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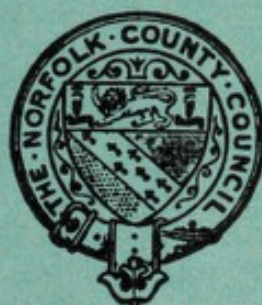


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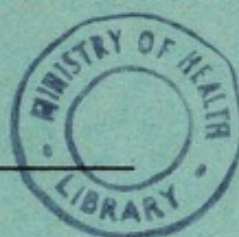
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NORFOLK COUNTY COUNCIL



# Annual Report

of the

COUNTY MEDICAL OFFICER  
FOR 1963





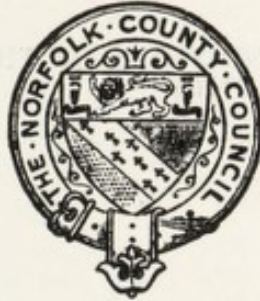
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NORFOLK COUNTY COUNCIL

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# **Annual Report**

of the

COUNTY MEDICAL OFFICER  
FOR 1963

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## PREFACE

The Registrar General's mid-1963 estimate of the population of the administrative county was 396,920, an increase of only 710 over the previous year when the increase compared with 1961 was 4,110. Although most county districts showed increases, admittedly very small in some cases, there were decreases of 1,090 in the Hunstanton Urban District and 1,980 in the Walsingham Rural District, largely due to the running down of the American Air Base at Sculthorpe.

The most striking feature of the vital statistics was the increase in the number of live births, the figure of 6,491 being the highest recorded in any one year since the post-war peak of 7,090 in 1947. This increase is part of a national trend which will put an extra burden on an already fully extended midwifery service.

The infant mortality rate (deaths of children under one year of age) at 16.33 per 1,000 live births, although the second lowest ever recorded, was 1.91 above the figure for 1962. There were also small increases in the death rates of children under the ages of 4 weeks and one week but the general trend of infant mortality in the county is slowly moving in a downward direction.

The still-birth rate (16.52 per 1,000 live and still births) showed a welcome improvement over the previous year's figure of 17.71 but is still above the rate of 15.63 for 1961, the lowest ever recorded in the county.

The death rate (12.91 per 1,000 population) increased and was in fact the highest rate recorded since 1933, apart from 1940 when it was 13.41. Part of the explanation must be the increasing proportion of elderly people in the community. In this connection it is interesting to note that 52% of the deaths were of persons of 75 years of age or over.

The number of deaths from cancer was almost the same as in 1962, 800 compared with 804, of which lung cancer was responsible for 145.

The satisfactory state of affairs with regard to the more serious infectious diseases such as smallpox, diphtheria, and poliomyelitis continues. No case of poliomyelitis has been reported since 1961 and diphtheria has not been notified in the county since 1958. A feature common to all three diseases is, of course, that they can be prevented by vaccination or immunisation. The moral here is that we must not relax our efforts to keep parents informed of the need for these valuable preventive measures.

Notifications of measles were much higher than in 1962 which was to be expected as cases of this disease occur more frequently in alternate years and 1962 was a light year. There were also increases in the numbers of cases of whooping cough, scarlet fever and dysentery but these do not call for any special comment as there are bound to be fluctuations from one year to another.

The total numbers of primary vaccinations and revaccinations against smallpox were much smaller than in 1962 when there were outbreaks of smallpox in England and Wales. The smaller number of infants vaccinated against smallpox for the first time was probably the result of a recommendation by the Ministry of Health that this procedure should be carried out between the age of 1 and 2 years and not before the age of 1 year as previously recommended. The numbers protected against diphtheria, whooping cough, tetanus and poliomyelitis are all less than in the previous year and I would emphasise the importance of parents ensuring that their children are adequately protected against all these diseases at the appropriate times throughout infancy and childhood.



One of the bright spots of the year was the increase in dental staff, 5 additional dental officers being appointed during the second half of the year, bringing us up to nearly full establishment. As a result, a number of clinics were re-opened and extra sessions were held at others. Although the numbers of mothers and young children treated by the Council's staff remained very small, facilities are now available throughout the county and are being made known to those who are entitled to take advantage of them.

There was a slight improvement during the year in the over-all position of nursing staff. Four additional whole-time health visitors and school nurses were appointed. This enabled a number of district nurse/midwives who were not qualified health visitors but who were dispensated by the Minister of Health, to be relieved of their health visiting duties. Two local Queen's district nurse training courses organised during the year were attended by 22 nurses, all of whom successfully passed the examination. Five of the nurses came from outside the county on the understanding that they would stay with us for a year at least after qualifying, thus helping to maintain and build up our district nursing staff.

Last year's report included outline proposals for the development of the health and welfare services for which the Health Committee is responsible. These had been prepared at the request of the Ministry of Health following the publication of a long-term plan for the hospital service at the beginning of 1962. A summary of proposals submitted by all health and welfare authorities (Command Paper 1973 "Health and Welfare: The Development of Community Care") was published in April, 1963, and this publication is referred to in some of the sections of this report. At the same time, authorities were informed that their plans should be revised annually and on each occasion carried forward one year. The first revision was undertaken during the year and covered the decade 1964/74.

There was a marked increase in the number of applications for registration under the Nurseries and Child Minders' Regulation Act, 1948, and, by the end of the year, the number of premises registered had risen from 4 to 13 and the number of daily minders from 9 to 19. A substantial proportion of the new registrations were for play groups organised by one person who may be qualified, assisted by some of the mothers themselves on a rota basis. This recent trend reflects the desire of parents for organised activity for their pre-school children and the mothers' wish to have a little free time in this era of shortages of domestic help.

Following on the thalidomide tragedy, the Chief Medical Officer, Ministry of Health, asked local health authorities to compile information relating to children born with abnormalities and this is being done, in addition to the register being maintained of children "at risk" of becoming deaf.

Although there is a gradual but steady decline in the number of domiciliary confinements, the number of mothers confined in hospital who are discharged before the tenth day, and consequently in need of visiting by the Council's midwives, continued to increase. There was, therefore, very little easing of the demands upon the services of the domiciliary midwifery staff.

The earlier discharge of all types of cases from hospital and the needs of the increasing proportion of elderly people are likely to call for increased visiting by home nurses and health visitors and a consequent expansion of staff. At present recruitment is limited by national shortages.

The number of patients conveyed by the ambulance and car service, and the mileage, have continued to increase, but economic use of transport and



planning of journeys have made it possible to reduce the mileage per patient both for ambulances and cars.

The chiropodist took up his appointment at the end of 1962 and it soon became apparent that he would be unable to deal with all the patients referred to him. This service, which is restricted to the homebound, has been very much appreciated and the appointment of an additional chiropodist in 1964 has been approved.

The numbers of cases in which assistance was given by the home help service increased by 15% and the hours of service provided went up by 8% compared with 1962. There is no indication at present that the limit of the need for this service has yet been reached; the likelihood is that increasing demands will be made upon it.

In the field of mental health, the inability of the Regional Hospital Board to provide permanent accommodation for very severely handicapped, subnormal children has created many difficult family situations and placed great strain upon the parents. Unfortunately, it is likely to be 2 or 3 years before there is much amelioration of the present situation.

Holidays for subnormal persons were arranged as in recent years. In addition, for the first time, a party was taken to a holiday camp and it was surprising how well the members fitted in to holiday camp life.

1963 saw a complete change in the disposition of the headquarters medical staff with the retirement of Dr. K. F. Alford, the County Medical Officer, and Dr. A. E. Lorenzen, the Senior Medical Officer, and the filling of their posts from existing staff.

Dr. Alford joined the department in 1948 and had been chief officer for 8½ years. After a short spell in charge of the King's Lynn local health office, he came to headquarters as Senior Medical Officer for a year and was Deputy for six years. He was, therefore, very actively associated with the development of the many new services which came into being in 1948 as a result of the National Health Service Act. With his quiet unassuming manner he did not spare himself in the work of the department and has left behind him many friends. Appropriately, in his final year of office he was responsible for drawing up the plan for the development of the health services for the next ten years. The sound basis of the services he helped to build up in Norfolk will be a lasting memorial to his industry and breadth of vision.

Dr. Lorenzen came to us in 1953 as Senior Assistant Medical Officer and on promotion to Senior Medical Officer was mainly concerned with the school health service where he quickly built up a reputation for meticulous attention to detail and a real interest in the welfare of each individual handicapped child under his care.

Dr. W. E. Holmes also retired during the year after occupying with distinction a combined appointment as an assistant county medical officer and district medical officer of health in the south of the county for nearly 10 years.

All three had previously held senior administrative medical posts overseas and the County Council was fortunate in securing the services of such experienced officers. We hope that they will all enjoy a very well-earned retirement.

Dr. W. A. L. Marriott, the Honorary Ambulance Executive Officer, also relinquished his post during the year and the Health Committee placed on record its appreciation of his 30 years' voluntary work for the County Ambulance Service.



It is my pleasant duty, in conclusion, to express my thanks to all those who have helped to smooth my path during my first months in office. Norfolk has a proud record of service in the voluntary field and I am most grateful for all the valuable assistance given by the various voluntary bodies who work so closely in association with the County Council in the health and associated fields. My thanks are also due to the Chairman, Vice-Chairman and members of the Health Committee for their forbearance and encouragement, to the chief officers and staff of other departments for their helpful co-operation at all times, and last, but not least, to the staff of the Health Department for their enthusiasm and loyal support.

A. G. SCOTT.

Public Health Department,  
29, Thorpe Road,  
Norwich, Norfolk, NOR 01 T.  
(Tel. Norwich 22288)  
September, 1964.



# PUBLIC HEALTH STAFF

## County Medical Officer and Principal School Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H. (to 12.8.63)  
A. G. SCOTT, M.B., Ch.B., D.P.H. (from 13.8.63)

## Deputy County Medical Officer and Deputy Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H. (to 12.8.63)  
I. C. BRANNEN, M.B., Ch.B., M.R.C.P., D.P.H. (from 16.9.63)

## Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H. (to 1.7.63)  
A. N. HUNTER, M.B., Ch.B., D.P.H. (from 2.7.63)

## Senior Assistant Medical Officer :

A. N. HUNTER, M.B., Ch.B., D.P.H. (to 1.7.63)  
M. W. BEAVER, M.B., B.S., D.P.H. (from 2.7.63)

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

A. A. G. CARSON, M.B., Ch.B., D.P.H.  
A. S. DUNN, L.R.F.P.S., L.R.C.P., D.C.H., 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.  
W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H. (to 30.11.63)  
P. G. HOLT, M.B., Ch.B., D.P.H.  
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.  
C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.  
J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

## Assistant Medical Officers :

### Full-time

A. D. MACDONALD, M.D., Ch.B.

### Part-time

J. B. BENWELL, M.B., B.S., D.C.H.  
SYBIL E. CATOR, M.B., Ch.B.  
ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.  
A. S. GARRETT, M.B.E., M.B., B.S.  
MOLLY GOVIER, M.B., Ch.B., D.C.H.  
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.  
ROSEMARIE D. LINCOLN, M.B., B.S.  
R. N. C. McCURDY, M.B., Ch.B., D.P.H.  
C. MARGARET McLEOD, M.B., Ch.B.  
ZOE T. SLATTERY, M.B., B.S., D.C.H.

## Chest Physicians :

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. 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 :**

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

### **Area Dental Officers :**

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.) (from 18.11.63)

J. W. McQUISTON, L.D.S. (Q.U. Belf.)

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

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

### **Dental Officers :**

#### **Full-time**

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.).

J. S. CLEMENTS, B.D.S. (B'ham.), L.D.S., R.C.S. (Eng.) (from 26.8.63)

J. H. DE MIERRE, L.D.S., R.C.S. (Eng.)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.) (from 1.7.63)

A. W. LONGSTAFF, B.D.S. (Durham) (from 16.12.63)

M. A. M. SHAW, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.) (from 9.9.63)

#### **Part-time**

M. G. ANSON, L.D.S., R.C.S. (Eng.).

P. R. CHURCHYARD, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.)

H. E. HOVELL, L.D.S., R.C.S. (Eng.) (from 19.11.63)

LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)

W. NICHOLLS, L.D.S., R.C.S. (Eng.)

JOAN SAUSBY, L.D.S. (Durham) (from 1.5.63 to 31.7.63)

### **Superintendent Nursing Officer and Non-Medical Supervisor 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 M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

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

MISS D. M. BURRELL, S.R.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.

