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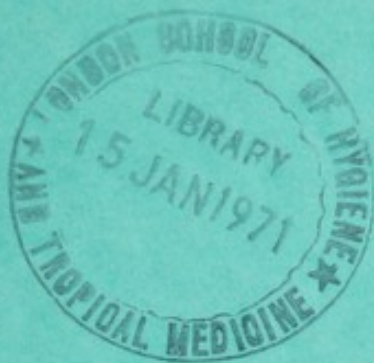
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NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1969





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PREFACE

The estimated mid-1969 population for the administrative county was 440,370, an increase of 7,790 compared with the estimate for 1968. Rather less than one-third of the increase took place in the municipal boroughs and urban districts, and 80% of this urban expansion occurred in Thetford, King's Lynn and Wymondham. There were minor reductions in the populations of Diss, Hunstanton and Sheringham while Wells urban district, whose population had remained static at 2,450 since 1962, was credited with a population increase of forty during 1969.

Blofield and Flegg, Forehoe and Henstead and St. Faith's and Aylsham, the three rural districts round Norwich, between them accounted for 3,640 or two-thirds of the total increase of 5,470 for the rural areas. Marshland, Walsingham and Wayland were the only rural districts to show decreases compared with 1968 and the county population resident in rural areas remained at nearly 80% of the total.

Inevitably, events during the year have tended to be overshadowed by the far-reaching impending changes in the social services, the health services and the whole structure of local government. Things are moving so quickly that in order to keep the report up-to-date I am outlining the position up to the time of writing the preface (May, 1970) rather than restricting comment to the situation at the end of 1969, the period properly covered by this report.

In September, 1969, the county council published its observations on the Report of the Royal Commission on Local Government in England (The Redcliffe-Maud Report). The Council, in accepting the need for local government re-organisation, the need to reduce the number of units and the need to end the division between town and country, accepted in principle the creation of unitary authorities with responsibility for the major local government services and generally supported the proposal for a provincial council for East Anglia.

The Council, however, felt unable to accept the concept of local councils and made alternative proposals that each of the unitary areas should be divided into a number of districts considerably larger than most of the present county districts but broadly comparable to one another in population and area, for each of which a district council should be appointed as a lower tier authority beneath the unitary authority. The powers of these district councils should be those contemplated by the Commission for the larger local councils and they would also lend themselves to schemes of decentralisation.

In February, 1970, the Government published a White Paper "Reform of Local Government in England" which generally accepted the recommendations of the Redcliffe-Maud Report but added two additional metropolitan two-tier areas in West Yorkshire and South Hampshire and came to the conclusion that education should be entrusted to the upper tier and not the lower. The allocation of health, welfare and allied functions in metropolitan areas is interesting. Education (presumably including the school health service), housing policy, water supply, mains sewerage, sewage disposal, refuse disposal, clean air and the ambulance service are to remain with the metropolitan (upper tier) authority, while the metropolitan district (lower tier) authority is to be responsible for personal social services, personal health services, housing (within the framework of metropolitan policy), local sewers and drains, refuse collection, clean air (local action in accordance with metropolitan priorities) and food and drugs. In the unitary areas all these functions are to be carried out by the unitary authority.

The Government otherwise accepted the recommendations of the Commission and while undertaking to initiate consultations about the pattern of areas and their boundaries, emphasised that these consultations could not reopen the arguments about the main structure of local government proposed in the White Paper. The White Paper comes down firmly in favour of the proposed local councils within unitary authorities for the areas of existing county boroughs, boroughs, urban district councils and parishes. These councils are to have no statutory duty to provide any service but would voice the opinions of their localities, be consulted by the main authorities and have the power to spend money on improving their amenities. The Government was against the suggestion that the larger local councils should play a part in the provision of major services but believed that members of local councils should serve on district committees to which unitary authorities would decentralise some of their administration.

The Green Paper on the Future Structure of the National Health Service, published in July, 1968, produced tentative proposals for the unification of the health service by the creation of 40-50 special area boards. There were strong criticisms of this suggestion because of the remoteness of the boards, the fear that they might be dominated by the hospital service and concern that there had been no provision for regional planning. In February, 1969, Mr. Crossman, Secretary of State for Social Services, in his Norwich speech abandoned the Green Paper and a year later, in February, 1970, the long awaited second Green Paper was published with firmer proposals for replacing the previously suggested 40-50 special area boards serving populations ranging from $\frac{3}{4}$ million to 3 millions (average $1\frac{1}{4}$ million) and with a membership of sixteen by about eighty all-purpose area health authorities generally coinciding with the areas of the proposed unitary authorities and the metropolitan districts outside London and serving populations ranging from 200,000 to $1\frac{1}{4}$ million. The area health boards would have a membership of 20-25, one-third to be appointed by the health professions, one-third by local authorities and one-third, plus the chairman, by the Secretary of State. In the foreword, Mr. Crossman, referring to the decisions on the future structure of local government in England and Wales in the White Paper, stated that the Government had also reached firm decisions that the national health service will not be administered by local government but by area health boards directly responsible to the Secretary of State, on the administrative boundary between the national health service and the public health and personal social services and that the areas of the new health authorities must coincide with those of the new local government authorities.

The Green Paper goes on to say that proposals for the re-organisation of the health services must unite the national health service, must provide close links between the national health service and the services provided by local government, must place maximum responsibility for administering the national health service on area health authorities and must provide effective central control over the money spent. The health authorities will be responsible for services where the primary skill needed is that of the health professions, while the local authorities will be responsible for the services where the primary skill is social care or support. This means that the school health service would be brought within the national health service, while the home help service would be part of the local authority social service. In the case of services for the mentally ill and the mentally handicapped, medical diagnosis, treatment, assessment and re-assessment would be undertaken by the health authority staff, while the local authority would be responsible for adult training centres and for social work with the mentally disordered. The area health authorities

would provide hospital and hostel services for the mentally ill or handicapped requiring continuing psychiatric supervision. Residential care for those able to manage without continuing psychiatric supervision would be the responsibility of the local authority. No decision has yet been made on the future of the child guidance service.

Thus the area health authorities, in addition to administering the existing hospital, specialist, and family practitioner services, would also be responsible for the ambulance service, epidemiological work, family planning, health centres, health visiting, home nursing, midwifery, maternity and child health care, services for the prevention of illness, care and after-care (including chiropody, health education and screening), vaccination and immunisation and the school health service. The local authorities would remain responsible for public health matters such as the prevention of the spread of communicable disease, food safety and hygiene, public health aspects of environmental services, diseases of animals insofar as they affect human health, environmental working conditions and health education.

It is proposed that district committees would be set up within the area health authorities, each district being served by a single district hospital while regional health councils are proposed to deal with overall planning of the hospital and specialist services, the organisation of post-graduate education, blood transfusion services and the planning of ambulance services. The functions of these bodies have yet to be worked out in detail and the Secretary of State will welcome comments and suggestions.

Similarly, only brief reference is made to the work of the community physician and a committee has just been set up to make a detailed study of the scope and nature of his work in a re-organised national health service.

Concurrently with these events, two Bills were being introduced in Parliament which are likely to have a more immediate effect on the health department. They were the Local Authority Social Services Bill and the Education (Miscellaneous Provisions) Bill. The former accepts almost in full the recommendations of the Seebohm Committee, namely the setting up of a social services committee and the appointment of a director of social services responsible for the functions of the present children's and social services departments and for the home help service, the mental health service (including adult training centres), the services for the handicapped and certain services for young children transferred from the health department. The Education Bill cancels the arrangements for classifying children as unsuitable for education at school and transfers junior training centres and responsibility for the children attending them from the local health authority to the local education authority. It was anticipated that the time-table for these Bills, assuming no undue delay at any stage, would probably permit their implementation on the 1st April, 1971, but the programme may now have to be slightly retarded as a result of the announcement of the date of the General Election as 18th June.

To revert to more local matters, the vital statistics relating to infants did not maintain the satisfactory downward trend of last year. Although the number and rate of live births and the percentage of illegitimate live births were slightly down on last year's figures, the number and rates of still births, the infant mortality, the neo-natal mortality and the early neo-natal mortality all showed slight but distinct increases compared with 1968. This was particularly noticeable in the case of still births which rose from seventy-eight in 1968 to ninety-one in 1969. Looking at the various districts in the county the boroughs of King's Lynn and Thetford each had seven still births in 1969 compared with four and two respectively in 1968. Although the individual

figures are so small that fluctuations of this kind are to be expected and are probably not statistically significant, it does mean that for 1969 the still birth rate in Thetford is double the national figure. In the urban districts there were twice as many still births as last year while the rural districts had one less. On the other hand there were fewer deaths under one year in the two boroughs, one more in the urban districts while the rural districts had eight more.

Towards the end of the year there was a sudden brisk outbreak of influenza on a national scale caused by the A.2 (Hong Kong) type virus which had its repercussions in the county although fortunately certain key health department staff, such as ambulance crews and domiciliary nurses and midwives, had been vaccinated against it in the autumn. The disease was very infectious and clinically moderately severe. An indication of the intensity of the outbreak may be judged from the fact that at the height of the episode up to 25% of patients and staff in some of the long-stay hospitals were incapacitated by the disease.

The year saw a considerable growth in many of the services due to increasing demand. For example, in the home help service the need for more supervisory staff is highlighted by our inability to introduce approved schemes for staff training and for a night sitter-in service. The demand for the domiciliary chiropody service also increased and such strengthening of the staff as we were able to achieve has hardly enabled the frequency of treatment to be maintained for those in urgent need of it. Some co-ordination was achieved with the group chiropody scheme sponsored by the welfare committee through the Norfolk old people's welfare committee when it was agreed that a flat rate of 4s. 0d. per treatment would be charged by each service.

The year was one of considerable activity in the ambulance service. Here our pre-occupations were with staff training and vehicle replacement. During the winter, sixty driver/attendants undertook a Part I training course at the King's Lynn and Norwich hospitals and our thanks are due to the hospital consultant staff who by their help and encouragement made this training possible. These courses are to be followed up by short two-week Stage II training courses at the Essex County Council ambulance training centre between January and March, 1970. Following consideration in the autumn of a report on the mechanical state of the ambulance fleet the health committee decided that twelve new vehicles should be ordered in a crash replacement programme for delivery as soon as possible during the financial year 1969-70 and the early part of the following one. It was also decided to switch to Ford Transit Lomas ambulances with automatic gear box and fibre glass coachwork. The range of equipment carried on the ambulances was kept under review during the year and increased and improved as found possible.

During the year our first hostel for the mentally handicapped came into operation in King's Lynn and official opening ceremonies took place at the Catton junior training centre and the Holt adult training centre. The welfare staff was increased by two and the number of junior training centre trainee staff was brought up to two. Staff training continued as an important feature, six welfare staff and three training centre staff being away on one-year or two-year training courses during the year.

Inevitably there were staff changes during the year. Miss H. G. Bellamy retired as senior home teacher for the blind after thirty-five years' devoted service to the blind and partially sighted in Norfolk. Changes in the area organisation are detailed in the body of the report and we were pleased to welcome Dr. E. J. Applegate and Dr. Margaret Chasteney to the staff as departmental medical officers. This new description may require some elucidation. On the advice of the British Medical Association, assistant county medical

officers were redesignated county departmental medical officers, assistant medical officers became departmental medical officers and the senior assistant medical officer at headquarters for whom an appropriate redesignation created the greatest problem was finally renamed assistant senior medical officer. A rose by any other name . . . !

Mr. S. H. Boughen, who has been a welfare officer in the Downham Market area since 1948 and a senior and area welfare officer for the past eighteen years, was awarded the M.B.E. in the 1969 Birthday Honours. We were all very pleased to learn of this well-merited award giving official recognition to the valuable contribution Stanley Boughen has made to the welfare services in the west of the county.

This will be the last annual report with which Mr. E. W. Durrant, our chief administrative officer, will be associated. Eric Durrant retires at the end of this month (May, 1970) after an outstanding record of nearly 47 years' service with the County Council of which 42 were spent in the health department, the last 21 as chief administrative officer. He will be greatly missed for his industry, his high sense of duty, his wise, unobtrusive counsel and for his encyclopaedic knowledge of the department and of local government procedures acquired over a lifetime's service. We wish him a long and happy retirement.

In conclusion, I would again express my thanks to members of the health committee for their continued support and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the health department for their loyal support and to the chief officers and staff of other County Council departments for their helpful co-operation at all times.

A. G. SCOTT

Health Department
County Hall
Martineau Lane
Norwich, Nor 48A
(Tel: Norwich 22288)

May, 1970

STAFF

County Medical Officer and Principal School Medical Officer:

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

Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P., D.P.H.

Senior Medical Officers:

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

A. S. LINDSAY, M.B., Ch.B., D.P.H.

Assistant Senior Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

County Departmental Medical Officers and District Medical Officers of Health

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. A. D. BRADFELD, M.B., B.Ch., B.A.O., D.P.H. (to 30.9.69)

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., D.P.H., D.I.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H.

L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H.

Departmental Medical Officers:

Full-time

E. J. APPLEGATE, M.B., B.S., D.Obst. R.C.O.G. (from 14.7.69)

SYBIL E. CATOR, M.B., Ch.B.

MARGARET L. E. CHASTENEY, B.Sc., M.R.C.S., L.R.C.P. (from 15.12.69)

JUDITH C. R. WARDLE, M.B., B.S., D.Obst.R.C.O.G.

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. I. DAVIES, M.D., D.P.H.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H. (to 14.7.69)

PAMELA HUNTER, M.B., B.S., D.P.H.

A. JEAN LACEY, M.B., Ch.B., D.P.H. (to 26.3.69)

ROSEMARIE D. LINCOLN, M.B., B.S.

MARGARET B. PROSSER, M.B., Ch.B. (to 30.4.69)

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B. (from 5.1.69)

EILEEN M. STEELE, M.B., B.S. (from 17.6.69)

Chest Physicians:

G. F. BARRAN, B.A., M.D.

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

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.)

J. L. TAYLOR, L.D.S., R.C.S. (Edin.)

A. M. WILSON, L.D.S., R.C.S. (Edin.) (from 3.2.69)

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

Dental Officers:

Full-time

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

IRENE COLLARD, L.D.S.

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

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

J. G. HEYES, B.D.S.

R. JENNINGS, B.D.S. (to 18.4.69)

P. J. PEARCE, B.D.S.

K. J. PRATT, B.D.S., L.D.S., R.C.S. (Eng.) (from 21.4.69)

FRANCES J. RHODES, L.D.S., R.C.S. (Eng.)

MARGARET WILSON, L.D.S., R.C.S. (Edin.)

Part-time

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.)

