20)	31 (15)	43 (35)
(2) For longer periods	45 (20)	41 (25)	86 (45)
(ii) Other establishments	— (—)	— (1)	— (1)
Totals ...	57 (40)	72 (41)	129 (81)

(f) *Receiving Training.*

	Male	Female	Total
(i) At occupation centres ...	43 (42)	32 (31)	75 (73)
(ii) Under home teachers ...			
(1) At Home ...	45 (41)	83 (95)	128 (136)
(2) At day occupation centres ...	30 (33)	22 (16)	52 (49)
Totals ...	118 (116)	137 (142)	255 (259)

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

	Male.	Female.	Total.
URGENT CASES.			
Idiots ...	9 (5)	9 (7)	18 (12)
Imbeciles ...	18 (12)	12 (12)	30 (24)
Feeble-minded ...	8 (3)	4 (2)	12 (5)
	35 (20)	25 (21)	60 (41)
NOT SO URGENT.			
Idiots ...	7 (7)	4 (3)	11 (10)
Imbeciles ...	9 (9)	8 (6)	17 (15)
Feeble-minded ...	6 (7)	6 (8)	12 (15)
	22 (23)	18 (17)	40 (40)
GRAND TOTALS ...	57 (43)	43 (38)	100 (81)

XIII. NATIONAL ASSISTANCE ACT, 1948.

The County Council has delegated to the Health Committee responsibility for welfare schemes for the blind and partially sighted, deaf, dumb and substantially and permanently handicapped persons, approved by the Ministry of Health under Sections 29 and 30 of this Act.

WELFARE OF THE BLIND.

REGISTRATION.

Numbers of cases examined and certified during the past five years :—

Year.	No. examined.	No. certified.	Percentage certified.
1953 ...	231	140	60.60
1954 ...	200	128	64.00
1955 ...	223	140	62.80
1956 ...	196	128	65.30
1957 ...	174	121	69.40

Causes of blindness of the cases certified in 1957, with numbers treated, or for whom treatment was recommended :—

	Certified	Treatment received before certification	Treatment recommended
Myopic error ...	14	1	3
Optic atrophy ...	5	—	—
Macular changes ...	16	1	2
Diabetes ...	4	—	1
Glaucoma ...	20	5	2
Cataract ...	32	7	21
Others ...	30	6	7
	121	20	36

Ministry of Health Form B.D.8 was completed in all cases and, of those certified as blind, 96 (79.4%) were over 65 years of age. For many years this percentage has shown only slight variation.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of disability.							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(i) Number of cases registered during the year recommended for :								
(a) No treatment ...	11	6	18	1	—	—	56	18
(b) Treatment (medical, surgical or optical) ...	21	11	2	1	—	—	13	2
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ...	5	7	—	—	—	—	3	1

OPHTHALMIA NEONATORUM.

Number of cases notified during the year ... 8

CASES ON REGISTER.

At 31st December, 1957, there were 900 registered blind, as follows :—

Age group	Males		Females		Total	
1—4 ...	1	(1)	4	(2)	5	(3)
5—15 ...	6	(6)	6	(5)	12	(11)
16—20 ...	8	(7)	1	(2)	9	(9)
21—39 ...	21	(21)	28	(26)	49	(47)
40—49 ...	24	(24)	19	(19)	43	(43)
50—64 ...	80	(84)	68	(77)	148	(161)
65—69 ...	37	(41)	44	(42)	81	(83)
70 and over	214	(215)	339	(314)	553	(529)
	391	(399)	509	(487)	900	(886)

(The figures in brackets indicate the position at the end of 1956.)

EDUCATION AND TRAINING.

The position at the end of the year was as follows :—

East Anglian Blind School, Gorleston	...	...	3
Sunshine House, Leamington	...	...	1
Royal Institution for the Blind, Birmingham	...	...	2
Royal School for the Blind, Bristol	...	...	1
Ordinary Schools	...	...	2
			9

In addition to the above, for which the Education Committee was responsible, two adults were being trained at the Norwich Institution for the Blind under the training scheme of the Ministry of Labour and National Service.

EMPLOYMENT.

Only 250 of the registered blind are in the normal employment age range, but many of the females are married, while the majority of the remaining cases are not capable of gainful occupation for health reasons. The County Council has an agency agreement with the Placement Service of the Royal National Institute for the Blind for assistance in placing suitable persons in employment and close co-operation has been established between the Council, the Placement Service and the Ministry of Labour and National Service. Two single Norfolk blind men were trained for sighted industry and successfully placed in employment in light engineering outside the county in 1957.

Assessment of persons needing a change of employment on becoming blind is undertaken by the Royal National Institute for the Blind at their Home of Recovery at Torquay, in conjunction with the Ministry of Labour. Two men attended the Torquay rehabilitation course and subsequently commenced training at the Norwich Institution.

EMPLOYMENT IN SHELTERED WORKSHOPS.

The number of Norfolk blind persons employed at the Norwich Institution for the Blind at the end of 1957 was as follows :—

Machine knitters (women)	...	...	4
Basket makers (men)	...	...	12
Brush makers (men)	...	...	2
Steward (man)	...	...	1
			19

HOME WORKERS.

The number of home workers remains small. One new poultry keeper was established during the year, grants being received from the Ministry of Labour, the Norwich Institution for the Blind, the Royal National Institute for the Blind and Gardner's Trust, to enable initial stock to be purchased.