### **County Public Health Engineer :**

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

#### **Design Engineers :**

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

D. W. MAYHEW, A.M.I.Mun.E., M.I.P.H.E.

#### **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, M.B.E.

#### **Deputy Superintendent Welfare Officer :**

T. H. HIGHAM, B.E.M.



**Local Welfare Officers:**

G. R. ARMSTRONG  
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  
J. A. ROWE

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

MISS H. G. BELLAMY

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

MRS. E. M. COOPER  
MISS M. HAWKE  
MISS D. H. LETHAM  
MRS. M. D. NEAVE  
MRS. O. OAKLEY  
MISS H. K. PAYNE  
MRS. K. M. READ

**Home Help Organiser:**

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

**Head Teachers—Junior Training Centres :**

MISS T. BYLES  
MISS S. J. GEE  
MISS S. M. QUINSEE  
MRS. N. SNUTCH

**Mental Health Worker :**

MRS. S. RAINBOW

**Home Teachers for Mentally Handicapped :**

MRS. F. M. CHURCHWARD  
MISS J. C. CLAPSON  
MISS B. I. CUMING

**Chiropodist :**

C. FLEMING, M.Ch.S.

**Chief Administrative Assistant:**

E. W. DURRANT

**County Analyst :**

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

## BIRTHS AND INFANTILE MORTALITY

TABLE 1.

County district.				Population 30.6.63	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 ... ..				27,500	471	41	512	7	2	9	14	—	14	8	—	8	6	—	6
Thetford ... ..				6,750	160	9	169	4	—	4	5	—	5	5	—	5	4	—	4
				34,250	631	50	681	11	2	13	19	—	19	13	—	13	10	—	10
URBAN DISTRICTS—																			
Cromer ... ..				4,790	51	8	59	—	—	—	—	—	—	—	—	—	—	—	—
Diss ... ..				3,720	54	2	56	2	—	2	1	—	1	1	—	1	1	—	1
Downham Market ... ..				2,850	41	3	44	2	—	2	—	—	—	—	—	—	—	—	
East Dereham ... ..				7,420	105	6	111	—	—	—	1	—	1	1	—	1	1	—	1
Hunstanton ... ..				3,810	60	9	69	1	—	1	2	—	2	2	—	2	1	—	1
North Walsham ... ..				5,050	61	4	65	1	—	1	2	1	3	2	1	3	2	1	3
Sheringham ... ..				4,620	47	7	54	—	—	—	—	—	—	—	—	—	—	—	—
Swaffham ... ..				3,250	54	2	56	—	—	—	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea ... ..				2,450	39	1	40	—	—	—	2	—	2	1	—	1	1	—	1
Wymondham ... ..				5,920	87	5	92	—	—	—	3	—	3	2	—	2	2	—	2
				43,880	599	47	646	6	—	6	11	1	12	9	1	10	8	1	9
RURAL DISTRICTS—																			
Blofield and Flegg ... ..				35,950	479	16	495	8	—	8	6	—	6	2	—	2	2	—	2
Depwade ... ..				17,500	246	14	260	8	—	8	1	—	1	—	—	—	—	—	—
Docking ... ..				18,080	248	17	265	3	—	3	5	—	5	3	—	3	3	—	3
Downham ... ..				25,650	426	19	445	5	—	5	4	—	4	2	—	2	2	—	2
Erpingham ... ..				18,700	236	20	256	3	—	3	2	—	2	2	—	2	1	—	1
Forehoe and Henstead ... ..				28,090	424	29	453	13	1	14	11	1	12	10	1	11	9	1	10
Freebridge Lynn ... ..				12,270	235	19	254	1	—	1	5	—	5	4	—	4	4	—	4
Loddon ... ..				12,350	183	10	193	7	1	8	2	—	2	2	—	2	1	—	1
Marshland ... ..				17,320	278	14	292	3	—	3	1	1	2	1	—	1	1	—	1
Mitford and Launditch ... ..				17,810	240	8	248	1	—	1	3	1	4	3	1	4	3	1	4
St. Faith's and Aylsham ... ..				48,400	940	27	967	14	1	15	14	—	14	13	—	13	10	—	10
Smallburgh ... ..				17,240	189	14	203	3	—	3	4	—	4	2	—	2	2	—	2
Swaffham ... ..				9,360	176	9	185	9	—	9	3	—	3	1	—	1	1	—	1
Walsingham ... ..				20,410	325	16	341	5	—	5	4	1	5	3	1	4	1	1	2
Wayland ... ..				19,660	296	11	307	4	—	4	6	—	6	5	—	5	4	—	4
				318,790	4921	243	5164	87	3	90	71	4	75	53	3	56	44	3	47
ADMINISTRATIVE COUNTY ... ..				396,920	6151	340	6491	104	5	109	101	5	106	75	4	79	62	4	66





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

Acreage	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1963)	...					396,920
Estimated Product of Penny Rate for General Purposes (1963/64)						£42,359
Rateable Value for General Purposes (1st April, 1963)	...					£10,659,456
<b>Live Births</b>						
Number	...	...	...	...	...	6,491
Rate per 1,000 population	...	...	...	...	...	16.35
<b>Illegitimate Live Births</b> (per cent. of total live births)	...					5.24
<b>Still Births</b>						
Number	...	...	...	...	...	109
Rate per 1,000 total live and still births	...	...	...	...	...	16.52
<b>Total Live and Still Births</b>	...	...	...	...	...	6,600
<b>Infant Deaths</b> (deaths under one year)	...	...	...	...	...	106
<b>Infant Mortality Rates</b>						
Total infant deaths per 1,000 total live births	...	...	...	...	...	16.33
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	16.42
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	14.71
<b>Neo-natal Mortality Rate</b> (deaths under four weeks per 1000 total live births)	...	...	...	...	...	12.17
<b>Early Neo-natal Mortality Rate</b> (deaths under one week per 1000 total live births)	...	...	...	...	...	10.17
<b>Perinatal Mortality Rate</b> (still births and deaths under one week combined per 1,000 total live and still births)	...	...	...	...	...	26.51
<b>Maternal Mortality</b> (including abortion)						
Number	...	...	...	...	...	2
Rate per 1,000 total live and still births	...	...	...	...	...	0.30

## **Live Births**

6,491 live births were registered, giving a rate of 16.35 which was an increase of 0.25 on the previous year. With the application of the comparability factor (1.05), the resultant figure is 17.17. The national rate was 18.2.

There were 340 illegitimate live births in 1963, comprising 5.24% of all live births. This shows a decrease of 0.04% 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 16.52 shows a decrease of 1.19 on the previous year and is lower than the national rate of 17.3.

### Infantile Mortality

There were 106 deaths of children under the age of one year. The resultant rate of 16.33 shows an increase of 1.91 on the previous year but is considerably lower than the national figure of 20.9.

79 deaths (75% of the total) occurred during the first four weeks of life and, of these, 66 took place during the first week.

### Maternal Mortality

There were 2 maternal deaths.

### Deaths

During 1963 there were 5,147 deaths and the death rate per 1,000 of the estimated population (12.91) was 0.85 higher than the previous year. The application of the comparability factor of 0.87 gives a rate of 11.23 which is lower than the England and Wales rate of 12.2.

52% 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 2.02 and the age distribution of deaths was as follows:—

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	—	2	—	3	3	10	37	109	122	125	411
Females	—	2	1	—	2	15	44	68	113	144	389
	—	—	—	—	—	—	—	—	—	—	—
	—	4	1	3	5	25	81	177	235	269	800
	—	—	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
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
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12

There were 9 deaths from tuberculosis, 7 of which were due to respiratory forms of the disease.

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	Blifield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mifford and Launditch		St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—			
Tuberculosis, respiratory ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Tuberculosis, other ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases ... ..	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm, stomach ... ..	13	2	2	1	1	2	2	2	2	1	—	3	19	5	8	4	6	2	4	3	11	4	12	2	2	3	6	4	120	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant neoplasm, lung, bronchus ... ..	12	2	2	1	1	2	1	5	4	2	2	5	8	3	8	10	9	8	3	1	2	5	22	9	3	6	4	145	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant neoplasm, breast ... ..	4	2	3	3	1	3	—	1	3	1	—	—	12	7	3	6	5	7	3	1	2	3	8	5	2	3	2	91	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant neoplasm, uterus ... ..	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other malignant and lymphatic neoplasms ... ..	21	2	11	6	3	8	3	9	6	1	3	5	49	14	24	21	26	28	11	15	16	12	46	22	8	23	20	413	—	—	—	—	—	—	—	—	—	—	—	—	—	
Leukæmia, aleukæmia ... ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diabetes ... ..	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Vascular lesions of nervous system ... ..	53	21	17	3	11	13	19	11	8	12	9	18	85	42	39	33	34	63	25	18	28	36	76	44	23	39	818	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Coronary disease, angina ... ..	66	8	20	3	13	21	10	11	9	10	9	11	93	45	50	24	62	68	17	21	30	37	111	29	16	35	41	870	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hypertension with heart disease ... ..	3	—	—	—	—	—	—	—	—	—	—	—	19	1	3	1	4	6	2	3	1	2	7	3	1	3	1	70	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other heart disease ... ..	20	20	13	3	3	19	10	22	5	4	16	129	36	24	16	41	79	14	24	19	55	88	42	4	40	30	781	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other circulatory disease ... ..	13	2	3	2	4	5	6	3	1	1	1	1	33	12	6	9	12	36	3	10	11	21	13	8	6	13	248	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenza ... ..	6	1	1	1	—	4	1	—	—	—	—	—	7	8	4	1	4	5	4	2	1	5	7	3	1	4	3	77	—	—	—	—	—	—	—	—	—	—	—	—		
Pneumonia ... ..	31	5	22	8	10	2	2	11	2	3	4	57	17	14	15	19	30	11	10	14	18	47	8	4	16	14	394	—	—	—	—	—	—	—	—	—	—	—	—	—		
Bronchitis ... ..	31	—	4	3	1	2	—	3	3	1	—	28	8	14	11	8	18	6	3	8	10	25	7	—	7	8	209	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other diseases of respiratory system ... ..	7	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Ulcer of stomach and duodenum ... ..	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Gastritis, enteritis and diarrhoea ... ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Nephritis and nephrosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Hyperplasia of prostate ... ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Congenital malformations ... ..	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other defined and ill-defined diseases ... ..	25	8	5	4	8	5	3	11	4	4	6	—	44	13	17	18	13	33	18	7	8	19	38	14	11	17	369	—	—	—	—	—	—	—	—	—	—	—	—	—		
Motor vehicle accidents ... ..	8	2	2	—	—	—	—	—	—	—	—	—	3	17	5	7	6	9	2	4	6	7	11	3	3	7	56	—	—	—	—	—	—	—	—	—	—	—	—	—		
All other accidents ... ..	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Suicide ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
All causes ... ..	342	82	116	32	59	101	57	77	83	44	45	78	633	234	236	195	276	419	136	139	175	246	575	229	92	218	288	5147	79	27	18	21	39	41	90	255	654	1245	2678			





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

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
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
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0

## II. CARE OF MOTHERS AND YOUNG CHILDREN

### Maternity Accommodation

Of the total of 6,464 births to Norfolk mothers during 1963, 3,272 (50.6%) were institutional as compared with 48.5% in 1962. The Council's midwives investigated the circumstances of 881 expectant mothers who had been referred for hospital confinement on social grounds and 656 of these were recommended for admission.

### Unmarried Mothers

Aided by annual grants, the Norwich and Ely Diocesan Councils have continued to provide the services of moral welfare workers for the follow-up of these cases. 194 Norfolk cases (41 more than in 1962) were visited by the welfare workers during the year.

25 cases (10 less than in 1962) were admitted to mother and baby homes, the County Council accepting responsibility for the proportion of maintenance charges not recovered from other sources.



### Care of Premature Infants

376 premature live births (29 more than in 1962) were notified as follows:—

Born in hospital	...	...	...	239
Born and entirely nursed at home or in a nursing home	...	...	...	100
Born at home or in a nursing home and transferred to hospital	...	...	...	37
				<hr/> 376 <hr/>

329 of these infants survived 28 days.

55 premature still births (5 less than last year) were notified, 39 occurring in hospital and 16 at home or in a nursing home.