ANNE NEWMAN, B.Ch.D., L.D.S. (to 30.9.69)

C. A. WATKINS, B.D.S. (from 17.10.69)

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

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

Deputy Superintendent Nursing Officer:

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

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

County Public Health Inspector:

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

Assistant County Public Health Inspector:

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

Chief Administrative Officer:

E. W. DURRANT

County Ambulance Officer and Senior Administrative Officer:

G. A. RABY

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer:

D. R. INGHAM

Area and Senior Welfare Officers:

A. BOOTHMAN

S. H. BOUGHEN, M.B.E.

J. COWELL

S. J. DODMAN

C. J. GALLANT

V. C. HALL

E. G. HUBBARD

W. J. PEACOCK

F. L. RAY

J. A. ROWE

B. G. WESBY

Social Welfare Officers:

J. E. BRADSHAW

T. J. BROWN

J. G. FURNESS

J. H. GILBERT

T. A. GILLHAM

A. K. GOLDSWORTHY

P. M. HARDY (from 1.1.69)

E. J. HARE

D. R. LEE

G. W. MATTHEWS

T. C. PINK

B. F. RUTTERFORD

K. W. RICE (from 2.6.69)

W. W. RYE

E. B. STEWARDSON

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY (to 30.6.69)

MRS. K. M. READ (from 1.7.69)

Home Teachers and Visitors for the Blind:

MRS. H. ADCOCK

MRS. E. M. COOPER

MISS D. H. LETHAM

MRS. O. OAKLEY

MISS H. K. PAYNE

MRS. K. M. READ (to 30.6.69)

MRS. J. M. YOUNGS

Home Help Organiser:

MRS. E. I. SEPPINGS

Senior Assistant Home Help Organiser:

MRS. A. M. P. HILL

Assistant Home Help Organisers:

MRS. W. A. BASSINGTHWAIGHTE

MRS. H. D. EASTO

MRS. G. L. GOWING

MRS. L. MERRITT (from 1.7.69)

MRS. E. R. SMITH

MRS. F. M. WICKS (from 1.7.69)

MRS. S. J. L. WOOLLEY

Head Teachers—Junior Training Centres:

MISS T. BYLES
MISS S. J. GEE

MISS S. M. QUINSEE
MRS. N. SCRIVEN

Managers—Adult Training Centres:

MISS T. BYLES
P. J. JARROLD

L. J. W. PLANT

Adult Hostel—King's Lynn

Warden: P. CLARK

Housemother: MRS. B. M. CLARK

Mental Health Worker:

MRS. S. RAINBOW

Home Teachers for Mentally Handicapped:

MRS. F. M. CHURCHWARD
MISS J. C. CLAPSON

MISS B. I. CUMING (to 28.2.69)

Health Education Officer :

MRS. P. A. HOLLINGHAM (to 31.7.69)

MISS G. HOOLEY (from 21.7.69)

Chiropodists:

L. W. BATTRICK, L.Ch.

J. F. BEVAN, M.Ch.S.

L. EDEN-MORRIS M.Ch.S. (from 1.1.69)

C. FLEMING, M.Ch.S.

G. E. PENNEY, M.Ch.S.

I. WOODING, M.Ch.S. (from 3.3.69)

County Analyst:

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

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage.. .. .	1,301,014
Population—Estimated by Registrar-General (mid-1969) ..	440,370
Estimated Product of Penny Rate for General Purposes (1969-70)	£56,538
Rateable Value for General Purposes (1st April, 1969)	£13,803,342

Live Births

Number	6,690
Rate per 1,000 population	15.2

Illegitimate Live Births (per cent of total live births)	6
---	---

Still Births

Number	91
Rate per 1,000 total live and still births	13

Total Live and Still Births	6,781
--	-------

Infant Deaths (deaths under one year)	106
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Infant Mortality Rates

Total infant deaths per 1,000 total live births	16
Legitimate infant deaths per 1,000 legitimate live births ..	15
Illegitimate infant deaths per 1,000 illegitimate live births ..	26

Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)	11
---	----

Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	9
---	---

Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	23
---	----

Maternal Mortality (including abortion)

Number	1
Rate per 1,000 live and still births	0.15

Live Births

6,690 live births were registered, giving a rate of 15.2 which was a decrease of 0.5 on the previous year. With the application of the comparability factor (1.07), the resultant figure is 16.3. The national rate was also 16.3.

There were 421 illegitimate live births in 1969, comprising 6% of all live births which corresponds with the percentage 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 13 shows an increase of 1.7 on the previous year. The national rate was also 13.

Infantile Mortality

There were 106 deaths of children under the age of one year. The resultant rate of 16.0 shows an increase of 1.0 on the previous ~~page~~^{year}, but is lower than the national figure of 18.0.

Seventy-three deaths occurred during the first four weeks of life and, of these, sixty-three took place during the first week.

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births.

The perinatal mortality rate in this county for 1969 (23) shows an increase on the figure for 1968 (19). The national rate was also 23.

The figures compiled in this department, with the place of birth, are given below:

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	..	..	..	10	9	19
Hospital	..	..	..	75	54	129
General practitioner unit	..			5	—	5
				90	63	153

Maternal Mortality

There was one maternal death.

Deaths

During 1969 there were 5,189 deaths and the death rate (11.8) per 1,000 of the estimated population was 1.1 lower than in the previous year. The application of the comparability factor of 0.86 gives a rate of 10.1. The rate for England and Wales was 11.9.

50.2% of the deaths were of persons seventy-five years of age or over.

The cancer death rate per 1,000 of the population was 2.25 and the age distribution of deaths was as follows:

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males ..	—	2	2	3	3	11	47	115	191	153	527
Females ..	—	—	1	—	2	14	43	104	123	175	465
	—	2	3	3	5	25	90	219	314	328	992

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
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12
1964	2.16	20.69
1965	2.11	22.82
1966	2.10	22.57
1967	2.25	22.58
1968	2.26	21.68
1969	2.25	22.08

There were six deaths from tuberculosis, four due to respiratory forms of the disease.

BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district	Population 30.6.69	Live births			Stillbirths			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 BOROUGHES																
King's Lynn	30,650	448	47	495	7	—	7	8	1	9	4	1	5	3	1	4
Thetford	11,640	240	17	257	7	—	7	6	—	6	5	—	5	5	—	5
	42,290	688	64	752	14	—	14	14	1	15	9	1	10	8	1	9
URBAN DISTRICTS:																
Cromer	5,550	66	7	73	—	—	—	3	1	4	1	1	2	1	1	2
Diss	4,210	52	5	57	2	1	3	1	—	1	1	—	1	1	—	1
Downham Market	3,340	38	3	41	1	—	1	—	—	—	—	—	—	—	—	—
East Dereham	8,390	114	3	117	2	1	3	—	—	—	—	—	—	—	—	—
Hunstanton	4,210	30	6	36	1	—	1	1	—	1	1	—	1	1	—	1
North Walsham	5,820	67	9	76	2	—	2	1	—	1	—	—	—	—	—	—
Sheringham	5,040	45	4	49	—	—	—	1	—	1	1	—	1	1	—	1
Swaffham	4,250	55	3	58	—	—	—	1	—	1	—	—	—	—	—	—
Wells-next-the-Sea	2,490	25	2	27	—	—	—	—	—	—	—	—	—	—	—	—
Wymondham	7,810	138	7	145	3	—	3	2	—	2	1	—	1	—	—	—
	51,110	630	49	679	11	2	13	10	1	11	5	1	6	4	1	5
RURAL DISTRICTS:																
Blofield and Flegg	43,410	629	42	671	8	1	9	8	2	10	6	2	8	5	1	6
Depwade	18,610	263	13	276	2	—	2	6	—	6	3	—	3	3	—	3
Docking	18,200	179	20	199	3	—	3	4	—	4	3	—	3	2	—	2
Downham	25,780	402	17	419	6	1	7	4	—	4	3	—	3	3	—	3
Erpingham	18,700	192	21	213	4	—	4	1	—	1	1	—	1	1	—	1
Forehoe and Henstead	33,700	464	22	486	5	1	6	4	2	6	1	2	3	2	1	3
Freebridge Lynn	13,990	220	10	230	2	—	2	4	1	5	2	—	2	1	—	1
Loddon	13,640	193	5	198	1	—	1	2	—	2	2	—	2	1	—	1
Marshland	17,760	256	19	275	3	—	3	6	—	6	6	—	6	6	—	6
Mitford and Launditch	18,480	226	15	241	5	—	5	3	—	3	2	—	2	2	—	2
St. Faith's and Aylsham	56,010	937	48	985	15	4	19	14	2	16	10	2	12	8	2	10
Smallburgh	18,870	256	20	276	2	1	3	2	1	3	1	1	2	1	1	2
Swaffham	10,730	186	16	202	—	—	—	3	—	3	2	—	2	2	—	2
Walsingham	18,720	264	19	283	—	—	—	4	1	5	2	1	3	2	1	3
Wayland	20,370	284	21	305	—	—	—	6	—	6	5	—	5	4	—	4
	346,970	4,951	308	5,259	56	8	64	71	9	80	49	8	57	43	6	49
ADMINISTRATIVE COUNTY	440,370	6,269	421	6,690	81	10	91	95	11	106	63	10	73	55	8	63

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

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
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
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6
1967	2.2	0.4	0.4	0.6	0.7	1.6	5.0	13.1	25.9	50.1
1968	1.8	0.5	0.3	0.8	0.9	1.6	4.2	12.7	24.4	52.8
1969	2.1	0.3	0.3	1.1	0.6	1.5	4.8	12.8	26.3	50.2

II. AREA ADMINISTRATION

During the year a further re-organisation of the local health areas was carried out. Following the tragic death early in January of Dr. C. T. Jones, county departmental medical officer and district medical officer of health to Area No. 9 (King's Lynn borough and Freebridge Lynn rural district), it was decided, in agreement with the borough and the county district councils involved, that Dr. J. Hanley, county departmental medical officer and district medical officer of health to Area No. 7 (Downham Market urban district and Downham and Marshland rural districts), should become responsible for both areas, amalgamation of other area staff to take place as opportunities occurred. It was agreed that the apportionment of Dr. Hanley's services, based on a week of ten half-day sessions, should be $5\frac{1}{2}$ sessions to district council duties and $4\frac{1}{2}$ sessions to county council work. These revised arrangements came into effect on 1st April. Authority was given for the appointment of an additional whole-time departmental medical officer to compensate for the county council time lost as a result of the merger and Dr. E. J. Applegate was appointed and took up his duties on 14th July.

Later in the year, Dr. J. A. D. Bradfield, county departmental medical officer and district medical officer of health for Area No. 2 (Cromer and Sheringham urban districts and Erpingham rural district), resigned his appointment with effect from 30th September and the obvious re-arrangement which could have followed would have been the amalgamation of Area No. 2 with Area No. 8 (Hunstanton and Wells-next-the-Sea urban districts and Docking and Walsingham rural districts) but as this would have produced a long area stretching from Mundesley in the east to Hunstanton in the north-west, a distance of 45 miles, it was felt that a better, though slightly more complicated, alternative would be to divide Area No. 3 by transferring East Dereham urban district and Mitford and Launditch rural district to Area No. 8, under the charge of Dr. L. G. Poole, and St. Faith's and Aylsham rural district to Area No. 2 under Dr. Lydia McMurdo. These proposals were accepted by all the county district councils concerned, the apportionment of Dr. Poole's time being $6\frac{1}{2}$ sessions to district councils and $3\frac{1}{2}$ sessions to the county council and, in the case of Dr. McMurdo, $5\frac{1}{2}$ sessions to district council duties and $4\frac{1}{2}$ sessions to county council work. In each case the allocation was based on a week of ten half-day sessions. Authority was given for the appointment of a further departmental medical officer and Dr. Margaret Chasteney was appointed and took up duty in Area No. 2 on 15th December.

The re-organisation of the local health areas is complete at present only as far as medical staffing is concerned but full amalgamation of all area staff will proceed as circumstances permit. Local health offices no longer retained as such will become sub-offices, to maintain the same local services to the community.

The revised arrangements are given in tabular form on the next page.

Local health area	County district council	Population (estimated mid-1969)	Area population	Medical officers' weekly sessions	
				County council	County district councils
1	North Walsham Urban .. Blofield & Flegg Rural .. Smallburgh Rural ..	5,820 43,410 18,870	68,100	5½	4½
2	Cromer Urban Sheringham Urban .. Erpingham Rural .. St. Faith's & Aylsham Rural	5,550 5,040 18,700 56,010	85,300	4½	5½
3	East Dereham Urban .. Mitford & Launditch Rural Hunstanton Urban .. Wells-next-the-Sea Urban Docking Rural .. Walsingham Rural ..	8,390 18,480 4,210 2,490 18,200 18,720	70,490	3½	6½
5	Diss Urban Wymondham Urban .. Depwade Rural .. Forehoe & Henstead Rural Loddon Rural	4,210 7,810 18,610 33,700 13,640	77,970	4	6
6	Thetford Municipal Borough Swaffham Urban .. Swaffham Rural .. Wayland Rural	11,640 4,250 10,730 20,370	46,990	6	4
7 and 9	Downham Market Urban Downham Rural .. Marshland Rural .. King's Lynn Municipal Borough Freebridge Lynn Rural ..	3,340 25,780 17,760 30,650 13,990	91,520	4½	5½

Progress was also made in arrangements for allocating supervisory nursing and home help organising staff to, and for centralising field welfare staff at, local health offices but problems of accommodation, some in a very acute form, arose at certain offices.

III. HEALTH CENTRES

The procedure to be followed in establishing health centres is rather involved and consequently progress is slow.

After 2½ years of discussion and planning, proposals for the adaptation of premises at Grove House, **East Dereham**, to provide accommodation for five general medical practitioners in two practices as well as for local authority health services were abandoned as the doctors in the larger of the two practices felt it would be desirable for them to improve and continue to provide their own premises.

At **King's Lynn**, where discussions have been proceeding for the last 2½ years, agreement has been reached on the schedule of accommodation which will include five consulting suites for general medical practitioners in two practices. A site is being purchased from the King's Lynn borough council and it is hoped that building will commence in 1970-71.

The two doctors in general practice at **Long Stratton** are anxious that a small health centre should be provided there. A site, forming part of a larger site purchased by the county council for an old people's home, has been appropriated from the Welfare Committee and good progress has been made in discussions with the general medical practitioners in agreeing a schedule of accommodation and the planning of the building. An ophthalmic optician has expressed an interest in a weekly attendance at the centre if this can be arranged.

Consequent upon a re-organisation of general practice arrangements in **Wells-next-the-Sea**, new surgery accommodation became an urgent necessity and in June, 1969, the possibility of building a health centre was raised by the Norfolk Executive Council. The county council approved in principle and suggested sites were under consideration at the end of the year.

IV. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

The proportion of Norfolk births occurring in hospital during the year again increased to the record figure of 71%, a further rise of 6% over the previous year. The table below based on figures compiled in the health department shows how the proportion of hospital confinements has been increasing over the past six years and there seems no sign of this trend diminishing.

Year	Total births	Domiciliary births		Institutional births	
		No.	% of total	No.	% of total
1961	6,134	3,232	53	2,902	47
1962	6,165	3,182	52	2,983	48
1963	6,464	3,192	50	3,272	50
1964	6,779	3,184	47	3,595	53
1965	6,809	3,062	45	3,747	55
1966	6,668	2,826	43	3,842	57
1967	6,712	2,539	38	4,173	62
1968	6,823	2,367	35	4,456	65
1969	6,690	1,921	29	4,769	71

TABLE 2

[illegible]

It is still necessary for the council's domiciliary midwives to investigate the circumstances of those applying for a hospital booking on social grounds. 1,026 such cases were assessed with 704 (69%) being recommended for admission and a further 90 (8%) considered desirable.

There has been a significant increase in the number of cases investigated by midwives for suitability for early discharge from hospital. 2,112 such cases were assessed, including 735 relating to North Walsham and Longacre maternity homes.

Unmarried Mothers

There were 421 illegitimate live births and ten still births in 1969.

There was no change in the arrangements with diocesan councils. 195 mothers were visited and twenty-two cases were admitted to mother and baby homes with financial assistance from the county council.

Care of Premature Infants

During 1969 there were 402 premature live births to mothers normally resident in the administrative county of Norfolk. The analysis of these premature infants and comparable figures for the last ten years are given below:

Year	Total Live Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total live births	No.	%	No.	%	No.	%
1960	6,190	333	5.4	210	63	123	37	296	89
1961	6,362	353	5.6	217	61	136	39	308	87
1962	6,378	347	5.4	212	61	135	39	307	88
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,618	380	5.7	267	70	113	30	340	89
1967	6,770	341	5.0	246	72	95	28	299	88
1968	6,807	376	5.5	270	72	106	28	339	90
1969	6,690	402	6.0	308	77	94	23	352	88

The number of premature births increased during the year despite the fall in total births and the bulk (87%) of premature infants survived the neonatal period.

Premature infants born at home are conveyed to hospital in portable incubators provided by the hospital special care units. These incubators can be plugged into special electrical sockets fitted in the ambulances at the King's Lynn and Norwich district stations and arrangements are also made with the West Suffolk and Great Yarmouth authorities for similar facilities to be provided where needed in parts of the county adjacent to them.

