[Report 1959] / Medical Officer of Health, Norfolk County Council.

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NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1959

ROBERTS PRINTERS (NORWICH) LIMITED

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CONTENTS

PREFACE

The statistics for 1959, given in the following pages, indicate that the health of the county has been maintained at a satisfactory level and that the improvements noted in the last few years have continued.

There was a further increase of 2,900 in the population of the administrative county, which is now 390,200, compared with an average annual increase of 2,680 over the last five years. Slightly less than half the increase for 1959 was due to natural increase in the population, i.e., excess of births over deaths.

The birth rate at 15.37 per 1,000 of the estimated population declined by 0.13 compared with the previous year, but was above the average (15.27) for the last five years. It was, however, 1.1 less than the rate for England and Wales, although, when the comparability factor, which takes into account the variations of age and sex in the population structure, is applied, the rate for the administrative county is 0.6 higher than the national rate.

The death rate at 11.86 per 1,000 of the estimated population was 0.27 higher than in 1958 and higher by 0.3 than the rate for England and Wales. However, when allowance is made for the age structure of the population, the adjusted rate (10.44) was 1.2 less than the national rate. The average death rate for the administrative county for the last five years is 11.87.

The still-birth rate of 20.90 per 1,000 live and still-births, showed an increase of 1.95 over that of 1958 but was lower than the rates for each of the three years 1955-57. The average for the last five years is 21.03.

The death rate of infants under one year of age was 19.01 per 1,000 live births, an increase of 0.20 on the previous year but 0.54 less than the average (19.55) for the last five years. The rate for England and Wales was 22.2.

There was only one death due to pregnancy, childbirth and abortion. The numbers during the four preceding years were one in 1958, two in 1957, six in 1956 and four in 1955.

The cancer death rate at 2.13 per 1,000 of the estimated population was the highest for the last five years and caused 830 deaths which accounted for 18% of the total mortality. 135 deaths were due to cancer of the lung or bronchus and, of these, 113 were males and 22 females. This figure shows an increase of 16 as compared with 1958 and the upward trend in the incidence of this disease continued.

There were 23 deaths from tuberculosis, this being the lowest number ever recorded. 18 were due to the respiratory form of the disease, the average for the last five years being 20.

A brief reference was made in the 1958 report to the Report of the Maternity Services Committee (the Cranbrook Report), the most important and far-reaching recommendation being that sufficient hospital maternity beds should be provided for a national average of 70% of all confinements to take place in hospital. At present, only 40% of all confinements in Norfolk take place in hospital and the domiciliary midwifery services have effectively filled the gap.

Mothercraft classes were very well attended and there was an increase in the number of centres at which such classes were held.

The acute shortage of dental officers, which has persisted for the last 10 years, has continued, and the Chief Dental Officer, in his section of this report, comments on the problems, especially in West Norfolk, of providing an adequate dental service for expectant and nursing mothers and pre-school children.

Difficulties are still encountered in securing sufficient domiciliary nursing staff. Where permanent staff cannot be obtained, temporary appointments are made, wherever possible, but when this cannot be done, there is no alternative but to ask nurses in adjoining districts to be responsible for the work in those areas as well as their own. The Council has decided that, in these and other similar circumstances, additional remuneration should be paid for periods exceeding two weeks.

The proportion of children under one year of age who are vaccinated against smallpox continues to improve year by year and nearly one-half were vaccinated in 1959. There has, however, been a decline in the number of children immunised against diphtheria and only 40% under 15 years of age were fully protected. This percentage is much too low for safety and it is proposed to concentrate during 1960 on improving the position which has, in large measure, arisen because of the poliomyelitis vaccination campaign. In connection with the latter, the work should now level out although it kept the staff fully extended in 1959.

The demand for immunisation against tetanus has increased whenever cases have been reported and particularly when deaths have occurred; the risk, however, of any one individual developing this complaint is small. Facilities for immunisation are available through general medical practitioners and, for children, through the Council's medical staff.

Both ambulances and cars dealt with more cases and travelled more miles than in any previous year.

Acting upon a Ministry of Health circular, the Council decided to extend their facilities for B.C.G. vaccination against tuberculosis.

The number of new cases of pulmonary tuberculosis formally notified has steadily declined during the last decade and the 104 notified in 1959 was only two-thirds of the figure five years ago. The number of new cases of non-pulmonary tuberculosis has declined to a far greater extent (12 cases compared with 46 in 1954), although the decline has not been so even.

At the request of the Minister of Health, full information has been given in this report of health education arrangements in the authority's area.

Accidents in the home are still a matter of concern as so many of them are preventable. Monthly returns show a considerable increase over 1958 in the number of children dealt with at the Jenny Lind Hospital, although the figures are not so high as for 1957.

Proposals for the provision of a chiropody service with priority for the elderly, the physically handicapped and expectant mothers, were submitted to the Ministry of Health for approval with a view to a scheme operating as from 1st April, 1960.

The Mental Health Act, which was passed in 1959, marked a turning point in mental health work, and the culmination of a number of years of enquiry and research into existing services and procedures. By the new Act, all former legislation, some of which has been in operation for 70 years, is repealed, and emphasis is laid on informality. The basic conception is to provide the same services for the mentally ill as for the physically ill.

The responsibilities of local health authorities are extended to include the provision of residential accommodation, adequate facilities for the training of children and adults, and comprehensive social work. The 10-year plan for the provision of new and improved services, which was adopted by the County Council during 1959, will go a long way to provide the comprehensive service envisaged in the new Act. It is anticipated that many more persons who have the misfortune to suffer mental illness will thereby be able

to live in the community but, to ensure success, a change in the attitude of the general public will be necessary so far as the acceptance of the individual patient is concerned.

The number of cases of infectious disease notified in 1958 was the smallest for 10 years and although the figures for the more common infectious ailments increased during 1959, the position can still be regarded as very satisfactory. During the last two years, the incidence of poliomyelitis has decreased considerably, only five cases being reported in 1959 and six in 1958. The figures for the three preceding years were 39, 10 and 57 respectively. Whooping cough is another disease where the numbers for the last two years have been very low compared with those of previous years.

An innovation during the year was the institution, at the instigation of the County Council, of a clean milk bottle campaign, in co-operation with local dairymen and the local branches of the National Dairymen's Association. Through Press and poster publicity, competitions, exhibitions, addresses and film shows, the campaign was aimed at all types of consumers in the county with the object of overcoming the misuse of milk bottles and stimulating interest in the need for rinsing and returning the bottles promptly to the dairies. The onus of placing milk in adequately cleansed bottles rests, of course, with the dairymen but any misuse or lack of care by the public renders their task infinitely greater and frequently impossible. There is also the risk to public health if bottles which have been misused should, perchance, pass undetected through the dairying processes. Admittedly, that risk is slight but could be entirely avoided if every bottle was rinsed and returned immediately to the dairy.

One of the disquieting points which emerged during the campaign was the prevalent practice of dairymen refusing to collect bottles other than their own, resulting in unwarranted accumulations, particularly in holiday areas, and the ultimate return of bottles to the dairies after long periods of exposure to many types of contamination.

The coming into operation in October of the Tuberculosis (Wales and Southern England Attested Area) Order, 1959, removed the risk of consumption of tuberculous milk. Previously, this risk had been met, so far as was possible, by the submission of bulk samples from all non-designated herds for guinea-pig inoculation and examination at the Public Health Laboratory of the Medical Research Council.

This type of examination has been continued during the year for the detection of the Brucella Abortus organism in milk retailed for consumption in the raw state. The risk arising from the sale of milk from positive cows has been precluded, either by the slaughter of the animals or by the submission of the milk for pasteurisation.

This preface would not be complete without an acknowledgment of the work of the various voluntary bodies, without whose assistance many of the county's schemes would cease to function. I would also express my thanks to the staff of the Public Health Department for their constant support throughout the year and for the very considerable labour they have put into this report.

K. F. ALFORD

Public Health Department,
29, Thorpe Road,
Norwich.
(Tel. Norwich 22288).
August 1960.

PUBLIC HEALTH STAFF

County Medical Officer and Principal School Medical Officer:

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

Deputy County Medical Officer and Deputy Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer:

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and District Medical Officers of Health:

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H.
IRENE B. M. GREEN, M.D., B.S., D.P.H.
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.
W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H.
P. G. HOLT, M.B., Ch.B., D.P.H. (from 1.8.59).
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.
R. N. C. McCURDY, M.B., Ch.B., D.P.H. (to 24.3.59).
J. H. F. NORBURY, M.B., B.S., D.P.H. (to 24.5.59).
N. T. W. POVER, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H. (from 1.7.59).
J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers (part-time):

SYBIL E. CATOR, M.B., Ch.B. (from 27.1.59).
M. CHADWICK, B.A., M.R.C.S., L.R.C.P. (from 5.1.59).
C. T. DARWENT, L.R.C.P.&S., D.P.H.
ELIZABETH M. ELLIOTT, M.B., B.Ch. B.A.O.
P. M. FEA, M.B., Ch.B.
MOLLY GOVIER, M.B., Ch.B., D.C.H.
JOAN E. HANCOCK, M.B., Ch.B.
NORA M. JOHNS, M.B., B.S.
A. JEAN LACEY, M.B., Ch.B., D.P.H.
ROSEMARIE D. LINCOLN, M.B., B.S.
R. N. C. McCURDY, M.B., Ch.B., D.P.H (from 6.5.59).
C. MARGARET McLEOD, M.B., Ch.B.
F. R. WILSON, M.D., Ch.B. (to 10.12.59).

Chest Physicians:

(Joint appointments with East Anglian Regional Hospital Board)

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.

Chief Dental Officer :

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

Dental Officers :

*M. G. ANSON, L.D.S., R.C.S. (Eng.) (from 6.1.59).
*J. E. CHASTON, L.D.S., R.C.S. (Eng.) (to 30.9.59).
*EDITH CHURCHYARD, L.D.S., R.C.S. (Eng.)
*J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.)
P. L. McCALLION, L.D.S., R.F.P.S. (Glas.) (to 13.5.59).
J. W. McQUISTON, L.D.S. (Q. U. Belf.)
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)
*W. NICHOLLS, L.D.S. R.C.S. (Eng.) (from 28.9.59).
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

*Part-time.

Superintendent Nursing Officer and Non-Medical Supervisors of Midwives:

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.

Other Nursing Staff :

HEALTH VISITORS AND SCHOOL NURSES	Combined duties	19
	School nursing duties only	5
	Health visiting duties only	1
	Tuberculosis health visitors	2
DISTRICT NURSES AND MIDWIVES	Combined duties with health visiting	*63
	Combined duties	48
	Midwifery duties only	6
	Home nursing duties only	10
	Part-time relief duties	19

*25 of these also undertake duties as school nurses.

County Public Health Engineer :

G. W. CURTIS, M.I.P.H.E., C.S.I.B., D.P.A.

Senior Design Engineer:

F. S. CLAYTON, I.Mun.E., A.M.T.P.I. (from 2.11.59).

Senior Assistant County Public Health Officer :

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

Superintendent Welfare Officer:

C. J. TAYLOR

Deputy Superintendent Welfare Officer:

T. H. HIGHAM

Local Welfare Officers:

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

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY

Home Teachers and Visitors for the Blind:

MISS M. K. BROADMEADOW (to 9.6.59).
MISS M. HAWKE
MISS C. MUNDAHL (from 17.8.59).
MRS. M. D. NEAVE
MISS H. K. PAYNE
MRS. K. M. READ

Home Help Organiser:

MRS. E. A. KING, S.C.M., M.I.H.H.O.

Junior Training Centre Supervisors:

MISS S. J. GEE
MISS S. M. QUINSEE

Mental Health Worker:

MRS. S. RAINBOW

Home Teachers for Mental Defectives:

MISS B. I. CUMING
MISS F. S. HURN
MRS. N. SNUTCH

Chief Administrative Assistant:

E. W. DURRANT

County Analyst:

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

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Acreage	1,302,501
Population—Estimated by Registrar-General (mid-1959) ...	390,200
Estimated Product of Penny Rate for general purposes (1959/60)	£14,279
Rateable Value for general purposes (1st April, 1959) ...	£3,441,439

	Municipal Boroughs and Urban Districts	Rural Districts	Administrative County	England and Wales
LIVE BIRTHS	1,283	4,714	5,997	750,383
Rate per 1,000 population	16.90	14.99	15.37	16.5
Illegitimate live births as a percentage of total live births	6.08	4.22	4.62	
STILL-BIRTHS	16	112	128	16,076
Rate per 1,000 total live and still-births	12.32	23.21	20.90	21.0
TOTAL LIVE AND STILL-BIRTHS	1,299	4,826	6,125	756,459
INFANT DEATHS UNDER 1 YEAR	31	83	114	16,629
Rate per 1,000 total live births	24.16	17.61	19.01	22.2
Legitimate infants per 1,000 legitimate live births	22.41	17.50	18.53	
Illegitimate infants per 1,000 illegitimate live births	45.45	20.10	28.88	
NEO-NATAL MORTALITY RATE—				
Deaths under 4 weeks per 1,000 total live births ...	18.71	14.64	15.51	15.8
EARLY NEO-NATAL MORTALITY RATE—				
Deaths under 1 week per 1,000 total live births ...	15.59	11.67	12.51	
PERINATAL MORTALITY RATE—				
Still-births and deaths under 1 week per 1,000 total live and still-births	27.71	34.60	33.14	34.2
MATERNAL MORTALITY (INCLUDING ABORTION)	–	1	1	289
Rate per 1,000 total live and still-births	–	0.21	0.16	0.38

LIVE BIRTHS

5,997 live births were registered, giving a rate of 15.37 which was a decrease of 0.13 on the previous year. With the application of the comparability factor (1.11), the resultant figure of 17.06 compares favourably with the national rate of 16.5.