Of the three Queen Charlotte type oxygen tents kept at King's Lynn, Dereham and Norwich for use in domiciliary cases, the Norwich tent was taken out on two occasions, although not eventually required on one occasion.

### Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council.

### Mothercraft Classes

Mothercraft classes were held at 36 centres and attendances numbered 7,549 (297 more than in 1962).

### Infant Welfare Centres

Centres where attendance of children averages 25 or more per session are attended regularly by medical officers, and the others periodically.

12 centres were closed during 1963 because of small attendances and 3 new centres were opened. Sessions averaged 207 per month at 176 centres.

Numbers of children who attended were as follows:—

Born in 1963	...	...	...	3,961
Born in 1962	...	...	...	3,741
Born in 1958-61	...	...	...	4,189
				<hr/> 11,891 <hr/>
Total attendances	...	...	...	<hr/> 58,750 <hr/>

The numbers of children who attended were 173 less than in 1962 and total attendances decreased by 3,315. The latter was mainly due to the severe wintry conditions which prevailed at the commencement of 1963.

137 children were referred by infant welfare centre medical officers during the year for special diagnosis and treatment, other than for minor ailments.

522 children attended centres held at 7 R.A.F. Stations for Service families.



## Welfare Foods

In accordance with the 1962 revision of the Council's scheme, the following preparations are normally available:—

Cow and Gate Full Cream  
Ostermilk No. 2  
Humanised Trufood  
Adexolin  
Virol

These are sold at cost price plus a 10% handling charge.

National Welfare Foods are available at 30 infant welfare centres and 207 distribution points, as well as at local health offices. Increases in the charges for national dried milk, cod liver oil and orange juice have contributed to the reduction in demand which is evident from the following table:—

		National Dried Milk (tins)	Cod Liver Oil (bottles)	A & D Tablets (packets)	Orange Juice (bottles)
1958	...	95,754	23,042	14,853	167,018
1959	...	84,002	22,567	15,703	169,168
1960	...	63,739	21,224	15,933	156,804
1961	...	54,727	15,087	13,036	99,258
1962	...	47,713	6,851	8,624	60,274
1963	...	44,305	6,316	8,231	68,111

## Dental Treatment

The Chief Dental Officer reports:—

“During the year the number of dental officers increased considerably. This was a most welcome turn of events but the appointments were not taken up until the latter half of the year.

The inspection and treatment of maternity and child welfare patients was carried out in the county dental clinics as a part of the dental officers' duties.

It will be seen from the statistics that there was a significant increase over 1962 in the number of “under 5's” examined although the number of mothers fell. The pre-school children received 52 fillings which suggested a greater trend towards regular conservation treatment. However, if we assume that most of the extractions were carried out under a general anaesthetic, it is a somewhat gloomy thought that, in those treated by extractions, the average number of extracted teeth per child was about 6.

Following the increase in staff, many of our clinics were re-opened. The health visitors and district nurses are encouraged to make contact with the dental officers in the various districts so that they can become familiar with the times the clinics are open and discuss dental problems with the dental officers. The nursing staff are a most important link in encouraging dental inspection and treatment of the maternity and child welfare patients and our dental teams welcome the patients which are referred to them.”



(a) *Numbers provided with dental care*

Category	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
Expectant and nursing mothers ...	54	40	25
Children under five ...	126	76	62

(b) *Forms of dental treatment provided*

Category	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	12	71	—	—	121	15	10	11	3
Children under five	—	52	73	—	107	18	—	—	—

**Nurseries and Child Minders' Regulation Act, 1948**

A feature of this year's work under this Act has been the marked increase in registrations as follows, the 1962 figures being given in brackets:—

13 (4) premises registered providing facilities for 267 (125) children;  
19 (9) daily minders caring for 166 (70) children.

This increase is paralleled in other parts of the country. Most registrations now are not for the traditional aim of looking after a child whilst the mother goes to work, but are for play groups or groups with a "nursery school" regime and programme. The intention is to provide the child with companions and interests not available in the family circle.

There is no doubt that there has been a widespread increase in interest in providing this facility and there have been articles in magazines and the national Press discussing and advocating play groups. These groups are usually confined to a half-day; they may be small or large in numbers, they may be in people's homes or rented premises. Quite often the person in charge is a qualified teacher or nurse.

A successfully run group on these lines can be of great benefit to a child and to the parents, particularly where the child is handicapped in some way.

All the premises and persons mentioned above were seen by the medical staff during the year.

**Family Planning**

Clinics organised by the Family Planning Association at Norwich, King's Lynn, Great Yarmouth and Thetford, the last-named clinic having been established during the year, are available for the use of Norfolk residents



requiring advice on family planning. A similar clinic at Cambridge, organised by the Cambridge Women's Welfare Association, also provides this facility for a few residents in the extreme south-west of the county. Grants were made by the Council towards the expenses of the King's Lynn and Thetford clinics.

### **Phenylketonuria**

Routine urine tests are carried out by health visitors for infants at three and six weeks of age. 1 case of phenylketonuria was detected during the year and referred to the consultant paediatrician

### **Infant Methaemoglobinaemia**

During this, the thirteenth year since the scheme was introduced, no case of an infant becoming cyanosed through the use of a water supply with a high nitrate content has been brought to notice. Since the inception of the scheme, there has been a considerable reduction in the number of samples submitted for examination, due to the rapid increase of piped water supplies in the county. The extension of mains water to the more outlying and isolated properties will have the effect of reducing this number still further.

The bulk of the examinations were carried out in the office of the County Public Health Engineer and only those borderline specimens requiring a more detailed examination were sent to the Public Analyst.

Where a supply was found to be unsatisfactory for the use of a bottle fed infant, visits and investigations were made and the parents advised to obtain a nearby satisfactory alternative supply for their infants' needs. Comprehensive records of all supplies are maintained but many such alternative supplies had to be re-sampled and examined before they could be recommended.

The following table shows the work done:—

Initial samples submitted by district nurses and health visitors ... ..	407
Examinations carried out in County Public Health Engineer's Office ... ..	451
Samples sent to Public Analyst for a more detailed examination ... ..	148
Supplies classified as satisfactory ... ..	260
Supplies classified as unsatisfactory ... ..	147

### **Ascertainment of Deafness and other Abnormalities in Young Children**

Since October, 1961, a questionnaire covering 9 categories at risk of developing deafness has been printed on the reverse of the notification of birth card. Infants who come within one or more of these categories are followed up by health visitors trained in the testing of hearing in the young.

In accordance with a request from the Chief Medical Officer, Ministry of Health, the questionnaire was amended during the year to include a tenth item on congenital abnormalities. Additional information is subsequently obtained on the type and site of the abnormality reported.

Separate registers are kept of children at risk of becoming deaf and of children with congenital abnormalities. 1,387 children were on these registers at the end of the year.

44 members of the Council's health visiting staff have now received instruction locally in the testing procedures from lecturers of the Department of Audiology and Education of the Deaf at Manchester University.



### III. NURSING STAFF

The staffing situation at the end of the year was as follows:—

	Whole-time	Part-time
<i>Supervisory Staff</i>		
Superintendent Nursing Officer ... ..	1	—
Deputy Superintendent Nursing Officer ... ..	1	—
Assistant Superintendent Nursing Officers ... ..	3	—
	—	—
	5	—
	—	—
<i>Other Staff</i>		
Midwifery only ... ..	18	2
Midwifery and home nursing ... ..	60	7
Midwifery, home nursing and health visiting ... ..	27	—
Midwifery, home nursing, health visiting and school nursing ... ..	22	—
Home nursing only ... ..	*17	3
Home nursing and health visiting ... ..	1	—
Home nursing, health visiting and school nursing ... ..	1	—
Health visiting and school nursing ... ..	28	—
School nursing only ... ..	2	—
Tuberculosis health visiting only ... ..	2	—
	—	—
	178	12
	—	—

\*Includes 4 male nurses.

The number of whole-time staff increased by 3 compared with the position at the end of 1962, and the number of part-time staff was 1 less.

At the end of the year there were vacancies as follows:—

Midwifery and home nursing ... ..	6
Midwifery, home nursing and health visiting ... ..	3
Midwifery, home nursing, health visiting and school nursing ... ..	1
	—
	10
	—

#### Training and Refresher Courses

The Council has continued to sponsor the training of health visitors and 5 students commenced their training in 1963. The students are not required to resume or take up employment with the Council on the completion of training but it is hoped that they will all do so.

2 training courses for district nurses, organised by the Council under the auspices of the Queen's Institute of District Nursing, were attended by 22 nurses. 16 of these were already employed by the Council, 1 was employed by a neighbouring local health authority and the remainder received their training on the understanding that they would enter the Council's service and remain for a minimum period of one year. All were successful in passing the examination.

Other courses attended by nursing staff were:—

Post-certificate courses for supervisors of midwives ... ..	4
Refresher courses for midwives ... ..	22
Refresher courses for district nurses ... ..	9
Post-certificate courses for health visitors ... ..	6
Refresher course in family psychiatry ... ..	3



## Houses for Midwives and Home Nurses

4 new houses built for the Council at Brundall, Gayton, Hunstanton and Rocklands were completed during the year. 2 other houses at Buxton and South Creake were in course of erection but had not been completed by the end of the year. Difficulty in obtaining suitable sites is frequently experienced and holds up the building of houses in some areas.

The housing situation at the end of the year, so far as whole-time permanent staff were concerned, was as follows:—

	No. of Houses	No. of Staff
Houses owned by the Council ...	57	61
Houses hired by the Council ...	23	23
Accommodation provided by staff ...	62	62

Of 9 other houses owned by the Council, 5 were unoccupied at the end of the year because of vacancies and 4 not needed by midwives or home nurses were occupied by 5 whole-time health visitors.

12 of the houses owned or hired by the Council were furnished either in whole or part.

## Transport

Members of the Council's staff are normally expected to provide cars for their official duties but, in the case of midwives and home nurses, the Council is prepared to do so where the individual prefers this arrangement. 39 County Council cars were being used by nursing staff at the end of the year.

## IV. MIDWIFERY

The whole-time equivalent of staff, other than administrative and supervisory, employed on midwifery work at the end of the year was 72. 18 of these were whole-time midwives and most of the remainder (118) were engaged whole-time on a combination of midwifery and other nursing duties.

The whole-time equivalent of staff employed represented 0.18 per 1,000 of the population of the administrative county. This rate is higher than that for the country as a whole at the present time and also higher than that visualised for 1972 in the summary of ten year plans submitted by local health authorities but it must be remembered that the proportion (49.4%) of home confinements in Norfolk is still one of the highest in the country and likely to remain so until additional maternity accommodation becomes available. The Command Paper "Health and Welfare: The Development of Community Care," published by the Ministry of Health in 1963 suggests that the post-natal care of mothers discharged from hospital earlier than 10 days after confinement would be suitable for midwives who cannot work the regular hours required for attendance at confinements. As, however, these cases in Norfolk are so widely scattered, it is unlikely that this suggestion can be adopted here to any great extent.

## Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is carried out by the Council's supervisory nursing staff, acting as non-medical supervisors. In 1963, 223 midwives gave notice of their intention to practise in the county and 44 ceased to practise, leaving a net figure of 179 at the end of the year (6 less than at the end of 1962) as follows:—



<i>Institutional</i>			
Hospitals	...	...	27
Nursing Homes	...	...	4
			— 31
<i>Domiciliary</i>			
Local health authority	...	...	143
Private practice	...	...	5
			—148
			179

#### **Deliveries attended by Domiciliary Midwives**

The gradual but steady decline in the number of confinements attended by domiciliary midwives has continued, comparative figures for the past three years being as follows :—

Midwifery/maternity cases (doctor not present)	...	...	1961	1962	1963
			1,748	1,672	1,716
Maternity cases (doctor present)	...	...	1,445	1,442	1,354
			3,193	3,114	3,070

Domiciliary midwives employed by the County Council paid the following visits to these cases :—

			1961	1962	1963
Maternity and midwifery	...	...	63,403	62,013	60,732
Ante- and post-natal	...	...	40,695	39,660	39,393

In addition, 1,362 visits were paid to 129 cases who miscarried and 15,857 visits were made to 2,665 mothers confined in institutions and discharged before the tenth day.