Ante-Natal and Post Natal Arrangements

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

Mothercraft Classes

Courses of eight weekly classes for expectant mothers and one evening class for fathers are given by the district nurse/midwife and health visitor for the area under the general supervision of the supervisory nursing staff. Classes were held at forty-four centres and there were 10,896 attendances. 2,169 expectant mothers attended during the year, of whom 767 were booked for domiciliary confinements.

Child Health Clinics

Sixteen centres were closed during 1969 because of small attendances and five new ones were opened. 155 centres were in operation at the end of the year including six at R.A.F. stations.

The numbers of children who attended were as follows:

Born in 1969	..	..	..	..	..	..	..	4,272
Born in 1968	..	..	..	..	..	..	..	3,672
Born in 1964-67	..	..	..	..	..	..	..	3,802
Total	..	..	..	..	..	..	..	11,746
Total attendances	..	..	..	..	..	..	..	59,153

372 children were referred by clinic medical officers for further investigation and treatment of conditions other than minor ailments.

The table below shows the numbers of children attending and the numbers of attendances at these clinics over the past five years:

	1965	1966	1967	1968	1969
Number of children attending	15,300	14,570	12,866	12,348	11,746
Attendances ..	62,778	60,179	58,599	56,680	59,153

This year's figures show an increase in attendances for the first time since 1964 though the number of children attending continues to decline.

The Sheldon Report on Child Welfare Centres, referred to in last year's report, recommended that all doctors working in this service should have proper post-graduate medical training and eight of our medical staff attended a course on developmental paediatrics at Addenbrooke's Hospital, Cambridge. This subject has particular relevance in the promotion of early diagnosis of handicap in children and in assisting medical staff properly to assess the need for special educational treatment where this should prove necessary.

The course involved instruction in the theory and practice of developmental paediatrics for one full day each week for a period of ten weeks. The absence of a relatively large proportion of staff over this period inevitably placed a strain on our resources but fortunately it was possible to continue most clinics with the assistance of part-time medical staff. The lectures covered a wide variety of subjects including neurology, psychiatry, orthopaedics, mental subnormality, genetics, audiology, otology and dentistry, as well as practical demonstrations

in the developmental assessment of children in each of the under-five age groups. These clinical demonstrations were particularly valuable and all medical officers appreciated the opportunity to attend this course which brought them up-to-date with newer techniques which can now be applied in their clinical work, enabling them to function as effectively as possible.

At the end of the year the first draft of a new card incorporating developmental charts had been prepared as a basis for discussion and it is hoped that the introduction of such a card in the near future will lead to better recording of the work done in our clinics. Looking ahead, it is hoped to enter into further discussion with the computer department during 1970 to consider the possibility of computerising child health records but it would be premature at this stage to speculate on the outcome of these talks.

Every effort is made to improve the accommodation facilities at our clinics which often fall short of what is desired and if we could be notified in advance of any new community centres being planned this could often be of great value by enabling the accommodation to be suitably adapted for clinic purposes. This system has been applied with profit in at least two instances during the year.

Welfare Foods

The following proprietary brands are normally available under the Council's scheme and were being sold at the following prices (cost plus 10% handling charge) at the end of the year.

Cow and Gate Full Cream	..	3s. 7d.	per packet
Ostermilk No. 2	.. ..	3s. 3d.	per packet
Humanised Trufood	.. ..	4s. 11d.	per packet
S.M.A. (Milk food)	.. ..	6s. 0d.	per packet
Adexolin (Vit. A and D)	.. ..	1s. 1d.	per bottle
Virol	.. ..	1s. 11d.	per carton

The amounts of these preparations ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Adexolin (Bottles)	Virol (Cartons)
1965	21,240	73,200	720	1,056	19,428	1,668
1966	18,000	61,152	852	2,496	17,580	1,944
1967	14,129	54,622	480	3,240	14,604	948
1968	23,270	53,208	408	2,976	20,424	1,140
1969	28,536	43,920	480	3,180	18,228	936

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1965	..	..	..	..	96,216 packets
1966	..	..	..	..	82,500 ..
1967	..	..	..	..	72,471 ..
1968	..	..	..	..	79,862 ..
1969	..	..	..	..	76,116 ..

National welfare foods are available from local health offices, child health clinics, and 114 voluntary distribution centres. Issues during the last five years have been as follows:

Year	National Dried Milk (Cartons)	Cod Liver Oil (Bottles)	Vitamin Tablets A. & D. (Packets)	Orange Juice (Bottles)
1965	36,031	5,060	7,497	76,760
1966	29,391	4,682	6,399	76,100
1967	25,907	4,356	6,548	79,763
1968	24,642	4,325	6,189	80,869
1969	19,941	3,742	6,238	90,169

Dental Treatment

The chief dental officer reports:

"The downward trend continued with regard to the number of inspections and subsequent attendances for treatment of expectant and nursing mothers. This follows a national trend. The reason seems to lie in the fact that this category of patient can receive free treatment with her own dentist in the same way as she may with the local authority but with the added advantage of continuity in the family practice.

The pre-school children attended in greater numbers than the previous year and considerably more conservation of their milk teeth resulted. One would like to see far greater numbers of toddlers receiving dental inspections. In this context, a report received from the Department of Education and Science, following a visit by one of their dental officers, urges the county dental service to spend more time on maternity and child welfare patients and suggests two methods for attracting more pre-school children for dental inspections. One is that information concerning the service should be printed on school dental consent forms and appointment cards. The second suggestion is to invite pre-school children in isolated areas to attend inspections at local schools.

Great difficulty has always been experienced in attracting pre-school children through the usual channels which are, in the main, referrals by the medical and nursing staff and visits by the dental officers to child health clinics. Any additional methods to increase the numbers of pre-school children inspections and courses of treatment are welcomed. Publicity on consent forms might indeed succeed but it is doubtful if isolated pre-school children would attend local school dental inspections by virtue of the isolation itself. Head teachers also would have to agree about the use of their schools for this purpose. The Department's report also feels that the appointment of a dental auxiliary would help to develop the service and one would not argue with that. Unfortunately, the majority of toddlers are obviously not having their first introduction to dentistry until they start school by which time their teeth have had ample opportunity to decay, often resulting in extractions, a state of affairs hardly likely to encourage a happy relationship with the dentist in the future. Small children, handled with care, make good patients and if they were seen soon enough many of their teeth could be saved quite easily with relatively small fillings".

Inspections, Attendances and Treatment	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	489	34
Number of patients who required treatment	274	34
Number of patients who were offered treatment	263	34
First visit	223	32
Subsequent visits	234	44
Total visits	457	76
Number of additional courses of treatment other than the first course commenced during year	9	—
Number of fillings	515	54
Teeth filled	422	52
Teeth extracted	307	21
General anaesthetics given	77	3
Emergency visits by patients	22	1
Patients X-rayed	3	2
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	10	14
Teeth otherwise conserved	66	—
Number of courses of treatment completed during the year	200	22

Prosthetics

Number of dentures supplied	6
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Anaesthetics

General anaesthetics administered by dental officers	70
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Nurseries and Child-Minders Regulation Act, 1948

The following table gives the position at the end of each of the past five years:

Persons and Premises on Register at end of Year				
Year	No. of Premises	No. of Children	No. of Persons	No. of Children
1965	21	510	22	250
1966	36	756	37	344
1967	52	1,148	39	400
1968	85	1,812	46	472
1969	93	1,960	117	531

This table shows that the rising trend in the number of persons and premises registered under this Act continues.

There were twenty new registrations of premises during the year and twelve cancellations, a net increase of eight (9.4%), providing 148 new places for children, an increase of 8%. The rate of increase was therefore slower than during the previous year but it is still significant.

The number of new registrations of persons was 105 with thirty-four cancellations, a net increase of seventy-one (154%) which however only provided fifty-nine additional places (12.5%). This is due to the fact that the cancelled registrations included many who looked after larger groups of children whereas the new registrations contained a high proportion of persons caring for only one child. It is unfortunate that so many cancellations do occur but at this time of expansion it is perhaps inevitable that such fluctuations will take place before a more settled pattern emerges. The pressure on both medical and nursing staff concerned with the registration and supervision of playgroups continues therefore to increase.

As required in Circular 37/68 ("Day Care Facilities for Children under Five") an assessment was made of the extent of the unfulfilled need for day care for children in the special need categories, viz:

- (a) children with only one parent (e.g., an unsupported mother living with her child) who has no option but to go out to work;
- (b) those who need temporary day care on account of the mother's illness;
- (c) those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need;
- (d) those for whom day care might prevent the breakdown of the mother or the break-up of the family;
- (e) those whose home conditions (e.g., because of gross overcrowding) constitute a hazard to their health and welfare;
- (f) those whose health and welfare are seriously affected by a lack of opportunity of playing with others.

A circular letter was sent to all medical, nursing and welfare staff, as well as the children's department, asking them to report the number of children known to them belonging to one of these special categories who might benefit from day care. Parents were not, of course, consulted at this stage and for this and other reasons the figures might well have been inflated but there was obviously a significant need with as many as 312 regarded as requiring part-day care and ninety-three full-time. The Council has therefore agreed to the sum of £2,000 being set aside during the financial year 1970-71 to assist those in need to obtain suitable day care, charges being recovered from the parents in accordance with an agreed scale.

In the meantime the scheme commenced two years ago continued whereby a small annual sum of money is made available to assist children requiring special day care on medical grounds on the express recommendation of the paediatrician, family doctor or county departmental medical officer. Ten such children were assisted for varying periods during 1969.

Family Planning

There has been no change during 1969 in the Council's scheme to provide family planning services within the administrative county, the Family Planning Association continuing to act as the Council's agent. Grants were paid to the Association on the basis of their five clinics at Cromer, Dereham, Fakenham, King's Lynn and Thetford. Facilities are also available to Norfolk residents at clinics within the county boroughs of Norwich and Great Yarmouth. Free service is provided by the Council to those who require it on medical grounds or for certain pressing social reasons in accordance with the provisions of the National Health Service (Family Planning) Act, 1967.

During the year 104 such cases were helped, eighty-three of which were medical and a further seven had both medical and social reasons. Fourteen cases were assisted for purely social reasons.

At the end of the year the Department of Health and Social Security issued a circular letter to regional hospital boards urging that all hospital management committees review their arrangements for the provision of family planning advice, the need for co-ordination with the local health authorities being stressed. At the time of writing, first responses from hospitals indicate reasonable satisfaction with existing arrangements which are flexible and leave scope for extension if required.

There have been overtures regarding the possibility of providing free service to all nursing mothers as well as for the desirability of a domiciliary family planning service to reach those mothers who are often most in need of such a service, but, for a variety of reasons, do not make use of existing facilities. These are obviously ideas that must be looked at carefully in the light of general developments and public need. A domiciliary service could, of course, be usefully combined with a cervical smear service.

Phenylketonuria

Arrangements continued as before for the routine urine testing of infants at three and six weeks of age by the phenistix test. No positive results were reported during the year.

In September, the Department of Health and Social Security issued circular 15/69 dealing with screening for phenylketonuria by the Guthrie blood test method, concurrently with a memorandum to regional hospital boards, hospital management committees and boards of governors.

The Guthrie blood test estimates the level of phenylalanine in the blood by a method of "bacterial inhibition assay". Spots of blood from a heel prick in the infant are collected on specially absorbent filter paper. In the laboratory a small disc of the blood-impregnated paper is placed on an agar plate containing a spore suspension of *Bacillus subtilis* and an inhibitory substance. Phenylalanine acts as an antagonist to the inhibitor and, after incubation, growth of the organism will occur round the discs containing phenylalanine, the amount present being estimated by comparing the diameter of the growth with control discs containing known amounts of phenylalanine. Although the test can detect phenylalanine concentrations of as low as 2 mg. per 100 ml. of blood, a level of 6 mg. or more indicates the need for further investigation.

The Ida Darwin Hospital, Fulbourn, Cambridge, was nominated the regional screening unit and arrangements for dealing with this new service were discussed at regional hospital board level. It was agreed that the test should be carried out as soon as possible after the ninth day of life and not later than the fourteenth day. Infants born in hospital and discharged home before the ninth day were to have the blood taken by domiciliary midwives or health visitors while those remaining in hospital after the ninth day were to have blood specimens taken as soon as possible after the ninth day and before discharge. Infants admitted to hospital on the ninth to fourteenth day were to have samples collected in hospital whether or not the domiciliary test had been performed. In the case of premature infants with a lower than normal birth weight, it was decided that the test should be postponed until a near normal birth weight is attained, or three weeks of age whichever is the earlier. It was advised that samples should not be taken from children on antibiotics until the drug has been withdrawn for twenty-four hours.

It was decided to introduce the Guthrie test in the county from the 1st January, 1970, and a circular letter was sent to all family doctors towards the end of the year to the effect that domiciliary midwives would carry out the test on all infants living at home on the ninth or tenth day after birth, unless the family doctor intimated that he wished to perform the test on his own patients. An undertaking was given to notify positive results to family doctors. Arrangements were made for Dr. A. F. Heeley, principal clinical biochemist at the Ida Darwin Hospital, to give a series of instructional sessions in strategic centres in the county for staff who would be involved with taking the blood samples. These were extremely valuable.

To co-ordinate testing undertaken by hospital staff it was agreed that hospital discharge notifications, whether in writing or by telephone, would state if the test had been carried out and, to ensure that results came back to the local health authority, request form/filter papers (H.M.R. 101/6) were stamped with the county health department address and issued via group hospital secretaries and hospital consultant obstetricians at service hospitals for use for infants born to mothers admitted from a Norfolk address. Similarly the consultant paediatrician in the Norwich area undertook to arrange that all results on county infants in his care at the time the test was carried out were returned to this department. The regional screening centre stated that tests requiring further investigation due to unsatisfactory samples or a true increase in blood phenylalanine levels which might or might not indicate phenylketonuria would be referred back to the hospital or the medical officer of health. The laboratory undertook to notify the family doctor immediately a definite phenylketonuria was diagnosed, while negative results were to be notified in batches to the medical officer of health.

All these arrangements were completed and the Guthrie test introduced as anticipated on the 1st January, 1970, any mother refusing the test being offered the phenistix test.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In forty-eight cases advice to use an alternative source was given and in two cases this necessitated sampling of supplies other than mains water.

The simplified form of examination was continued in the health department and borderline results were submitted to the public analyst for a more detailed examination.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Original supplies

Samples submitted by district nurse or health visitor	..	..	169
Samples classified as satisfactory	..	..	113
Samples classified as unsatisfactory	..	..	44
Samples classified as doubtful and referred to the public analyst for more detailed examination	..	..	12
Samples classified by public analyst as satisfactory	..	..	8
Samples classified by public analyst as unsatisfactory	..	..	4

Alternative supplies

Samples submitted by public health inspector from alternative supplies	5
Samples classified as satisfactory	2
Samples classified as doubtful and referred to public analyst for more detailed examination	3
Samples classified by public analyst as satisfactory	2
Samples classified by public analyst as unsatisfactory	1
Total examinations carried out in health department	174

The "At Risk" Register

It was increasingly apparent during 1969 that the existing scheme for the maintenance and operation of this register was not functioning as intended. 36% of all births were placed on the register during the year, bringing the total number of infants on it to 4,504. Follow-up returns have, however, been delayed and local health office staff have found great difficulty in coping with the work involved, so much so that serious consideration had to be given to abandoning the register. It was decided, however, that by centralising the operation of the register at headquarters and amending the scheme in other ways it might still be possible to obtain more satisfactory answers to three basic questions, viz:

- (a) to what extent is it possible to follow-up these children with existing staff and resources?
- (b) what contribution can the scheme make to the promotion of early diagnosis of handicap?
- (c) how effective are the risk factors used at present in identifying the majority of handicaps?

A revised scheme was drafted at the end of the year and it is hoped to bring this into operation early in 1970.