BIRTHS AND INFANTILE MORTALITY — TABLE 1.

County district.	Population 30.6.59	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																
King's Lynn	27,010	432	39	471	6	—	6	14	1	15	9	1	10	9	1	10
Thetford	4,910	79	7	86	1	—	1	2	—	2	2	—	2	1	—	1
	31,920	511	46	557	7	—	7	16	1	17	11	1	12	10	1	11
URBAN DISTRICTS—																
Cromer	4,960	66	1	67	2	—	2	—	—	—	—	—	—	—	—	—
Diss	3,610	67	2	69	1	—	1	1	—	1	1	—	1	—	—	—
Downham Market	2,750	44	2	46	—	—	—	—	—	—	—	—	—	—	—	—
East Dereham	6,850	89	4	93	—	—	—	2	—	2	2	—	2	2	—	2
Hunstanton	4,660	138	7	145	2	—	2	2	1	3	2	1	3	1	1	2
North Walsham	4,780	73	4	77	—	—	—	3	—	3	2	—	2	1	—	1
Sheringham	4,650	67	2	69	1	—	1	1	1	2	1	—	1	1	—	1
Swaffham	3,150	52	3	55	—	—	—	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea	2,730	30	2	32	1	—	1	—	—	—	—	—	—	—	—	—
Wymondham	5,840	68	5	73	2	—	2	2	1	3	2	1	3	2	1	3
	43,980	694	32	726	9	—	9	11	3	14	10	2	12	7	2	9
RURAL DISTRICTS—																
Blofield and Flegg	34,420	408	18	426	9	—	9	4	—	4	4	—	4	3	—	3
Depwade	17,920	218	13	231	10	—	10	5	—	5	4	—	4	4	—	4
Docking	18,510	295	11	306	5	—	5	6	—	6	4	—	4	4	—	4
Downham	25,720	379	20	399	10	1	11	4	2	6	3	2	5	2	2	4
Erpingham	19,800	240	9	249	3	—	3	7	—	7	6	—	6	5	—	5
Forehoe and Henstead	25,000	351	12	363	11	1	12	14	—	14	10	—	10	6	—	6
Freebridge Lynn	11,550	177	16	193	3	—	3	3	1	4	2	1	3	1	1	2
Loddon	12,730	174	4	178	3	1	4	5	—	5	5	—	5	5	—	5
Marshland	16,760	249	18	267	4	1	5	2	—	2	1	—	1	1	—	1
Mitford and Launditch	18,270	264	14	278	7	1	8	8	—	8	8	—	8	7	—	7
St. Faith's and Aylsham	43,160	714	20	734	22	1	23	7	—	7	5	—	5	5	—	5
Smallburgh	18,200	200	10	210	5	—	5	3	—	3	2	—	2	1	—	1
Swaffham	9,160	170	10	180	1	—	1	2	—	2	2	—	2	1	—	1
Walsingham	23,890	355	15	370	8	1	9	4	1	5	4	1	5	2	1	3
Wayland	19,210	321	9	330	4	—	4	5	—	5	5	—	5	4	—	4
	314,300	4515	199	4714	105	7	112	79	4	83	65	4	69	51	4	55
ADMINISTRATIVE COUNTY	390,200	5720	277	5997	121	7	128	106	8	114	86	7	93	68	7	75

There were 277 illegitimate live births in 1959, comprising 4.62% of all live births. This shows a decrease of 0.24% on the figure for the previous year.

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

STILL-BIRTHS

The still-birth rate of 20.90 shows an increase of 1.95 over the previous year, but is just below the national rate of 21.0.

INFANTILE MORTALITY

There were 114 deaths of children under the age of 1 year and the resultant rate of 19.01 shows an increase of 0.20 over the previous year, but is well below the national figure of 22.2.

75 of these deaths were perinatal deaths, occurring in the first week of life, and 18 more occurred in the first four weeks of life, both figures together accounting for 82% of the total.

Table 2 gives the causes of death.

MATERNAL MORTALITY

There was 1 maternal death.

DEATHS

Rate per 1,000 of the estimated population ... 11.86

During 1959 there were 4,626 deaths. The death rate was 0.27 higher than the previous year, but the application of the comparability factor of 0.88 gives a rate of 10.44, which is lower than the England and Wales rate of 11.6.

51% of the deaths were of persons 75 years of age or over (see Table 2).

The *cancer* death rate per 1,000 of the population was 2.13 and the age distribution of deaths was as follows:—

	0–	1–	5–	15–	25–	45–	65–	75–	Total
Males	–	1	2	1	10	141	137	134	426
Females	–	–	1	2	22	133	118	128	404
	–	1	3	3	32	274	255	262	830

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths since 1953:—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1953	1.86	11.17
1954	2.12	13.03
1955	1.97	13.90
1956	1.88	17.62
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27

There were only 23 deaths due to *tuberculosis*, 18 of these being accounted for by respiratory forms of the disease. The total figure was the lowest ever recorded.

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

Year	Age Group.							
	0—	1—	5—	15—	25—	45—	65—	75—
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	1.1	4.0	17.3	24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5	16.5	24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5	17.2	24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3	17.1	24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9	16.4	25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1	16.8	25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8	16.6	25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7	17.8	24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4	17.2	24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7	16.5	25.2	51.3

II. CARE OF MOTHERS AND YOUNG CHILDREN.

MATERNITY ACCOMMODATION.

Maternity accommodation for residents in the administrative county is provided mainly by the Norwich, Lowestoft and Great Yarmouth, Cromer Area and King's Lynn Area Hospitals Management Committees. The number of beds provided is, however, insufficient to meet the demand in full and, owing to this, most of the hospitals admitting maternity cases ask for sociological reports in respect of cases referred by general medical practitioners on other than medical grounds. 722 such cases were investigated by the Council's nursing staff during the year.

Seven cases booked by midwives were referred for admission to hospitals because of unsatisfactory home conditions.

Approximately three of every five Norfolk confinements were domiciliary —the same ratio as for the previous two years.

As mentioned briefly in the 1958 Report, the Cranbrook Report on the Maternity Services was published in February, 1959, recommending, in conjunction with an extended hospital maternity service, the continuance of a good domiciliary service and a more uniformly high standard of ante-natal care. These recommendations would entail a more careful selection of patients for confinement in hospital, and an ultimate national average of 70% hospital confinements, together with ante-natal beds in hospitals for 20-25% of all confinements.

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	Forehoe 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	—	—	—	1	—	—	—	1	1	1	1	2	1	—	1	—	1	3	—	—	—	1	18	—	1	—	—	3	8	5	1
Tuberculosis, other	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	5	—	—	—	—	—	2	3	—
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	3	—	—	—	—	—	—	3	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	2	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	2	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	1	2	—	—	2	—	—	—	—	—	10	1	—	1	—	1	3	1	3
Malignant neoplasm, stomach	10	3	5	5	2	1	1	1	1	—	—	2	11	5	7	5	9	10	6	1	2	4	9	1	2	5	5	114	—	—	—	—	2	28	38	46
Malignant neoplasm, lung, bronchus	13	1	1	5	—	2	1	1	3	3	—	4	10	4	3	12	6	9	5	7	5	6	8	8	3	3	12	135	—	—	—	—	4	66	42	23
Malignant neoplasm, breast	9	3	—	3	—	—	2	2	2	1	1	1	2	2	8	5	2	12	2	2	4	2	9	6	4	4	1	89	—	—	—	—	4	47	15	23
Malignant neoplasm, uterus	4	1	—	1	—	—	—	2	2	—	—	2	1	—	1	2	2	1	2	1	2	3	3	1	3	3	2	39	—	—	—	—	4	18	10	7
Other malignant and lymphatic neoplasms	28	4	8	5	5	6	5	4	6	1	5	8	42	21	22	18	25	35	18	23	23	27	49	22	8	17	18	453	—	1	3	3	18	115	150	163
Leukæmia, aleukæmia	2	1	—	—	—	1	—	—	—	—	—	—	2	2	1	1	1	3	1	1	1	—	1	2	1	—	2	23	—	—	4	2	4	7	5	1
Diabetes	5	—	1	—	1	—	2	1	—	—	1	—	1	1	6	3	2	2	—	—	2	2	4	2	—	2	1	39	—	—	—	—	4	7	9	19
Vascular lesions of nervous system	49	8	13	3	12	6	15	12	5	8	4	13	61	27	26	24	35	49	17	27	17	32	89	39	12	26	33	662	—	—	—	—	1	85	182	394
Coronary disease, angina	37	10	10	10	12	12	10	18	11	5	9	17	53	29	34	26	29	41	18	15	17	36	67	17	13	30	35	621	—	—	—	—	2	126	215	278
Hypertension with heart disease	7	—	1	—	2	—	—	2	3	3	1	2	17	1	2	9	3	8	3	3	3	2	14	2	1	1	3	93	—	—	—	—	1	13	28	51
Other heart disease	30	16	9	4	5	9	9	5	16	2	6	12	121	35	26	32	51	91	18	21	14	54	90	35	7	40	20	778	—	—	—	—	7	50	149	572
Other circulatory disease	39	5	5	—	4	—	4	4	2	3	1	—	13	21	16	15	12	34	15	12	13	14	19	8	11	6	13	289	—	—	—	1	3	23	62	200
Influenza	2	1	—	1	—	—	1	—	—	1	2	—	16	5	5	1	3	1	—	3	1	22	9	4	2	4	3	87	—	—	1	—	2	9	19	56
Pneumonia	23	—	6	4	3	4	1	5	4	2	1	4	36	28	13	9	15	24	7	10	5	11	44	9	7	12	10	297	12	2	2	1	4	28	56	192
Bronchitis	17	1	2	1	2	2	1	2	1	—	—	4	13	4	8	12	4	9	12	7	5	5	15	4	1	9	5	146	1	—	—	—	2	16	56	71
Other diseases of respiratory system	3	—	—	—	1	—	1	—	—	—	—	1	2	—	—	3	—	1	—	—	—	3	2	2	1	—	2	22	—	1	2	—	2	6	5	6
Ulcer of stomach and duodenum	1	1	1	1	—	2	—	—	—	—	1	1	2	4	—	1	1	3	2	3	1	4	3	—	2	4	1	40	—	—	—	—	—	8	7	25
Gastritis, enteritis and diarrhœa	1	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	2	1	—	—	1	4	—	2	—	1	—	15	1	—	—	—	1	2	4	7
Nephritis and nephrosis	2	1	2	—	2	2	—	2	—	—	1	—	3	2	3	1	1	1	2	1	—	1	6	3	1	2	—	39	—	—	—	1	3	11	11	13
Hyperplasia of prostate	10	1	2	—	—	1	1	—	1	1	—	—	6	1	2	1	3	4	—	1	4	1	2	—	—	—	2	44	—	—	—	—	—	4	8	32
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—
Congenital malformations	1	—	—	1	—	1	—	1	—	—	—	—	2	3	1	3	3	7	1	2	—	2	1	2	2	1	3	37	28	2	3	2	—	1	—	1
Other defined and ill-defined diseases	30	6	7	3	6	5	4	9	5	2	1	4	29	11	19	21	18	23	16	9	9	13	23	14	8	18	19	332	68	5	4	5	14	44	62	130
Motor vehicle accidents	1	2	—	—	—	2	—	—	1	—	—	—	3	3	4	3	1	6	3	—	6	2	7	—	3	7	3	57	—	3	4	14	15	13	5	3
All other accidents	5	1	2	1	3	1	1	2	1	—	—	—	13	7	6	11	4	10	1	1	2	6	11	4	—	5	5	103	2	3	3	8	15	9	13	50
Suicide	2	—	—	—	—	—	2	3	—	—	1	—	3	5	1	2	—	1	—	1	1	1	2	1	1	3	2	32	—	—	—	—	8	16	4	4
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	340	67	75	48	62	57	61	76	65	35	35	75	467	223	215	222	234	388	151	152	139	262	490	188	94	203	202	4626	114	20	27	37	125	765	1167	2371

In Norfolk, during 1959, the proportion of hospital confinements remained unchanged at 40%. Close co-operation, however, between general practitioner obstetricians, midwives and hospitals, enabled the domiciliary service to make adequate provision for 60% of births in the home with every reasonable safeguard.