#### **Births**

The number of births to women normally resident in the authority's area during the year has continued to increase, and the table below sets out the births notified under the Public Health Act 1936 as adjusted by notifications transferred in or out of the area :—

	1961			1962			1963		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
<b>LIVE</b>									
Actual	3,216	1,518	4,734	3,149	1,607	4,756	3,166	1,731	4,897
Adjusted	3,210	2,831	6,041	3,150	2,909	6,059	3,162	3,196	6,358
<b>STILL</b>									
Actual	22	32	54	32	28	60	30	20	50
Adjusted	22	71	93	32	74	106	30	76	106
<b>TOTAL</b>									
Actual	3,238	1,550	4,788	3,181	1,635	4,816	3,196	1,751	4,947
Adjusted	3,232	2,902	6,134	3,182	2,983	6,165	3,192	3,272	6,464



## V. HEALTH VISITING

Health visiting was carried out by 28 whole-time health visitors and, in the rural areas, by 51 nurses who also undertook midwifery and/or home nursing. All the whole-time health visitors and 23 of the nurses carrying out combined duties were also school nurses.

The whole-time equivalent of the health visiting staff was 32.7, excluding school nursing duties, plus 2 whole-time tuberculosis health visitors. These figures give a ratio of 0.09 per 1,000 population compared with 0.17 which the Ministry of Health suggests in their summary of local authority ten year plans will be required to meet the need for this service in 1972. Progressive expansion in the equivalent of whole-time staff will therefore be necessary during the next few years if the health visiting service in Norfolk is to be maintained at what the Ministry considers a satisfactory level.

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	Other visits (e.g. to elderly, physically handicapped, etc.)	Total visits
1959 ...	31,083	6,257	86,513	784	118,380
1960 ...	33,909	6,773	93,018	2,420	129,347
1961 ...	*1,827	6,980	96,884	4,670	103,381
1962 ...	*1,533	7,266	89,498	5,259	96,290
1963 ...	*1,439	†6,117	92,916	5,206	99,561

\* Prior to 1961 the ante-natal visits to expectant mothers by nurses holding combined appointments as district nurse, midwife and health visitor were included in this column. They are now included in the midwifery section of the report.

† Born in 1963.

(NOTE : The increase in recorded "other visits" after 1959 is due to a revision, in 1960, of the health visitor's form of report, which resulted in further information becoming available).

## VI. HOME NURSING

At the end of the year, the home nursing staff, other than administrative and supervisory, consisted of 17 whole-time and 3 part-time nurses employed exclusively on home nursing duties, together with 118 nurses (all but 7 whole-time) who also undertook other nursing duties. The total whole-time equivalent of all staff was 66.7, a ratio of 0.17 per 1,000 population. In the Command Paper, already referred to in earlier sections of this report, the Minister of Health in his comments on local authority ten year plans states:—

"A number of local authorities with well developed services have a ratio of 0.18 per 1,000; but where the need is enhanced by special factors, such as a high proportion of elderly, ratios of over 0.25 per 1,000 appear necessary to provide a comparable service. Thus it seems that if needs are carefully assessed and fully met, few areas would be over-staffed with a ratio of 0.18 or 0.19 per 1,000."

Norfolk's ten year plan provides for a ratio of 0.19 home nurses per 1,000 population in 1972 but this may prove to be too low a target bearing in mind the higher proportion of elderly people living in the county, viz., 14% compared with 12% for England and Wales. At the present time, however, recruitment is restricted by the national shortage of nursing staff and some vacancies remained unfilled for many months.



Comparative figures for cases visited and visits paid in each of the last three years are :—

	No. of cases			No. of visits		
	1961	1962	1963	1961	1962	1963
Medical ...	4,912	4,702	4,759	103,445	97,367	92,672
Surgical ...	2,353	2,019	2,083	34,982	30,806	34,840
Tuberculosis ...	27	25	21	1,322	1,128	1,193
Other infectious diseases ...	13	10	9	281	41	109
Maternal complications	81	46	50	704	332	472
Others ...	174	57	42	2,251	1,490	1,207
Totals ...	7,560	6,859	6,964	142,995	131,164	130,493

4,053 patients were over 65 years of age and 86,355 of the visits were made to these cases.

1,346 patients each received more than 24 visits during the year.

## VII. VACCINATION AND IMMUNISATION

Due to a change in sterilisation arrangements for glass syringes, the opportunity was taken to introduce disposable sterile plastic syringes for use in some local health areas. The appearance on the market of a disposable syringe suitable for administration of B.C.G. vaccine has been the result of requests to manufacturers from many health departments and chest clinics.

### Vaccination against Smallpox

The figures record a very much reduced demand for vaccination against smallpox compared with 1962, the year of smallpox outbreaks in England and Wales, and are also lower than in earlier years.

So far as infants are concerned, this is due to a change in policy by recommending a time between the first and second birthdays as the most suitable age for this vaccination. It is expected, therefore, that many infants born in 1963 will not appear in statistics of persons vaccinated until 1964 or 1965.

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

Year	Primary Vaccination					Re-vaccination
	Under 1 year	1-4 years	5-14 years	15 years & over	Total	
1961 ...	2,908	503	184	310	3,905	790
1962 ...	3,175	1,370	2,970	3,650	11,165	7,981
1963 ...	1,085	600	143	80	1,908	252

Vaccination or re-vaccination is usually carried out by the family doctor although a few children are dealt with by medical officers at infant welfare centres at the request of the parents.

### Immunisation against Diphtheria

The immunity index was 64% compared with 59% at the end of 1962. This figure shows a slight improvement but still falls short of the ideal 75% which would ensure much fuller protection for the child population.

Further efforts are being made in this aspect of health education to persuade parents to accept protection from this serious but preventable disease.



The total numbers of children immunised in each of the past 3 years are :—

Year	Under 1 year	Primary		Total	Re-inforcing Injections		
		1-4 years	5-14 years		1-4 years	5-14 years	Total
1961	... 1,522	4,063	2,400	7,985	744	8,257	9,001
1962	.. 1,529	2,991	1,174	5,694	551	4,417	4,968
1963	... 1,651	3,001	707	5,359	756	3,986	4,742

The County Council supplies diphtheria antigen for injection in combination with the tetanus and/or pertussis antigens. The immunisation of young children is carried out by the family doctor, or by the medical officer at the infant welfare centre, according to the parents' wishes. For children of school age, primary and booster injections are usually given by the school medical officer.

### Immunisation against Whooping Cough

Protection against whooping cough is provided almost wholly by the pre-school use of triple antigen and these statistics are virtually identical with those in the paragraph above :—

Year	Under 5 years	Over 5 years	Total
1961	... 5,376	452	5,828
1962	... 4,466	201	4,667
1963	... 4,508	82	4,590

It is important for this protection to be achieved in early infancy by commencing injections of triple vaccine at or before the age of two months, because the greatest risk of death from whooping cough is in infants under six months of age.

### Immunisation against Tetanus

As discussed in earlier reports, tetanus is a more frequent disease in agricultural areas and it is appropriate to emphasise the importance to the community in Norfolk of protection against this dangerous but completely preventable disease.

Comparative figures for the past three years are :—

Year	Primary 0-15	Immunisation 16 and over	Booster Injections All ages	Total
1961	... 18,324	3,792	1,800	23,916
1962	... 9,921	4,191	2,028	16,140
1963	... 7,208	1,856	3,339	12,403

Whilst tetanus toxoid is normally administered to very young infants along with the diphtheria and whooping cough components of the triple antigen, it is necessary for a booster dose to be given to such young children about the age of 18 months. A further booster dose is required at the age of school entry.

### Vaccination against Poliomyelitis

The Sabin vaccine for administration by mouth has proved popular and has almost completely replaced the Salk vaccine which has to be injected.

During the year 5,880 persons completed full courses of vaccination with vaccine by mouth and only 271 with the old type. In addition, reinforcing doses were administered to 7,363 persons, of which total only 534 doses were by injection.



One variation in the programme of vaccination derives from Ministry of Health Circular 10/63 whereby the fourth dose of oral vaccine is made a regular part of childhood protection at school entry; a reinforcing dose is also offered to immunised persons at special risk regardless of age group, e.g., health services and hospital personnel, and others.

## VIII. AMBULANCE SERVICE

### Ambulances

There were no changes in the arrangements for the provision of this service during 1963. There was a noticeable increase in the number of patients conveyed but the mileage did not increase to the same extent so that the average mileage per patient was reduced from 23.38 in 1962 to 23.05. The ascertained running costs of the Voluntary Ambulance Committee providing the service on behalf of the County Council remained the same as for 1962, viz., 2s. 4d. per mile.

Comparable figures for the past 5 years are :—

			Patients	Mileage	Mileage per Patient
1959	...	...	13,560	310,658	22.91
1960	...	...	14,345	319,364	22.26
1961	...	...	15,549	342,568	22.03
1962	...	...	15,515	362,740	23.38
1963	...	...	16,644	383,630	23.05

Reciprocal arrangements with neighbouring authorities enable patients discharged from hospitals to be conveyed in returning vehicles with a resultant saving in mileage and a reduction in over-all costs.

### Car Service

Car service journeys continue to be controlled from King's Lynn and Norwich. The economies achieved by this arrangement are only possible through the co-operation of hospital staff and family doctors in giving adequate advance notice of their transport requirements to enable the controls to co-ordinate journeys as far as this is practicable. The reduction of the average mileage per patient since the re-organisation of controls late in 1960 is shown in the following table :—

			Patients	Mileage	Mileage per Patient
1959	...	...	52,219	1,309,762	25.08
1960	...	...	54,891	1,269,120	23.12
1961	...	...	57,942	1,182,545	20.41
1962	...	...	61,296	1,326,864	21.65
1963	...	...	66,936	1,353,576	20.22

It will be seen that 5,640 more patients were conveyed in 1963 for an additional mileage of only 26,712.

In spite of the efforts of all concerned, however, the extent to which it has been possible to co-ordinate journeys has been limited, as an analysis of journeys over a month in 1963, given below, shows :—

1,418	journeys with 1 patient
800	" " 2 patients
420	" " 3 patients
207	" " 4 or more patients
<hr/>	
2,845	
<hr/>	



It will be seen that almost 50% of the journeys involved the transport of one patient only. To reduce further the average miles per case, the high proportion of single patient journeys must be reduced but, unfortunately, the rural nature of this county is the main factor against this. Furthermore, there are, unavoidably, a large number of requests which are received too late to be included in the journeys already arranged.

The car service is intended solely for the conveyance of patients who are unfit, on medical grounds, to travel by public transport. A clear line of demarcation is not easy to define on this point, and the continuing curtailment of public transport in rural areas undoubtedly leads to difficulties in this direction.

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

### Tuberculosis

Quarterly meetings with the chest physicians ensure close liaison and provide opportunities for discussing any problems which arise. The two tuberculosis health visitors employed by the Council attend all clinics held by the chest physicians.

#### (a) Incidence...

Annual figures of new cases notified during the past five years are as follows :—

		Respiratory	Non-Respiratory	Totals
1959	...	104	12	116
1960	...	94	29	123
1961	...	123	17	140
1962	...	108	16	124
1963	...	65	23	88

Mortality figures for the same period are :—

		Respiratory	Death Rate per 1000 Population	Non-Respiratory	Death Rate per 1000 Population
1959	...	18	0.05	5	0.013
1960	...	11	0.03	1	0.003
1961	...	17	0.04	—	—
1962	...	12	0.03	3	0.008
1963	...	7	0.01	2	0.005

#### (b) After-Care Register

There was a further decrease in the numbers of cases on the register at the end of the year. The following table shows the numbers on the register at the end of each of the last five years :—

		Respiratory	Non-Respiratory	Totals
1959	...	1,253	127	1,380
1960	...	1,240	120	1,360
1961	...	1,225	118	1,343
1962	...	1,169	119	1,288
1963	...	1,091	101	1,192

#### (c) Provision of Extra Nourishment

The number of cases receiving free milk shows a steady decline over the last 5 years, from 40 in 1959 to 26 in 1963.



**(d) Shelters**

The position at the end of each of the last five years has been as follows:—

		No. available	No. in use
1959	...	46	26
1960	...	34	21
1961	...	27	15
1962	...	26	15
1963	...	26	14

**(e) B.C.G. Vaccination**

Particulars of children skin tested and vaccinated during the last five years are as follows:—

		Tested	Negative	Vaccinated
1959	...	3,179	2,581	2,478
1960	...	4,795	3,916	3,862
1961	...	4,527	3,598	3,499
1962	...	4,213	3,250	3,192
1963	...	4,455	3,716	3,619

**(f) General**

The Council continued to meet the cost of the rehabilitation of one case at Papworth.