At the end of the year there were 9 home workers :—

Poultry keepers	...	...	3
Basket makers	...	...	2
Machine knitter	...	...	1
Shopkeeper	...	...	1
Wire worker	...	...	1
Braille copyist	...	...	1
			9

OTHER EMPLOYMENT.

In addition to the 9 home workers and the 19 workshop employees referred to in the preceding paragraphs, 39 other blind persons were in employment at the end of the year :—

Collector	...	...	...	...	1
Masseur	...	...	...	...	1
Ministers of religion	...	...	...	...	2
Telephone operators	...	...	...	...	2
Piano tuner	...	...	...	...	1
Agents, shopkeepers, etc.	...	...	...	...	5
Poultry keepers	...	...	...	...	8
Basket workers	...	...	...	...	5
Agricultural workers	...	...	...	...	4
Ambulance officer	...	...	...	...	1
Shorthand typist	...	...	...	...	1
Domestic and factory workers	...	...	...	...	5
Labourers	...	...	...	...	3
					—
					39
					—

The shorthand typist is employed by this Authority.

3 persons were trained but unemployed at the end of the year. A further 10, although suitable for employment, had not received training, and the remaining 312 men and 489 women on the register were either not available for employment or were considered to be unemployable owing to age or illness.

PASTIME OCCUPATION.

The large number of blind persons who are not suitable for employment in industry indicates the need for instruction in home handicrafts which is given by the home teachers. Materials are supplied at cost price and the blind persons are encouraged to sell their products locally. Sales are also organised at the social centres, factories and offices. With the co-operation of the Southern Regional Association for the Blind and the Norwich Institution for the Blind, a display stand was arranged at the Royal Agricultural Show when it visited Norfolk during the year and 800 articles were sold.

A pastime handicraft group continued to meet fortnightly at Downham Market.

The Horticultural Society again held an annual show which was officially opened by Miss Adams, Ministry of Health Inspector of Blind Welfare, and over 800 exhibits were staged.

HOME TEACHING AND VISITING.

The increasing numbers of persons on the blind and partially sighted registers have led to case loads for the five home teachers far in excess of that recommended by the Ministry of Health, and the appointment of a sixth home teacher has been authorised. Even so, the case load will still be above the national average.

8,420 visits were made by the five home teachers, who also act as almoners for various charity pensions such as the Royal Blind, the Gardner's Trust and the Hetherington.

SOCIAL CENTRES.

There has been no change during the year: the five centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich have met monthly and attendances have been well-maintained with the assistance of voluntary workers and car owners.

GENERAL.

The Council has continued to distribute and maintain sets provided through the British Wireless for the Blind Fund. There has been an increased demand for mains sets and three V.H.F. sets were provided for test purposes and report. It is hoped that further V.H.F. receivers will be supplied during 1958 for use in the poor reception areas.

The National Library for the Blind provides facilities for braille readers and the Council paid grants in respect of 68 Norfolk blind persons. Full use is also made of facilities provided by the Moon Society.

A number of blind persons have talking book machines and the Education Committee has agreed to accept financial responsibility for postages at an annual rate of 10/- per person.

A week's stay at Great Yarmouth was arranged for a number of deaf/blind and blind persons who would otherwise have been unable to take a holiday as they had no guides. This is the fourth successive year in which these arrangements have been made.

A number of blind persons were also assisted with holidays at the Isle of Ely Holiday Home at Hunstanton.

The Norwich Institution for the Blind increased their annual allocation from charitable funds to £300 and this money was used to provide Christmas gifts and extra comforts, outside the scope of the Council's scheme, for the more needy blind in the county.

The W.V.S. provided various articles of clothing from their depots for 14 necessitous blind persons and another was provided with bedding.

The "Closer Link," the quarterly bulletin for the Norfolk blind, first issued in 1952, was continued and braille copies were also prepared for circulation to the deaf/blind.

WELFARE OF THE PARTIALLY SIGHTED.

Details of the cases on the register at 31st December, 1957, were:—

Age group.	Male.	Female.	Total.
2—4 ...	1 (—)	— (—)	1 (—)
5—15 ...	10 (9)	5 (6)	15 (15)
16—20 ...	9 (6)	8 (9)	17 (15)
21—49 ...	15 (17)	22 (21)	37 (38)
50—64 ...	17 (20)	21 (24)	38 (44)
65 and over	67 (68)	151 (144)	218 (212)
	119 (120)	207 (204)	326 (324)

(1956 figures in brackets)

For purposes of employment, partially sighted persons needing to change their occupations owing to their disability are placed in one or two classes—those likely to become blind within four years and those who are not. Those in the first group are trained in the same way as registered blind persons, but

those in the second group are trained for employment in occupations not requiring good eyesight unless, in the opinion of the ophthalmologist, the residual sight might be damaged, in which case training as for a blind person is provided. One Norfolk partially sighted person commenced training at the Norwich Institution for the Blind.

WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

REGISTRATION.

The number of cases on the register increased during the year by 54 and there are now 202, classified as follows:—

Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
Under 16	2	6	8	8	2	5
16—49	38	39	72	12	11	23
50—64	15	8	23	9	13	22
65 and over	9	10	19	10	20	30
	59	63	122	34	46	80

Most of these cases have been reported by the deaf missionary as he continues his survey of the county.