In accordance with further recommendations of the Cranbrook Committee, local maternity liaison committees covering the county have been established on the initiative of the chairmen of the respective hospital management committees. The County Council is represented on these committees by members of its medical and/or nursing staff.

UNMARRIED MOTHERS.

The County Council has continued to grant-aid the Norwich and Ely Diocesan Councils for Moral Welfare for their work among unmarried mothers and illegitimate children and £960 and £89 respectively were paid for the year ended 31st March, 1960. These amounts represented approximately one-third of the expenditure incurred on this work in those parts of the administrative county falling within the Diocesan Councils' areas. 138 Norfolk cases (31 more than in 1958) were so dealt with.

Responsibility was also accepted for the balance of the cost of maintaining 42 cases (one less than last year) in mother and baby homes, after deducting contributions from other sources.

CARE OF PREMATURE INFANTS.

344 premature live births (14 less than in 1958) were notified as follows:—

Born in hospital	188
Born at home and nursed entirely at home	119
Born at home and transferred to hospital	35
Born and nursed entirely at private nursing homes ...	2
	344

302 of these infants survived 28 days.

59 premature still-births were also notified, 41 occurring in hospital and 18 at home.

The Council's two Queen Charlotte type oxygen tents, maintained in readiness at King's Lynn and Norwich for use in domiciliary cases, were not utilised during the year. A third tent, which it is proposed to place at East Dereham, was given to the Council during the year by the voluntary body responsible for the Coltishall and District Nursing Home when the Home was closed.

ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

The Council does not provide ante-natal or post-natal clinics in view of the facilities available through general practitioner obstetricians and the hospital service.

The Council's schemes for ante-natal and post-natal examinations by general medical practitioners have also been almost entirely superseded by the facilities available under Part IV of the National Health Service Act, 1946, and only two cases were seen during the year.

Mothercraft classes have proved very popular and were being held at 27 centres at the end of the year. The establishment of classes at additional centres is proposed during 1960.

INFANT WELFARE CENTRES

29 centres, previously organised by voluntary bodies, were incorporated in the Council's scheme at the beginning of the year. No new centres were opened but, because of low attendances, 10 were closed during the year and, at the end of the year, there were 182 centres at which 210 sessions per month were being held. Medical officers regularly attend centres where the average number of children per session is 25 or more, and visit the smaller centres occasionally.

Attendances were as follows (1958 figures in brackets):—

First attendances of children under one year of age	3,703	(3,373)
Number of children who attended and were born in:		
1959	3,224	
1958	3,161	
1957-54	4,601	
	10,986	
Total attendances	51,628	(48,538)

(The 1958 figures do not include figures in respect of the voluntary centres. If these are added, there is very little difference between the figures for the two years).

Centres for Service families are held at seven R.A.F. stations. The Council's health visitors attend these centres, usually with the station medical officers. 431 children made 1,915 attendances.

Isle of Ely mothers living near the Norfolk boundary have attended the Outwell centre in Norfolk, while Norfolk mothers and children have attended the Wisbech centre in the Isle of Ely.

WELFARE FOODS AND MEDICAMENTS.

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

National welfare foods were obtainable at 30 infant welfare centres and at 238 other distribution points. Voluntary distributors have done much to ensure the smooth working of this scheme.

There has been a further decline in the sales of National Dried Milk, compared wih proprietary brands, the figures for the last three years being:—

	1957	1958	1959
National Dried Milk (tins) ...	135,225	96,924	84,002
Proprietary Milk Foods (packets)	54,692	80,189	97,445

Issues of Cod Liver Oil, Orange Juice and A. & D. tablets remained steady as compared with 1958.

DENTAL TREATMENT.

The Chief Dental Officer reports:—

"Difficulty is still being experienced, especially in the Western half of Norfolk, in providing adequate dental inspection and treatment for expectant and nursing mothers and young children. These adverse conditions are likely to continue, or even become more aggravated as time passes.

"Priority patients" are legally entitled to absolutely free and complete dental treatment from the local government service but it becomes obvious that they are not receiving this treatment when it is realised that only 222 Norfolk expectant and nursing mothers were examined in 1959 out of a total of more than 5,700.

This leads us to suspect that the majority of these mothers either carelessly and voluntarily allowed their mouths to rot, regardless of the harm done to the infant, or became patients of private or National Health practitioners. This latter method, however, would involve the payment of fees for dentures not exceeding £4 5s. 0d.

To resolve all doubts on this matter, the expectant or nursing mother should consult the midwife who will take necessary measures for the County Dental Service to come into action, and by this means, arrangements will be made for the treatment of these cases with as litle delay as possible."

The following tables show the numbers of cases dealt with and give particulars of the treatment provided:—

(a) *Numbers provided with dental care.*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	222	218	201	165
Children under five	96	91	86	86

(b) *Forms of dental treatment provided.*

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures provided full upper or lower	Dentures provided partial upper or lower	Radiographs
Expectant and nursing mothers	68	150	18	—	870	61	81	79	9
Children under five	—	12	104	—	164	32	—	—	—

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948.

Visits were made by the Council's medical staff to the five daily minders caring for a total of 46 children, and to the one building with facilities for four children registered with the Council.

FAMILY PLANNING.

Clinics at Norwich, King's Lynn and Cambridge, organised by local branches of the Family Planning Association, have continued to provide advice for Norfolk residents. Grants previously paid by the Council were discontinued in respect of the clinics at Norwich and Cambridge because of the favourable financial position of the Norwich clinic and, in the case of the Cambridge clinic, because most women in the west of the county now attend the King's Lynn clinic.

III. NURSING SERVICES.

The supervisory nursing staff comprises a superintendent nursing officer, her deputy and three assistants, who also act as non-medical supervisors of midwives. One of the assistants works from King's Lynn but the other staff are based on Norwich. The domiciliary nursing staff (excluding supervisory staff) employed on 31st December, 1959, were as follows:—

	Whole-time	Part-time
Midwifery duties only	6	1
Home nursing duties only	10	2
Combined duties as midwife and home nurse ...	48	16
Combined duties as midwife, home nurse and health visitor	38	—
Combined duties as midwife, home nurse, health visitor and school nurse	25	—
Health visiting without school nursing duties ...	1	—
Combined duties as health visitor and school nurse	19	—
School nursing duties only	2	—
	149	19

The above figures do not include seven nurses on training courses.

Two whole-time tuberculosis health visitors who work under the direction of the chest physicians, were also employed.

Although the position was slightly better than at the end of the previous year, there were 14 vacancies at the end of 1959 as follows:—

Midwifery duties only	3
Combined duties as midwife, home nurse and health visitor	8
Combined duties as health visitor and school nurse ...	3
	14

Arrangements were made for six nurses to take their district training and for eight nurses to train as health visitors.

Refresher courses were attended as follows:—

Midwives' refresher courses	24
Post-certificate courses for health visitors	2
Post-certificate courses for supervisors of midwives ...	2
Nursing administrators' course	1
Refresher courses for district nurses	4
	33

Consideration was given to the question of making additional payments to district nurses and midwives temporarily undertaking duty in other areas in addition to their own. It was decided that when a nurse was required to carry out duties in an adjoining area in addition to her own work, owing to the absence of her colleague for reasons other than normal annual leave, she would be given an additional £2 10s. 0d. per week for the period in excess of two weeks. This sum would be shared in the event of two or more nurses being involved.

The building of seven further houses by the County Council for occupation by district nurses and midwives was completed during the year and at the end of the year the full-time district nursing staff was accommodated as follows:—

In houses owned by the County Council	44
In houses other than Council houses rented by or leased to the County Council	14
In houses owned by borough, urban or district councils ...	31
In their own houses	44
In rooms or houses (other than Council houses) rented by the nurses	3
	136

IV. MIDWIFERY.

PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 213 midwives and, as 13 ceased to practise, there were 200 midwives on the register at the end of the year, 28 fewer than at the end of 1958.

375 visits of inspection were made by the supervisory nursing staff acting as non-medical supervisors of midwives.

EMERGENCY MEDICAL AID.

The number of cases in which medical aid was summoned under the Midwives Act, 1951, showed a slight decrease during the year.

Cases during the past four years have been as follows:—

Domiciliary:

	1956	1957	1958	1959
(i) Maternity service cases under Part IV of the Act	226	274	341	317
(ii) Midwifery cases—doctor not booked	24	11	3	10
	250	285	344	327

CONFINEMENTS.

Domiciliary confinements attended by midwives acting either as midwives or as maternity nurses show only slight changes from the two previous years:—

Domiciliary confinements—	1957	1958	1959
Midwifery/maternity cases (doctor not present)	1,964	1,979	1,997
Maternity cases (doctor present) ...	1,455	1,388	1,347
	3,419	3,367	3,344
Institutional confinements	1,096	1,048	1,133
Private institutional confinements ...	266	203	124
	4,781	4,618	4,601

(*The above figures relate only to confinements within the area of this local health authority.*)

Visits made by midwives—

Maternity and midwifery	66,561	66,192	67,044
Ante- and post-natal	37,559	37,360	38,060

In addition, midwives attended 186 cases of miscarriage and paid 9,166 visits to 1,604 cases confined in institutions and discharged before the fourteenth day.

ANALGESIA.

All but one of the midwives employed by the Council at the end of the year were qualified to administer gas and air analgesia. 142 sets of apparatus were available for use. One midwife in private practice was also qualified. Analgesia was administered by the Council's midwives in 3,028 cases (1,225 maternity and 1,803 midwifery) compared with 2,887 in 1958. 13 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered in 2,118 domiciliary cases (803 maternity and 1,315 midwifery); for midwives in private practice the figures were nine and five respectively.

RESUSCITATION.

The Council is equipping all domiciliary midwives in their employment with portable infant resuscitators. A number of voluntary nursing associations have kindly donated sets of apparatus purchased from their funds.

RELIEF DUTY ARRANGEMENTS.

In view of the arduous nature of a midwife's work owing to calls made upon her at night, the Ministry of Health has asked for information about relief duty arrangements.

The weekly off-duty period for domiciliary nursing staff is from 6 p.m. on one day until 10 p.m. the next. They also have a free week-end once a month from 6 p.m. on the Friday until 12 noon the following Monday. If full-time midwifery duties are being undertaken, relief staff are employed wherever possible, for these off-duty periods. Where, however, midwifery work is combined with home nursing, and probably health visiting as well, relief is provided by a nurse in an adjoining area.

OPHTHALMIA NEONATORUM.

Only two cases, both domiciliary, were notified during the year. In neither case was it necessary for the child to be admitted to hospital and there was no apparent impairment of vision in either case.

PUERPERAL PYREXIA.

19 cases were notified, 16 domiciliary and 3 institutional. The necessary facilities for treatment were available in all cases.

V. HEALTH VISITING.

The health visiting staff has continued to advise on matters affecting the health and happiness of the family and, in liaison with other members of the County Council's staff, has done much useful work in preventing the break-up of families. The health visitor's work is very much a personal service and, therefore, receives little or no publicity, although it does play an important part in the social and welfare services.

Health visiting duties undertaken during the past five years are summarised in the following table:—

Year.	Ante-natal visits	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
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
1958 ...	34,811	6,933	96,084	132,047
1959 ...	31,083	6,257	86,513	117,596

The health visitors visited a total of 16,185 families during the year.

VI. HOME NURSING.

Statistics show that the number of old people in the community continues to increase in relation to the total population. The hospitals are also taking full advantage of new drugs and new operation techniques to shorten the length of stay in hospital, thereby enabling more patients to be dealt with each year. These two factors would have lead one to anticipate an increase in the number of cases requiring the assistance of the home nursing service but there was, in fact, a slight decrease in the numbers of cases and visits in 1959 compared with previous years. This tendency has been apparent in the last three years, as shown in the following table:—

	No. of cases			No. of visits		
	1957	1958	1959	1957	1958	1959
Medical ...	5,893	5,721	5,698	111,055	104,801	100,991
Surgical ...	2,936	2,735	2,679	45,304	39,240	38,639
Tuberculosis ...	34	36	41	1,267	1,604	2,724
Other infectious diseases ...	14	3	7	161	10	57
Maternal complications	67	93	78	562	2,452	806
Others ...	838	811	863	7,427	9,596	6,050
	9,782	9,399	9,366	165,776	157,703	149,267

VII. VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX.

When vaccination against smallpox ceased to be compulsory, the protection state of infants in this county fell to 20%. The position was most unsatisfactory in that, with the rapidity of modern methods of transport, the possibility of the introduction of the disease from overseas is ever present. Considerable effort has since been made to improve the situation and, as a result, for several years there has been a gradual increase in the number of infants protected. This trend continued in 1959 when 48% of infants under 1 year were vaccinated.

In this connection it may be noted that primary vaccination in infants causes much less discomfort than when postponed till later years.