Congenital Malformations

The system of notification of all congenital abnormalities to the General Register Office continues to operate satisfactorily. The purpose of this notification scheme, started in 1964, is to collect information rapidly and to provide a focal point at which incoming data is scanned to detect quickly any increases in the incidence of malformations in the whole country or in any particular locality. A form is sent to the midwife in all cases where the birth notification card indicates a congenital malformation and the diagnostic information so obtained is coded according to the General Register Office list, as modified in 1969, to bring it into line with the eighth revision of the International Classification of Diseases (I.C.D.).

Congenital malformations detected at birth in 1969 were as follows:

Congenital Malformation	Live Births	Still Births
Talipes	31	—
Congenital dislocation of hip	13	—
Hydrocephalus, spina bifida	4	3
Anencephaly, microcephaly	1	17
Cleft palate and cleft lip	10	—
Defects of alimentary system	1	—
Defects of genito-urinary system	1	—
Congenital heart disease	3	—
Mongolism	4	—
Other defects	55	3
Totals	123	23

There has been a slight fall from previous years in certain conditions such as spina bifida, congenital heart disease and mongolism, but the greater increase in other conditions such as talipes, congenital dislocation of the hip, and cleft lip and palate, leads to an overall increase in numbers. Such fluctuations require to be kept under scrutiny to determine whether they are within normal variations or reflect a definite trend of increasing or decreasing incidence.

V. 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	—
	<u>5</u>	—
<i>Other Staff</i>	—	—
Midwifery only	23	—
Midwifery and home nursing	68	8
Midwifery, home nursing and health visiting	12	—
Midwifery, home nursing, health visiting and school nursing	12	—
Home nursing only—		
S.R.Ns. (female)	21	7
S.R.Ns. (male)	5	—
S.E.Ns.	2	1
Home nursing and school nursing	—	1
Health visiting and school nursing	41	—
School nursing only	1	1
Tuberculosis health visiting only	1	—
Tuberculosis health visiting (mainly)	—	<u>1</u>
	186	19
	—	—

At the end of 1969 there were eleven vacancies as follows:

Assistant superintendent nursing officer	1
Midwifery and home nursing	6
Midwifery, home nursing and health visiting	2
Health visiting and school nursing	2
	<u>11</u>
	—

The nursing service has once again maintained a satisfactory level of recruitment. The assistance of part-time and temporary staff has been invaluable when vacancies have occurred or when the permanent staff have been ill.

Progress in implementing the attachment of staff to family doctor practices has, of necessity, been rather slow. Some liaison schemes were established but it was evident that such arrangements were not entirely satisfactory either for the general practitioners or the nursing staff. It was, therefore, decided that plans for full practice attachment should be instituted and negotiations were initiated during the year with five practices involving eighteen doctors with a view to attachment of twenty nursing staff including health visitors. The area within

which attachment will be arranged will include a total of thirty-four doctors in twelve practices and these discussions will continue in the early part of next year.

To launch such schemes successfully it was necessary to arrange meetings with doctors and nursing staff to ensure that all members found the new proposals acceptable. Many family doctors throughout the county are interested in this development and the nursing staff who are already participating find such schemes most rewarding.

Study Days

Two very successful study days for nursing staff were held and these were very well attended by the Council's staff and staff from hospitals and other local authorities.

The programmes were as follows:

22ND APRIL, 1969

"The Battered Baby Syndrome" and "Children in Hospital"

Dr. R. D. Jones, Consultant Paediatrician, United Norwich Hospitals.

"The Problems of Drug Addiction"

Dr. A. R. K. Mitchell, Consultant Psychiatrist, Fulbourn and Addenbrooke's Hospitals, Cambridge.

"The Treatment of Varicose Ulcers"

Dr. Stanley Allen, Medical Officer, Battersea Mission, Varicose Clinic and Forward Medical Aid Unit, Croydon.

Film on Resuscitation

By kind permission of the British Red Cross.

29TH OCTOBER, 1969

"Care in the Balance"

Miss L. Hockey, Research Officer, Q.I.D.N., London.

"Screening for Pre-Symptomatic Disease"

Dr. P. D. Robertson, Physician in Charge, Department of Community Medical Care Research, Edinburgh University.

"Perinatal Problems and their effects on Childhood Development"

Professor Neville Butler, Professor of Child Health, Royal Hospital for Sick Children, Bristol.

Refresher Courses

Refresher courses were attended by nursing staff as follows:

For supervisors of midwives	..	..	..	..	2
For midwives	..	..	..	..	27
For health visitors	..	..	..	..	6
For district nurses	..	..	..	..	5

Hospital Student and Pupil Nurses' Visits with Local Authority Staff

During 1969, 153 student nurses and twenty-five pupil nurses each spent one day with a member of the local authority domiciliary staff.

Houses for Midwives and Home Nurses

Details of the housing accommodation provided for full-time permanent staff at the end of the year are given below:

	No. of Houses	No. of Staff
Houses owned by the Council ..	60	63
Houses hired by the Council ..	14	14
Accommodation provided by staff ..	64	66

Of ten other houses owned by the Council, seven were unoccupied at the end of the year. Three houses not needed by nursing staff were occupied by other officers in the employ of the County Council. Fifteen of the houses owned or hired by the Council were furnished either in whole or part.

In 1968 it was decided to buy houses rather than build and in pursuance of this policy a house was purchased in 1969 to accommodate a district nurse/midwife at Acle. Negotiations were also initiated during the year for the disposal of houses surplus to nursing requirements at Rockland All Saints and South Creak.

Transport

Staff in the nursing service, apart from supervisory staff and full-time health visitors, are given the choice of providing their own cars or using county council owned vehicles. The older cars in the fleet of vehicles are Morris 1,000 cars and mini-travellers but the current policy is to purchase mini-vans.

Sixty-two county council vehicles, including fourteen vans, were being used by the nursing staff at the end of the year.

Telephone Answering Machines

Early in the year ten telephone answering machines were supplied and placed with district nurse/midwives who live alone. This decision was made following complaints from general practitioners that they found it difficult to contact the nursing staff and this seemed a useful instrument to improve facilities. The staff were asked for their comments after some months and it was interesting to note that all appreciated the machine and were most anxious to retain it. Some of their comments were as follows:

"I do not know what I would do without it now". "I shall be pleased to go on using it as it gives greater freedom when off-duty, as a message can be left stating which nurse is 'on call' and where she is available". "Thank you for supplying this machine; I am most grateful for it and hope that other single nurses in the county will be able to have this privilege". It is hoped to supply additional machines in the coming year.

Work Study

Following the issue of Ministry of Health Circular 32/68 ("Use of Ancillary Help in the Local Authority Service") meetings were held throughout the county to discuss the setting up of a work study project. It was agreed that a limited programme would be a useful exercise and in the autumn 20% of the staff were asked to participate in a scheme which covered a two-week period. This involved completing a daily time sheet giving details of the type of case attended and also the time spent in doctors' surgeries on clerical and administrative work and in travelling. Comments were invited on those duties which in the opinion of the nursing staff could be done equally well by an ancillary worker.

The results of the work study have now been tabulated and are being analysed to ascertain how and to what extent the findings can be used to assess the future organisation of the nursing service and the role, if any, of the ancillary worker in a rural county.

VI. MIDWIFERY

Twenty-three whole-time staff were employed solely on midwifery duties at the end of the year, together with 100 midwives (eight of them part-time) who also undertook other nursing duties. The total whole-time equivalent was 60.17.

Training of Student Midwives

The Part II midwifery training schools at the Norfolk and Norwich and West Norfolk and King's Lynn general hospitals have continued to second their students for three months' domiciliary experience with an approved midwife teacher on the county council's staff. During the year, 15 such students have received this experience.

Supervision of Midwives

The county council is responsible for the general supervision of midwives practising within the administrative county and this duty is undertaken by the council's supervisory nursing staff, acting as non-medical supervisors. At the end of the year, the numbers of midwives who had notified their intention to practise were as follows:

Institutional

Hospitals	..	..	..	..	40	
Nursing homes	..	..	..	..	3	
					—	43

Domiciliary

Local health authority	..	..	..	124	
Private practice	..	..	..	2	
				—	126
					169

Deliveries attended by County Council Midwives

Comparative figures for the past five years are as follows:

	1965	1966	1967	1968	1969
Midwifery/maternity cases (doctor not present) ..	1,471	1,512	1,485	1,257	945
Maternity cases (doctor present)	1,574	1,269	1,173	874	757
	3,045	2,781	2,658	2,131	1,702

The council's midwives paid the following visits to these cases:

	1965	1966	1967	1968	1969
Maternity and midwifery	50,103	45,500	40,467	7,102	5,454
Ante- and post-natal ..	42,789	39,230	39,373	93,382	88,495

NOTE: The wide divergence in the numbers of visits between pre-1968 figures and those for 1968 and 1969 is partly due to a different method of recording and to a revised interpretation of the term 'post-natal'.

In addition, 611 visits were paid to 131 cases who miscarried.

Births

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

	1967			1968			1969		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE BIRTHS									
Actual	2,543	2,058	4,601	2,370	2,194	4,564	1,913	2,300	4,213
Adjusted	2,529	4,112	6,641	2,360	4,386	6,746	1,911	4,689	6,600
STILL BIRTHS									
Actual	11	22	33	8	25	33	9	22	31
Adjusted	10	61	71	7	70	77	10	80	90
TOTAL									
Actual	2,554	2,080	4,634	2,378	2,219	4,597	1,922	2,322	4,244
Adjusted	2,539	4,173	6,712	2,367	4,456	6,823	1,921	4,769	6,690

3,573 mothers confined in institutions were discharged before the tenth day.

VII. HEALTH VISITING

At the end of the year, forty-two whole-time health visitors (including one tuberculosis health visitor) and twenty-four nurses also undertaking midwifery and home nursing duties, were employed. Of these, fifty-three were also acting as school nurses.

The figures below summarise the visits made by health visitors during the year:

Children born in 1969	6,833
Children born in 1968	7,540
Children born in 1964-67	12,901
Total number of children aged 0-5 visited	27,274
Total number of visits made to children 0-5 years	99,378
Number of persons aged 65 or over visited	1,084
Number of visits paid to persons aged 65 or over	4,992

Training

Three students commenced health visitor training in 1969 with financial assistance from the county council, but one of these withdrew from the course at the end of the year. The two students who were sponsored by the county council and completed training during the year were employed by the council at the end of the year, one on whole-time health visiting duties and the other as a district nurse/midwife/health visitor.

Student Health Visitors

Once again, health visiting training centres have seconded their students for either one or two weeks' rural experience and seven such students visited Norfolk for this purpose. All expressed their appreciation and the value of this experience. One overseas senior nurse from Mauritius spent a week with a district nurse/midwife/health visitor at the request of the Department of Health and Social Security.

VIII. HOME NURSING

Twenty-eight whole-time and eight part-time staff were employed exclusively on home nursing duties at the end of the year together with ninety-nine nurses (nine of them part-time) who also undertook other nursing duties.

The work carried out is summarised below:—

	First visits	Further visits	Total
Patients under 5 years ..	338	1,281	1,619
Patients aged 5-64 years ..	3,228	38,179	41,407
Patients aged 65 years or over	6,634	130,406	137,040
Total	10,200	169,866	180,066

There has been an increase during the last ten years of 20% in the total number of visits paid but a detailed comparison of the above figures with those for 1959 is not possible because of changes in the categories in which patients have been placed. The number of patients 65 years of age and over has increased by nearly 45% during the last five years and the number of visits to these patients has risen approximately 40% in the same period. This is to be expected by reason of the increasing number of elderly people and the fact that modern methods of treatment enable domiciliary care to be more readily provided.

District Nurse Training Course

One district nurse training course was held in May and there were thirteen candidates who were all successful in the examination. It was a pleasure to welcome one from Norwich city council, one from Great Yarmouth county borough council and, for the first time, four from West Suffolk county council.

IX. VACCINATION

Childhood Protection Schemes

In my report for 1968 I referred to the revised schedules of vaccination and immunisation introduced on the recommendation of the Department of Health and Social Security in relation to primary courses of immunisation given to infants in the first year of life whereby the third dose of triple vaccine and oral poliomyelitis vaccine is delayed for approximately six months after the second one. Consequently a considerable number of children who will have received two injections in 1969 will not complete their primary course of immunisation until 1970 and this factor is reflected in the smaller numbers recorded in respect of diphtheria, whooping cough, tetanus and poliomyelitis vaccinations compared with those for previous years in infants under one year of age.

The number of re-inforcing doses given, particularly to children of school age, was maintained at a high level and booster doses against tetanus were the highest ever recorded; against diphtheria, the highest since 1960 and against poliomyelitis, the highest since 1963, the first year in which fourth doses were offered to children on school entry.

Comparative figures for the past five years are as follows:

Smallpox Vaccination

Year	Under 1 year	1-4 years	5-15 years	Total	Re- vaccination
1965	807	2,473	*148	3,428	172
1966	620	2,913	283	3,816	456
1967	585	3,095	312	3,992	539
1968	376	3,114	267	3,757	498
1969	146	3,089	230	3,465	632

* This figure is for age group 5-14

Diphtheria Vaccination

Year	Under 1 year	Primary Course			Re-inforcing doses		
		1-3 years	4-15 years	Total	1-3 years	4-15 years	Total
1965	2,018	3,626	554	6,198	1,585	7,302	8,887
1966	2,142	3,310	585	6,037	2,131	6,583	8,714
1967	2,518	3,278	540	6,336	2,980	6,293	9,273
1968	2,133	3,282	262	5,677	3,032	6,167	9,199
1969	856	3,034	199	4,089	2,846	6,535	9,381

Whooping Cough Vaccination

Year				Under 4 years	4-15 years	Total
1965	..	..	..	5,598	168	5,766
1966	..	..	..	5,421	151	5,572
1967	..	..	..	5,769	202	5,971
1968	..	..	..	5,348	95	5,443
1969	..	..	..	3,840	68	3,908

Tetanus Vaccination

				Primary Course	Re-inforcing doses
Year				0-15 years	0-15 years
1965	..	..	..	7,398	9,851
1966	..	..	..	6,580	10,722
1967	..	..	..	6,886	11,704
1968	..	..	..	6,079	11,538
1969	..	..	..	4,417	12,418

There were two reported cases of tetanus during the year and one death.

Poliomyelitis Vaccination

			Primary Course		Reinforcing doses	
	1965	1966	1967	1968	1969	
Sabin (oral) vaccine	.. 6,137	6,657	6,152	5,874	4,204	
Salk vaccine	.. .. 270	127	53	1	—	
Total	6,407	6,784	6,205	5,875	4,204	
Sabin (oral) vaccine	.. 3,922	4,612	5,295	6,070	9,901	
Salk vaccine	.. .. 70	57	24	—	—	
Total	3,992	4,669	5,319	6,070	9,901	

Primary Vaccination

Year	0-3 years		4 years and over	
	Oral	Salk	Oral	Salk
1965 ..	5,533	241	604	29
1966 ..	6,116	112	541	15
1967 ..	5,593	52	559	1
1968 ..	5,548	1	326	—
1969 ..	3,895	—	309	—

Measles Vaccination

Throughout the year measles vaccine continued to be supplied free by the Department of Health and Social Security but in March all supplies from one of the two manufacturers producing the vaccine were suspended as a safety measure. There was consequently an acute shortage of vaccine and the number of susceptible children vaccinated was correspondingly below normal expectations.

Comparative figures since the introduction of the scheme in May, 1968, are as follows:

Year	Under 1 year	1-3 years	4-7 years	Others under 16 years	Total
1968	26	2,062	4,680	412	7,180
1969	3	1,873	1,263	910	4,049

The effect of these vaccinations on the incidence of measles during the year is discussed in Section XV—Infectious Diseases.

Vaccination against other Diseases

(a) Rubella Vaccination

A vaccine to protect against rubella (german measles) has been developed abroad but up to the end of 1969 supplies were not available in the United Kingdom for general issue but results of trials are expected in 1970. Accordingly there are no proposals at present to include this vaccine in the existing scheme of childhood protection.

(b) Anthrax Vaccination

Workers exposed to special risks of contracting anthrax through the regular handling of certain imported animal hides or in the manufacture of hoof and horn meal and bonemeal may be vaccinated against this disease.