The 8 deaf and 5 hard of hearing children are all at the East Anglian Deaf School, Gorleston. 42 men and 27 women in the deaf, and 20 men and 2 women in the hard of hearing, categories are employed or employable.

GENERAL.

The Council's agency agreement with the Deaf and Dumb (Norwich and Norfolk) Association for the provision of welfare facilities for the deaf and dumb has been continued. The Association employs a fully qualified missionary, aided by grants made on an agreed basis by the Norfolk, Norwich and Gt. Yarmouth authorities.

During the year, over 1,000 visits were made to Norfolk cases in respect of employment and personal welfare problems. In addition, the Association, through the missionary, has co-operated with the police, probation officers and other officials on matters affecting individual deaf persons.

SOCIAL FACILITIES.

The long established clubs at Norwich and Great Yarmouth, and one started during the year at King's Lynn, provide most useful meeting points and social facilities for the deaf.

A club for the hard of hearing has also been formed with weekly meetings at the Association's Norwich headquarters. Lip reading classes, handicrafts, games and talks for those persons living within reasonable distance of the City are provided.

WELFARE OF THE PHYSICALLY HANDICAPPED—GENERAL CLASSES.

REGISTRATION.

This section of the register is for those persons who are substantially and permanently handicapped by illness, injury or congenital deformity. The Council's scheme was approved by the Ministry of Health in 1952. The numbers of persons on the register at the end of the previous four years were:—

Year	Male	Female	Total
1953	400	187	587
1954	399	189	588
1955	417	196	613
1956	453	226	679

There was an increase of 54 during the year and details of the total number on the register at 31st December, 1957, were:—

Age Group	Male	Female	Total
16—49	213	126	339
50—64	176	94	270
65 and over	88	36	124
	<u>477</u>	<u>256</u>	<u>733</u>

These cases are recorded in accordance with the Ministry of Health classification as follows:—

		Male.	Female.	Total.
A/E	Amputation	54	22	76
F	Arthritis and rheumatism	49	53	102
G	Congenital malformations and deformities	24	18	42
H/L	Diseases of the heart, stomach and chest (other than tuberculosis)	65	24	89
Q/T	Injuries or diseases (other than tuberculosis) of the head and body	106	32	138
V	Organic nervous diseases	103	74	177
U/W	Neurosis, psychosis and other nervous and mental diseases not included in V	9	4	13
X	Tuberculosis (respiratory)	22	2	24
Y	Tuberculosis (non-respiratory)	9	13	22
Z	Other diseases and injuries	36	14	50
		<u>477</u>	<u>256</u>	<u>733</u>

These may be grouped in relation to capacity and ability for work, as under :—

	Male.	Female.	Total.
(a) Capable of work under ordinary industrial conditions	188	20	208
(b) Not capable of (a) but mobile and capable of work in sheltered work-shops	59	13	72
(c) Incapable of (a) or (b) but capable of work at home	24	17	41
(d) Incapable of, or not available for work	206	206	412
	—	—	—
	477	256	733
	—	—	—

GENERAL.

Close co-operation with the Ministry of Labour and National Service on employment problems continued throughout the year.

A large proportion of the physically handicapped persons registered under this scheme are not available for, or not capable of, employment, and training in pastime handicrafts is essential. The Council's arrangements with the Norfolk Branch of the British Red Cross Society and the Norfolk Association for the Care of the Handicapped, in connection with handicraft training, were reviewed and the Council has agreed to pay increased annual grants to both organisations to enable them to provide more adequate training facilities. By mutual agreement, responsibility for training was apportioned equally between the two bodies who have each undertaken to provide a full-time instructor, or the equivalent in part-time officers. In addition, a handicraft class was organised by the Wayland District Committee, the Norfolk Education Committee providing an instructor.

The Norfolk Association continued its efforts to form District Committees and there are now nine covering a large portion of the county. The Council's local welfare officers and health visitors gave valuable assistance in the formation and organisation of these Committees.

For the fifth consecutive year, the Norfolk Association organised a very successful holiday camp at Gorleston. Some of those taking part came from Essex, Yorkshire and the Midlands, but the majority were from Norfolk (including Norwich). The Council gave financial assistance to enable 60 handicapped persons to attend, whilst many others were assisted by funds raised by voluntary efforts of the District Committees and Clubs.

The Norwich and Great Yarmouth St. Raphael Clubs provided social facilities for handicapped persons in adjacent parts of the county and there are now three St. Raphael Clubs for Norfolk persons, viz., King's Lynn, Wayland and Swaffham. 503 of the cases registered have indicated their desire to take part in social facilities so there is still plenty of room for the establishment of further clubs in other districts.

XIV. INFECTIOUS AND OTHER DISEASES.

Notifications of infectious diseases during the year, and the distribution throughout county districts, are set out in Table 4.

The number of *measles* notifications (8,388) was the highest yet recorded in the county, comprising 78% of all notifications. There was one adult death.

There were 1,475 notifications of *whooping cough*, which is twice the figure for 1956, but there were no deaths compared with three last year.

Although the notifications of *dysentery* and *food poisoning* are considerably fewer than last year, this gives no cause for complacency. The notification rate is not necessarily an accurate index of the incidence and there is still the same need for the utmost care in handling, preparing and serving food and in maintaining a high standard of personal hygiene.