Comparative figures for the last 3 years are given below:—

Age at which vaccinated	Vaccinations			Re-vaccinations		
	1957	1958	1959	1957	1958	1959
Under 1 year ...	2,530	2,726	2,861	–	–	–
1 year	274	256	180	5	2	5
2-4 years	144	140	84	36	27	25
5-14 years	139	105	99	125	90	68
15 years and over ...	268	255	234	551	435	501
	3,355	3,482	3,458	717	551	599

IMMUNISATION AGAINST DIPHTHERIA.

The decline in the number of children immunised against diphtheria in recent years has been a matter of considerable concern. It was only as recently as 1942 that there were 76 cases in Norfolk, of which 12 were fatal. At that time, diphtheria immunisation was commenced and, as a result, since 1950, only 6 cases have been recorded in this county, and no death from the disease has occurred for 14 years. If the protection of the child population is neglected, however, this disease may re-appear.

The failure of parents to realise the importance of maintaining protection against diphtheria in the absence of the disease, to some extent accounts for the reduced numbers of children immunised. It is also true to say that the pre-occupation of the staff with the poliomyelitis vaccination scheme has been a contributory factor, but now that this scheme is virtually completed, it is proposed to concentrate on raising the protection rate against diphtheria.

Comparative figures of children immunised is given below:—

	Immunised			Given reinforcing injections		
	1957	1958	1959	1957	1958	1959
Under 1 year ...	2,393	2,328	2,518	–	–	–
Aged 1-4 years ...	1,252	1,088	1,522	203	157	161
Aged 5-14 years ...	665	173	696	3,012	920	2,865
	4,310	3,589	4,736	3,215	1,077	3,026

The following table indicates the protection state of children by age groups as at 31st December, 1959:—

	Under 1	1—4	5—9	10—14	Total
Estimated mid-year population ...	5,910	23,390	58,700		88,000
Last injection in 1955-59	1,694	12,518	11,834	9,067	35,113
Last injection 1954 or earlier	—	—	8,198	16,279	24,477

Normally protection lasts for 5 years, though some degree of immunity may persist for longer.

From the above figures it will be noted that less than 50% of age group 0-4 are fully protected and only 35% of children of school age.

Single, combined and triple antigens are made available by the County Council and, in the absence of poliomyelitis, the two latter are in general use with their obvious advantages to the child and all concerned.

IMMUNISATION AGAINST WHOOPING COUGH

3,927 children under the age of five, and 168 over that age, were given primary immunisation against whooping cough during the year, mainly by use of the triple antigen. This is 980 more than in the previous year.

IMMUNISATION AGAINST TETANUS

Tetanus is not a notifiable disease, but 6 cases were reported in this county during the year, of whom 2 were fatal. These figures approximate to the average of the last 5 years.

These cases received wide publicity, and there is some tendency to get the position out of perspective. In a rural community, every person is at risk but that risk is small and the individual risk of the unimmunised is not decreased by raising the herd immunity. Based on this year's figures, the chances of acquiring the disease are 1 in 65,000 and of dying from it 1 in 195,000; the risks on the roads are infinitely greater.

Tetanus antigen, which gives a 5-year protection, has been made available by the County Council since 1958 and immunisation is obtainable from medical practitioners. As universal protection is not a practical proposition, efforts have been concentrated on the immunisation of children and, last year, 4,309 under 5 years of age, 1,759 of school age and 1,317 over school age were protected. A further 427 persons received booster doses.

VACCINATION AGAINST POLIOMYELITIS.

No changes to the scheme were announced by the Ministry of Health during the year, but the introduction of the third injection and the inclusion in September, 1958, of young persons between 16 and 25 years of age, ensured a full programme throughout the year. The 16-25 age group was dealt with by general medical practitioners but this, nevertheless, involved a very considerable amount of administrative work within the Department.

By the end of the year, the numbers who had received the full course of three injections were:—

Children 0-4	11,513
Children 5-15	44,994
Young persons 16-25	6,093
Others	3,038
	65,638

A further 26,313 had received two injections and 697 had had one injection.

VIII. AMBULANCE SERVICE

AMBULANCES

This service continued throughout the year without change. From time to time it has appeared that the peak demand for ambulance transport has been reached, but in 1959 there occurred one of the largest increases in the numbers of patients carried since the inception of the scheme and the mileage was also the highest recorded. There was, however, a slight drop in the average miles per case from 23.2 in 1958 to 22.9.

Comparative average *monthly* figures for the past 5 years are:—

	Patients	Mileage
1955	992	24,955
1956	1,022	25,088
1957	981	23,513
1958	1,033	23,991
1959	1,130	25,888

During the year, the ambulances conveyed 13,560 patients and travelled 310,658 miles.

Arrangements with neighbouring authorities for the joint use of returning vehicles for the conveyance of patients discharged from hospitals, continue to ensure maximum use of the vehicles and considerable savings for all concerned.

CAR SERVICE.

The car service, as with ambulances, dealt with more cases during the year than at any time previously. Every effort was made to ensure that cars were used with the utmost economy, but mileage increased by over 5,000 per month and was the highest since the service was introduced.

Average *monthly* figures for the past 5 years are:—

	Patients	Mileage
1955	4,037	107,823
1956	4,099	103,568
1957	3,864	96,166
1958	4,176	104,080
1959	4,352	109,147

52,219 patients were conveyed by the car service and the total mileage was 1,309,762.

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

TUBERCULOSIS.

During the year, the Ministry of Health issued a circular extending B.C.G. vaccination of school children in the 13+ age group to those of 14 years and upwards, if still at school, and to students at universities and colleges: also, to cover complete school forms, certain latitude was authorised as regards the 12+ group. The Council's scheme was amended accordingly to include school leavers and it was agreed to offer B.C.G. vaccination to the other categories as and when the duties of the area medical staff permitted.

2,349 children under 14 years of age and 830 older pupils were skin tested and 1,944 and 637 respectively were found to be negative. By the end of the year, 1,875 and 603 had been vaccinated. In addition, 316 contacts were also vaccinated.

116 new cases of tuberculosis were reported by formal notification. Comparable figures for the past 5 years are:—

Year	No. of pulmonary cases	Case-rate per 1000 population	No. of non-pulmonary cases	Case-rate per 1000 population
1955 ...	153	0.41	36	0.095
1956 ...	149	0.39	39	0.103
1957 ...	133	0.35	22	0.057
1958 ...	112	0.29	33	0.085
1959 ...	104	0.27	12	0.031

Mortality figures for the past 5 years are:—

Year	No. of pulmonary cases	Death-rate per 1000 population	No. of non-pulmonary cases	Death-rate per 1000 population
1955 ...	24	0.06	8	0.021
1956 ...	21	0.05	3	0.008
1957 ...	16	0.04	11	0.029
1958 ...	23	0.06	4	0.010
1959 ...	18	0.05	5	0.013

The number of cases on the after-care register at the end of the year were:—

	Male	Female	Total
Pulmonary	722	531	1,253
Non-pulmonary ...	65	62	127
	787	593	1,380

40 cases were supplied with milk, 5 with maltoline and iron and 28 with adexolin capsules, all free of charge, on the recommendation of the chest physicians.

At the end of the year the Council was paying rehabilitation fees for 3 patients (2 at Papworth and 1 at Preston Hall, Maidstone).

Use was made of the facilities offered by the W.V.S. clothing depots for necessitous cases and the Friends of Kelling provided amenities for patients which were not available through official channels. The British Red Cross Society continued the library service for housebound tuberculous patients at a nominal charge.

4 shelters were disposed of as surplus to requirements, reducing the number available to 46.

Chest X-ray examinations of 342 teaching, canteen and other staff in close contact with children were arranged during the year.

Reports of Chest Physicians.

Drs. G. F. Barran and A. H. Couch, chest physicians for the County, report as follows:—

"There has been no major modification in the preventative and after-care aspects of tuberculosis work during the year and the well-tried methods detailed in previous reports continue to produce the mainly satisfactory results which the morbidity and mortality figures indicate, namely a reduction both in the number of new cases notified and in the number of deaths.

The gratifying fall over the past ten years in the number of those dying from tuberculosis is well-known and an analysis of the deaths shows an additional encouraging feature in that the age of the fatal cases shows a recognisable shift from the group of adolescents and young adults, where the disease previously showed its maximum effect, to those in the later decades of life. There were, in fact, only two deaths under the age of forty and eleven of the total of twenty-three were over the age of sixty. Moreover, in a number of the cases in which death was attributed to tuberculosis, other conditions such as cardio-vascular degeneration and senility were often a major contributory factor and not infrequently the sole cause. In addition, it is gratifying to report that there were no deaths from tuberculous meningitis which previously produced a heavy toll in infants and children.

The universal adoption of B.C.G. vaccination in the schools, and the beneficial results of modern treatment in rendering the established case non-infectious, are likely in the next few years to produce a further fall in incidence. The major problem is likely to be the difficulties encountered in the clinical management of those persons where the infecting organisms are found to be resistant to the commonly used drugs. There is a very small minority where complete control of the disease has not been obtained and where the patient is excreting tubercle bacilli which are drug resistant. They are not only a danger to themselves but also, and more seriously, to those in contact with them and it follows that there is evidence of an increase in the number of new cases which at the time of diagnosis are found to harbour resistant organisms. Thereby arises a possible danger that a secondary epidemic of tuberculosis due to resistant organisms might take place. This is, to a great extent, a clinical problem to which much thought is at present being given.

With the foregoing reservation the outlook for the tuberculous patient is now most favourable and the great majority can look forward to complete arrest of the disease without the long period of absence from home which previously was necessary. It is unfortunate that this fundamental improvement in the prognosis is not yet widely recognised. The fear of tuberculosis is still present and unaltered in the minds of many. It produces unnecessary consternation and alarm when the diagnosis is made, whilst other diseases of the chest, such as the common and more crippling disorder of chronic bronchial infection, is accepted with relative tranquility. Moreover, this ignorance produces in the minds of the neighbours and of potential employers a quite unwarranted fear of the disease which produces a harmful and unnecessary shunning of contact leading to much unhappiness. The education of the public to the knowledge that tuberculosis can be cured without serious inconvenience and that, after treatment, all can join without fear in the general life of the community, is most important, and it is a lesson which many are slow to learn.

The Chest Physicians are glad to acknowledge once more the help given by the County and District Medical Officers of Health and their departments. The liaison between the clinical and preventative aspects of tuberculosis control continues to be most harmonious."

HEALTH EDUCATION.

Health education is an integral part of the duties of the Council's medical, health visiting and nursing staff. Various methods are used, e.g., by personal contact and advice to the public, by the distribution of leaflets and posters, and by demonstrations with flannelgraphs, films and film-strips. The public are contacted at their own homes, or at infant welfare centres, mothercraft classes, schools or clubs. Many medical practitioners display posters in their surgeries and much effective health education is carried out through the agency of voluntary organisations.

Matters particularly emphasised include food hygiene and precautions against dysentery, dental care, need for vaccination and immunisation, the proper use of welfare foods, home safety, preparation for motherhood, personal hygiene (the latter to girls approaching school-leaving age).

Use is made of the Education Committee's film library, their operators and equipment. A film-strip projector has been purchased for use by nursing and health visiting staff.

Ministry of Health publicity material has been used to a considerable extent and their "Food Hygiene" posters, in particular, have been most effective, being widely distributed throughout the county during sporadic outbreaks of dysentery.

Special emphasis has been placed upon cancer education and the prevention of accidents both for the very young and for the aged.

Cancer education is mainly by personal approach, doctors, nurses and voluntary organisations having been circularised with a form of "Questions and Answers," together with instructional booklets to help them.

Methods of preventing home accidents have been widely publicised in the form of booklets, leaflets, and instructional pamphlets. Talks have been given to Old People's Clubs by health visitors and nurses, and by speakers provided by the British Red Cross Society, special attention being given during the year to the "Check that Fall" campaign.

The number of classes for expectant mothers continues to increase. These are given by the local health visitors and district nurse/midwives in co-operation with family doctors. Each course consists of eight weekly sessions of $1\frac{1}{4}$ hrs. duration, based on a syllabus approved by the Senior Consultant Obstetrician for the area, containing talks, discussions and relaxation advice. All aspects of mothercraft are covered, including the mental approach, the layette, hygiene, and the use of the gas and air machine. During each course of eight sessions, one talk is given to husbands on the responsibilities of the expectant father. Flannelgraphs are used at these classes demonstrating the birth of a baby and nutrition aids.

Lectures on health education methods have been given by specialist speakers at the Council's Study Days, held in Norwich every six months. These are attended by the Council's health visitors and nurses, invitations being extended to the staffs of local hospitals, and adjoining local health authorities.

Demonstrations and displays are given regularly at infant welfare centres, dealing with the preparation of feeds, sterilisation of feeding bottles, care of the teeth, clothing, diet, etc. Each particular demonstration or display is the subject of a short talk.

Diet charts for children 0-5 years of age are provided by the Council for distribution by the district nurses.

ACCIDENTS IN THE HOME.

The problem of the prevention of home accidents has been under constant review during the year. A handbook was prepared, in conjunction with the Chief Fire Officer, and widely circulated to schools, institutions, voluntary organisations, old people's clubs, welfare centres, etc. The Council's staff has given talks on home accident prevention whenever opportunity has arisen, and similar talks have been arranged by voluntary organisations for their members.