Arrangements are made by the district medical officers of health who will refer any known workers engaged in such occupations to the family doctor.

Vaccine is obtainable free of charge from the Central Public Health Laboratory, Colindale Avenue, London, N.W.9. A course of immunisation consists of three injections with an interval of six weeks between the first and second dose and six months between the second and third.

Vaccination for International Travel.

Travellers abroad are advised to protect themselves and their families against the risk of contracting communicable diseases to which they may be exposed in localities in which they intend to stay or through which they may pass. Many countries require some or all travellers arriving from certain other countries to produce valid international certificates of vaccination against smallpox, yellow fever or cholera but, apart from any such requirements, persons going to most overseas countries are advised to be effectively vaccinated against typhoid and paratyphoid fevers and travellers to countries outside

Europe other than North America should also be vaccinated against poliomyelitis. Vaccination against any disease other than yellow fever can be performed by a person's family doctor.

International certificate of vaccination forms are prescribed for smallpox, cholera and yellow fever. A form for the latter will be supplied after vaccination at the designated centre but the forms for smallpox and cholera should be obtained by the traveller himself for completion by the doctor. They can normally be obtained from the agency arranging the transport or from individual doctors. Local authorities may also, if necessary, be able to supply them, otherwise application should be made to the Department of Health and Social Security, Alexander Fleming House, London, S.E.1. After the certificate has been completed by the doctor it must be taken or forwarded to the district medical officer of health for authentication of the doctor's signature.

The International Sanitary Regulations specify the following periods for the validity of international certificates of vaccination:

Type of vaccination	Certificate valid for	Period validity begins
SMALLPOX		
Primary vaccination if successful	3 years	8 days
Revaccination	3 years	At once
CHOLERA		
Primary vaccination ..	6 months	6 days
Revaccination within six months	6 months	At once
YELLOW FEVER		
Primary vaccination ..	10 years	10 days
Revaccination within 10 years	10 years	At once

Prospective travellers should consult their own doctors at the earliest opportunity regarding the various vaccinations needed and the order in which these should be done, depending on the time available for their completion.

Organised school parties travelling abroad for holidays or educational purposes are becoming more popular and close liaison is maintained with the chief education officer and general practitioners over the protection which is necessary or advisable so that parents and teachers are fully aware of the situation.

Yellow Fever Vaccination

Where required under the International Sanitary Regulations, yellow fever vaccination can be done only at a centre designated by the Department of Health and Social Security. Every person requiring vaccination must make an appointment with the centre and a fee is charged for the issue of a certificate.

Vaccination against yellow fever is undertaken at the following centres:

Norwich: Medical Officer of Health
Churchman House
68 St. Giles Street
Norwich, Nor 22E

Cambridge: County Medical Officer of Health
Room 62
Shirehall
Cambridge

X. AMBULANCE SERVICE

General

In 1969, the twenty-first year of the Joint Norfolk St. John Ambulance Brigade and British Red Cross Society Agency Ambulance Service, the general pattern of two main ambulance stations (Norwich District and King's Lynn) and sixteen county district stations was maintained with the continuously manned radio and telephone county control at this headquarters and the west Norfolk sub-control at King's Lynn.

The monthly reimbursement of ambulance running costs to the eighteen local ambulance committees was continued at the ascertained cost per mile for 1968-69 of 3s. 10d. (3s. 7d. previous year) excluding the cost of ambulance vehicle replacements.

4,263 emergency cases represented 15.08% of the total of 28,255 patients conveyed by ambulance during the year. Figures relating to the use of ambulances for the last five years are as follows:

Year	Patients	Mileage	Mileage per patient
1965	20,869	426,913	20.46
1966	22,173	458,561	20.68
1967	24,132	512,904	21.25
1968	24,814	529,689	21.31
1969	28,255	580,973	20.56

Ambulance Stations

Following the urgent consultations with the King's Lynn borough council referred to in the previous report on the need for more adequate accommodation for the King's Lynn five-ambulance station and sub-control (pending the building of the ambulance station at the new district hospital there in 1972-73) it has been possible to move into the T.A.V.R. Association's drill hall garages and certain office accommodation in Wellesley Street.

The county council's capital building programme, in addition to the main ambulance station at the new King's Lynn district hospital planned for 1972-73, provides for the building of an ambulance station at Thetford in 1970 and at East Dereham in 1970-71.

The voluntary ambulance committees at Sheringham and at Harleston are each planning to build from their own resources an ambulance garage to house the ambulance stationed at each of these locations.

Ambulance Vehicles

In October the county council considered special reports upon the mechanical condition of twelve of the fleet of thirty ambulances with more than six years' service in view of difficulty experienced in the crucial summer months due to vehicle breakdowns and prolonged unavailability by reason of repairs and maintenance. It was decided to switch from the Bedford Lomas vehicle because of delays in delivery of the chassis and to revise the vehicle replacement programme by purchasing twelve Ford Transit Lomas ambulances with automatic gearbox and fibreglass coachwork for delivery in 1969 and early in the ensuing financial year. Thereafter, with a fixed annual vehicle replacement programme, it is hoped to maintain at all times a fully operational fleet of thirty ambulances with reasonable vehicle reserves.

Staffing

The organisation and staffing review commenced in 1968, aided by information kindly made available by county ambulance authorities throughout the country in response to Norfolk's comprehensive questionnaire, has proceeded during the year. Ambulance stations have been grouped under station officers with some limited improvement in the pooling of vehicles and crews to ease peak manning problems in certain districts. The administrative ambulance officer was re-designated county ambulance officer and some improvements were brought about in rates of pay for control supervisors, control assistants and station officers.

On receipt of circular No. N.M. 192A issued by the National Joint Council for Local Authorities Services (Manual Workers) on 6th June, 1969, and subsequent circulars, the county council and the agency ambulance committees jointly reviewed the serious operational manning, standby and training problems arising, particularly in county district stations, and decided that the Council's work study team should immediately undertake a feasibility study as to the possible introduction of an incentive bonus scheme. Concurrently, steps were taken to improve training standards for operational crews. Sixty ambulance driver/attendants undertook a Stage I training programme by attending a special course of lectures by consultants and other staff at the main Norwich and King's Lynn hospitals and arrangements have been made with the Essex county medical officer for personnel to follow through with Stage II training, a two weeks' short regional training course at the Danbury Place ambulance training school near Chelmsford in a series of courses programmed for January—March, 1970. The satisfactory completion of this course will qualify ambulance crews for the rates of pay now prescribed for qualified ambulance workers.

Ambulance Equipment

Steps were taken during the year to purchase further minuteman resuscitators to provide at least one for each of the eighteen ambulance stations.

Pole and canvas stretchers have also been installed on all ambulances to assist turn-round at hospitals and inflatable splints have also been added to the normal ambulance equipment schedule.

Car Service

The 1969 pay and productivity developments in the ambulance service lend emphasis to the statement in my 1968 report that the hospital car service provides the only practical method of coping with the conveyance of sitting cases in a large rural county to and from some thirty-three hospital treatment centres.

Diminishing public transport facilities continue to confront hospitals and family doctors with urgent transport problems and the county ambulance control at this headquarters and the sub-control at King's Lynn continue their efforts to maintain a reasonable check upon the tendency to extend the use of the service to cases medically fit to travel otherwise.

In 1968, for the first time, the persistent annual increase in cases and mileage was halted. However, hospital car service patients conveyed and mileage undertaken in 1969 were the highest yet:

Year	Patients	Mileage	Mileage per patient
1965	71,567	1,589,246	22.20
1966	75,155	1,677,141	22.32
1967	80,695	1,803,947	22.35
1968	77,349	1,784,428	23.00
1969	80,989	1,850,960	22.80

Double daily journeys to hospital day centres make increasing demands upon the service but the wide dispersal of the day centres and, indeed, of all hospital treatment centres with which we are concerned, prevents the economic operation of multi-seater vehicles. Despite careful centralised supervision of all sitting case car transport arrangements day by day it is impossible to improve upon the average for patients and escorts of approximately two per car. This, with the distances involved, steadily maintains our average per patient at 22½ to 23 miles over the years.

During the year the number of car owner-drivers enrolled in the service was maintained at between 220 and 230. The one-third of the car service drivers licensed for private hire are still permitted to charge the maximum rates for all mileage, including mileage in excess of 1,000 in any month.

In general, the enrolled drivers co-operate well and give freely of their time in waiting periods at hospitals, despite parking problems.

XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Chest clinics are held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. G. F. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham. The two tuberculosis health visitors (one whole-time and one part-time) attend most clinic sessions and carry out routine and follow-up visits to patients and contacts.

(a) Incidence

The numbers of new cases notified during the past five years are as follows:

Year	Respiratory	Non-respiratory	Total
1965 ..	59	20	79
1966 ..	74	12	86
1967 ..	54	13	67
1968 ..	49	11	60
1969 ..	35	10	45

It is interesting to note, as an indication of the extent to which the incidence of tuberculosis has declined, that forty years ago 331 respiratory cases and 172 non-respiratory cases were notified.

(b) Mortality

Mortality figures for the same period are:

Year	Respiratory	Death rate per 100,000 population	Non-respiratory	Death rate per 100,000 population
1965 ..	5	1.2	—	—
1966 ..	7	1.7	1	0.2
1967 ..	7	1.7	2	0.5
1968 ..	4	0.9	5	1.1
1969 ..	4	0.9	2	0.5

In 1929 there were 197 deaths from respiratory tuberculosis and forty-eight deaths from the non-respiratory forms of the disease.

Of the six deaths from all forms of tuberculosis during last year, five of the persons who died were fifty-five years of age or over and the other one was in the 45-54 age group.

(c) After-Care Register

The following table shows the numbers on the register at the end of each of the last five years:

Year	Respiratory	Non-respiratory	Total
1965 ..	940	106	1,046
1966 ..	932	103	1,035
1967 ..	813	79	892
1968 ..	832	83	915
1969 ..	804	73	877

(d) Extra Nourishment

On the recommendation of the chest physicians, eighteen packets of Complan and seventy-two packets of Vitamin A and D capsules were issued free of charge by the tuberculosis health visitors. Seventeen cases were also being supplied with free milk at the end of 1969.

(e) B.C.G. Vaccination

Numbers of children skin-tested and vaccinated during the last five years are as follows:

Year	Tested	Negative	Vaccinated
1965 ..	4,336	3,663	3,563
1966 ..	3,658	3,074	2,996
1967 ..	4,659	3,949	3,906
1968 ..	2,542	2,225	2,201
1969 ..	4,386	3,855	3,814

(f) Medical Arrangements for Long-Term Immigrants

Fifty-six immigrants were notified as having arrived in the county from the following areas:

Commonwealth Countries

Caribbean	..	..	..	..	..	8
India	..	..	..	..	..	6
Pakistan	..	..	..	..	..	1
Other Asian	..	..	..	..	..	12
African	..	..	..	..	..	4
Other	..	..	..	..	..	10

Non-Commonwealth Countries

European	..	..	..	..	..	13
Other	..	..	..	..	..	2
						—
						56
						—

Immigrants to the county are visited by a medical officer of health or health visitor and are informed of the facilities available under the health services and encouraged to register with a general medical practitioner. No cases of tuberculosis were notified among immigrants during 1969.

(g) General

The British Red Cross Society and the St. John Ambulance Brigade jointly organise a hospital library service which is also available to home-bound patients and the Friends of Kelling provide patients with special amenities. The local W.R.V.S. depots supply articles of clothing in necessitous cases.

The health and children's departments shared financial responsibility for the maintenance of a woman and her two children at the Family Centre, Selly Oak, Birmingham, for a period of special training prior to rehousing.

(h) Joint Report of Chest Physicians

The chest physicians report as follows:

"There has been a further fall in the number of notified cases of tuberculosis during the year and it seems likely that this trend will continue; there is no known or suspected focus of tuberculous infection in the county and the chronic excretors of tubercle bacilli are now very uncommon.

There has been a gradual decline in the percentage of school children aged 13 who are found to be tuberculin positive when tested during the B.C.G. programme and this figure is now 6.9% compared with 16% in 1961. This is a confirmation of the decline in the amount of tuberculosis in the community.

The continuous fall in incidence is reflected in the decreasing yield of new patients from mass radiography surveys and it is becoming clear that in this area the number of new cases found does not justify the continuation of mass radiography in its traditional form; it seems likely that the mobile radiography service will be used to enable general practitioners to obtain chest X-rays for their patients even more easily.

Although there are fewer patients, treatment is being carried out to a larger extent at home with increasing emphasis on intermittent supervised regimes—this type of treatment involves twice weekly injections over a long period and inevitably causes greater demands on the home nursing service but the advantages are great, particularly in the type of patient who cannot be trusted to take oral drugs regularly".

Health Education

1969 continued to be a year of progress in the field of health education with the health education officer, under the direction of a senior medical officer, being responsible for organising programmes of health education in the county.

It may be of some interest to note the differing roles of the 'health education officer' and the 'health educator' as seen by the London Guild of Health Education Officers Limited which defines the health education officer as:—

"An officer with appropriate qualifications, solely appointed and professionally engaged in the provision and administration of health education services over the whole of the employing authority's area"

and the health educator as:

"Any person engaged in the direct health education of individuals, groups or sections of the community as part of his/her professional activities, and by reason of which, contributes to, liaises with or makes use of the health education services provided by the health education officer".

The health education officer is therefore appointed to liaise with the health educators and may in the course of his or her duties act as a health educator from time to time.

The health educators include many members of the health department's staff, viz. medical officers, health visitors, nurses, midwives, dental officers and public health inspectors.

Much health education is done during the course of everyday work and health education of the individual plays a very important part in promoting health. It is never very easy to assess the response of the public but it is certainly true to say that there is a greater public awareness of the human body and its functions in relation to preventive medicine than there has ever been. People in general are more conscious of the rules of healthy living and factors detrimental to health and it is the responsibility of the medical profession and the health educators to keep them informed.

(a) Methods and Media of Health Education

Methods: Individual discussion
Group discussion
Lectures and talks
Television and radio
Press

Media: 16 mm. films
Filmstrips
Slides
Tapes
Flannelgraphs
Posters and charts
Leaflets and booklets
Displays and exhibitions

Various visual aids are kept at the local health offices throughout the county for use by those participating in health education. Supplies are also kept at headquarters.

The health education officer arranges a monthly programme for the nurses and health visitors and appropriate literature and posters are sent out to all nursing staff. Subjects for 1969 were as far as possible topical for the particular month and the full programme is given below:

January	..	..	The care of feet and sensible shoes
February	..	..	Prevention of cold injuries
March	..	..	The dangers of obesity
April	..	..	The need of exercise and sleep
May	..	..	Holiday preparations
June	..	..	Mental health
July	..	..	Water safety
August	..	..	Food hygiene
September	..	..	Smoking
October	..	..	The dangers of fires and fireworks
November	..	..	The dangers of alcohol
December	..	..	The prevention of accidents in the home

(b) Provision of In-Service Training

Each health visitor uses her own discretion on how and to what extent she is able to follow the suggested programmes.

During the year the health education officer paid visits to all the local health offices to meet the health visitors, to give advice on the care and maintenance of the 16 mm. film projector and Carousel slide projector and to keep them informed of any new films, equipment or other developments in the health education field. A new 16 mm. film about vaccination was also shown.

(c) Health Education in Schools

During the year many schools were visited by the health education officer and various members of health department staff. Talks were given on a variety of subjects including personal relationships, sex education, drug addiction, the dangers of smoking, health and hygiene, dental care, child care, home safety and the work of the health department.

(d) Adult Groups

Various adult groups, especially women's organisations such as Young Wives Clubs and Women's Institutes, were visited by the health education officer, nurses and medical staff and talks given on many health subjects.