There were 160 cases of *scarlet fever* compared with 281 last year.

For the third consecutive year, no case of *diphtheria* was notified and the last death from this disease occurred 11 years ago.

Confirmed notifications of *poliomyelitis* numbered 39, about the average figure for the post-war period. There were three deaths from the disease. The sexes were almost equally affected and over one-third of the cases were in the 5—9 years age group. As is the usual experience, the greatest incidence was during the months of August to October, when 25, or over 60% of the cases, were notified. Generally speaking the disease was fairly widely and evenly distributed throughout the county. Two brothers in the Blofield and Flegg Rural District developed poliomyelitis at the same time and concurrent cases were reported in two other localities. The distribution of cases during the period 1949—1957, according to sex and age and county districts, is shown in Tables 5 and 6.

The *cancer* death rate per 1,000 of the population was 2.01 and the age distribution of deaths was as follows:—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	—	1	3	2	4	135	125	120	390
Females	—	—	1	1	18	130	95	135	380
	—	—	—	—	—	—	—	—	—
	—	1	4	3	22	265	220	255	770
	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths, since 1952:—

Year	Cancer death rate per 1000 population	Lung and bronchus % of all cancer deaths
1952	1.79	16.61
1953	1.86	17.64
1954	2.12	18.57
1955	1.97	19.38
1956	1.88	20.12
1957	2.01	14.54

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 4.

Disease	Number of cases notified																											Total
	Municipal Boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever	4	1	—	4	2	—	6	—	—	1	—	4	15	3	2	9	4	16	—	17	1	6	32	9	4	14	6	160
Whooping cough	60	15	32	46	22	1	3	109	—	4	—	26	182	66	156	51	100	91	20	11	33	109	49	56	66	43	119	1475
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles, excluding rubella	1162	266	2	273	141	56	69	112	—	26	2	141	620	255	504	1088	174	190	458	123	333	655	451	362	135	414	326	8338
Acute pneumonia (primary or influenzal)	39	2	1	17	—	3	—	—	—	—	—	1	34	11	14	36	2	18	8	10	7	16	11	17	2	19	16	284
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	1	2	6
Ac. Poliomyelitis	1	3	1	1	—	—	1	—	2	—	—	—	5	1	3	3	3	4	1	—	1	1	2	2	1	2	1	39
Ac. Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Dysentery	2	—	—	1	1	—	—	—	—	—	—	1	7	6	—	5	1	7	—	—	1	16	4	10	—	—	5	67
Ophthalmia neonatorum	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	—	1	—	—	—	—	8
Puerperal pyrexia and puerperal fever	—	1	—	1	—	—	—	—	1	—	—	—	2	1	1	—	1	1	—	1	—	1	7	—	—	—	—	18
Erysipelas	—	1	—	1	—	—	—	—	—	—	—	2	4	—	—	4	—	10	—	1	1	1	—	1	1	—	—	27
Food poisoning	—	2	3	2	—	—	—	1	—	—	—	3	29	4	—	—	4	13	—	6	—	2	27	—	—	3	2	101
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice or infective hepatitis	24	—	—	—	—	—	1	—	—	—	—	—	6	—	—	—	—	—	1	3	—	2	1	—	—	1	—	39
†Chickenpox	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psittacosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3
Totals	1293	293	60	346	166	60	80	222	3	31	2	178	905	347	680	1197	293	351	488	175	382	810	585	457	209	497	478	10588

†This disease is notifiable only in Cromer



POLIOMYELITIS 1949—1957.

TABLE 5

DISTRIBUTION BY SEX AND AGE GROUPING

Age Group	1949			1950			1951			1952			1953			1954			1955			1956			1957		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
0 — 4	4	1	5	8	3	11	3	1	4	1	2	3	2	—	2	4	2	6	2	6	8	4	—	4	5	1	6
5 — 9	8	7	15	16	4	20	3	1	4	8	2	10	7	3	10	8	2	10	12	7	19	3	2	5	9	5	14
10 — 14	4	5	9	8	7	15	2	2	4	2	4	6	5	—	5	2	3	5	2	3	5	—	—	2	3	5	5
15 — 19	6	5	11	13	6	19	3	2	5	—	—	—	1	2	3	1	2	3	2	—	2	—	1	1	1	—	1
20 — 24	1	2	3	7	—	7	1	2	3	1	1	2	1	1	2	1	2	3	5	4	9	—	—	1	—	—	1
25 — 29	4	7	11	3	5	8	1	1	2	2	—	2	2	1	3	—	—	—	2	—	2	—	—	—	2	5	7
30 — 34	2	1	3	3	2	5	—	1	1	5	1	6	1	1	2	—	2	2	2	2	4	—	—	1	3	4	4
35 — 39	1	—	1	4	4	8	1	2	3	—	3	3	1	—	1	2	—	2	4	2	6	—	—	—	1	1	1
40 — 44	—	—	—	2	1	3	—	1	1	—	1	1	—	—	—	1	1	2	—	1	1	—	—	—	—	—	—
45 — 50	1	1	2	—	2	2	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50 —	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
TOTALS	31	29	60	65	34	99	15	13	28	20	15	35	20	8	28	19	14	33	31	26	57	7	3	10	21	18	39

CASE DISTRIBUTION BY COUNTY DISTRICTS.