The Jenny Lind Hospital, Norwich, concerned with the treatment of boys under 11 and girls under 12 years of age, and the Norfolk and Norwich Hospital, which treats older patients, have provided the following details of cases treated during the year (1958 figures in brackets):—

	Jenny Lind	Norfolk and Norwich
Injuries to limbs and body	141 (103)	111 (161)
Cuts	175 (130)	35 (53)
Burns and scalds ...	125 (97)	6 (20)
Poisoning	47 (34)	— (—)
Foreign body	60 (30)	— (—)
Miscellaneous	9 (1)	— (—)
	557 (395)	152 (234)

43% of the cases dealt with at the Norfolk and Norwich Hospital were over 60 years of age.

Although the numbers of cases treated in the Jenny Lind Hospital are considerably higher than for 1958, they are not so large as those for 1957.

VENEREAL DISEASE.

The aid of the Council's staff was enlisted under the follow-up scheme for ascertaining sources of infection in respect of a number of cases referred from U.S.A.F. medical officers. No cases were referred for follow-up from other sources.

Returns received from the treatment centres at Norwich and King's Lynn, show that 305 new Norfolk cases attended during the year (1958 figures in brackets):—

Syphilis	18 (18)
Gonorrhoea	70 (50)
Other conditions	217 (204)
	305 (272)

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 of late syphilis during this year, and the increase was confined to late congenital syphilis in patients over the age of 15 years. There is no real significance here since these patients might have been seen in earlier years or in years to come.

There was an increase of about 50% in the incidence of gonorrhoea; this was a general trend throughout the country. No drug resistance to treatment was met with. There is no real cause for alarm: this increase may well be temporary.

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."

Dr. N. A. Ross, venereologist at the King's Lynn centre, reports:—

"On the whole, the work of the clinic increased by about 20% on the previous year, the rise being particularly noticeable on the female side. There was an increase in the incidence of gonorrhoea but there was no infectious syphilis. The rise in gonorrhoea in females was largely accounted for by contacts of American Service men. 17 cases of contacts were referred by the Norfolk County Council for examination—9 of whom were found to be positive and 7 negative. Resistant strains of gonococci were found in two of the above cases, the original infection probably coming from the London area. No resistant strains were found in male cases, except one, who suffered from a prostatitis vesiculitis.

The help given by the Norfolk County Council health visitor has been invaluable in tracing contacts and defaulters from treatment."

PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross Society and St. John Ambulance Brigade have continued to act as agents of the County Council for the provision of nursing equipment on loan. 136 depots throughout the county provided equipment for 3,320 patients.

Two hydraulic hoists were purchased by the Council during the year for loan to patients.

RECUPERATIVE HOMES.

Five cases were provided with periods of recuperative convalescence at voluntary homes.

CHIROPODY

In April, 1959, the Minister of Health issued Circular 11/59 stating that he was prepared to approve proposals by local health authorities who wished to establish or extend a chiropody service under Section 28(1) of the National Health Service Act, 1946, and suggesting that, at least in the early stages, priority should be given to the elderly, the physically handicapped and expectant mothers.

The Council decided to provide a chiropody service on the lines suggested in the circular and to restrict treatment for the time being to patients in the three specified categories.

The Welfare Committee had previously made arrangements whereby grants at the rate of 2s. 6d. per treatment were made through the agency of the Norfolk Old People's Welfare Committee to old people's clubs to enable them to arrange treatment for old people, including non-members, at reduced rates. It was agreed that these arrangements should be continued.

It was felt that a scheme for the benefit of physically handicapped persons could be operated through the voluntary organisations particularly concerned with the welfare of such persons. This would be on the same lines as that for old people and it was agreed that the Norfolk Association for the Care of the Handicapped, the Norfolk Branch of the British Red Cross Society and independent clubs for physically handicapped persons should be asked for their co-operation.

As the number of expectant mothers requiring treatment was likely to be small, the Council decided that they should be referred individually to chiropodists and that patients in this category should not be asked to contribute towards the chiropodists' charges.

The arrangements for the treatment of the physically handicapped and expectant mothers will operate as from 1st April, 1960.

X. HOME HELP SERVICE.

The service continues to expand, mainly in the sick and old age categories, who now form 84% of all cases dealt with and utilise 90% of the total service provided.

Cases assisted during the past three years were as follows:—

	1957	1958	1959
Maternity	108	108	90
Children without mothers ...	12	10	11
Post-operative	16	15	17
Sick and old age	838	851	940
Blind	45	50	53
Tuberculosis	13	10	10
	1,032	1,044	1,121

All cases are required to contribute towards the cost of the service in accordance with their financial circumstances, subject to a minimum charge of 10s. per week. Householders eligible for National Assistance can obtain an attendance allowance from the National Assistance Board to meet this charge.

Home helps employed at the end of the last three years were as follows:—

	1957	1958	1959
Whole-time	1	1	1
Part-time	13	8	7
Occasional	392	407	434
	406	416	442

The increase in the number of cases assisted is reflected in the larger number of home helps employed. Many of these home helps take a very great interest in the welfare of the people they assist and devote many hours to them in excess of those for which they are paid.

The home help organiser, and her assistant stationed at King's Lynn, are responsible for the general administration of the scheme, the supervision of home helps, the investigation of cases specially referred from the local health areas and arrangements for problem families. The day-to-day work of the scheme is carried out in the nine local health offices, the Council's local welfare officers being responsible for the field work.

Wherever possible, the home help service is being utilised to assist problem families. In general, such families need much more assistance than routine cases and make special demands upon the home helps who assist with training, guidance and advice. This work requires specially selected home helps and, to qualify them for this purpose, three-day training courses are being arranged annually, in conjunction with the Education Committee. These courses include lectures, demonstrations and practical work. A certificate is presented to each home help at the conclusion of the course.

The table on page 29 shows the number of cases assisted, and the duration of assistance provided, during 1959.

TABLE 3.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1959

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 ...	22	34	32	2	—	—	—	—	—	—	—	—	—	—	—	3 844	1·39	90
Children without mothers ...	1	3	—	—	1	—	—	1	3	—	—	—	1	1	—	2,568	0 93	11
Post-operative ...	—	2	1	—	7	—	—	—	—	1	1	—	1	—	4	2.852	1·04	17
Sick and Old Age ...	22	31	26	34	94	61	45	37	40	37	25	38	37	51	362	248,079	90·11	940
Blind	—	—	3	1	2	1	1	1	2	—	2	12	2	1	25	15.122	5·50	53
Tuberculosis ...	—	—	—	1	2	—	—	2	1	—	—	—	2	—	2	2.849	1·03	10
Totals	45	70	62	38	106	62	46	41	46	38	28	50	43	53	393	275 314	100 00	1.121

XI. MENTAL HEALTH

With the passing of the Mental Health Act the Health Committee reviewed existing services and future developments. Following detailed consideration, it was decided that the necessary expansion of domiciliary and residential services would proceed in stages and a 10 year programme, providing for appropriate expenditure was approved. Under this plan, first priority is to be given to the provision of a hostel for young male mentally handicapped who are likely to be able to follow employment. Financial provision has been made in 1960/61 for the purchase of a site and the commencement of building. It is proposed that this hostel should be built at King's Lynn where the prospects for employment in a developing industrial community appear to be quite good. Dr. J. V. Morris, the Medical Superintendent of Little Plumstead Hospital, who has had a great deal of experience in the development of hostels attached to hospitals, has agreed to act as advisor to the Council on the provision of hostels.

ADMINISTRATION

During the year, special consideration was given to the structure of all the Council's Committees and it was decided to continue a separate Mental Health Sub-Committee of the Health Committee, meeting monthly.

STAFF.

Appointments

Miss T. Byles,
Supervisor, Attleborough Junior Training Centre.
Previously Assistant Supervisor, King's Lynn Junior Training Centre.

Mrs. H. Evetts,
Additional Assistant, Sprowston Junior Training Centre.
Previously Second Assistant, King's Lynn Junior Training Centre.

Mrs. E. L. Perrott,
Second Assistant, King's Lynn Junior Training Centre.

Mr. B. G. Wesby,
Assistant Local Welfare Officer, Area No. 5.

Resignation

Mr. S. Fryer,
Local Welfare Officer, Area No. 5.

The following medical officers are approved for the giving of certificates under the Mental Deficiency Acts:—

Dr. K. F. Alford
Dr. G. L. Ashford
Dr. A. Gillie
Dr. Anne K. Gillie
Dr. A. E. Lorenzen
Dr. J. V. Morris
Dr. A. G. Scott

TRAINING OF STAFF

(a) *Mental Illness.*

Selected welfare officers and the mental health worker continued to attend weekly lectures and case demonstrations given at St. Andrew's Hospital, and two officers attended a one week's refresher course at Bristol University.

(b) *Mental Deficiency.*

Certain members of the Junior Training Centre staffs exchanged duty for a day or two with members of the teaching staff of Little Plumstead Hospital school. This interchange of staff is a new development which should be helpful to all concerned.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Care and After-Care.*

The arrangements for after-care visits by the Council's local welfare officers and mental health worker, which have been described in detail in previous annual reports, continued. During the year, 2068 visits were made, whilst 407 new patients were referred.

The Norwich and King's Lynn Psychiatric Social Clubs held regular meetings during the year, assisting the rehabilitation of some members and lending support to others. There is some cause for concern, due to the small number of new cases referred to these clubs, and if the valuable work which they have done is to cover the widest possible field, it is necessary that, as cases become stabilised, new patients should be referred who can be helped very considerably by the older members. One of the difficulties is, of course, the rural nature of the area and the distances involved in attending the clubs, but these are matters which are under review and which must be solved if this particular service is to meet the need which exists.

Regular area conferences are held to discuss the prevention of the break-up of families and problem families generally. Members of the Health Department staff attend these conferences and any possible psychiatric angle is noted and appropriate action taken.

Adult clinics for the consideration of problems arising with mental defectives continued to be held at fortnightly intervals at the Local Health Office, Norwich, with Dr. J. V. Morris as Consultant Psychiatrist. A wide variety of cases was referred from general practitioners, probation officers, government departments, local welfare officers, etc. The development of this type of clinic in the past few years points the way to possible future developments for diagnostic and advisory clinics under the Mental Health Act, as it enables the consultant psychiatrist, the psychologist and the social worker to confer and work together on the most suitable disposal of the case.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930.*

The local welfare officers (as duly authorised officers) continued to carry out the Council's duties under these Acts and to provide the link between the general practitioner and the hospital. The catchment areas for the Hellesdon and St. Andrew's Hospitals continued as in previous years and there has been an expansion of out-patient clinic work.

In October, the Minister of Health made an Order bringing into operation Section 5 of the new Act providing for the informal admission

of patients to mental hospitals from the 6th October. At the end of the year it was apparent that, in future, informal admission would, undoubtedly, become the usual method of entering a mental hospital.

The Vale Hospital, Swainsthorpe, has continued to admit senile dementia cases wihout certification and the bed position became easier during the year owing to the opening of another ward. At one stage, all cases on the waiting list were absorbed but, at a later date, a small waiting list, particularly for females, had built up. The "Six Weeks In and Six Weeks Out" system, which was mentioned in the last report, has operated reasonably well but is only appropriate in a limited number of cases.

Arrangements have continued for the submission of social history reports for cases admitted to the mental hospitals and to The Vale Hospital. The preparation of these detailed histories involves a very considerable amount of time for the local welfare officers, but they are of great value to the consultant psychiatrist dealing with the case and both Medical Superintendents have expressed their appreciation of this aspect of the Council's service.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

(i) *Ascertainment and Supervision.* The arrangements for ascertainment and supervision have continued as reported in detail in earlier reports. The policy of placing cases under friendly supervision is invariably adopted wherever the defective is likely to stabilise in the community and has a reasonably good home.

Children excluded from school, who are unable to attend junior training centres, have been provided with medical and nursing care and extra nourishment wherever necessary.

(ii) *Accommodation and Waiting List.* It is again necessary to record an increase in the waiting list which, in turn, has produced problems in the community. This particularly applies where feeble-minded persons with employment or behaviour problems cannot be admitted for training, and also where the continued presence of low-grade children in their own homes causes grave anxiety to the parents and often ill-health and mental stress.

At the end of the year, the Regional Hospital Board provided some new accommodation at Nayland Hospital, as a result of which a small number of vacancies was granted, which helped to relieve some of the more pressing problems on the female side.

The inability of the Hospital Board to provide temporary care for patients has also aggravated the position but, during the year, the Council was able to provide for 21 cases to be admitted to short-term care in private homes. Partly as a result of the problems arising from the lack of temporary treatment accommodation, it has been decided to endeavour to arrange a week's holiday for some of the mentally handicapped during 1960. This will be held in suitable accommodation on the coast and will be under the charge of the three home teachers for the mentally handicapped.