538 members of the Council's staff whose duties involved close contact with children had chest X-ray examinations.

The British Red Cross Society's library service is available for infectious cases, and the local W.V.S. clothing depots provide clothing for necessitous patients. The Friends of Kelling also provide patients with amenities not otherwise available.

**(g) Reports of Chest Physicians**

Drs. G. F. Barran and A. H. C. Couch, Chest Physicians, report as follows:—

"The smaller number of new cases of tuberculosis notified does not mean that there has been any great change in the tuberculosis situation as a whole, as the previous two years' figures were inflated by the infections arising from two small epidemics in an institution. It is likely that each year will produce a few less cases of notified tuberculosis reflecting the gradual fall in the amount of infectious tuberculosis in the population. A very good indication of the amount of tuberculosis disease in a community can be obtained from the percentages of children who are tuberculin positive at various ages on routine testing. From the epidemiological point of view it is a great pity that such testing must be on a voluntary basis and the usual acceptance rate in school children is only 75% which, although it compares favourably with national figures, still leaves much to be desired.

The figures for mortality are extremely low. Very few patients die from tuberculosis nowadays and the deaths usually occur in either elderly patients or patients with some other complicating disease. It is no longer a cause of death in persons below middle life.

The Mass Radiography Unit based at the Norwich Chest Clinic has been used in an attempt to X-ray those numbers of the public who have not been X-rayed before. We have therefore attempted to send the Unit to small villages and suburbs where the Unit has not previously attended. Although



the response of the public to this venture has been encouraging we have not found any great number of cases of tuberculosis.

Under present conditions there do not seem to be any black spots where one can point to a higher incidence of tuberculosis which needs a more thorough investigation. Taken as a whole, the tuberculosis situation is satisfactory. There are still cases of the disease occurring which will need continued vigilance to detect at an early stage, and there is always the possibility of isolated small epidemics which will occur in an increasingly tuberculin negative population."

## Health Education

In general, health education activities consist mainly of efforts through schools to influence children against forming the smoking habit, and avoiding over-emphasis by inclusion in normal health education measures. Health visitors undertake health education, supported by posters and leaflets, at infant welfare centres, old people's clubs and local meetings arranged by various organisations. 35 mothercraft classes have been established in the county, and health visitors give health lectures in schools on the invitation of the head teacher and at meetings arranged by voluntary organisations.

The Council's medical officers give talks on health topics wherever possible, and every effort is made to educate the public generally on home safety, in particular of the elderly, and accident prevention.

A matter of particular concern in this county is the increasing accident rate on the Broads, and assistant county medical officers/district medical officers of health have taken part in joint conferences and, with the co-operation of firms hiring out Broads craft, have introduced safety measures and educational pamphlets designed to encourage obvious precautions against accidents which can often lead to drowning fatalities.

Accident prevention talks and propaganda form part of the normal duties of medical officers and other staff. Talks are given at infant welfare centres, old people's clubs, parent-teacher associations, etc. The following information provided by the Jenny Lind and Norfolk and Norwich Hospitals unfortunately demonstrates the need for local efforts to be maintained and, wherever possible, increased, supported by national Press, radio and television accident prevention publicity:—

				Jenny Lind			Norfolk and Norwich		
				1961	1962	1963	1961	1962	1963
Injuries to body and limbs	...	201	220	222	138	82	54		
Cuts	...	186	180	187	39	29	26		
Burns and Scalds	...	122	123	122	15	2	—		
Poisoning	...	60	69	85	—	—	—		
Foreign bodies	...	77	60	57	—	—	—		
Miscellaneous	...	11	13	7	—	—	—		
				657	665	680	192	113	80

Concerning venereal disease, again the assistant county medical officers, in their joint capacities as district medical officers of health, co-operate with district councils as to the use of preventive education posters, leaflets, etc. County propaganda is limited to certain urbanised areas. A number of districts are not in favour of intensive propaganda, and it will be noted from the report of the venereologist at the Norfolk and Norwich Hospital in the subsequent section of this report that in 1963 there was a 50% increase in the number of patients attending for non-venereal conditions, largely due to venereophobia caused, in his opinion, by national propaganda.



## Venereal Disease

No requests were received from treatment centres for the follow-up of patients failing to complete courses of treatment and no details of contacts of American Service men suffering from venereal disease were referred by the medical officers for the tracing of sources of infection.

Returns from the Norwich and King's Lynn treatment centres show that 338 new Norfolk cases attended during the year as follows (1962 figures in brackets) :—

Syphilis	...	...	...	10	(9)
Gonorrhoea	...	...	...	62	(63)
Other conditions	...	...	...	266	(239)
				<hr/>	<hr/>
				338	(311)

Dr. H. L. Rogerson, venereologist at the Norfolk and Norwich Hospital, reporting on cases attending that centre, which include those from the eastern half of the administrative county, states :—

“During 1963 there was a slight increase in venereal disease compared with the previous year. For example, there was a 15% increase in the incidence of gonorrhoea.

There was a 50% increase in the number of patients attending for non-venereal conditions. One of the most important of these was venereophobia (fear of venereal disease) due to propaganda in the Press and on television. Some of these patients suffer much distress and it is my opinion that the dubious benefits of propaganda are greatly outweighed by these unfortunate cases.

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

## Provision of Nursing Equipment

Within the agency arrangements, the Norfolk branches of the British Red Cross Society and the St. John Ambulance Brigade have continued to provide nursing equipment on loan through 136 local depots where the smaller items are held, whilst larger items, such as wheelchairs, are supplied through a central depot. The County Council pays agreed rental charges for all items loaned by these organisations. Some major items of equipment, such as hoists, are provided by the Council and loaned to patients free of charge.

## Provision of Recuperative Convalescence

7 cases went for periods of recuperative convalescence at voluntary homes during the year on the recommendation of family doctors.

## The Marie Curie Memorial Foundation

During the year a further £100 was received in grants from the Marie Curie Memorial Foundation and 19 patients were assisted under the Area Welfare Scheme.

## Chiropody

The chiropodist who commenced duty in December 1962, visited 559 persons during the year and gave 1,957 treatments. Each person is required to contribute 2/6d. per treatment except in cases where the payment of even this small contribution would cause hardship. Throughout the year the numbers of homebound cases in the special categories (the elderly and the



physically handicapped) needing domiciliary treatment continued to increase, while the intervals between treatments of those for whom treatment had been commenced increased to about 10 weeks. The Council's 10-year plan provides for the appointment of a second chiropodist in 1964.

This service for these special groups is complementary to the 150 local schemes of chiropody treatment for elderly persons able to attend group sessions organised by the Norfolk Old People's Welfare Committee acting as agents of the County Council Welfare Committee, and described in my annual report of 1960.

In 1963, these 150 schemes, arranged locally by old people's clubs, provided 22,000 treatments.

## X. HOME HELP SERVICE

1,504 cases were assisted during the year, an increase of 202 over the previous year. The increase was double the rate for the previous two years. as will be seen from the following details:—

Category	1961		1962		1963	
	No. of cases	Hours of service provided	No. of cases	Hours of service provided	No. of cases	Hours of service provided
Maternity .....	64	2,630	52	2,100	73	3,234
Children without Mother .....	12	2,523	24	4,412	14	3,401
Post operative .....	16	2,995	26	3,143	45	5,648
Sick and Old Age .....	1,041	263,595	1,145	276,018	1,314	300,840
Blind .....	59	16,748	51	16,392	54	16,368
Tuberculosis .....	4	2,217	4	2,199	4	1,014
<b>TOTALS</b>	<b>1,196</b>	<b>290,708</b>	<b>1,302</b>	<b>304,264</b>	<b>1,504</b>	<b>330,505</b>
Increase (+) or decrease (—) over previous year.	+ 9.22%	— 1.39%	+ 8.86%	+ 4.66%	+ 15.51%	+ 8.62%

The bulk of the service is devoted to the care of the aged sick, infirm and blind. The average hours per case per week were 6.96, compared with 7.45 for the previous year. The minimum charge of 5/- per week has been continued.

The total staff numbered 600 occasional and 3 regular part-time home helps (equivalent to 156 full-time). Each assists cases within reasonable distance of her own home, an arrangement suitable to the scattered nature of the county. It must be mentioned that in addition to official day-time service to elderly persons living alone, many home helps pay voluntary evening visits to prepare hot drinks and settle them for the night. In passing, one would emphasise the importance of the general role of voluntary



associations in visiting elderly homebound persons, whether or not they are receiving assistance from the home help service.

The home help organiser and the assistant at King's Lynn supervise the home helps, investigate special cases referred from the local health offices where the routine day-to-day work of the scheme is administered, attend problem family conferences and assist with any special arrangements required.

A further three-day training course, attended by 11 home helps took place at Easter by arrangement with the Education Committee. These courses encourage home helps to take a greater interest in the service, and those who attend are able better to assist problem families where training, guidance and advice are required.

The table on page 31 shows the number of cases and the duration of assistance provided during 1963.

TABLE 3.

## HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1963.

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 ...	7	63	2	1	—	—	—	—	—	—	—	—	—	—	—	3,234	0.98	73
Children without mother ...	—	1	4	—	2	2	1	—	—	—	—	1	—	—	3	3,401	1.02	14
Post-operative ...	2	4	2	5	4	8	1	3	3	2	2	1	—	3	5	5,648	1.70	45
Sick and Old Age ...	32	30	37	35	93	91	49	48	70	52	69	72	77	116	443	300,840	91.01	1,314
Blind ...	—	1	1	1	1	4	2	2	5	3	3	3	2	3	23	16,368	4.94	54
Tuberculosis ...	—	—	—	—	—	1	1	—	—	—	1	—	—	—	1	1,014	0.35	4
Totals ...	41	99	46	42	100	106	54	53	78	57	75	77	79	122	475	330,505	100.00	1,504



## **XI. MENTAL HEALTH SERVICE**

### **Introduction**

Whilst the advisory and welfare services continued to develop, little progress was made with the provision of new capital works and the delays experienced caused considerable frustration. The only tangible progress was the commencement of the building of the new comprehensive training centre at King's Lynn which will incorporate a junior centre, an adult section and a special care unit. The planning of the first hostel for subnormals continued under consideration but the purchase of the site which will enable progress to be made when the plans are finally approved, was completed.

The biggest problem during the year was a complete lack of vacancies for the permanent accommodation of severely subnormal children. In some cases the Regional Hospital Board was able to assist with periods of temporary care and after considerable enquiry and correspondence a few other cases were assisted for short periods in private homes. Unfortunately, the number of establishments which can accommodate patients of this type is very limited and it was impossible to meet the need in many difficult family situations. With the development of community welfare services, the increasing availability of places at junior training centres and the provision of adult training centres for the adolescent and adult medium grade persons, the problems which will arise in the community in the future will largely concern two classes :—

- (i) those severely subnormal persons whose needs cannot be met by community services and who are unsuitable to live at home;
- (ii) subnormal persons who need hospital or residential care because they refuse or fail to comply with the normal requirements of society.

It is not, of course, for the local authority to determine the type of hospital provision necessary in the future but it was pointed out to the Regional Hospital Board during the year that our present and future problems are and will be of these types and not for those whose care and training needs can be provided in the community. It is to be hoped that in the planning of new hospital accommodation these trends will be taken into account.

### **General**

The Mental Health Sub-Committee meets monthly when the problems of the service, new developments and individual cases are discussed. At one meeting in 1963 a departure from normal procedure was followed by the showing of the film "The Right to Work." The Chairman and Superintendent Welfare Officer attended the annual conference of the National Association for Mental Health and submitted reports to the Sub-Committee.

The Mental Health Review Tribunal for the Eastern Region, which was previously based on Norwich, was transferred to London, an indication of the very small number of appeals lodged in the Region.

### **Training of Staff**

The Deputy County Medical Officer and Superintendent Welfare Officer attended a conference at Oxford concerning educationally subnormal school-leavers and the Deputy Superintendent Welfare Officer attended a follow-up week-end of a previous course for senior staff of local authorities.

One assistant local welfare officer and two welfare assistants continued at the 2-year training course for social workers at the North-West Polytechnic, where they were seconded on full salary.