Districts	1949	1950	1951	1952	1953	1954	1955	1956	1957	TOTAL
MUNICIPAL BOROUGH—										
King's Lynn ...	5	6	1	—	—	—	6	—	1	19
Thetford ...	—	3	—	—	1	1	—	—	3	8
URBAN DISTRICTS—										
Cromer ...	—	1	2	—	—	1	—	—	1	5
Diss ...	1	1	—	—	1	—	—	—	—	3
Downham Market ...	—	1	—	—	1	1	—	—	—	3
East Dereham ...	2	3	—	1	—	—	—	—	1	7
Hunstanton ...	—	1	—	—	1	—	—	—	1	3
North Walsham ...	—	—	1	1	1	—	1	—	—	4
Sheringham ...	—	—	—	—	—	—	1	1	2	4
Swaffham ...	—	—	—	1	—	—	—	—	—	1
Wells-next-the-Sea ...	1	—	—	1	1	—	—	—	—	3
Wymondham ...	4	4	1	3	2	—	5	1	—	20
RURAL DISTRICTS—										
Blofield & Flegg ...	5	8	—	2	6	1	3	—	5	30
Depwade ...	2	8	2	—	2	3	2	—	1	20
Docking ...	—	5	3	—	—	—	2	—	3	13
Downham ...	1	3	—	—	—	4	5	3	3	19
Erpingham ...	—	1	2	—	3	—	3	—	3	12
Forehoe & Henstead ...	8	5	3	10	1	3	2	2	4	38
Freebridge Lynn ...	1	1	—	—	—	—	2	—	1	5
Loddon ...	1	—	—	—	—	1	1	—	—	3
Marshland ...	—	—	—	—	—	1	11	—	1	13
Mitford & Launditch ...	1	6	—	2	2	3	2	1	1	18
St. Faith's & Aylsham ...	17	16	6	3	1	1	3	—	2	49
Smallburgh ...	2	3	1	2	—	—	2	—	2	12
Swaffham ...	—	—	—	1	—	3	2	—	1	7
Walsingham ...	—	2	4	1	2	3	4	1	2	19
Wayland ...	9	21	2	7	3	7	—	1	1	51
TOTALS ...	60	99	28	35	28	33	57	10	39	389

XV. ENVIROMENTAL HYGIENE.

The County Public Health Engineer reports as follows:—

WATER SUPPLIES AND SEWERAGE.

WATER SUPPLIES.

The development and extension of rural water supplies throughout the County continued throughout the year despite the restriction on capital expenditure.

The following grants were allocated by the County Council to the District Councils for the schemes indicated:—

District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Annual Cost falling upon:		
			Ministry %	County Council %	District Council %
Blofield and Flegg	S. W. Sector Stage I	... 258,400	13½	33½	53½
	S. W. Sector Stage II	... 125,475	26	33½	40½
Depwade	Dickleburgh/Brockdish Link Main	... 6,550	42½	28¾	28¾
	Tibenhams	... 15,115	33	33½	33½
	Rushall Works—Additional Lime Sludge Beds	... 2,210	45	27½	27½
Forehoe and Henstead	Areas 1, 4 and 5 (Revision)	67,530	46	27	27
Loddon	Comprehensive Scheme—Stage II	... 86,500	40½	29¾	29¾
Smallburgh	Area "A" Regional Scheme	271,800	23½	33½	43½
	Area "B" Regional Scheme	81,093	23½	33½	43½
	Ingham/Sea Palling (Revision)	... 25,101	31½	33½	35½
Swaffham Rural	Oxborough Eastmoor Road Extension	... 461	Nil	33½	66½

New schemes or extensions examined by the Water Supplies, Sewerage and General Public Health Sub-Committee during the year were:—

District Council	Scheme
Blofield and Flegg	S. W. Sector (Extension of mains to Mill Lane, Acle). N. W. Sector—Stage III.
Depwade	Rushall headworks (final development). Bressingham (Wilney Green area—extension of mains). Link main—Dickleburgh/Pulham St. Mary.
Downham	Hilgay (Venney Farm).
Erpingham	Upper Sheringham. Weybourne.
Forehoe and Henstead	Kirby Bedon (Extension to Manor Farm).
Loddon	Stage III—Detailed Scheme.
Smallburgh	Catfield (Extension to Grove Farm). Catfield (Extension to Sharp Street area). Worstead (Extension to Station Road).
Swaffham Rural	Oxborough (Extension to Eastmoor Road).
Walsingham	Joint Water Supply with Wells-next-the-Sea Urban District.
Wayland	Extensions at Brettenham, Rushford and East Wretham.

At the end of 1956, the Ministry indicated its desire for the re-grouping of water undertakings into larger units, and the local branch of the Urban District Councils' and Non-County Boroughs' Association, together with that of the Rural District Councils' Association, joined with the County Council in the appointment of a Technical Panel to review the present undertakings and to indicate the course which re-grouping might take on technical grounds. The Panel met on many occasions throughout 1957, and by the end of the year published their report. At the time of writing, this is still under administrative and financial consideration.

SEWERAGE AND SEWAGE DISPOSAL.