(iii) *Training of Defectives.*

(a) *Junior Training Centres* Much activity was undertaken during the year in planning for the future training of defectives living in the community, and consideration was given both to immediate and long-term policy. The additional classroom of modern and attractive design at the Sprowston Junior Training Centre was completed and it was possible to admit 19 additional

children in September. This necessitated an increase of one in the teaching staff and extra taxi routes and escorts. Unfortunately, there was an outbreak of Sonné dysentery almost immediately after the new children commenced, which so seriously affected the attendance over a long period that eventually it was found necessary to close the centre completely for a short time. The centre was still closed at the end of the year, but it was expected to re-open shortly afterwards.

During the year, the new junior training centre at Attleborough was in course of erection and the opening of this first purpose-built centre in the county was awaited with interest. The supervisor was appointed in December to take up her post in February, 1960 and the necessary furnishings were ordered. Details of the centre and its operation will be included in the report for 1960.

The provision of the fourth junior training centre in the county to serve North Norfolk is proceeding and, during the year, a site was purchased at Holt after the Health Committee had considered the possibility of converting old property which was found to be unsuitable. At the end of the year, a tender for £7,887 for the provision of this centre was accepted and it is anticipated that the building will be erected during 1960 and available for use towards the end of that year.

The number of children attending junior training centres during the year increased from 79 to 93 and these additional attendances have involved further transport routes. There are now 11 routes serving three centres and covering an annual mileage of approximately 200,000.

At the King's Lynn centre, an "Open Day" and display of the children's work was held in December, when the Mayor of the Borough was present. The children presented a performance of "Snow White and the Seven Dwarfs" and, although this production was of a more ambitious nature than is usual at junior training centres, the children excelled themselves and the staff were congratulated by the Mental Health Sub-Committee on the work that they had undertaken. The Sprowston centre "Open Day" had, perforce, to be of a limited nature because of the outbreak of Sonné dysentery, but many parents took the opportunity of visiting the centre and meeting the staff. The sale of handicrafts at both centres was very successful, the sum of £36 realised at the Sprowston centre being outstanding.

During the year, one child was de-notified on being found suitable for education. This child was partially deaf and the Education Committee was able to arrange admission to a special school for children suffering from this disability.

The question of the retention of older children at junior training centres was reviewed and it was decided that, wherever necessary, girls should continue attendance after the age of 18, but that boys would normally leave at that age although each case would be determined on its merits.

A student of the National Association for Mental Health's course for junior training centre staff was accepted for attendance at the Sprowston centre as part of her training.

(b) *Home Teaching—Day Training Centres.* With the opening of the additional classroom at Sprowston, and the increase in the number of transport routes, it was possible to admit to full-time centres many of the children who had been attending day junior training centres on a weekly basis. This has given the home teachers an opportunity, envisaged for some years, of providing weekly group meetings for adults formerly taught in their

own homes, thus affording benefit not only to the defective but also to the family; by the end of the year, three adult centres were already operating. When the new full-time centres are in operation, it is anticipated that few, if any, day centres for children will be required, so that the home teachers will be able to concentrate on the adult defectives and those who are suitable will be catered for at social clubs. These will provide varied programmes of activities, including handicrafts, country dancing and music and movement. It has already been found that some adult defectives, who have never been outside their own village for many years, have found a new life and interest in the clubs and respond remarkably well. At the end of the year, the following day centres were in operation:—

Social Adult Centres	Combined Adult and Junior Day Training Centres
East Dereham	Attleborough
Fakenham	Cromer
Wells-next-the-Sea	Diss
	Swaffham

(c) *Care of Low-Grade Children.* Arrangements continued for the provision of special home attendants on one or two afternoons each week for low-grade children, enabling the mother to undertake shopping or other outside activities and personal matters. The scheme works extremely well and, in providing relief to the mother, eases the pressure on the waiting list for hospital accommodation.

(d) *Industrial Training.* The Council continued to co-operate with the Norfolk and Norwich Society for Mentally Handicapped in sending cases to the industrial centre for males which was opened in 1958. At the end of the year, eight young men were in attendance from the county and the centre was proving extremely valuable and was providing a variety of industrial employment. Small payments are made to the boys attending, based on output, and there is a very happy and successful air about the whole venture.

The arrangements for payment of grant were revised during the year whereby the Norwich City Authority undertook payment of the total amount of £1,000 guaranteed by the two Authorities, leaving the County to pay to Norwich the proportion due for county boys on a per capita basis. It is of interest to note that the Society's own contribution to the industrial centre during 1959 amounted to some £600. At the end of the year, an application was submitted by the Society for an increased grant in order to provide for the employment of an assistant supervisor and this was agreed in principle by the Council.

The voluntary society's pioneer effort has shown how successful an industrial centre for males can be, and considerable development is anticipated in the near future. It is understood that the Norwich City Authority will shortly provide premises for an industrial centre and that the present centre will then merge into the official scheme. The Great Yarmouth Authority proposes to provide a centre which will be attended by county cases from East Norfolk, whilst the Council's own plans envisage the establishment of a new industrial centre at King's Lynn. In addition, adult classrooms will be provided at the Holt and Attleborough junior training centres which will ensure that eventually practically all suitable male mentally handicapped persons can attend industrial centres.

MENTAL HEALTH STATISTICS AT 31ST *DECEMBER*, 1959

(For the purpose of comparison, the figures at 31st December, 1958, are shown in brackets.)

MENTAL PATIENTS.

Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Informal		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	1(*22*)	6(*32*)	187(*216*)	276(*364*)	–(–)	1(*1*)	34(–)	86(–)	222(*238*)	369(*397*)
Ellesdon Hospital ...	19(*12*)	17(*12*)	107(*124*)	186(*182*)	–(–)	–(*1*)	33(–)	47(–)	159(*136*)	250(*195*)
Other hospitals ...	– (–)	5 (–)	5 (*7*)	13 (*8*)	–(–)	–(–)	1(–)	– (–)	6 (*7*)	18 (*8*)
Totals	20(*34*)	28(*44*)	299(*347*)	475 (*554*)	–(–)	1(*2*)	68(–)	133(–)	387(*381*)	637(*600*)

Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe	41 (*33*)	19 (*29*)
TOTAL ADMISSIONS	428(*414*)	656(*629*)
GRAND TOTAL	1084 (*1043*)	

	M.	F.
(b) *Admissions under Section 20 and Section 21 of the Lunacy Act*, 1890	15 (20)	8 (*35*)
(c) *Discharged patients referred by the hospitals during the year for after-care*	407 (468)	

2. MENTAL DEFECTIVES.

(a) *Cases in hospitals.*

Name of Hospital.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries			
(i) On an informal basis	229(*210*)	217(*251*)	446(*461*)
(ii) Detained under Order ...	38 (*52*)	18 (*44*)	56 (*96*)
Totals ...	267(*262*)	235(*295*)	502(*557*)
Other mental deficiency hospitals			
(i) On an informal basis	13 (*11*)	54 (*8*)	67 (*19*)
(ii) Detained under Order ...	33 (*34*)	15 (*20*)	48 (*54*)
Totals ...	46 (*45*)	69 (*28*)	115 (*73*)
GRAND TOTALS ...	313(*307*)	304(*323*)	617(*630*)

(b) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	90 (*94*)	71 (*75*)	161(*169*)
(ii) 16 years of age and over ...	281(*277*)	226(*210*)	507(*487*)
Totals ...	371(*371*)	297(*285*)	668(*656*)
Number of cases under friendly supervision	198(*178*)	138(*125*)	336(*303*)
Number of cases under guardianship ...	2 (*2*)	6 (*7*)	8 (*9*)
In county homes or other establishments	34 (*32*)	58 (*59*)	92 (*91*)
GRAND TOTALS ...	605(*583*)	499(*476*)	1104(*1059*)

TOTAL cases in county—(a) and (b) 1721 (*1689*)

Rate per thousand based on Registrar-General's mid-1959 estimate of population of the County:—
390,200 ... ... 4.41

(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	8 (*6*)	8 (*4*)	16 (*10*)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944	25 (*29*)	19 (*27*)	44 (*56*)
(iii) Other cases reported and ascertained	8 (*11*)	5 (*7*)	13 (*18*)
(iv) Number of cases reported but not yet dealt with	10 (*8*)	10 (*5*)	20 (*13*)
Totals ...	51 (*54*)	42 (*43*)	93 (*97*)

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

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries			
(i) Informal	12 (*16*)	5 (*17*)	17 (*33*)
(ii) Under Order	6 (*5*)	3 (*4*)	9 (*9*)
Other hospitals			
(i) Informal	2 (—)	— (—)	2 (—)
(ii) Under Order	— (—)	— (—)	— (—)
Totals ...	20 (*21*)	8 (*21*)	28 (*42*)

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

	Male	Female	Total
Regional Hospital Board establishments			
(i) For one day	18 (*13*)	16 (*10*)	34 (*23*)
(ii) For longer periods	4 (*42*)	— (*41*)	4 (*83*)
Private approved homes	13 (*3*)	8 (—)	21 (*3*)
Totals ...	35 (*58*)	24 (*51*)	59(*109*)

(f) *Receiving Training.*

	Male	Female	Total
(i) At junior training centres	52 (*45*)	42 (*35*)	94 (*80*)
(ii) Under home teachers			
(1) At home	36 (*42*)	77 (*77*)	113(*119*)
(2) At day occupation centres ...	33 (*29*)	31 (*25*)	64 (*54*)
(iii) At industrial centre ...	8 (*6*)	— (—)	8 (*6*)
Totals ...	129(*122*)	150(*137*)	279(*259*)

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

	Male.	Female.	Total.
URGENT CASES.			
Idiots	8 (*8*)	7 (*7*)	15 (*15*)
Imbeciles	19 (*16*)	12 (*15*)	31 (*31*)
Feeble-minded ...	8 (*7*)	2 (–)	10 (*7*)
	35 (*31*)	21 (*22*)	56 (*53*)
NOT SO URGENT.			
Idiots	6 (*7*)	7 (*5*)	13 (*12*)
Imbeciles	17 (*12*)	13 (*8*)	30 (*20*)
Feeble-minded ...	6 (*9*)	6 (*6*)	12 (*15*)
	29 (*28*)	26 (*19*)	55 (*47*)
GRAND TOTALS ...	64 (*59*)	47 (*41*)	111(*100*)

XII. NATIONAL ASSISTANCE ACT, 1948.

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

WELFARE OF THE BLIND.

REGISTRATION.

During the year, 216 persons were examined and, of these, 136 (63%) were certified as blind. The causes of blindness, with numbers for whom treatment was recommended, were as follows:—

	Certified	Treatment received before certification	Treatment recommended
Myopic error ...	8	2	—
Optic atrophy ...	8	—	2
Macular changes ...	27	—	4
Diabetes ...	15	1	1
Glaucoma ...	14	6	6
Cataract ...	36	8	21
Others	28	2	3
	136	19	37

Ministry of Health Form B.D.8 was completed in all cases and, of those certified as blind, 115 were over 65 years of age.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	Cause of disability.							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
(i) Number of cases registered during the year recommended for :	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(*a*) No treatment ...	10	3	3	1	—	—	86	23
(*b*) Treatment (medical, surgical or optical) ...	21	7	6	—	—	—	10	5
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment	4	2	—	—	—	—	2	—

CASES ON REGISTER.

At the 31st December, 1959, there were 938 registered blind persons in the county as follows (1958 figures in brackets):—

Age group	Males	Females	Total
0— 4 ...	3 (2)	2 (3)	5 (5)
5—15 ...	11 (9)	7 (6)	18 (15)
16—20 ...	3 (3)	1 (1)	4 (4)
21—39 ...	17 (21)	25 (27)	42 (48)
40—49 ...	30 (27)	17 (17)	47 (44)
50—64 ...	82 (80)	59 (61)	141 (141)
65—69 ...	41 (35)	50 (47)	91 (82)
70—79 ...	107 (109)	154 (144)	261 (253)
80—84 ...	62 (53)	76 (78)	138 (131)
85—89 ...	49 (41)	75 (63)	124 (104)
90 and over...	14 (17)	53 (52)	67 (69)
	419 (397)	519 (499)	938 (896)

11 children in the 5-15 age group were attending residential special schools, 1 was at an ordinary school for the time being, 1 was at home awaiting a decision regarding his education and 5 were ineducable.

EMPLOYMENT.

The Council has continued the agency arrangements with the placement service of the Royal National Institute for the Blind for the provision of assistance in obtaining employment for suitable blind persons and there is close co-operation between the Council, the placement service and the Ministry of Labour. The number involved, however, is small, as although there are 234 registered blind persons in the normal employment age range, many are either not available for, or not capable of, following an occupation.

At the end of the year, 16 men and 2 women were employed in the workshops of the Norwich Institution for the Blind and 7 men and 1 woman were employed as home workers. 34 other blind persons were engaged in other forms of employment.

HOME TEACHING AND VISITING.