The total number of sessions of health education undertaken by health visitors only during the year was as follows:

To school children	99
To adults at child health clinics	261
Other talks on health education (not mothercraft) ..	798
<hr/>	
Total health education sessions conducted by health visitors	1,158
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(e) Campaigns

Two intensive cancer campaigns were carried out in the King's Lynn area during the year. In the months of January and February, twenty-three factories and large shops were visited for showings of the film "Time and Two Women" dealing with the early detection of cancer of the womb. 830 women saw the film and were encouraged to have the smear test. During October and November nineteen factories were visited and 630 women shown the film "Breast Self-Examination" for the early diagnosis of carcinoma of the breast.

(f) Exhibitions

A large health education exhibition was displayed at the Royal Norfolk Show. The theme was advice to the individual about how to keep healthy. Displays showed the importance of diet, the dangers of obesity and the value of exercise in our daily routine. Others showed the need for dental health and emphasis was laid on the prevention of dental caries in the young. Cancer prevention, including the cervical smear test for women, was also featured and the dangers of cigarette smoking. There was in addition a section showing the services provided by the health department and the ways in which those services could help members of the public. Films and slides were shown during the two days of the show which helped to demonstrate the importance of preventing disease.

Smaller displays were put on at various schools and clinics throughout the year, sectional panels and boards being available through the health education officer.

(g) District Health Education Committees

Loddon rural district council has a very active and enthusiastic health education committee and one of the main features of the year was the open day when the committee put on a home safety exhibition and a "Medicine with Care" competition.

At their last meeting of the year the Wayland home safety committee suggested combining with the road and water safety committee and it is hoped this broadening of interests will give greater scope for wider activity.

More district health education committees are desirable as they bring local assistance into a field which requires all available resources.

(h) Newspaper Publicity

It was pleasing to note that a short article stressing the dangers of fires and fireworks was accepted by the local evening paper and published the day before Guy Fawkes night.

It is hoped that more articles on various aspects of health education will be accepted by the press next year as this is a very effective way of communicating with a large proportion of the public who it may not be possible to reach in any other way.

(i) Conferences and Courses

In November the health education officer attended the home safety conference in Folkestone organised by the Royal Society for the Prevention of Accidents. The theme of the conference was "Home Accidents—Face the Facts". Mr. Merlyn Rees, M.P., Joint Parliamentary Under-Secretary of State, Home Office, officially opened the conference and mentioned the still appalling number of home accidents each year in England and Wales. The public, he said, needed to be informed of the frequency and tragic consequences of these accidents which are in actual fact more numerous than road accidents.

In December, the health education officer visited a health education in-training course run by Cheshire county council. The subjects covered were alcoholism and smoking and new visual aid techniques were demonstrated. The day proved to be very stimulating and profitable.

The health department has now had the services of a health education officer for just over four years and in July of this year Miss G. Hooley joined the staff in this post in succession to Mrs. P. Hollingham.

Venereal Disease

No requests were received during the year to trace contacts.

Returns from the Norwich, King's Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance of new Norfolk cases were as follows (1968 figures in brackets):

Syphilis	..	..	..	10	(7)
Gonorrhoea	..	..	..	104	(101)
Other Conditions	..	..	..	490	(446)
				<hr/> 604	<hr/> (554)

Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital, has kindly provided the following report for 1969:

"New cases attending the department numbered 947 compared with 866 in 1968. Syphilis or gonorrhoea accounted for 152 compared with 142 in 1968 and 170 in 1967. The Department of Health and Social Security returns for England and Wales remain static for early infectious syphilis, but show a marked increase in gonorrhoea.

(a) Syphilis

One male resident in Norfolk was treated for early infectious syphilis acquired outside this area.

Ten cases of late or latent syphilis were treated, five resident in Norwich and five in Norfolk.

(b) **Gonorrhoea**

New cases increased from 132 to 141. Male cases accounted for 78 (71) and female 63 (61).

TABLE 1. NEW CASES OF GONORRHOEA

Age	1969		1968	
	Male	Female	Male	Female
Under 16	—	3	1	8
16-17	3	11	4	15
18-19	11	12	13	10
20-24	30	25	22	15
25 and over	34	12	31	12
Total	78	63	71	60

The 15-19 age group in males was 18% (25%) and in females 41% (55%).

Four male and two female patients failed to respond to standard treatment and required re-treatment.

One male and four female patients were re-infected.

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age	Norwich		Norfolk		Great Yarmouth	
	Male	Female	Male	Female	Male	Female
Under 16	—	—	—	3	—	—
16-17	2	4	1	7	—	—
18-19	3	9	8	2	—	1
20-24	17	16	12	9	1	—
25 and over	23	9	9	3	2	—
Total	45	38	30	24	3	1

Of the male patients 69% contracted their infection in this area. This indicates a failure in control of gonorrhoea.

(c) **Non-Gonococcal Urethritis**

New cases numbered 113 (133).

(d) **Other Genital Conditions Requiring Treatment**

New cases increased from 277 to 292. This included 56 cases of infestation with pediculosis pubic, 33 male and 23 female. Trichomonad infection was present in 79 cases.

(e) Conditions Requiring No Treatment

Screening tests were negative in 390 patients (314); of these, 212 were male and 178 female.

Appointments for consultation can be arranged by telephone Norwich 28377 (Extension 321)".

Provision of Nursing Equipment

A wide variety of nursing and sick room equipment continued to be provided under agency arrangements with the Norfolk Branch of the British Red Cross Society and St. John Ambulance Brigade including wheelchairs, commodes, bed rests, bed tables, bedpans, air rings, crutches and walking aids all issued on free loan, the county council paying rental charges.

Larger items of equipment such as hoists, bedsteads and mattresses, are similarly provided directly from the health department at County Hall.

The issue of disposable incontinence pads continues to increase, 118,600 being distributed compared to 117,200 in 1968. 559 sets of waterproof clothing were also issued together with supplies of disposable linings.

Recuperative Convalescence

The council arranged for the attendance of 13 persons at voluntary convalescent homes, on the recommendation of family doctors, paying the maintenance charges in necessitous cases.

The Marie Curie Memorial Foundation

Increased use was made of the Foundation's area welfare scheme and grants were received to assist 53 patients, 15 of whom were provided on loan with special electrically operated "ripple" mattresses. Other help was given in the provision of night sitters, fuel, clothing, toilet necessities and extra nourishment. The total expenditure during the year amounted to nearly £350. Several families have expressed appreciation for the help given and it is pleasing to pay tribute to a voluntary organisation which gives so much unobtrusive help, within the framework of a very simple administrative procedure, which otherwise could not be readily given through statutory channels.

Chiropody

Two additional state registered chiropodists were appointed in 1969, Mr. L. Eden Morris, in February and Mr. I. Wooding, newly qualified from the London Foot Hospital, in March. Whole-time staff engaged on domiciliary work was thereby increased to six but it was still a problem to keep pace with the demands on the service and hardly any improvement was effected in the intervals between treatment for the majority of cases.

At the end of the year, 2,257 cases were currently receiving treatment, 389 of these being classified as priority cases, an increase of 123 on the previous year, and visited every 4-6 weeks, the remainder having to wait 3-4 months between treatments. A further twenty-six newly registered cases were awaiting a first visit and 246 cases in hospital or otherwise away from home were still on the register. 176 cases died during the year and it is noteworthy that ninety cases receiving treatment were over ninety years of age. Comparative figures for the past five years are as follows:

Year	Persons visited	Treatments given	Average number of treatments per person per year
1965	1,284	4,325	3.37
1966	1,572	6,074	3.85
1967	1,818	8,429	4.63
1968	2,352	8,893	3.78
1969	2,718	11,327	4.16

A review of the service was carried out in conjunction with the county social services officer and reports submitted to both the health and welfare committees. As a result it was agreed that an additional chiropodist should be appointed in 1970 and that from 1st April, 1970, a flat rate contribution of 4s. per treatment be charged for both the domiciliary scheme, administered by the health department, and the group treatment schemes organised by the Norfolk old people's welfare committee, acting on behalf of and subsidised by the council's welfare committee. The domiciliary charge of 2s. 6d. per treatment for homebound cases has been in force since the inception of the scheme in 1963 and by comparison persons sufficiently mobile to attend group treatment centres have been placed at a financial disadvantage due to the increasing cost of treatment provided at old people's clubs by chiropodists in private practice and the fact that the council's subsidy was limited to a maximum of 3s. 6d. per treatment. It is intended to carry out a further joint review of the council's chiropody services as a whole but the bringing of the contribution charges on to a common basis was felt to be a first priority.

The Norfolk old people's welfare committee, which co-ordinates local group treatment schemes, reported that 33,939 treatments were given in 1969 involving some 8,000 persons aged 65 years or over.

Mr. J. F. Bevan attended a four-day post-graduate course at the London Foot Hospital in July.

Cervical Cytology

General medical practitioners continue to be clinically responsible for this scheme for the early detection of cervical cancer, either by referral to the appropriate hospital clinic or by taking smears personally. A small number of smears are also taken from women attending family planning clinics and there is an open clinic at the West Norfolk and King's Lynn general hospital.

There were three meetings during the year of the cervical cytology liaison committee representing the hospital services, local medical committees, executive councils, local health authorities and voluntary organisations. These were necessary because of problems arising from the shortage of trained technicians. Temporary restrictions had to be placed on the taking of smears but with the co-operation of all the authorities concerned an adequate service was maintained despite these difficulties, and future prospects are promising with the assistance of home-based technicians.

In January and February, twenty-three factories were visited in the King's Lynn area when a total of 830 women saw the film "Time and Two Women" and were encouraged to have the smear test. There was prior consultation with local pathology department before undertaking this campaign in order to ensure that they were in a position to cope with a temporary increase in numbers.

A number of requests are being received from the public for special cytology clinics which some women seem to find more acceptable and often more convenient than attending surgeries or gynaecology clinics. At present such requests are referred to the family doctor but it is not known to what extent these women use the existing facilities and this is obviously a matter which must be kept under review.

Fluoridation of Water Supplies

When the question of the fluoridation of water supplies came before the health committee in August, 1968, it was decided to defer further consideration of the matter for six months in view of the impending re-grouping of water undertakings in Norfolk.

The matter came before the health committee again in March, 1969, in the form of the following resolution of the health services sub-committee:

"That approval be given to the principle of the fluoridation of water supplies in the administrative county and that the making of provision for the cost of this measure in the estimates for 1970-71 be considered later in the year".

The health committee resolved as follows:

"That a decision on the recommendation of the sub-committee that approval be given to the principle of the fluoridation of water supplies in the administrative county be deferred until it is possible for the committee to give consideration to all the financial implications involved".

On the 8th July, 1969, the Department of Health and Social Security issued Circular 8/69 accompanying a report entitled "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years", compiled by the Committee on Research into Fluoridation. The report extends and supplements the five-year report on the conduct of fluoridation studies in the United Kingdom published in 1962 and confirms the findings in that report which demonstrated that fluoridation led to substantial reduction of dental decay in temporary teeth. The second report shows that there has been a substantial reduction in the number of decayed permanent teeth among children in the fluoridated areas, confirms the complete safety of adjusting the natural fluoride content of water to a level of 1 part per million and demonstrates the adverse effects on children's teeth of the decision to stop fluoridation in Kilmarnock in 1962.

The health committee at its meeting in September resolved that the county council be recommended to approve of the principle of the fluoridation of public water supplies in the administrative county, subject to it being possible to make the necessary financial provision within the health committee's target of expenditure for the next financial year but at the meeting of the county council in October, the proposal was rejected so that at the end of 1969 no progress had been made towards the fluoridation of water supplies in Norfolk.

XII. HOME HELP SERVICE

In 1965 the health committee's ten-year plan envisaged a 20% increase in the home help service in 1966, reducing to an annual increase at the rate of 7½% by 1969. However, the demands upon this service are a constant challenge and, despite careful supervision with a further reduction in the average weekly hours per case from 6½ in 1968 to 6 in the year under review, the total hours of service provided during 1969 show an increase of 10.7% on those for 1968.

Year	Total cases assisted during year	Cases being assisted at end of year	Hours of service provided	Increase in hours of service over previous year
1966	1,995	1,431	481,193	17.8%
1967	2,372	1,706	550,295	14.3%
1968	2,759	1,845	600,035	9.0%
1969	3,131	2,002	664,721	10.7%

96% of the hours of service provided is devoted to elderly, sick and infirm cases, nearly one-half of whom received continuous service throughout the year.

The "clean-up" squads have undertaken intensive work at twenty-five homes involving 1,583 hours of service and twelve problem family cases were dealt with by specially selected home helps in addition to their routine duties, work in these homes being undertaken in close liaison with all other welfare services.

Apart from the inevitable snowball effect of the long-term elderly cases, the early discharge of hospital cases to domiciliary care, the increasing role of the home help service in helping to ease pressure upon residential homes and a generally increasing awareness of the availability of the service are stretching resources to the utmost. By the end of 1969 the home help service was endeavouring to cope with the abnormal sickness incidence in the influenza epidemic and the hours of service provided at that time were at a rate of over 18% in excess of the 1968 figures.

The abolition of the 5s. per week minimum contribution with effect from 1st April, 1969, mentioned in the 1968 report, means that a considerable proportion of householders qualify for free service, reducing the council's income by two-thirds to just over £10,000 per annum.

In May, following an approach by geriatric medical staff, it was agreed that efforts would be made to introduce a pilot scheme in one area of the county whereby the home help service would hope to make available an emergency night service temporarily for elderly persons suddenly subject to medical breakdown where it could be established that the family doctor, with supporting domiciliary services, could give adequate attendance until relatives or family friends could be contacted and organised to assist. Furthermore, it had been intended to institute in the autumn a programme of in-service training for home helps in a house in Norwich, formerly used as an office, adapted and furnished largely by the home helps themselves and equipped by the council. However, the increasing pressure upon organising staff has prevented the introduction of this in-service training and has also made it necessary to defer the proposed pilot scheme for an emergency night service. For the same reason it has still not been possible to establish mobile squads of home helps equipped with mopeds, originally proposed in 1968.

The home help organiser, the senior assistant organiser and the seven assistant organisers are working under heavy pressure. Coping with the constantly increasing demands upon the service and reducing the average weekly hours per case by half-an-hour over the twelve months under review, has only been achieved by the concentrated efforts of the team of organisers re-visiting cases, reviewing priorities and programming home helps week by week for maximum efficiency. Two additional assistant organiser appointments are envisaged in the coming year and it is obvious that even further strengthening of the organising staff will be necessary in the near future if the developments referred to in this report are to be introduced and if the service is to continue to meet the needs of the elderly, the sick and the infirm.

XIII. MENTAL HEALTH SERVICE

Introduction

The year was one of uncertainty about the future of the mental health service. The promise of legislation for the transfer of junior training centres from the local health authority to the local education authority and the implementation of the Seebohm Committee proposals will mean the complete re-arrangement of the service which the health committee has developed over the past twenty years. It will be with regret that those concerned with the service will see these changes brought into effect and one can only express the hope that they will ensure as good a mental health service as now and that the mentally handicapped will not find themselves in a position of lower priority in the large social services departments envisaged for the future.

The outstanding event of the year was the opening of the council's first hostel for twenty-five adult mentally subnormal persons at West Lynn which received its first residents on the 2nd June, 1969. It was decided to name it Harvey House to associate it with the former chairman of the mental health sub-committee, the late Captain E. Murray-Harvey, who, throughout his membership of the county council always showed a great interest in the services for the mentally handicapped.

The building at Catton of the new hostel for children was nearing completion at the end of the year and it is hoped it will open early in 1970. Sites were purchased for an additional children's hostel at King's Lynn and a second adult hostel at Sprowston.

The two new training centres referred to in the last annual report were officially opened during the year, the junior centre at Catton by Mr. Ian Gilmour, M.P., on the 2nd July and the adult centre at Holt by Mr. Bert Hazell, M.P., on the 19th July.

Staff

(a) Establishment

(i) WELFARE OFFICERS

The two additional welfare officers, whose appointments were deferred because of economic reasons in the previous year, were appointed, making possible a very much needed strengthening of the staff in two areas.