## **Mental Illness**

### **(a) Hospital Admissions**

The procedures under the Act worked well and no real difficulties arose. Last year, attention was drawn to the extensive use of Section 29 and this has in no way diminished, as will be seen from the statistical portion of the report. At both mental hospitals, conferences were held during the year at which medical, nursing and social welfare staff were present, and I would like to record my appreciation of the hospitality and co-operation of the Medical Superintendents. In addition to talks on particular aspects of mental illness, the conferences reviewed admission arrangements and policy, problems regarding domiciliary consultation and matters of general liaison and after-care procedures.

### **(b) Case Work**

An after-care advisory welfare service is provided for all suitable cases and a large number of visits was made by the mental welfare officers to persons discharged from hospital. Liaison is maintained with the medical staff and psychiatric social workers at the hospitals and discussions on individual cases are held when the mental welfare officers are at the hospital.

In order to meet the increasing demands for specialised case work, authority was given for the appointment of a psychiatric social worker and it is hoped to make an appointment in 1964.

### **(c) Psychiatric Social Clubs**

The two psychiatric social clubs continued to operate successfully and further development will be possible as staff become available. One of the difficulties in extending the provision of clubs is the scattered nature of the case load and the necessity to provide transport where public services do not exist.

### **(d) Consultant Advice**

This was readily available from the hospitals, but difficulty is sometimes experienced in obtaining domiciliary consultation before admission. This again is largely a problem of distance. It is obviously much more time-consuming for a consultant to have to travel 40 to 50 miles to see a patient than if the person concerned can be brought to the hospital.

## **Subnormality**

### **(a) Junior Training Centres**

There were no marked changes in the training centre arrangements during the year. The teaching staff has been strengthened and the three assistant teachers appointed will be encouraged to take the diploma course of the National Association for Mental Health. The need for the proper qualification of teachers is fully recognised and, in selecting staff, their suitability for subsequent training is one of the principal considerations. Six members of the staff attended refresher courses held at Eccleshall and London. Regular half-yearly conferences of all staff are now held and at the April meeting Mr. David Norris of the Essex County Council spoke on "An Educational Programme for the Junior Training Centre," whilst at the September meeting Miss Frances M. Dean of the National Association spoke on "The Training and Functions of the Staffs of Training Centres." The conferences also reviewed local matters, and a film entitled "Learning in Slow Motion", produced at the Manor Hospital, was shown.



Because of the difficulties previously mentioned of the lack of hospital accommodation for low-grade patients, a number of difficult and disturbed children are in attendance at training centres and create many problems. In some cases they have proved beyond the control of the staff and have had to be excluded, thereby aggravating the family position.

At the junior training centres the older children are encouraged to take part in outside activity and to learn to answer the telephone, to travel short distances on public transport unaccompanied and to visit libraries, etc. The question of some of the older children occasionally working on local farms was reviewed and subject to the agreement of the parents it was decided to give authority for such work to be undertaken where it was available and did not involve long absences from the centre.

All the centres were visited by a representative of the Ministry of Health and reports received. Members of the Mental Health Sub-Committee visited each centre during the summer and also attended "Open Days" at Christmas time. These visits enabled the members to meet the staff and to see some of the achievements of the children and also discuss any problems.

#### **(b) Adult Training Centres**

##### **(i) Norwich**

The Norwich City adult centre now caters for both men and women and the number of county cases in attendance increased from 21 to 33 during the year. All the persons from the county travel on public transport unescorted and their ability to do so is praiseworthy. Difficulties do from time to time arise, but not with the lower grades—it is, in fact, the higher grade trainee who sees and seizes the opportunity for mischief or the annoyance of fellow passengers. The medium and low grades have, so far, given no real trouble at all and are very regular in their attendance. Work undertaken is very varied and includes making of seed boxes and wooden fencing, chopping kindling wood, electrical sub-contract work, assembly of cartons and a number of shoe making processes.

Attendance at the centre improves the outside interests and ability of the mentally handicapped and the social contact gives a sense of belonging, thus instilling a confidence which is often entirely lacking at home.

##### **(ii) King's Lynn Comprehensive Centre—Adult Section**

At the end of the year the foundations of the new centre had been completed and it was anticipated that the building would be handed over early in 1965. The local branch of the Society for Mentally Handicapped Children submitted a project for the centre to manufacture concrete products and offered the necessary machinery as a gift. This offer was discussed with representatives of the Society and agreement was reached for the acceptance of the project on a somewhat smaller scale than had originally been suggested by the Society. The Council has agreed to extend the concreting area at the centre and to enlarge the building slightly; the Society for their part hope that if the initial work is satisfactory it will be possible to expand production, but this may have to be in the nature of a separate project, such as a sheltered workshop.

##### **(iii) Attleborough and Holt**

Proposals to improve these two junior training centres by the provision of adult sections and increased facilities were approved in principle. Plans are being prepared, and the extensions, when completed, will ensure further badly-needed provision for adults. In implementing the proposals the major problem will be one of transport and the extent to which this will be provided where public services do not exist.



**(c) Transport to Junior Training Centres**

At the end of the year there were 20 routes to the five centres. Each route has a schedule showing times and places of pick-up. Parents are very co-operative in ensuring that their children are ready on time, thus avoiding delay in reaching the centres, a very important consideration when some of the routes entail a journey of more than two hours. Mileage covered during the year was 377,277 and was mainly by hired taxi. The experiment of providing a Council-owned service with a Dormobile-type vehicle has been in operation for just over a year at the Sprowston Centre and has worked very well. Provisional figures showed that costs were comparable with taxi hire and less administrative difficulties arose. It was, therefore, decided to continue the experiment with another vehicle at a different centre and another Dormobile was purchased and brought into use at the King's Lynn centre.

**(d) Adult Social Clubs and Home Teaching Service**

This service with three home teachers continued to function satisfactorily and the usual activities were followed. In previous years it has been reported that holidays for the subnormal were held at The Pleasaunce, Overstrand and at an hotel in Great Yarmouth, but this year a departure was made from these arrangements by taking a party to a holiday camp at Kessingland. It was decided that the more mature individuals should be given the opportunity of attending as there was some feeling that difficulties might arise in the more "open" accommodation of a holiday camp with chalet accommodation. 47 were taken and in point of fact the holiday was most successful. No difficulties arose and the communal facilities of the holiday camp proved to be most helpful to the home teachers in the organisation of a holiday of this description and it is planned to take a larger party to the same holiday camp in 1964. The less able types again enjoyed their holiday at The Pleasaunce, Overstrand in September when 42 were present.

The work of the adult social clubs included a contract from the Council's local taxation office to stick gummed amendment slips into driving licences. This work was received very enthusiastically by members of the clubs. By the end of the year some 25,000 amendments had been inserted for which payment was made to the club members. In the light of the success of this venture efforts will be made to obtain further suitable outside work for these clubs and thus provide a variation from the usual type of handwork. It must, however, be recorded that excellent craft work is produced and the members of the clubs benefit from any profit on sales made.

**(e) Consultant Advice**

Dr. J. V. Morris, Physician Superintendent, Little Plumstead Hospital, and his consultant staff have continued to hold diagnostic and advisory clinics and have seen cases as they have arisen, offering advice both to the patient and to the social worker as to the best method of helping the individual concerned and the handling of his or the family's problems.

**(f) Social Work**

All persons whose names are on the mentally handicapped register are visited by the mental welfare officers with a view to arranging help and providing services as may be required. In many cases advice is more necessary for the relatives than for the subnormal person and a great deal of patient case work is often required in order to obtain co-operation. A number of cases continued to be assisted by the provision of a home attendant.



(g) **Guardianship**

Seven cases continued to be subject to guardianship, an additional case being placed under order during the year by a magistrates' court. This followed the success of guardianship in a previous case dealt with under Section 60. The person concerned responded extremely well to the mental welfare officer, accepted advice offered and was helped in regard to his family situation, with employment, savings, etc.

**ANNUAL FIGURES**—(For the purpose of comparison the figures for the year ended 31st December, 1962 are shown in brackets where applicable and available.)

**Community Care**

(a) *Mentally Ill*

(i) Cases at 1.1.63	...	...	...	285	(272)
(ii) New cases referred	...	...	...	201	(214)
(iii) Cases closed during year	...	...	...	213	(201)
(iv) Current cases at 31.12.63	...	...	...	273	(285)
(v) Visits made during year :					
(1) to patients	...	...	...	1,495	(1,569)
(2) associated visits	...	...	...	485	(486)
(vi) Attending Psychiatric Social Clubs (2)	...	...	...	31	(24)

(b) *Mentally Subnormal*

(i) *On mentally handicapped register (subnormal and severely subnormal)*

		Male		Female		Total	
Guardianship Cases at 1.1.63	...	3	(1)	3	(4)	6	(5)
Discharged during year	...	—	(—)	—	(1)	—	(1)
New cases placed under Guardianship:—							
By courts	...	1	(1)	—	(—)	1	(1)
By applications	...	—	(1)	—	(—)	—	(1)
TOTAL (at 31.12.63)	...	4	(3)	3	(3)	7	(6)
Cases receiving welfare visits	...	521	(482)	423	(396)	944	(878)
		525	(485)	426	(399)	951	(884)

(ii) *New Cases arising during year*

Notified under Section 57 of the Education Act, 1944	...	24	(18)	8	(9)	32	(27)
Reported by Education Committee as requiring care and guidance	...	23	(27)	16	(23)	39	(50)
Other referrals	...	8	(8)	6	(8)	14	(16)
		55	(53)	30	(40)	85	(93)

(iii) *Receiving Training*

At Junior Training Centres

In Norfolk (5)	...	93	(78)	72	(63)	165	(141)
Outside county (2)	...	9	(11)	6	(8)	15	(19)

At Adult Training Centres

In Norfolk (-)	...	-	(-)	-	(-)	-	(-)
Outside county (2)	...	29	(26)	15	(10)	44	(36)

Under Home Teachers (3)

At home	...	13	(14)	23	(23)	36	(37)
At day centres and social clubs (9)	...	58	(51)	74	(71)	132	(122)

		202	(180)	190	(175)	392	(355)
--	--	-----	-------	-----	-------	-----	-------

(iv) *Awaiting attendance at*

<i>Junior Training Centres</i>	...	6	(6)	2	(3)	8	(9)
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(v) *Considered suitable for*

<i>Adult Training Centres</i>	...	46	(44)	37	(45)	83	(89)
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**Premises registered under the Mental Health Act**

Mental Nursing Homes ... Nil

Residential Homes for the Mentally

Disordered ... 3 "Crossways", Threxton, for 18 severely subnormal children up to 10 years of age.

The Towers, Downham Market, for 14 severely subnormal males over the age of 14 years.

31, Norwich Road, Thetford, for 3 severely subnormal children.

**Admissions dealt with by Mental Welfare Officers**

(a) *Mentally Ill*

		St. Andrew's		Hellesdon		Other Hospitals		Total
Section 25	...	43	(32)	2	(1)	-	(3)	45 (36)
Section 26	...	11	(11)	-	(3)	-	(-)	11 (14)
Section 29	...	70	(69)	83	(64)	2	(1)	155 (134)
Section 60	...	-	(2)	-	(-)	-	(-)	- (2)
Informal	...	180	(158)	199	(165)	26	(12)	405 (335)
<b>TOTAL</b>	...	304	(272)	284	(233)	28	(16)	616 (521)

(b) *Subnormal*

		Little Plumstead		Other Hospitals		Total
Section 26	...	-	(-)	-	(-)	- (-)
Section 60	...	-	(4)	1	(-)	1 (4)
Informal	...	13	(19)	2	(1)	15 (20)
		13	(23)	3	(1)	16 (24)
						16 (24)

**GRAND TOTAL** ... 632 (545)



**Patients already in hospital dealt with under Section 26** ... 48 (41)

**Social history reports prepared in respect of patients admitted to hospitals for the mentally ill** ... 272 (303)

**Subnormal persons admitted for temporary care**

Regional Hospital Board establishments	Male	Female	Total
For one day (dental treatment) ...	7 (2)	5 (4)	12 (6)
For longer periods ...	26 (21)	15 (16)	41 (37)
Private Homes ...	13 (7)	2 (1)	15 (8)
<b>Total</b> ...	<b>46 (30)</b>	<b>22 (21)</b>	<b>68 (51)</b>

**Persons on waiting list for admission to hospital**

(i) *Hospitals for the subnormal*

	Severely Subnormal		Subnormal		Total	
	M.	F.	M.	F.	M.	F.
Very urgent ...	24 (21)	1 (1)	3 (1)	— (—)	27 (22)	1 (1)
Urgent ...	18 (20)	12 (10)	6 (5)	1 (—)	24 (25)	13 (10)
Not urgent ...	8 (8)	6 (7)	— (—)	1 (—)	8 (8)	7 (7)
<b>TOTAL</b> ...	<b>50 (49)</b>	<b>19 (18)</b>	<b>9 (6)</b>	<b>2 (—)</b>	<b>59 (55)</b>	<b>21 (18)</b>
Potential cases	21 (21)	13 (14)	1 (—)	4 (3)	22 (21)	17 (17)
<b>GRAND TOTAL</b>	<b>71 (70)</b>	<b>32 (32)</b>	<b>10 (6)</b>	<b>6 (3)</b>	<b>81 (76)</b>	<b>38 (35)</b>
	103 (102)		16 (9)		119 (111)	

(ii) *Mentally Ill*

(The Vale Hospital, Swainsthorpe)

Male	Female	Total
1 (2)	8 (9)	9 (11)

**XII. NATIONAL ASSISTANCE ACT, 1948**

The County Council has delegated to the Health Committee responsibility for the administration of welfare schemes under Sections 29 and 30 of the above Act.