The home teacher in the King's Lynn district resigned during the year and, after an interval, the vacancy was filled for a brief period. The newly-appointed home teacher, however, tendered her resignation before the end of the year owing to ill-health. This interruption of service to the blind in that area placed additional strain on the other five home teachers who endeavoured to cope with a case load almost double the number recommended by the Ministry of Health.

The home teachers have continued to provide instruction in handicrafts and the reading of embossed literature in addition to routine welfare work. The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich have continued to meet monthly and are very much appreciated by the increasing number of blind persons who attend. The voluntary workers have rendered valuable assistance and voluntary car owners have enabled persons to attend who would otherwise have been precluded owing to infirmity or lack of public transport.

Wireless sets provided by the British Wireless for the Blind Fund have been distributed and maintained by the Council and other activities referred to in previous reports have been continued to the general advantage of those blind persons able to avail themselves of the various facilities.

WELFARE OF THE PARTIALLY SIGHTED.

Details of the cases on the register at 31st December, 1959 are as follows (1958 figures in brackets):—

Age group.	Male.	Female.	Total.
0— 4 ...	— (—)	— (—)	— (—)
5—15 ...	11 (10)	5 (4)	16 (14)
16—20 ...	6 (6)	8 (9)	14 (15)
21—49 ...	21 (20)	18 (21)	39 (41)
50—64 ...	14 (14)	22 (20)	36 (34)
65 and over	59 (59)	128 (136)	187 (195)
	111 (109)	181 (190)	292 (299)

Occasional visits only, at six to twelve monthly intervals, are made by the home teachers, unless there are any special circumstances in individual cases. Two partially sighted women are employed in workshops for the blind.

WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

The number of cases on the register increased during the year by 28 and there are now 297, classified as follows (1958 figures in brackets):—

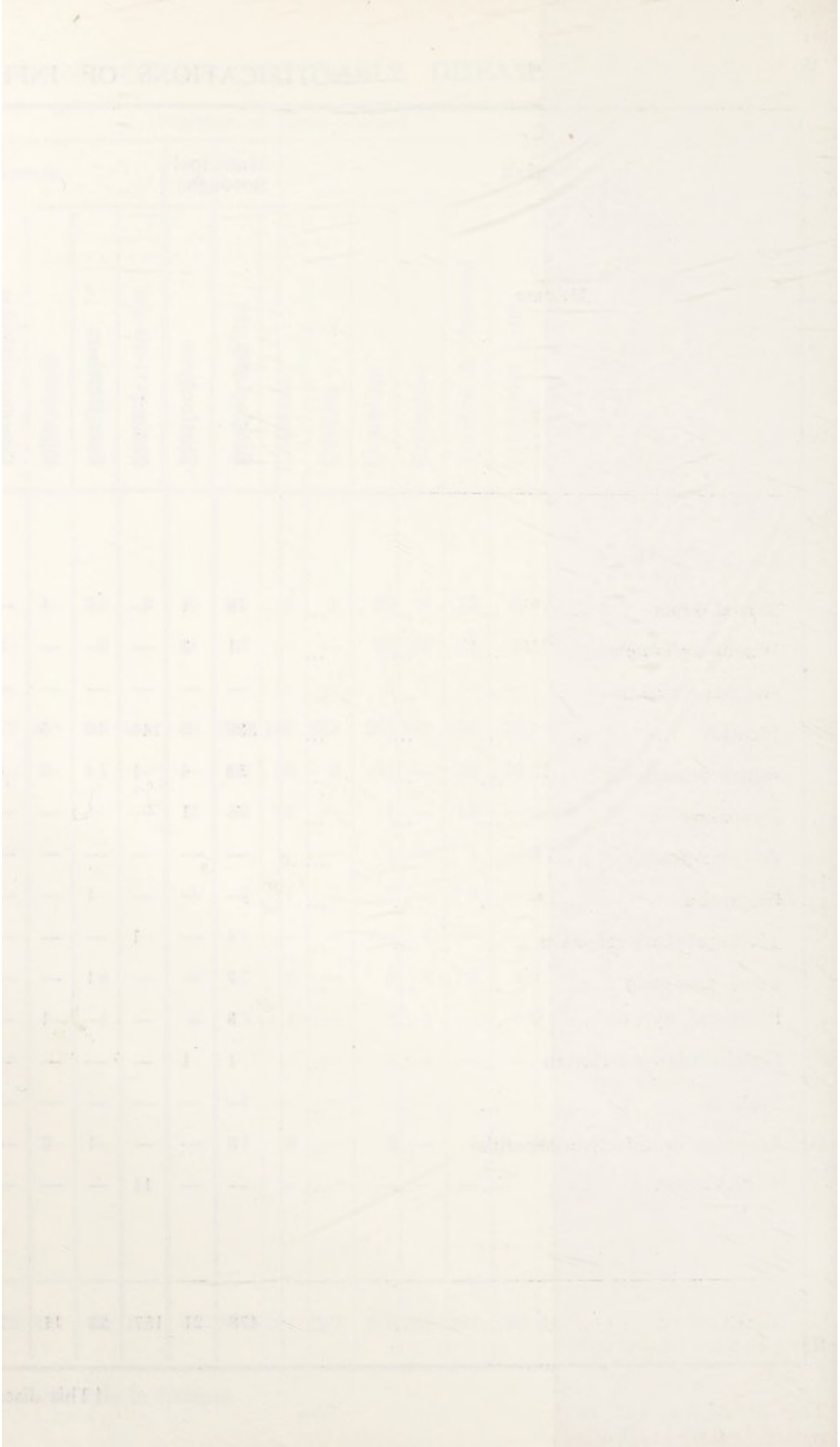
Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
Under 16	6 (6)	8 (7)	14 (13)	13 (7)	7 (1)	20 (8)
16—49	42 (41)	56 (55)	98 (96)	17 (14)	16 (17)	33 (31)
50—64	26 (22)	13 (11)	39 (33)	12 (10)	8 (7)	20 (17)
65 and over	19 (18)	14 (14)	33 (32)	11 (12)	29 (27)	40 (39)
	93 (87)	91 (87)	184(174)	53 (43)	60 (52)	113 (95)

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

TABLE 4.

Disease	Number of cases notified																													Totals
	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	18	4	—	5	1	—	—	—	—	10	2	5	38	16	5	30	9	73	4	30	86	26	81	14	21	5	33	516
Whooping cough	1	3	—	—	—	2	—	—	—	2	—	1	13	—	—	29	58	2	2	12	5	9	14	1	5	17	12	188
Ac. poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	1	5
Measles	388	8	144	10	5	1	45	3	131	48	116	13	235	135	283	201	253	168	73	36	88	222	150	231	231	160	108	3486
Acute pneumonia	53	4	1	4	2	4	—	—	—	1	—	—	66	26	9	31	—	22	10	13	6	20	13	22	4	4	21	336
Dysentery	—	1	—	1	—	—	—	—	—	—	—	2	10	17	—	1	—	15	—	9	—	—	25	3	—	—	1	85
Ac. encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	3
Erysipelas	—	—	—	1	—	—	—	—	—	—	—	1	5	1	—	7	—	4	—	1	—	—	2	3	—	—	—	25
Meningococcal infection	4	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—	10
Food poisoning	7	—	—	1	—	—	—	—	—	4	—	6	13	2	—	3	4	5	1	3	8	7	14	—	—	1	—	79
Puerperal pyrexia	3	—	—	—	1	—	—	—	—	1	—	2	3	1	—	1	1	—	—	4	1	1	4	—	—	—	—	23
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Jaundice or infective hepatitis	3	—	—	1	2	—	—	—	—	—	—	—	11	3	—	2	—	1	—	1	—	1	—	1	—	1	—	27
†Chickenpox	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Totals	478	21	157	23	11	7	46	3	131	66	118	30	396	201	297	308	327	291	90	110	197	286	303	275	262	188	176	4798

†This disease is notifiable only in Cromer



The Council's agency agreement with the Deaf and Dumb (Norwich and Norfolk) Association for the provision of welfare services has been continued. A fully qualified missioner is employed by the Association and grants are paid on an agreed basis by the Norfolk, Norwich and Great Yarmouth authorities.

Social facilities are provided at the Norwich, Great Yarmouth and King's Lynn Institutes, the last-named meeting only monthly at present.

A club for the hard of hearing has continued to meet weekly at the Association's Norwich headquarters.

WELFARE OF THE PHYSICALLY HANDICAPPED — GENERAL CLASSES.

The numbers on the register at the end of the year (1958 figures in brackets) were:—

Age Group	Male	Female	Total
16—49 ...	191 (203)	119 (118)	310 (321)
50—64 ...	167 (168)	101 (100)	268 (268)
65 and over...	105 (100)	47 (45)	152 (145)
	463 (471)	267 (263)	730 (734)

Of the 730 persons on the register, 204 were capable of ordinary employment and 65 of work under sheltered conditions.

Handicraft training at home for those not capable of, or not available for, employment is provided by instructors from the Norfolk Branch of the British Red Cross Society and the Norfolk Association for the Care of the Handicapped, each organisation dealing with one half of the county. The Council pays annual grants for this service. The Education Committee also provides instructors for handicraft classes at suitable centres.

The Council also gave financial assistance to enable handicapped persons to attend the seventh annual holiday camp at Gorleston organised by the Norfolk Association and the first annual camp at Caister-on-Sea organised by the St. Raphael Clubs.

St. Raphael Clubs provided social facilities in Norwich, King's Lynn, Wayland, Swaffham and Great Yarmouth, and other clubs for the handicapped are operating at Downham Market, Fakenham, East Dereham, Sheringham and Hunstanton.

XIII. 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 was 3,486. There were no deaths. The incidence was higher than for 1958, but conforms with the general pattern of biennial periodicity.

There were 188 notifications of *whooping cough* compared with 96 in 1958. The 1958 and 1959 figures, however, are still by far the lowest on record in this county, the next lowest being 512 in 1949. It seems fairly

reasonable to assume, therefore, that the vaccination of children against whooping cough, which has taken place in recent years, has some bearing on the lower incidence.

The notifications of *dysentery and food poisoning* numbered 164 compared with 125 in 1958.

There were 516 cases of *scarlet fever* compared with 207 in 1958.

No cases of *diphtheria* were notified.

Only 5 cases of *poliomyelitis* occurred during the year and there were no deaths. This low incidence, together with the figure of 6 cases during 1958, represents a marked decrease on the average number of cases in the last 12 years, and encourages the hope that this disease, which has been prevalent since 1947, is at last on the decline.

XIV. ENVIRONMENTAL 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 during the year and contributions were allocated by the County Council to District Councils for the following schemes:—

District Council	Scheme	Estimated Capital Cost £
Blofield and Flegg	South-West Sector—Stage I ...	197,651
	South-West Sector—Stage II ...	85,807
	Stokesby	14,010
	Woodbastwick	5,109
	North-East Sector	78,591
Downham	Hern Drove, Welney ...	345
Erpingham	Weybourne and Upper Sheringham	13,524
	Holt/Matlaske	79,601
Forehoe and Henstead	Kirby Bedon	950
Loddon	Stage III	47,000
Smallburgh	Station Road, Worstead ...	2,640
	Grove Farm, Catfield	344
Wayland	Stage III	12,100
	Stage IV	97,300
Wymondham	Spooner Row/Suton and Morley	14,445

In addition to the above, the County Council made a contribution to the Wisbech and District Water Board in respect of the River Nar scheme.

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 ...	Comprehensive Scheme—Extensions
Depwade	Tivetshall Link Main Extension
	Semere Green, Pulham Market, Extension
	Alburgh Link Main Extension
	Fen Street, Roydon
	Shelfanger (High London Lane) Extension
	Harleston Area

District Council	Scheme
Downham	Welney Extension
Erpingham	Eastern Area
Forehoe and Henstead ...	Extensions to Deopham and Hingham Morley St. Peter Hackford Flordon Braconash
Freebridge Lynn ...	Westacre
Smallburgh	Area "A" (Stage II) Connections to Curtilages Barton Turf and Irstead
Swaffham Rural ...	Extension to West Hall Farm, Mundford
Walsingham	Stage II (Fulmodeston, Stibbard, Great and Little Ryburgh, and Kettlestone).
Walsingham/Wells-next-the-Sea	Joint Scheme—Extensions to Holkham and Warham
North Walsham ...	Happisburgh Road Link Main

Local inquiries and investigations into the following proposed schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes:—

District Council	Scheme
Docking	Heacham
Erpingham	Eastern and Western Areas—Additional Parishes
Forehoe and Henstead ...	Hingham, Deopham, Morley
Mitford and Launditch ...	Weasenham—in conjunction with Lyng and Fransham
Smallburgh	Area "A"—Stage II

Sewerage and Sewage Disposal

During the year, the County Council allocated contributions to District Councils for the following schemes:—

District Council	Scheme	Estimated Capital Cost £
Erpingham	Holt Sewage Disposal Works ...	6,507
Forehoe and Henstead	Hingham (Hall Moor) Extension	12,100
Smallburgh	Swanton Abbott	8,466
Swaffham Rural	Holme Hale	11,448
Walsingham	Great and Little Walsingham ...	48,656
East Dereham	Toftwood Connections ...	4,736

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

District Council	Scheme
Blofield and Flegg ...	Caister Sands Estate
Depwade	Earsham
Erpingham	Overstrand Extension Gimingham Extensions Oxwell Cross, West Runton West Runton Extension
Forehoe and Henstead ...	Hethersett/Cringleford Poringland—Extensions to Poringland Upgate and Rectory Lane
Freebridge Lynn ...	South Wootton
Loddon	Gillingham Ellingham and Kirby Cane
Mitford and Launditch ...	Drainage at Little Fransham
St. Faith's and Aylsham	Wroxham Catton and parts of Hellesdon and Sprowston
Swaffham Rural ...	Bradenham
Walsingham	Fakenham and Hempton Extensions
Wayland	Watton—Proposed Extensions to Norwich Road and Loch Neaton Areas
North Walsham ...	Happisburgh Road Extension

Local inquiries and investigations held by Ministry Inspectors during the year were:—

District Council	Scheme
Depwade	Alburgh
Downham	Southery
Erpingham	Aldborough
Forehoe and Henstead ...	Hingham (Hall Moor Extension) Cringleford and Hethersett
St. Faith's and Aylsham	Hellesdon—Stage II
Smallburgh	Swanton Abbott
Swaffham Rural ...	Cockley Cley
Walsingham	Binham and Langham
Wayland	Attleborough
North Walsham ...	Sewer Extension
Thetford Borough ...	Re-connections

MILK AND DAIRIES.