Welfare officers who hold joint appointments as mental welfare officers and social welfare officers under the National Assistance Act, devote approximately 50% of their time to mental health work and the numbers of staff at the end of the year were:

Area welfare officers	..	..	..	..	..	8
Senior local welfare officers	..	..	..	..	..	3
Social welfare officers	..	..	..	..	..	16
Welfare assistants (trainees)	..	..	..	..	..	6
Mental health worker (female whole-time)	..	..	..	..	..	1
Psychiatric social worker	..	..	..	..	..	Vacancy
Total	..	..	..	..	..	34

For many years it has been impossible to fill the post of psychiatric social worker and with the retirement of the psychiatric social worker at the Helleston hospital discussions took place with the hospital authorities as to the possibility of integrating the two posts and re-grading them on A.P. scales. Agreement was reached on this integration and the designation of one of the posts as head psychiatric social worker on A.P.5 and the other post of psychiatric social worker on A.P.4. The posts were extensively advertised but it is regretted that at the end of the year no suitable applications had been received. The lack of suitably qualified staff affects the service as a whole and in particular holds up proposed developments in the provision of additional residential accommodation and the boarding out of suitable patients for whom skilled supportive case work is essential.

(ii) TRAINING CENTRES

To meet increased numbers attending the centres and to provide for the enlargement of the King's Lynn adult centre, the establishment for teaching staff, managerial staff and ancillary and domestic staff was increased.

(b) Training

(i) MENTAL WELFARE OFFICERS, TEACHING AND MANAGERIAL STAFF

The council continued to encourage staff to attend suitable training courses with a view to becoming professionally qualified and during the year six members of the welfare staff were away on social work courses and three members of training centre staff were attending courses leading to qualification as teachers or instructors in training centres.

(ii) GENERAL TRAINING

Various short courses and conferences were attended as part of in-service training, including the annual conference of the National Association for Mental Health and the conference of the Federation of Mental Health Workers. Teaching and managerial staff attended refresher courses organised by the Staffordshire county council and by the National Association for Mental Health whilst three welfare officers attended a week-end course run by the National Society for Mentally Handicapped Children on "Counselling Services".

Half-yearly conferences of training centre staff were held, the first in April when Miss M. Wearmouth, superintendent nursing officer, spoke on hygiene and care of the mentally handicapped and gave demonstrations of nursing aids and methods of lifting. The second in September was addressed by Mr. B. F. C. M. Schiphorst, one of the advisory board officers of the Department of Health and Social Security who gave a most helpful address on the aims and objects of training centres.

In addition a number of local courses were supported and with the co-operation of the mental hospitals newly-appointed staff were able to attend weekly sessions on psychiatry for hospital nursing staff.

Mental Illness

(a) Hospital Admissions

It will be seen from the statistical section that the number of admissions to hospitals dealt with by the mental welfare officers increased by 10% over the year. The majority of these were informal but there was also an increase in the number of cases dealt with under Section 29 of the Mental Health Act, 1959. There is no doubt that the use of this section is encouraged as a convenient method of speedy admission avoiding the involvement of a second doctor.

The preparation of social history reports by the welfare officers on cases for admission involves a great deal of time but the reports are welcomed by hospital staff as invaluable background information in dealing with the in-patients. There was no change in the availability of hospital accommodation during the year but the question of the provision of day hospitals is one which has been the subject of discussion in the frequent meetings which take place at the hospital between the consultant psychiatrists, the nursing staff and the welfare officers.

(b) After-care

Arrangements for after-care continued as in previous years and the welfare officers regularly attended informal case conferences at the hospitals. The number of visits paid by officers to after-care cases again increased and with additional welfare officers available it is possible to give a more adequate service. Part of the council's after-care service is the provision of two psychiatric social clubs, one in Norwich and one at King's Lynn and although the number of new cases referred continues to be disappointing the work of the clubs

provides valuable support for those who feel unable to take part in normal community activities. Over the years the social worker has been assisted in the running of the clubs by voluntary helpers and particular reference is made to the work of one lady at the Norwich club who was most constant in her attendance and who spared no effort to do everything possible to help the members. It was a great loss to the club and to the social worker when this helper died during the year, having been associated with the club for fourteen years.

Mental Subnormality

(a) Hospital Waiting List

For the first time for some years the number of persons on the waiting list showed a reduction and this was due partly to a review of the list and partly to admissions to Harvey House hostel. Unfortunately there was no increase in the number of vacancies granted by the regional hospital board which were filled from the waiting list and in fact actual admissions to sub-normality hospitals were less than in the previous year. As more residential care is provided by local authorities the trend will be to restrict hospital admission to those in need of treatment or continuous nursing care and it is children or adults in this category who are so much of a problem to their families. There seems no immediate likelihood of the position improving as the hospitals are stretched to capacity with little movement of patients out of hospital, and when any movement does take place the hospital tends to take the opportunity of reducing over-crowding rather than of granting a vacancy for a new patient. Consequently families have to continue to cope with very distressing and wearying problems, often bringing emotional and marital difficulties in their wake.

(b) Short Term Care

This invaluable service helps families to keep mentally subnormal members in their homes which is the wish of the majority provided they can be assured of a break for a holiday or in case of temporary illness. Sixty-nine persons were assisted in this way during the year of whom fifty-two were accommodated in hospital by arrangement with the regional hospital board and seventeen were accommodated in private homes, the council paying for maintenance without requiring any contribution from the family.

(c) Training Centres

(i) GENERAL

There were no building changes during the year apart from the provision of a mobile classroom to relieve over-crowding at the Attleborough junior centre. All centres continued to function well and no major difficulties arose. At the official openings of the Catton junior training centre and the Holt adult training centre there was a good attendance including members of the council, parents and the public.

Open days were arranged for all centres during the summer and some 548 members of the public visited. It has been found that parents of handicapped children of pre-school age often take advantage of these occasions to see the facilities available, making their acceptance of attendance at a training centre much easier.

Open days at Christmas with demonstrations of the children's work continued to be popular with parents and friends. The Bishop of Lynn visited the King's Lynn comprehensive training centre and expressed his appreciation of the work undertaken and particularly the devotion of the teachers.

A great deal of interest is shown in the centres by local people and various fund-raising events are held, for instance, an Autumn Fayre organised by the Holt training centre Parent/Teacher Association was an extremely successful event, attended by over 500 people and resulting in £200 being donated to the amenities fund. The most useful gifts received from the King's Lynn Society for Mentally Handicapped Children, were a workabus for the adult centre and a jungle gym for the junior centre.

During the year it was decided in principle to extend the facilities at adult training centres to physically handicapped persons where attendance at a centre was required and places were available.

The special care unit at the Catton centre opened in February and by the end of the year was functioning well with thirteen children attending. One of the functions of the unit is to assess as fully as possible the suitability of severely handicapped children for normal training centre class work and during the year one child was in fact transferred to the nursery group.

Miss Gillian Fenn, M.A., who is attached to the university of Cambridge department of education, and who is undertaking research into the development of language in severely subnormal children, was given permission to work with a group of children at the Catton junior training centre as part of her project.

The figures given below show the number of places provided at the centres and the numbers attending compared with the previous five years. It will be noted that the centres at Attleborough and King's Lynn are over-crowded and plans are in hand to remedy this by the provision of additional accommodation at King's Lynn and the building of a new adult centre at Attleborough which will make the whole of the present building available to juniors.

JUNIOR CENTRES			Attendances at 31st December				
<i>County Council</i>	Places	1964	1965	1966	1967	1968	1969
Attleborough ..	40	34	39	39	34	46	56
Holt	40	30	30	31	31	29	30
King's Lynn ..	68	67	65	64	69	71	87
Sprowston/Catton	92	61	67	65	70	77	96
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	240	192	201	199	204	223	269
<i>Other Authorities</i>							
Bury St. Edmunds	—	1	1	2	2	2	2
Great Yarmouth ..	—	15	13	13	15	13	15
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	—	208	215	214	221	238	286
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
ADULT CENTRES			Attendances at 31st December				
<i>County Council</i>	Places	1964	1965	1966	1967	1968	1969
Attleborough ..	30	—	—	—	22	33	35
Holt	60	—	—	—	—	43	53
King's Lynn ..	75	—	40	47	55	65	76
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	165	—	40	47	77	141	164
<i>Other Authorities</i>							
Great Yarmouth ..	—	13	16	17	16	19	21
Norwich	—	40	41	55	56	51	49
Bury St. Edmunds	—	—	—	1	1	1	1
March	—	—	—	—	1	1	1
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	—	53	97	120	151	213	236

(ii) STAFF

The second of two trainee teachers was appointed. These trainee posts are intended to help towards the attainment of a fully-qualified teaching staff in the future and both trainees, after a period of in-service training, will be seconded for two year or three year teacher training courses.

At the Holt adult training centre the first appointment in the service of a social training instructor was made. A retired school teacher accepted the post and at the end of the year was working enthusiastically in preparing a programme involving all trainees and with other members of staff being used in various capacities. A part-time manual instructor (male) was appointed for the Catton junior training centre and this appointment has proved extremely worthwhile.

(iii) ADULT TRAINING CENTRES

At all centres the managers found it possible to obtain sufficient support from local industry to enable all trainees to be kept employed. All centres have saw benches and planing machines so that they can make wooden products such as fencing for sale and two of the centres produce a variety of concrete goods. On the whole the sales position has been satisfactory and all trainees were paid incentive money with a minimum of 10s. per week; above this figure the amount paid depends on the production of the centre in the particular week.

During the year representatives of the health committee met members of the Norwich health committee to discuss the provision of adult training centres in Norwich and the area surrounding the city. It was ascertained that the city authority had made no definite provision in their three year capital programme for a new adult centre while the county's plan provided for a new centre at Sprowston to be built in 1970-71.

The meeting discussed the future requirements of both authorities in the area in and around Norwich and consideration was given to the possibility of having two centres with separate catchment areas, one to the north and the other to the south of the centre of the city. It was agreed that further consideration should be given to this in the future after the location of cases and other factors had been reviewed. It was also agreed that there would need to be some co-ordination in seeking contract assembly work so that industry was not approached by more than one authority.

(iv) TRANSPORT

It is necessary to convey nearly every child attending junior centres but for persons attending adult training centres season tickets where possible are provided for public transport though this is seldom practical because of the dearth of such transport except in the county area around Norwich and in King's Lynn. Consequently the majority of adults have also to be conveyed to the centres.

At the end of the year thirty-nine routes were operating, twenty-five by contractors and fourteen by council-owned vehicles. A total mileage of 593,514 was covered by contractors and 283,381 by council-owned vehicles. This aspect of the service is one which creates a great many problems both in the economic use of vehicles and the recruitment of drivers and escorts.

(d) Adult Social Clubs and Home Teaching

The two home teachers organise and run each week six adult social clubs and arrange home teaching in appropriate cases. They work enthusiastically with their small groups and provide a great deal of pleasure and interest for

those who attend the clubs. Morning sessions are usually devoted to handwork and afternoon sessions to social activities, dancing, games, etc. The teachers arrange the sale of the handwork produced and any profit on the sale over and above the cost of materials is paid to the mentally subnormal person making the article.

The home teachers were also responsible for the organisation of two holidays, the first in May at the Denes Holiday Camp, Kessingland, for ninety-five and the other in September at the Pleasaunce, Overstrand, for forty-four. These holidays were also attended by trainees from the adult training centres and some members of the staff of the centres assisted the home teachers in the running of the holidays. A number of voluntary workers also helped. A similar holiday at Hopton holiday camp was organised by the Norwich authority for adults attending their centre and thirty-nine persons from the county attended. These holidays which afford great pleasure to those attending also provide excellent social training and, in addition, give parents the opportunity of having a holiday themselves.

Residential Accommodation

The programme was reviewed in detail in the last annual report and the major progress during the year was the opening of the hostel for twenty-five adult subnormals of both sexes at West Lynn. As this was the first hostel of its kind in the county a number of matters regarding staffing, charges, appropriate forms, etc., had to be determined. The hostel opened on the 2nd June, with Mr. and Mrs. P. Clark as warden and house-mother. Discussions took place with consultant psychiatrists at Little Plumstead hospital regarding the selection of cases and by the end of the year twenty-one permanent cases had been admitted, ten on transfer from Little Plumstead hospital and eleven from the community. Instead of having a management committee one member of the sub-committee acts as official visitor each month and reports back to the mental health sub-committee.

It is proposed to hold periodic case conferences to review progress or problems regarding the residents and the first was held on the 23rd September with representatives of the hospital, the local health authority, and the Department of Employment and Productivity present. As a result of this conference a number of decisions were taken, some relating to employment, others to attendance at the adult training centre and in one case for the man concerned who had not settled too well to be given a period of care and assessment in Little Plumstead hospital.

It is pleasing to report that Harvey House has functioned well in the initial stages and the staff were enthusiastic in establishing the hostel and in their subsequent work with the residents. Already local people are taking an active interest in the hostel and the local Round Table gave individual presents to all residents at Christmas. The staff, with voluntary help, organised a 'Christmas Fayre' in aid of the amenities fund and this was well-supported and resulted in the sum of £82 being raised. An earlier gift by the Thorpe Ex-Servicemen's club was used to purchase a billiard table at a cost of £58. It was decided not to have an official opening of the hostel but to hold an open evening for local people to visit and about 160 people took advantage of this invitation.

This hostel has shown the great need for residential accommodation to be provided in the county and further hostels will be built as soon as possible. Each purpose-built hostel involves a considerable capital outlay and some of this could be avoided if small group homes could be established. It is hoped to provide such units of accommodation by renting large council houses from

district councils and employing a house-mother to look after selected residents. Meetings have been held during the year with district councils and one urban authority decided to include a suitable house in their next housing estate and it is hoped that other borough and district councils will co-operate in the near future in the same way.

Registration of Residential Accommodation

The following private homes are registered for the reception of mentally disordered persons:

"Crossways", Threxton	..	18 children under 10 years.
7 Roydon Road, Diss	.. ..	3 children up to the age of 5 years.
"Four Wynds", 114 Bexwell Road, Downham Market	..	3 males over the age of 14 years.
"Hales House" Holiday Home, Winterton-on-Sea	.. ..	24 persons—no age limit.
"Ceres Villa", 31 Norwich Road, Thetford	.. ..	3 children under 12 years.
"Meadow Cottage", Overstrand, (registered as a nursing home)		15 children.
Old Rectory Nursing Home, Burston, Diss (registered as a nursing home)	.. ..	12 children

Guardianship

Two additional cases were placed under guardianship during the year making a total of eight. One, a resident at Harvey House hostel, has no relatives interested or available and guardianship will enable the warden to exercise any necessary control and to act on behalf of the resident as would a parent. All cases were seen once during the year by the deputy county medical officer as required by the regulations and supervision was exercised by the mental welfare officer for the area of residence and no real problems arose.

Voluntary Bodies

The work of the Norfolk Association for Mental Health in the provision of group homes for elderly persons discharged from hospital continued and at the end of the year there were three such homes housing fourteen persons. No resident staff are employed but supervision is exercised by a part-time social worker employed by the Association.

The Norfolk and Norwich Society for Mentally Handicapped Children with branches at Norwich, Cromer and King's Lynn has been very active and helpful in the county. The Norwich branch is trying to acquire premises to be used for residential accommodation and workshops.

A number of evening youth clubs have been formed which adult subnormals attend with normal young people and a new club was opened at Cromer, whilst those at the Princes Street Congregational Church, Norwich, and at North Walsham and Thetford continued.

The council decided to further recognise the work of the local Samaritans by increasing the annual grant. This organisation has two centres, one at Norwich is staffed by voluntary workers on a twenty-four hour basis and another on a part-time basis at King's Lynn.

ANNUAL FIGURES

(Where appropriate and for the purpose of comparison, figures for the year ended 31st December, 1968, are shown in brackets).