**Welfare of the Blind**

(a) **Registration**

175 persons were examined by ophthalmic surgeons during the year and 108 were certified as blind, 86 being over 70 years of age and a further 8 being over 60 years of age.

On register 1.1.63 ...	937
New cases certified as blind ...	108
Inward transfers ...	19
	<b>127</b>
	<b>1,064</b>
Cases removed as no longer blind ...	11
Outward transfers ...	19
Deaths ...	117
	<b>147</b>
	<b>917</b>



Cases on the register at the end of each of the last five years were:—

1959	...	...	...	938
1960	...	...	...	928
1961	...	...	...	939
1962	...	...	...	937
1963	...	...	...	917

73% of all cases on the register were 65 years of age and over, a slightly lower percentage than in the previous year. 82 were over 90 years of age.

**(b) Employment**

At the end of the year, 18 men and 4 women were employed in the workshops of the Norwich Institution for the Blind, and 2 males were undergoing training. 5 men were employed as home workers. 24 men and women were engaged in other forms of employment. 4 had been trained for employment in open industry and were awaiting suitable vacancies. Full co-operation and consultation has been maintained with the Ministry of Labour who, during the year, assumed responsibility for the placement services formerly operated on an agency basis through the National Institute for the Blind.

**(c) Home Teaching and Visiting**

The Council's establishment of 8 home teachers has been filled throughout the year, the second of the two trainees successfully completing her training period and obtaining her home teaching certificate.

Visits by home teachers during the last 5 years have been as follows:—

	1959	1960	1961	1962	1963
Registration enquiries ...	263	221	228	233	192
Instruction in:					
Braille ...	302	204	106	64	26
Moon ...	83	25	84	54	55
Handicrafts ...	834	421	505	706	781
Welfare visits ...	6,704	6,255	8,467	8,830	8,790
Other visits ...	1,537	1,126	1,428	1,821	1,994
	<u>9,723</u>	<u>8,252</u>	<u>10,818</u>	<u>11,708</u>	<u>11,838</u>

The 5 social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich have continued their monthly meetings, valuable assistance being given by voluntary car owner drivers and by other voluntary personnel preparing and serving refreshments, providing entertainment and generally assisting the home teachers to make the social centres enjoyable for the many blind who attend regularly.

The Annual Blind Show of horticultural and domestic produce and handicrafts was again jointly organised with the Norwich authority. These joint arrangements have proved most successful and will be continued. There was a profitable sale of handicraft goods at the Show.

41 blind persons with guides or relatives, accompanied by 3 home teachers, enjoyed a holiday during May at Great Yarmouth. Necessitous cases are assisted in alternate years by payment of one half of the accommodation charges.

"The Closer Link" has continued to be published quarterly and over 600 copies have been regularly distributed to Norfolk blind persons.



Wireless sets provided by the British Wireless for the Blind Fund have been distributed and maintained. The issue of personal transistor sets where specially recommended for blind bedridden cases is very much appreciated.

126 talking book machines were in use under the auspices of the Nuffield Talking Book Library for the Blind.

The home teachers act as almoners for Hetherington, Royal Blind and other charity pensions.

### Welfare of the Partially Sighted

Cases on the register at the end of each of the last 5 years were as follows:—

1959	...	...	...	292
1960	...	...	...	299
1961	...	...	...	268
1962	...	...	...	279
1963	...	...	...	284

These cases are visited by the home teachers as individual circumstances require. One partially sighted man is employed in a sheltered workshop for the blind.

### Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of the year was 466, 2 less than at the end of 1962. Comparative figures for the two years are given in the following classified table (1962 figures in brackets):—

			Children under 16	Persons aged 16-64	Persons aged 65 and over	Totals
Deaf without speech	...	M.	5 (5)	28 (29)	16 (15)}	100 (101)
		F.	2 (2)	36 (37)	13 (13)}	
Deaf with speech	...	M.	5 (5)	35 (37)	12 (10)}	104 (104)
		F.	4 (4)	37 (40)	11 (8)}	
Hard of hearing	...	M.	35 (37)	39 (38)	30 (29)}	242 (243)
		F.	36 (39)	55 (54)	47 (46)}	
Totals	...		87 (92)	230(235)	129(121)	446 (448)

The Deaf and Dumb (Norfolk and Norwich) Association have continued to provide welfare services and grants are payable to the Association on an agreed basis by the Norfolk, Norwich and Great Yarmouth authorities. The Association provides social facilities at the Headquarters in Norwich, and has regular social meetings at Great Yarmouth and King's Lynn.

A Hard of Hearing Club is also operating at the Association's Headquarters in Norwich.

### Welfare of the Physically Handicapped—General Classes

The numbers on the register at the end of the year (1962 figures in brackets) were:—

Age Group	Male	Female	Total
16—49	195 (193)	117 (124)	312 (317)
50—64	163 (168)	135 (129)	298 (297)
65 and over	150 (149)	107 (87)	257 (236)
	508 (510)	359 (340)	867 (850)

NOTIFICATION OF INFECTIOUS AND OTHER 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 ... ..	2	5	—	6	1	—	—	7	—	2	—	9	45	5	2	6	3	46	4	7	3	17	43	10	12	1	18	254	
Whooping cough ... ..	32	11	2	4	7	—	—	2	—	—	—	2	28	5	21	13	2	9	10	6	—	9	24	23	7	5	24	246	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ... ..	342	100	65	126	94	11	8	68	64	84	86	105	514	291	183	252	165	404	84	266	42	82	959	435	77	150	260	5317	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute pneumonia ... ..	6	1	—	—	—	12	—	1	—	2	—	—	26	7	1	9	—	32	4	11	2	5	9	12	—	2	11	153	
Dysentery ... ..	1	—	—	13	—	—	2	1	—	—	—	—	9	—	—	—	—	25	2	37	—	2	84	—	1	—	—	177	
Acute encephalitis ... ..	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	4	
Paratyphoid fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	9	—	1	—	—	1	3	—	1	1	20	
Meningococcal infection ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	4	
Food poisoning ... ..	1	1	—	—	—	—	1	—	—	—	—	—	1	2	—	—	—	1	—	5	2	6	7	—	—	—	13	40	
Puerperal pyrexia ... ..	4	1	2	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	—	3	—	—	9	—	—	—	—	23	
Ophthalmia neonatorum ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	—	—	—	—	5	
Malaria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Jaundice or infective hepatitis ... ..	14	—	1	2	—	—	—	1	—	—	—	1	2	—	1	5	1	5	—	4	—	1	8	1	—	—	—	47	
Totals .. ..	403	120	70	151	102	23	11	80	64	88	86	120	628	312	209	285	172	531	106	341	49	122	1150	484	97	159	328	6291	



# RESEARCH NOTIFICATION OF

Project	Title	Principal Investigator	Co-Investigator	Funding Agency	Start Date	End Date	Status	Progress	Comments
1	Study of the effects of...	Dr. John Doe	Dr. Jane Smith	NSF	2010-01-01	2010-12-31	Completed	100%	Final report submitted.
2	Investigation of the role of...	Dr. Alice Brown	Dr. Bob Green	NIH	2011-03-01	2011-06-30	In Progress	75%	Waiting for data from the lab.
3	Analysis of the impact of...	Dr. Charlie White	Dr. Diana Black	NSF	2012-01-01	2012-03-31	Completed	100%	Published in Science.
4	Development of a new...	Dr. Frank Blue	Dr. Grace Yellow	NIH	2013-01-01	2013-06-30	In Progress	50%	Design phase complete.
5	Study of the effects of...	Dr. Henry Purple	Dr. Ivy Pink	NSF	2014-01-01	2014-03-31	Completed	100%	Final report submitted.
6	Investigation of the role of...	Dr. Jack Orange	Dr. Karen Red	NIH	2015-01-01	2015-06-30	In Progress	25%	Waiting for funding approval.
7	Analysis of the impact of...	Dr. Leo Green	Dr. Mia Blue	NSF	2016-01-01	2016-03-31	Completed	100%	Published in Nature.
8	Development of a new...	Dr. Noah Yellow	Dr. Olivia Purple	NIH	2017-01-01	2017-06-30	In Progress	10%	Initial planning phase.
9	Study of the effects of...	Dr. Peter Pink	Dr. Quinn Red	NSF	2018-01-01	2018-03-31	Completed	100%	Final report submitted.
10	Investigation of the role of...	Dr. Robert Blue	Dr. Sophia Green	NIH	2019-01-01	2019-06-30	In Progress	60%	Data collection in progress.
11	Analysis of the impact of...	Dr. Thomas Yellow	Dr. Victoria Purple	NSF	2020-01-01	2020-03-31	Completed	100%	Published in Science.
12	Development of a new...	Dr. William Red	Dr. Alexander Blue	NIH	2021-01-01	2021-06-30	In Progress	30%	Design phase complete.
13	Study of the effects of...	Dr. Benjamin Green	Dr. Charlotte Yellow	NSF	2022-01-01	2022-03-31	Completed	100%	Final report submitted.
14	Investigation of the role of...	Dr. Daniel Purple	Dr. Elizabeth Pink	NIH	2023-01-01	2023-06-30	In Progress	15%	Initial planning phase.
15	Analysis of the impact of...	Dr. Frederick Blue	Dr. George Green	NSF	2024-01-01	2024-03-31	Completed	100%	Published in Nature.
16	Development of a new...	Dr. Helen Yellow	Dr. Isaac Red	NIH	2025-01-01	2025-06-30	In Progress	5%	Initial planning phase.
17	Study of the effects of...	Dr. Jacob Pink	Dr. Julia Blue	NSF	2026-01-01	2026-03-31	Completed	100%	Final report submitted.
18	Investigation of the role of...	Dr. Kevin Green	Dr. Lauren Yellow	NIH	2027-01-01	2027-06-30	In Progress	10%	Initial planning phase.
19	Analysis of the impact of...	Dr. Matthew Purple	Dr. Nancy Red	NSF	2028-01-01	2028-03-31	Completed	100%	Published in Science.
20	Development of a new...	Dr. Owen Blue	Dr. Peter Green	NIH	2029-01-01	2029-06-30	In Progress	5%	Initial planning phase.

Of the 867 persons on the register, 201 were considered to be capable of ordinary employment, and 72 of work under sheltered conditions. Those who cannot follow employment but who wish to do handicraft work are given instruction in their own homes through either the Norfolk branch of the British Red Cross Society or the Norfolk Association for the Care of the Handicapped. Each voluntary association covers half the county and grants are paid for their services by the Council. The Education Committee is also prepared to provide handicraft instructors at suitable centres.

Social facilities and handicraft instruction are provided by the St. Raphael Clubs at Great Yarmouth, King's Lynn, Norwich, Swaffham and Thetford, and at British Red Cross Clubs at Aylsham, Downham, Fakenham, Hunstanton, Dereham and Sheringham. District Committees of the Norfolk Association arrange social functions, outings and other activities.

The Council has again given financial assistance to enable physically handicapped persons to attend holiday camps at Caister and Gorleston, organised by the Federation of St. Raphael Clubs and the Norfolk Association respectively, and also at Skegness for a party from the Valentine Club at Sheringham.

The Council gives advice and, when necessary, financial assistance for adaptations to premises occupied by handicapped persons, and various items of equipment are loaned.