Specified Areas.

The number of inspections, investigations and samples increased during the year as a result of the extension of the Specified Area to the whole of the county. No infringements of the Milk and Dairies Regulations were recorded and the sampling history, as shown in the following table, was generally satisfactory.

Close co-operation was maintained with the local authorities and the Ministry of Agriculture, Fisheries and Food where methylene blue failures occurred.

Quarter	Examinations	Phosphatase			Methylene Blue			Turbidity	
		Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory
First	140	64	–	–	75	–	–	1	–
Second	173	71	–	–	96	3	2	1	–
Third	195	74	1	2	91	13	10	4	–
Fourth	216	93	–	–	121	1	–	1	–
Totals	724	302	1	2	383	17	12	7	–

PASTEURISING PLANTS.

During the year one pasteurising plant employing the H.T.S.T. method ceased operation and the business was sold to a purchaser who was already operating another plant. The resultant increase in the amount of milk treated at the purchaser's pasteurising premises exposed limitations in both the premises and plant, and steps are being taken to remedy these.

131 routine detailed inspections were made at the pasteurising plants, and other visits were made as necessary to investigate causes of sample failures and to follow up minor recommendations found necessary from time to time.

The following table shows the number of milk samples taken from premises or delivery rounds of the pasteurising plants licensed by the County Council during 1959 together with the results of their examination:—

Quarter	Examinations	Phosphatase			Methylene Blue		
		Pass	Fail	Void	Pass	Fail	Void
First ...	174	85	–	2	86	1	–
Second ...	234	116	–	1	97	3	17
Third ...	220	109	–	1	83	8	19
Fourth ...	226	112	1	–	112	1	–
Totals ...	854	422	1	4	378	13	36

STERILISED MILK.

The year saw an increase in the sale of this type of milk in the county. All samples submitted from the seven suppliers passed the prescribed test.

MILK IN SCHOOLS SCHEME.

During the year, samples taken from the one remaining supply of raw T.T. milk to schools were found to contain brucella abortus organisms. An alternative supply of pasteurised milk was arranged during the subsequent investigations and has been continued, although the offending animal was traced and slaughtered.

Of 280 samples of schools milk submitted to the Gerber test, 7 were found to be unsatisfactory and follow-up investigations were carried out by the Weights and Measures Department.

The following table indicates the phosphatase and methylene blue sampling results during the year: —

Quarter	Phosphatase Examinations	Satisfactory	Unsatisfactory	Void	Methylene Blue Satisfactory	Unsatisfactory	Void
First	190	94	1	–	94	1	–
Second	175	85	–	2	72	5	11
Third	124	61	–	1	48	3	11
Fourth	170	84	1	–	85	–	–
Totals	659	324	2	3	299	9	22

Some improvement has been effected in the rinsing of milk bottles before their return to the dairies, but there are still a number of schools in the county where this is not being carried out.

Milk Supplies to County Council Establishments Other Than Schools.

Milk supplies to these establishments are subjected to sampling and inspection at source and, consequently, only occasional samples are taken when visits have been made to them for other purposes.

Ten such samples were submitted to the methylene blue and phosphatase tests during the year and all proved satisfactory.

Tuberculosis in Milk.

The Tuberculosis (Wales and Southern England Attested Area) Order, 1959, which covered this county, came into operation on the 1st October, 1959.

From the beginning of the year and up to that date, 476 bulk samples were taken from 447 herds for biological examination for tuberculosis. One was found to be positive and the offending animal was traced and slaughtered. In 23 cases, the results were inconclusive due to the premature death of the guinea-pigs.

With the cessation, for all routine purposes, of the examination of samples for tuberculosis as from the 1st October, it is interesting to recall that in the past seven years, and as a result of bulk samples of milk submitted for biological examinations (guinea pig inoculation), no fewer than 171 non-designated herds in the county were found to contain animals which were excreting tuberculous milk.

The number of registered farms at the end of the year was 1,987, of which 1,621 were tuberculin tested. This compares with 2,083 and 1,448 respectively at the end of 1958.

Brucella Abortus.

With the cessation of the tuberculosis sampling scheme, some attention has been concentrated upon the examination of retail supplies of raw T.T. milk for the brucella organism. Of 116 samples taken from retail sources, 11 were found to contain the organism and subsequent investigations were made to trace the sources of infection. This entailed the service of restriction notices upon the sale of the milk during the inevitably lengthy periods involved in the individual sampling of the animals in the herds and a tribute should be paid to excellent co-operation received from the producers during these periods of considerable inconvenience to them.

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	Result	Taken	Result	Taken	Result
St. Andrew's Hospital	12	Satisfactory	4	Negative	4	Negative
Little Plumstead Hospital ...	14	12 Satisfactory 2 Unsatisfactory	5	Negative	5	Negative

National Milk Testing Service.

In the past few years, when taking bulk samples for tuberculosis from non-designated herds, opportunities were taken as often as possible, under a pilot scheme on behalf of the Ministry of Agriculture, Fisheries and Food, to obtain samples of milk for submission to the methylene blue test by the National Agricultural Advisory Service. 282 such samples were submitted from the beginning of the year to the 30th September and 68 of these proved unsatisfactory. This scheme has now ceased.

ICE CREAM

As will be seen from the following table, there was a considerable improvement over previous years in the examination results of samples submitted during 1959. Although the majority of the samples were taken during the summer months, an increased number were, this year, taken in the remaining months and while the majority were from pre-packed ice cream manufactured at the factories of national suppliers, it is interesting to record from the results a distinct improvement in the local supplies:—

Grade	1959	1958	1957	1956	1955
I (Satisfactory) ...	357	401	174	255	105
II (Satisfactory) ...	23	78	83	30	27
III (Doubtful) ...	1	23	8	3	4
IV ((Unsatisfactory) ...	–	–	2	2	4
	381	502	267	290	140

FOOD INSPECTIONS.

During 1959, 377 routine inspections of foodstuffs were carried out at school canteens and 38 at other County Council establishments. Where necessary, and in connection with commodities found to be unfit for human consumption, suitable action was taken with the suppliers concerned and liaison maintained with the local authorities. Continued improvements were made at the canteens to comply with the requirements of the Food Hygiene Regulations and, once again, it is my pleasure to record the excellent co-operation received from the head teachers and persons having charge of these establishments.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

As from the 1st October, the duties under the above Order were delegated to the local authorities with the exception of Hunstanton Urban District Council and Smallburgh Rural District Council and, up to that date, 22 licences were issued to pig-keepers as a result of visits and inspections made during the year.

CLEAN MILK BOTTLE CAMPAIGN.

Resulting from a decision of the County Council, representatives of the dairy trade were invited to join with the County Council in promoting publicity designed to make the consumer more conscious of the desirability, in his own interests, of ensuring that milk bottles were not damaged or misused while in his possession and were returned to the supplier promptly and in a properly rinsed condition.

From an inaugural conference held on the 30th April and attended by trade representatives at national and local level, and representatives of all consumer interests, a publicity campaign was launched. The campaign, which provided for press and poster publicity, suitable competitions, exhibitions, addresses and film shows etc., was partly completed by the end of the year.

Considerable interest was aroused by the campaign in other parts of the country and beneficial results were reported by local dairymen.

HOUSING AND SANITARY COMPLAINTS.

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

Housing—		
Tuberculosis cases	1	
Overcrowding	9	
Old or registered blind persons requiring ground floor accommodation	3	
Insanitary premises	6	
	—	19
Refuse		2
Drainage		2
Nuisances generally		8
Nuisances by beach contamination		3
		34

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 1959 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 1959	Total to 31/12/59	During 1959	Total to 31/12/59	During 1959	To 31/12/59
MUNICIPAL BOROUGHS—						
King's Lynn	62	1,695	62	382	124	2,077
Thetford	74	378	15	80	89	458
URBAN DISTRICTS—						
Cromer	—	148	11	86	11	234
Diss	10	244	10	77	20	321
Downham Market ...	—	137	5	45	5	182
East Dereham ...	16	405	40	208	56	613
Hunstanton ...	8	157	45	175	53	332
North Walsham ...	12	308	20	133	32	441
Sheringham	—	129	10	98	10	227
Swaffham	—	224	13	67	13	291
Wells-next-the-Sea ...	11	139	2	28	13	167
Wymondham	8	342	25	157	33	499
RURAL DISTRICTS—						
Blofield & Flegg ...	36	716	241	1,883	277	2 599
Depwade	—	838	45	304	45	1,142
Docking	18	482	40	308	58	790
Downham	17	761	41	341	58	1,102
Erpingham	8	600	41	358	49	958
Forehoe & Henstead ...	20	799	121	1,282	141	2,081
Freebridge Lynn ...	32	508	52	365	84	873
Loddon	—	530	36	257	36	787
Marshland	16	568	70	472	86	1,040
Mitford & Launditch ...	28	546	25	237	53	783
St. Faith's & Aylsham ...	70	1,132	495	3,254	565	4 386
Smallburgh	—	620	47	361	47	981
Swaffham	4	672	46	220	50	892
Walsingham	35	702	30	261	65	963
Wayland	—	633	40	305	40	938
TOTALS ...	485	14 413	1,628	11 744	2,113	26,157

INFANT METHAEMOGLOBINAEMIA.

The policy of examining water supplies from wells and bores used for infant feeding to determine their nitrate content was continued. The bulk of the examinations were carried out in the office of the County Public Health Engineer 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. It was often

necessary to obtain and examine samples from these alternative supplies before they could be recommended.

The following table illustrates the work done:—

Number of initial samples submitted by District Nurses	612
Number of examinations carried out in County Public Health Engineer's Office	709
Number of samples sent to Public Analyst for a more detailed examination	183
Number of supplies classified as satisfactory ...	374
Number of supplies classified as unsatisfactory ...	238

This is the first year since the scheme was brought into operation in 1951 that no case of cyanosis attributable to well water has come to my notice. There are, however, far too many isolated properties in the county where nitrate content is to be found in the well supplies, particularly the shallow ones, and sometimes this nitrate content reaches dangerous proportions.

As the majority of Norfolk mothers have their babies at home, it is most important to ensure that those without a mains supply should have a nitrate free water available in the event of early artificial feeding and every endeavour is made to arrange this before the baby is born.

XV. MISCELLANEOUS

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:— Maternity	Others	Totals
Homes first registered during year ...	1	–	22	22
Homes on register at the end of the year	19	15	325	340

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 (bulk samples for biological examination) ...	592
Milk (individual cow samples for B. abortus examination)	480
Milk (methylene blue examination)	1,186
Milk (phosphatase examination)	1,071

Samples submitted by district public health inspectors.

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

Ice cream (methylene blue examination) ...	376
Water (bacteriological examination)	1,951

Water samples—chemical examination.

Maternity and child welfare—nitrates	183
Mains supply	1
Well supply	1

Liquid milk supplies.

Turbidity test	7
Other examinations	4

MEDICAL EXAMINATIONS

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

Superannuation purposes	322
Candidates for entry to the Norfolk Fire Service ...	52
Candidates for teachers' training colleges and entrants to the teaching profession ...	260
School canteen workers (non-superannuable) ...	137
School road crossing patrols (non-superannuable)	13
Allocations of part pensions	3
Disabled persons certificates	3
Fire Service pensioners	3
	793

Medical advice was given in 14 cases of County Council employees, who were no longer considered capable of discharging their duties, and in 13 cases of prolonged absence of staff through sickness.

8 cases of applicants for driving licences, whose fitness was in doubt, were referred to the Health Department by the Local Taxation Officer for medical advice.