The vast extensions of piped water supplies which have taken place since 1944 are bound to create serious problems of sewage disposal. Since the passing of the 1944 Act, the principal effect has, of course, been to extend and develop the water supplies, but the time has come when District Councils are forced to embark upon expensive schemes to deal with these ever-increasing sewage disposal problems. In the larger villages, the need is

obvious. In the small villages and hamlets, the need frequently centres round the Council housing sites, for these houses are normally equipped with all modern conveniences and they, therefore, produce a greater volume of sewage per house than the country cottages. Recognising that proper sewage disposal facilities must be provided for Council houses, the Committee has encouraged District Councils to site and design such works so that they may also serve the other built-up parts of the villages and, where District Councils have been prepared to make such arrangements, the Committee has been prepared to consider financial assistance either by means of the Water Supplies and Sewerage Acts or of the Public Health Act.

In an effort to keep the expense of preparing these schemes to a minimum, the Committee offered technical assistance to District Councils, and, during the year, at the request of the Marshland Rural District Council, an outline scheme was in course of preparation for the parishes of Terrington and Clenchwarton. The technical conditions here are among the worst in the County, owing to the nature of the subsoil and to the difficulty of finding a suitable point for the discharge of effluent, and by the end of the year it was clear that the scheme was bound to be a very expensive one. Even so, the problem must be faced in the certain knowledge that many other parishes will sooner or later—and more likely sooner—need similar consideration.

During the year, the Committee allocated the following grants to the District Councils for the schemes indicated:—

District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Annual Cost falling upon:		
			Ministry %	County Council %	District Council %
Depwade	Scole Sewage Disposal Works	3,090	27	31 $\frac{1}{3}$	39 $\frac{2}{3}$
Erpingham	Holt Sewage Disposal Works	6,025	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$
Forehoe and Henstead	Costessey—Stage III Phase I	52,055	33 $\frac{1}{2}$	33 $\frac{1}{4}$	33 $\frac{1}{4}$
	Hingham (Watton Road) (Revision)	11,193	36 $\frac{1}{2}$	31 $\frac{3}{4}$	31 $\frac{3}{4}$
Loddon	Ditchingham—Lateral Connections	2,820	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$
	Ditchingham	63,700	26 $\frac{2}{3}$	33 $\frac{1}{3}$	40
Swaffham Rural	Hilborough	6,696	28 $\frac{2}{3}$	33 $\frac{1}{3}$	38
Walsingham	Great and Little Walsingham Reconnections	9,398	21 $\frac{1}{3}$	33 $\frac{1}{3}$	45 $\frac{1}{3}$
Hunstanton	Old Hunstanton (Revision)	47,490	22	33 $\frac{1}{3}$	44 $\frac{2}{3}$
Swaffham Urban	Improvements to Sewage Disposal Scheme	1,510	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$

New schemes or extensions examined by the Committee during the year were:—

District Council	Scheme
Blofield and Flegg	Thorpe Sewerage Connections.
Erpingham	West Runton Sewage Disposal. Cley Sewerage and Sewage Disposal.
Forehoe and Henstead	Poringland Sewerage—Stage III.
Loddon	Ditchingham (All Hallows Community).
St. Faith's and Aylsham	Great Witchingham Sewerage and Sewage Disposal. Hellesdon Sewerage—Stage I.
Smallburgh	Swanton Abbott Sewerage and Sewage Disposal.
Swaffham Rural	Necton—Stage I—Detailed Scheme. North and South Pickenham. Sporle Extensions.
Walsingham	Binham Sewerage and Sewage Disposal— Stage I.
Wayland	Attleborough S e w e r a g e and Sewage Disposal.

POLICY—CONNECTIONS.

Associated with all new sewerage schemes there is always the problem of house connections, re-connection from old sewers and, frequently, conversion of closet accommodation to the water carriage system. It is usually found that the costs involved in these processes are substantial and often not appreciated at the time sewerage schemes are embarked upon, with the result that total final costs are often much greater than anticipated. The question of the eligibility of such work for grant tends to produce difficulties of interpretation and inequalities and, during the year, the appropriate Sub-Committee established the following policy which has since been adhered to:—

“ That the following works rank for County Council grant:—

- (a) Works which the District Council can show that they are obliged by statute to carry out.
- (b) When the property concerned is already connected to a cess-pool, the adequacy of which cannot easily be assessed without the carrying out of detailed investigations, the laying of a sewer to the curtilage of the property.
- (c) In other cases, nil.

That each application for grant be considered by the Sub-Committee in the light of this policy.”

MILK AND DAIRIES.

SPECIFIED AREAS.

Additional duties were incurred by the extension of the Specified Area in November to a further five Rural Districts, five Urban Districts and the Borough of Thetford. All necessary preliminary investigations were completed and close co-operation maintained with the appropriate Local Authorities. No instances of milk being retailed in the area other than under designation were recorded. Details of samples taken during the year are given below:—

	Exami- nations	Phosphatase Satis- factory	Unsatis- factory	Void	Methylene Blue Satis- factory	Unsatis- factory	Void
First quarter	54	24	—	—	30	—	—
Second quarter	54	26	—	—	25	3	—
Third quarter	78	36	—	—	36	3	3
Fourth quarter	41	18	—	—	21	2	—
	—	—	—	—	—	—	—
	227	104	—	—	112	8	3
	—	—	—	—	—	—	—

PASTEURISING PLANTS.