102 disabled drivers have been issued with car badges to assist with parking.

### **XIII. INFECTIOUS AND OTHER DISEASES**

On Table 4 will be found details of notifications of infectious diseases received during the year and their occurrence in the various county districts. The position is fairly satisfactory apart from an increase in measles cases, this being due to the expected upswing in incidence which occurs in alternate years.

Again I am able to report a year free from poliomyelitis and it is to be hoped that the vaccination programme will continue to receive acceptance from the public so that, as with diphtheria, we can continue to make this favourable comment on both diseases in successive years.

Whooping cough cases numbered 246 compared with 226 last year. Due to protective inoculation, coupled with the frequent mildness of the disease in older children, diagnosis is sometimes difficult. There remains no doubt, however, about the severity and danger of the disease in very young infants to whom early protection is essential.

Measles has been more frequent in 1963, due to the usual periodicity of this disease, there being 5,317 cases compared with 1,347 in the previous year.

Scarlet fever cases increased from 159 in 1962 to 254 in the current year.

Dysentery, too, was more frequent, with 177 cases compared to 64 in 1962.

Food poisoning notifications fell, only 40 cases occurring this year. The control of both these diseases lies literally in the hands of each individual to the degree that personal hygiene and clean food handling are understood and practised.



## XIV. ENVIRONMENTAL HYGIENE

### Water Supplies and Sewerage

The County Public Health Engineer reports as follows:—

#### 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 £
Freebridge Lynn ...	Castleacre (revision) ...	16,250
Mitford and Launditch ...	East Tuddenham ...	6,970
St. Faith's and Aylsham	Horstead, Brampton, etc., extensions ...	23,696
Walsingham ...	Holkham, Great Walsingham and Wighton ...	13,251
	Stage IIE water supply scheme (revision) ...	29,114
	Wood Norton ...	15,018

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council	Scheme
Depwade ...	Harleston Long Stratton, Tharston and Hempnall areas
Erpingham ...	Antingham, Barningham, Beeston Regis and Weybourne High Kelling
Forehoe and Henstead ...	Miscellaneous extensions — Great Melton (High House Farm), Braconash (Woodlands area), and Mulbarton (Kenningham Hall area)
Mitford and Launditch ...	Lyng and Elsing North Eastern Parishes Southern Parishes Sparham
St. Faith's and Aylsham	Heydon Honingham and Ringland Western area, Stage II
Thetford ...	Water supply

A local inquiry and investigation into, and inspection of, the following scheme was held by a Ministry of Housing and Local Government Inspector during the year. The County Public Health Engineer attended and gave evidence in support of the scheme:—

District Council	Scheme
Docking ...	Water Reinforcement Scheme

## 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 £
Blofield and Flegg ...	Blofield and Brundall ...	271,000
Docking ...	Heacham Sewerage—modifications to sewage disposal works ...	907
Downham ...	Feltwell ...	110,457
Erpingham ...	Letheringsett ...	20,454
Mitford and Launditch ...	North Elmham ...	90,200
St. Faith's and Aylsham	Catton and parts of Hellesdon and Sprowston ...	220,300
	Catton and parts of Hellesdon and Sprowston House Connections	25,000
Walsingham ...	Fakenham Surface Water Drainage	6,700
Downham Market ...	Stage II Sewerage and Sewage Disposal Works (revision) ...	60,346
Hunstanton ...	Sewerage scheme ...	106,740
North Walsham ...	Bradfield Road Sewerage ...	836
	Laundry Loke and Mundesley Road ...	501

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council	Scheme
Blofield and Flegg ...	Cantley Coastal Parishes South Walsham
Depwade ...	Brockdish Bunwell Long Stratton—Star Lane extension
Freebridge Lynn ...	North and South Wootton West Winch
Forehoe and Henstead ...	Newton Flotman, Saxlingham Nethergate and Flordon
Loddon ...	Langley School extension
St. Faith's and Aylsham	Catton and parts of Hellesdon and Sprowston Reepham
Swaffham Rural ...	Beachamwell Saham Toney
Hunstanton ...	Sewerage and new sewer outfall
North Walsham ...	Extension of sewage disposal works
Sheringham ...	Sea outfall
Swaffham Urban ...	Cley Road area



Local inquiries and investigations into, and inspections of, the following 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
Blofield and Flegg ...	Cantley, Stage I
Depwade ...	Pulham Market and Pulham St. Mary
Downham ...	Denver
Loddon ...	Norton Subcourse and Thurlton
Mitford and Launditch ...	Hockering
	Shipdham
Swaffham Rural ...	Beachamwell
	Narborough
Hunstanton ...	New sewage disposal works

## Milk and Dairies

### Specified Area Supervision

Arrangements for the handling, storage and distribution of milk have been the subject of investigation in respect of 63 new applications for dealers' licences during the year. Supervisory visits have also been made as necessary to existing holders of licences and co-operation has continued with the registering authorities to obtain improvements. 39 dealers' licences were surrendered and 8 were transferred to new premises. At the end of the year, 500 dealers were operating under licences issued by the County Council.

Figures shown in the following table relate to samples taken during the retail distribution of milk in the administrative county and give a satisfactory picture. The comparatively few failures were followed up and advice given as necessary. Void samples were those for which no examination was carried out because of the shade temperatures exceeding 70°F. during their period of storage at the laboratory.

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (Raw milk) ...	147	122	9	16
Methylene Blue (Pasteurised milk) ...	574	493	6	75
Phosphatase (Pasteurised milk) ...	576	575	1	—
Turbidity (Sterilised milk) ...	73	73	—	—
Totals ...	1,370	1,263	16	91

### Pasteurising Plants

82 routine inspections were made at the 5 premises licensed by the County Council to pasteurise milk. Items kept under observation included personal hygiene, general condition of the premises and milk treatment plant, the methods of cleansing and sterilisation and the efficiency of the plant thermometers. Special visits were made as necessary to investigate causes of sample failure, etc. At four plants, pasteurisation is carried out by the H.T.S.T. method and at the remaining plant the Holder method is employed.



The result of the examination of samples submitted direct from the plants during the year is shown in the following table.

Test	No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	426	374	18	34
Phosphatase	426	425	1	—
Totals	852	799	19	34

#### **Milk in Schools Scheme**

Information concerning the work of the department under this heading is given in my report as Principal School Medical Officer.

#### **Milk Supplies to other County Council Establishments**

Because of the frequency of sampling of milk both at source and during retail distribution, occasional samples only are submitted from old people's homes and hostels and from children's homes. Those taken during the year passed both the methylene blue and phosphatase tests.

#### **Brucella Abortus**

560 bulk samples of milk were submitted during the year for biological examination and, of these, 17 were found to contain the brucella abortus organism. Individual samples were, as a result, obtained from 422 cows of which 45 were positive. Investigations continued over from 1962 resulted in the submission of individual samples from 56 cows, all of which were negative. This work has entailed considerable liaison with and co-operation from the Medical Director of the Public Health Laboratory at Norwich.

All positive results were notified to the District Medical Officer of Health and restriction notices, as necessary, were served under the Milk and Dairies (General) Regulations, 1959. These notices remained operative until the offending animals were traced and, in all cases, producers co-operated to the fullest extent during the individual sampling investigations.

#### **Ice Cream**

286 samples of ice cream were submitted for examination during the year. Of these, 270 were classified in Grade I and 11 in Grade II. 3 samples were recorded as doubtful (Grade III) and 2 unsatisfactory (Grade IV).

The majority of these samples were submitted from the large national manufacturers but the records show that the local manufacturers have continued to maintain a satisfactory standard.

#### **Food Inspections**

In addition to the work carried out at schools and recorded in my report as Principal School Medical Officer, 52 visits were made to county homes and hostels and children's homes.

#### **Clean Milk Bottle Campaign**

During the year the campaign, which was originated by the County Council, continued throughout East Anglia with the support of dairymen and of local authorities. Television and press publicity were the main approaches employed by the campaign committee whose work has been encouraged by the improved condition of bottles returned to the dairies. Increased co-operation from the Milk Vessels Recovery Service has avoided accumulations of milk bottles in the Broads and holiday caravan areas.



## Housing and Sanitary Complaints

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

### Housing—

Overcrowding	...	...	...	...	8	
Old, handicapped or registered blind persons requiring ground floor accommodation	...	...	...	...	3	
Persons in ill-health requiring accommodation	...	...	...	...	1	
Insanitary premises	...	...	...	...	6	
					—	18
Drainage	...	...	...	...	...	4
Nuisances generally	...	...	...	...	...	4
					—	
Total	...	...	...	...	...	26

### 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 1963 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 1963	Total to 31/12/63	During 1963	Total to 31/12/63	During 1963	to 31/12/63
<b>MUNICIPAL BOROUGH—</b>						
King's Lynn	216	2,103	82	717	298	2,820
Thetford	234	981	40	224	274	1,205
<b>URBAN DISTRICTS—</b>						
Cromer	12	160	44	179	56	339
Diss	24	324	13	137	37	461
Downham Market	—	168	26	89	26	257
East Dereham	20	480	81	514	101	994
Hunstanton	4	161	11	281	15	442
North Walsham	6	345	36	272	42	617
Sheringham	—	133	7	140	7	273
Swaffham	11	269	14	141	25	410
Wells-next-the-Sea	7	166	1	43	8	209
Wymondham	12	369	49	263	61	632
<b>RURAL DISTRICTS—</b>						
Blofield and Flegg	58	856	303	3,018	361	3,874
Depwade	26	864	92	562	118	1,426
Docking	31	539	27	553	58	1,092
Downham	30	910	94	639	124	1,549
Erpingham	—	608	68	558	68	1,166
Forehoe and Henstead	26	939	322	2,221	348	3,160
Freebridge Lynn	18	572	112	752	130	1,324
Loddon	14	570	59	461	73	1,031
Marshland	19	653	98	836	117	1,489
Mitford and Launditch	67	687	53	403	120	1,090
St. Faith's and Aylsham	30	1,274	469	5,329	499	6,603
Smallburgh	—	632	81	675	81	1,307
Swaffham	20	774	45	428	65	1,202
Walsingham	42	790	48	408	90	1,198
Wayland	53	693	70	561	123	1,254
<b>TOTALS</b>	<b>980</b>	<b>17,020</b>	<b>2,345</b>	<b>20,404</b>	<b>3,325</b>	<b>37,424</b>



## XV. MISCELLANEOUS

### Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during the year ... ..	—	—	—	—
Homes whose registrations were withdrawn during year ... ..	1	—	4	4
Homes on the register at end of year ... ..	22	17	385	402
Homes exempt from registration at end of year ...	—	—	—	—

All the homes are visited at regular intervals by the County Medical Officer and Superintendent Nursing Officer.

There is no delegation of powers and duties to county district councils.

### Laboratory Examinations

The Public Health Laboratory Service Board provides facilities at the Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases and for those sent by the Council's medical staff in connection with the prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The Norwich laboratory examined the following samples submitted by the staff of the County Council and by the public health inspectors of the county district councils:—

#### Samples submitted by County Council staff

Water (bacteriological examination) ... ..	39
Milk (bulk samples for biological examination) ...	560
Milk (individual cow quarter samples for brucella abortus examination) ... ..	422
Milk (methylene blue examination) ... ..	1,445
Milk (phosphatase examination) ... ..	1,300
Milk (turbidity examination) ... ..	73

#### Samples Submitted by District Public Health Inspectors

Ice cream (methylene blue examination) ... ..	286
Water (bacteriological examination) ... ..	1,753

Other samples, which were submitted by County Council staff, were examined by the Public Analyst as follows:—

Water (nitrate estimation) ... ..	148
Effluents ... ..	14
Other examinations ... ..	17



## Medical Examinations

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

Superannuation purposes	...	...	...	484
Candidates for entry to the Norfolk Fire Service				50
Candidates for teachers' training colleges and entrants to the teaching profession	...	...	...	267
School canteen workers (non-superannuable)	...			170
School road crossing patrols (non-superannuable)				15
Allocation/commutation of part pensions	...			18
Fire Service pensioners	...	...	...	4
				<hr/>
				1,008

Medical advice was given in 57 cases of prolonged absence of staff through sickness.

7 applicants for driving licences, whose fitness was in doubt, were referred by the Local Taxation Officer for advice.

An additional 30 medical examinations were undertaken on behalf of other authorities on a reciprocal basis.