During the year, one pasteurising plant, employing the Holder method, ceased to operate, and the licence was rescinded. Samples of all grades of pasteurised milk were taken from the retail delivery rounds and, in all, 786 formal examinations were carried out. Of these, 4 failed the phosphatase test and 4 failed the methylene blue test. 19 of the samples submitted for methylene blue testing were void owing to the overnight shade temperature exceeding 65°F.

Alterations, as reported last year, were completed satisfactorily at one major dairy and re-orientation of equipment and extension of premises was carried out at a further dairy. Discussions at two other dairies will result in improved methods of working during the year 1958.

Apart from special visits in connection with alterations and with investigations into the cause of sample failures, 146 routine visits, each involving detailed inspection of the premises, plant and methods of working, were made during the year.

STERILISED MILK.

There is only one supplier of this type of milk in the County, and samples of milk have passed the prescribed tests.

MILK IN SCHOOLS SCHEME.

During the year all schools were in receipt of bottled milk, and in only one case was tuberculin tested raw milk supplied instead of pasteurised milk.

The following table indicates the sampling position.

Test		Number of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (raw milk)	...	1	1	—	—
Methylene Blue (pasteurised milk)	...	300	279	7	14
Phosphatase (pasteurised milk)	...	301	299	1	1
		<u>602</u>	<u>579</u>	<u>8</u>	<u>15</u>

Liaison with the Chief Education Officer has resulted in improved methods of storage, where necessary, at a number of schools in receipt of overnight deliveries of milk and in the rinsing of bottles before return to the dairies.

MILK SUPPLIES TO COUNTY COUNCIL ESTABLISHMENTS OTHER THAN SCHOOLS.

Occasional samples only have been submitted from these premises due to rigorous sampling and inspection of the milk at source. All passed the prescribed tests.

TUBERCULOSIS IN MILK.

During the year, 1,360 bulk samples of milk were submitted for biological examination from non-designated herds in the County. 31 herds were found to contain one or more positive animals and subsequent investigation resulted in the slaughter of 29 animals. In the remaining cases, it was found that animals had been removed from the herds and sold for slaughter during the period the samples were undergoing examination.

The sampling results are compared with those of previous years in the following table:—

Year			Herds sampled	Herds positive	% Herds positive
1952	...	...	1,057	28	1.7
1953	...	...	1,856	31	1.7
1954	...	...	1,940	39	2.0
1955	...	...	1,810	25	1.4
1956	...	...	1,786	39	2.2
1957	...	...	1,360	31	2.3

BRUCELLA ABORTUS.

No bulk samples of milk have been submitted for examination due to the continued restriction on the use of guinea pigs for this purpose, and no cases of undulant fever have been reported.

The number of registered dairy farms at the end of the year was 2,251, of which 1,359 were tuberculin tested. This compares with 2,440 and 1,325 respectively at the end of 1956.

HOSPITAL DAIRY FARMS.

As in previous years, samples for biological and methylene blue examinations were taken from these farms at the request of the Ministry of Health as shown in the following table :—

	Methylene Blue		Tuberculosis		Brucella Abortus	
	Taken	Unsatisfactory	Taken	Positive	Taken	Positive
St. Andrew's Hospital	12	2	3	—	3	—
Little Plumstead Hall	12	—	3	—	3	—
	—	—	—	—	—	—
	24	2	6	—	6	—
	—	—	—	—	—	—

NATIONAL MILK TESTING SERVICE.

The pilot sampling scheme for methylene blue examinations from non-designated herds has been continued on behalf of the Ministry of Agriculture and details of the samples taken are as shown in the following table :—

	No. of Samples	No. of Failures	% of Failures
January ...	—	—	—
February ...	9	1	11.1
March ...	—	—	—
April ...	—	—	—
May ...	16	4	25.0
June ...	31	6	19.3
July ...	70	31	44.3
August ...	56	24	42.8
September ...	58	22	37.9
October ...	39	5	12.8
November ...	33	5	15.1
December ...	41	3	7.3
	—	—	—
	353	101	28.6
	—	—	—

Some restriction in this work, as indeed in all milk sampling activities, was inevitable in the early months of the year due to petrol rationing and consequent necessity to reduce travelling to a minimum.

FOOD AND DRUGS ACT, 1955.

One dairyman was successfully prosecuted in respect of the delivery of a bottle of milk containing a dead mouse to a school in the County.

Of 246 samples of school milk submitted to the Chief Inspector of Weights and Measures, 8 proved not genuine. These were followed up by formal samples, all of which proved satisfactory, and no further action was necessary.

GLASS SPLINTERS IN SCHOOL MILK BOTTLES.

During the year, investigations were carried out in eight cases where splinters of glass had been reported as being found in bottles of school milk. Although this is a very small percentage of the total number of school milk bottles in use, the matter is one which gives cause for real concern, and the position is being carefully watched.

ICE CREAM.

The following table shows the number of samples taken during the year. The standard is generally satisfactory :—

Grade	1957	1956	1955	1954	1953
I (Satisfactory) ...	174	255	105	115	123
II (Satisfactory) ...	83	30	27	13	62
III (Doubtful) ...	8	3	4	3	12
IV (Unsatisfactory) ...	2	2	4	1	2
	267	290	140	132	199

Most of the ice cream sold in the County is pre-packed and manufactured at large ice cream factories. It is well known that the standard of hygiene at these factories is very high.

HOUSING AND SANITARY COMPLAINTS.

The following gives details of complaints received and investigated, the majority relating to housing matters :—

Housing—

Tuberculosis cases	...	...	...	...	7
Overcrowding ...	...	...	...	...	8
Old or registered blind persons requiring ground floor accommodation	...	...	...	...	6
Insanitary premises	...	...	...	...	8
Defective premises	...	...	...	...	13
				—	42
Refuse ...	...	...	...	...	3
Drainage ...	...	...	...	...	11
Nuisances by animals	...	...	...	...	5
				—	61

NEW HOUSING.

The following table shows the number of new permanent dwellings completed 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 1957 and total completed to date in the post-war period (i.e., from 1st April, 1945) for the Administrative County of Norfolk.

Housing Authority Area	Housing Authorities and Housing Associations.		Private Builders		Totals	
	During 1957	Total to 31/12/57	During 1957	Total to 31/12/57	During 1957	To 31/12/57
MUNICIPAL BOROUGHs—						
King's Lynn ...	188	1,482	20	281	208	1,763
Thetford ...	—	288	10	50	10	338
URBAN DISTRICTS—						
Cromer ...	—	144	8	57	8	201
Diss ...	5	234	6	57	11	291
Downham Market ...	—	137	8	33	8	170
East Dereham ...	24	389	24	142	48	531
Hunstanton ...	—	149	16	104	16	253
North Walsham ...	—	296	9	104	9	400
Sheringham ...	—	129	8	84	8	213
Swaffham ...	—	224	7	53	7	277
Wells-next-the-Sea ...	—	128	6	25	6	153
Wymondham ...	21	329	12	114	33	443
RURAL DISTRICTS—						
Blofield & Flegg ...	40	641	193	1,449	233	2,090
Depwade ...	—	838	23	218	23	1,056
Docking ...	30	458	33	230	63	688
Downham ...	10	708	36	267	46	975
Erpingham ...	16	592	26	296	42	888
Forehoe & Henstead ...	7	763	158	1,042	165	1,805
Freebridge Lynn ...	10	472	39	271	49	743
Loddon ...	13	513	24	200	37	713
Marshland ...	12	514	67	330	79	844
Mitford & Launditch ...	14	512	10	192	24	704
St. Faith's & Aylsham ...	35	1,031	662	2,219	697	3,250
Smallburgh ...	40	616	41	274	81	890
Swaffham ...	42	664	34	142	76	806
Walsingham ...	17	632	30	207	47	839
Wayland ...	—	633	32	226	32	859
TOTALS ...	524	13,516	1,542	8,667	2,066	22,183

INFANT METHAEMOGLOBINAEMIA.

The policy of examining water supplies from wells used for infant feeding to determine their nitrate content was continued. To save expense, the bulk of the examinations were carried out in the office and, generally speaking, it was necessary to submit to the public analyst only those borderline specimens requiring more detailed examination.

Where existing supplies were considered unsatisfactory for infant feeding, necessary investigations were made and parents advised to use nearby satisfactory alternative supplies for their infants' needs.

The following table illustrates the work done:—

Number of initial samples submitted by the Norfolk County Nursing Association	...	...	585
Number of examination carried out in County Public Health Engineer's Office	...	...	670
Number of samples sent to public analyst for a more detailed examination	...	...	134
Number of children cyanosed	...	...	1*
Number of supplies classified as satisfactory	..		346
Number of supplies classified as unsatisfactory	...		239

*This artificially fed infant recovered.

FOOD INSPECTION.

The number of inspections carried out at school canteens during 1957 was 187, and 29 inspections were completed at other County Council establishments. As a result, various quantities of sundry commodities were found to be unfit for human consumption. Where applicable, suitable action was taken with the suppliers concerned and liaison maintained with the appropriate local authorities. Excellent co-operation from the head teachers and persons having charge of canteen establishments has been maintained and considerable progress has been made towards meeting the requirements of the Food Hygiene Regulations.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Administration of this Order as from the 1st April resulted in 67 visits and inspections and the issue of 46 licences.

BROADS AREA.

The erection of direction notices to refuse collection points and the provision of increased collection and disposal services by the District Councils concerned have further reduced nuisance from miscellaneous deposits of refuse in the Broads area. Much has yet to be done so far as the provision of adequate and suitable shore-based sanitary facilities are concerned.

XVI. MISCELLANEOUS.

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during year ...	—	—	—	—
Homes on the register at the end of year	20	40	281	321

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 Public Health Engineer's staff of the County Council and by the public health inspectors of the county district councils :—

Samples submitted by the County Public Health Engineer's staff.

Milk (biological examination)	...	...	1,360
Milk (methylene blue examination)	...	...	847
Milk (phosphatase examination)	...	...	803
Water (bacteriological examination)	...	...	10

Samples submitted by district public health inspectors.

Ice cream (methylene blue examination)	...	267
Water (bacteriological examination)	...	1,778

Other samples, which were submitted by the County Public Health Engineer's staff, were examined by the Public Analyst as follows :—

Water samples—chemical examination.

Maternity and child welfare—nitrates	...	134
Schools	...	1
Other examinations	...	5

MEDICAL EXAMINATIONS.

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

246 examinations for superannuation purposes.

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

86 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.

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