Community Care

(a) *Mentally ill*

(i) Cases at 1.1.69	..	..	..	..	..	348	(353)
(ii) New cases referred	..	..	..	..	..	353	(268)
(iii) Cases closed during year	..	..	..	..	..	343	(273)
(iv) Current cases at 31.12.69	..	..	..	..	..	358	(348)
(v) Visits made during year:							
(1) to patients	..	..	..	..	..	3,131	(2,857)
(2) associated visits	..	..	..	..	..	605	(739)
(vi) Number attending psychiatric social clubs	..	..	..	..	..	16	(21)

(b) *Mentally subnormal*

(i) *Number on mentally handicapped register (subnormal and severely subnormal)*

		Male		Female		Total	
Guardianship cases at 1.1.69	..	3	(3)	3	(3)	6	(6)
Discharged during year	..	—	(—)	—	(—)	—	(—)
New cases placed under guardianship:							
By courts	..	—	(—)	—	(—)	—	(—)
By applications	..	1	(—)	1	(—)	2	(—)
TOTALS (at 31.12.69)	..	4	(3)	4	(3)	8	(6)
Cases receiving welfare visits	..	615	(627)	532	(530)	1,147	(1,157)
GRAND TOTALS	..	619	(630)	536	(533)	1,155	(1,163)

(ii) *New cases arising during year*

Notified under Section 57 of the Education Act, 1944, or referred informally under Ministry of Education Circular 12/60

Reported by Education Committee as requiring care and guidance

Other referrals

TOTALS

25 (23) 16 (11) 41 (34)

13 (24) 17 (14) 30 (38)

24 (23) 16 (12) 40 (35)

62 (70) 49 (37) 111 (107)

(iii) *Receiving training*

At junior training centres:

In Norfolk (4)

Outside county (2)

TOTALS

170 (142) 99 (81) 269 (223)

9 (9) 7 (6) 16 (15)

179 (151) 106 (87) 285 (238)

At adult training centres:

In Norfolk (3)

Outside county (4)

TOTALS

96 (82) 68 (59) 164 (141)

40 (41) 32 (31) 72 (72)

136 (123) 100 (90) 236 (213)

Under home teachers (2)

At home

At adult social clubs (6)

TOTALS

4 (5) 16 (13) 20 (18)

17 (26) 56 (58) 73 (84)

21 (31) 72 (71) 93 (102)

In residential accommodation:

N.C.C. hostel

Other homes and hostels

TOTALS

12 (—) 9 (—) 21 (—)

1 (1) 1 (5) 2 (6)

13 (1) 10 (5) (23) (6)

GRAND TOTALS

349 (305) 288 (246) 637 (551)

Number of admissions dealt with by mental welfare officers

(a) *Mentally ill*

	St. Andrew's	Hellesdon	Other hospitals	Totals
Section 25	38 (37)	15 (5)	— (1)	53 (43)
Section 26	1 (5)	11 (—)	— (—)	12 (5)
Section 29	102 (101)	101 (78)	3 (4)	206 (183)
Section 60	2 (—)	— (1)	— (—)	2 (1)
Informal	302 (234)	179 (210)	19 (24)	498 (468)
TOTALS	443 (377)	306 (294)	22 (29)	771 (700)

(b) *Subnormal*

			Little Plumstead	Other hospitals	Total			
Section 26	..	..	1 (2)	— (—)	1 (2)			
Section 60	..	..	2 (4)	— (—)	2 (4)			
Informal	..	..	12 (12)	2 (3)	14 (15)			
TOTALS	..	..	15 (18)	2 (3)	17 (21)	17	(21)	
GRAND TOTAL						788	(721)	

Patients already in hospital dealt with under Sections 25 and 26 51 (35)

Social history reports prepared in respect of patients admitted to hospitals for the mentally ill 340 (337)

Subnormal persons admitted for short-term care

			Male		Female		Total	
Regional hospital board establishments			5	(10)	7	(7)	12	(17)
For one day (dental treatment) ..			37	(40)	15	(19)	52	(59)
For longer periods			8	(14)	9	(9)	17	(23)
Private homes			50	(64)	31	(35)	81	(99)
TOTALS	..	..				

Number of 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	..		5 (8)	4 (4)	1 (3)	1 (1)	6 (11)	5 (5)
Urgent	..		17 (21)	14 (15)	4 (1)	2 (1)	21 (22)	16 (16)
Not urgent	..		16 (14)	4 (5)	6 (6)	2 (4)	22 (20)	6 (9)
TOTALS	..		38 (43)	22 (24)	11 (10)	5 (6)	49 (53)	27 (30)
Potential cases	..		14 (15)	13 (13)	3 (3)	6 (6)	17 (18)	19 (19)
			52 (58)	35 (37)	14 (13)	11 (12)	66 (71)	46 (49)
TOTALS	..		87 (95)		25 (25)		112 (120)	

(ii) *Mentally ill*

(The Vale Hospital, Swainsthorpe)

Male	Female	Total
5 (2)	16 (19)	21 (21)

XIV. NATIONAL ASSISTANCE ACT, 1948

Welfare of the Blind

(a) Registration

212 persons were examined during the year by ophthalmic surgeons.

Cases on register at 1.1.69	..	..	841
New cases certified as blind	..	..	108
Inward transfers	..	..	22
			<hr/> 130
			971
Cases removed as no longer blind	..	..	8
Outward transfers	..	..	14
Deaths	..	..	123
			<hr/> 145
			<hr/> 826

The numbers of cases on the register at the end of each of the last five years were:

1965	..	..	..	896
1966	..	..	..	891
1967	..	..	..	863
1968	..	..	..	841
1969	..	..	..	826

72% of all cases on the register were sixty-five years of age and over compared to 75% in 1968; sixty-two were over ninety years of age.

(b) Employment

The numbers of registered blind persons employed at 31st December, 1969, were as follows:

			Male	Female
Norwich Institution Workshops	..	..	14	2
Other sheltered workshops	..	..	1	—
Home Workers	..	..	5	—
Other than sheltered employment	..	..	20	3

A workshop sub-committee with local authority representation was appointed in 1968 to run the workshops of the Norwich Institution for the Blind and continued to meet during 1969. A new workshop manager with industrial experience was appointed in February and during the remainder of the year good progress was made in moving somewhat from the traditional trades and introducing modern industrial work, contracts being obtained from a number of firms to carry out assembly work and various other processes suitable for blind persons.

Agreement was also reached with the institution for the scope of the workshops to be widened to include the employment of a limited number of sighted disabled and at the end of the year plans were in hand for two Norfolk sighted disabled persons to be admitted.

Following the completion at the end of 1968 of Thomas Tawell House, the new hostel for elderly residents, it became desirable to complete the withdrawal from the old institution premises by discontinuing the use of the existing workers' canteen and the local authorities undertook to cover the increased running costs of a new canteen being provided by the institution.

(c) Home Teaching and Visiting

Miss H. G. Bellamy retired at the end of June after 35 years' service with the county council as a home teacher for the blind, having been senior home teacher since 1946. In addition to the retirement gift from her colleagues on the council's staff, a presentation was made to her from Norfolk blind people on the occasion of the annual blind exhibition at St. Andrew's Hall, Norwich.

Mrs. K. M. Read was appointed to succeed Miss Bellamy as senior home teacher but the resulting vacancy on the establishment was not filled, a re-arrangement of home teachers' areas subsequently being made.

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

	1965	1966	1967	1968	1969
Registration enquiries ..	215	196	240	208	241
Instruction in:					
Braille	91	67	125	162	134
Moon	25	29	37	58	29
Handicrafts	973	739	676	965	1,063
Welfare visits	8,165	8,882	8,400	8,211	7,478
Other visits	1,777	1,649	1,648	1,698	1,640
	<hr/> 11,246	<hr/> 11,562	<hr/> 11,126	<hr/> 11,302	<hr/> 10,585

Monthly meetings of the five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich continued throughout the year and, as usual, summer outings were arranged and Christmas parties held at each centre. Special facilities are provided at the Norwich centre for a small group of deaf/blind people who are unable to participate in many of the activities of the other social centre members. The centres are organised by the home teachers with the invaluable assistance of voluntary helpers who provide transport and undertake many other tasks to ensure that the various events are enjoyed to the full.

Handicraft classes were held at Caister, Dereham, Downham Market, Heacham, King's Lynn, Norwich and Thetford, and class members had their own annual outings.

The annual blind exhibition of handicrafts, horticultural and domestic produce was again organised jointly with the Norwich authority in St. Andrew's Hall, Norwich, and, as in 1968, a competition in handicrafts for physically handicapped people was included. This year the Norfolk Association for the Disabled participated in the latter event, joining the British Red Cross and local St. Raphael clubs in making arrangements for entries to be submitted and displayed in the adjoining Blackfriars Hall.

Many blind people took advantage of the holiday facilities available and, in addition to the assistance given to individuals attending blind holiday homes, arrangements were again made for a large party of blind persons and guides to spend a week at the Marine View Hotel, Great Yarmouth, accompanied by three home teachers. This holiday has always been very popular and the management and staff of the hotel make every effort to ensure that the special needs of the blind are fully catered for.

Applications continued to be made for talking book machines on behalf of registered blind and partially sighted persons unable to read ordinary print and at the end of the year 227 Norfolk people were using these machines which are supplied by the British Talking Book Service for the Blind for an annual rental of £3 per machine. This is paid by the council and no charge is made for the taped books which are sent through the post. Unfortunately there has been

considerable delay in supplying machines to new applicants owing to the heavy demand but the talking book service is taking all possible steps to reduce the waiting period and improve the facilities.

The popularity of talking book machines has resulted in a falling off in the demand for instruction in Braille and Moon over the year but there are still many blind readers in the county who appreciate the embossed literature available from the National Library for the Blind. The council makes an annual grant to the library and books can be borrowed free of charge by individual blind persons. Braille and Moon magazines are also distributed, again without charge, from County Hall, together with *The Closer Link*, the bulletin which is specially produced for Norfolk blind persons.

The council continued to distribute and maintain radios supplied by the British Wireless for the Blind Fund under the long-standing agency arrangement. All new sets being received from the fund are transistor models and mains sets have been discontinued but there are, of course, a considerable number of the latter type in the possession of blind persons and they will continue in use for some time.

(d) Welfare of the Partially Sighted

Numbers on the register at the end of each of the last five years were as follows:

1965	..	..	316
1966	..	..	307
1967	..	..	348
1968	..	..	355
1969	..	..	374

Although the number of cases on the blind register has declined steadily during the past few years there has been no reduction in the number of prospective blind persons referred for examination and many of these have been found to come within the partially sighted category. It will be seen that the numbers on the latter register have increased significantly.

Frequent visiting of the partially sighted is unnecessary in the majority of cases but considerable assistance and support is often required where vision is deteriorating and blindness is likely to occur within a comparatively short period.

Two partially sighted men are employed in sheltered workshops for the blind.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of 1969 was 394, one more than the previous year (1968 figures in brackets).

			Children under 16		Persons aged 16-64 years		Persons aged 65 and over		Totals	
Deaf with speech	..	M.	1	(1)	33	(34)	22	(21)	111	(111)
		F.	2	(2)	40	(40)	13	(13)		
Deaf without speech		M.	3	(4)	34	(31)	11	(11)	91	(89)
		F.	3	(3)	32	(34)	8	(6)		
Hard of hearing	..	M.	13	(20)	62	(56)	21	(20)	192	(193)
		F.	7	(10)	63	(61)	26	(26)		
			29	(40)	264	(256)	101	(97)	394	(393)

The county council, jointly with the Norwich and Great Yarmouth authorities, makes an annual grant to the Deaf and Dumb (Norfolk and Norwich) Welfare Association in recognition of the welfare services carried out by its qualified missionary and his female assistant. The Association's headquarters at 17 Duke Street, Norwich, provide social and recreational facilities and the work of the missionaries covers a wide field throughout the county relating to personal and domestic problems, interpretation and employment.

Welfare of the Physically Handicapped (General Classes)

The number on the register at the end of 1969 was 1,757, an increase of 317 compared with the previous year (1968 figures in brackets):

Age Group	Male	Female	Total
Under 16 years	10 (8)	1 (1)	11 (9)
16-64 years	445 (409)	430 (373)	875 (782)
65 years and over ..	373 (293)	498 (356)	871 (649)
	828 (710)	929 (730)	1,757 (1,440)

The year under review has seen further increases in all aspects of the services provided under the council's scheme. The survey of the needs of the physically handicapped carried out in the county in 1967 produced ample evidence of the public lack of awareness of the facilities available and it is no less evident that the council is now meeting these needs to an ever-increasing extent. Adaptations to premises, both external and internal, allow disabled persons, many of whom are confined to wheelchairs, to enjoy greater mobility around their houses and gardens, and the widening of doorways, the provision of handrails and the construction of concrete paths and ramps are regularly arranged. Close contact is maintained with the Department of Health and Social Security so that suitable access and garaging facilities are available for recipients of invalid vehicles and, in this connection, recognition is paid to the invaluable co-operation and assistance received from the county architect, the county surveyor and local district councils. A wide variety of equipment designed as aids to mobility and comfort is provided on free loan, such as self-lift chairs, bath and toilet aids, hydraulic hoists and walking aids. Many patients discharged home from the rheumatology unit at St. Michael's Hospital, Aylsham, are issued with equipment free of charge under arrangements with the council and other similar items are provided by the British Red Cross Society and the St. John Ambulance Brigade.

Some indication of the expanding needs of the physically handicapped may be judged from the following table:

Year	No. on register at end of year	New registrations during year	Adaptations (new cases)	Equipment (new cases)
1965	978	110	29	53
1966	1,049	136	48	59
1967	1,183	236	98	63
1968	1,440	287	109	153
1969	1,757	363	121	254

Financial assistance was given to enable 61 disabled persons and their escorts to take a week's holiday organised during 1969 at holiday camps by the Federation of St. Raphael Clubs, the Norfolk Association for the Disabled and the Sheringham Valentine Club.

Disabled drivers' car badges conferring certain parking concessions were issued to 58 drivers for the first time, bringing the current total to 268.

At the end of the year, 17 Norfolk cases were in daily attendance at the Norfolk and Norwich Spastic Association's work centre at Bowthorpe Road, Norwich.

Training in handicrafts is provided by the Norfolk branch of the British Red Cross Society, operating mainly in the north and west of the county, and by the Norfolk Association for the Disabled covering the rest of Norfolk.

The British Red Cross Society's clubs situated at Aylsham, Dereham, Downham, Fakenham, Hunstanton, Sheringham and Wells provide both handicraft and social facilities and similar activities are undertaken by the St. Raphael Clubs at King's Lynn, Swaffham, Thetford, Norwich and Great Yarmouth.

The Norfolk Association for the Disabled also serves the interests of the disabled through their district committees in Blofield and Flegg, Depwade, Forehoe and Henstead, Loddon, St. Faith's and Aylsham, Smallburgh and Wymondham. Financial grants are paid to the Red Cross and the Norfolk Association for their work in connection with handicrafts and the rising costs of providing these services led to discussions during the year between representatives of the latter organisation and the county council as to the possibility of the council's taking over full or partial responsibility for the administration of the Norfolk Association's scheme within their area of operation in the county. It was ultimately agreed by both sides to continue the existing arrangements but to keep the situation under review.

XV. INFECTIOUS DISEASES

Notifications of infectious diseases are set out in Table 3 showing the distribution throughout the municipal boroughs, urban and rural districts in the county.

In 1960 and 1961 there were five cases and one case respectively of poliomyelitis since which time it is pleasant to record that no cases have occurred. This state of affairs begins to place poliomyelitis firmly in a similar category of incidence as diphtheria, both being infections which have been eliminated by successful vaccination schemes.

It is also notable that the incidence of whooping cough has continued to decline to the lowest annual figures ever recorded, namely twenty-eight cases. The mildness of the disease may result in difficulty in diagnosis which affects notification but clearly the continuing trend is favourable.

This is the first year in which the 1968 vaccination campaign against measles could be expected to show its effect. At 1,057 cases the incidence is low, but not very much lower than the previous most favourable year (1962) when 1,347 cases were reported. As the supplies of vaccine were very limited so that only the younger vulnerable children were vaccinated, one must wait until a much larger proportion of all susceptible children have been protected before coming to firm conclusions.

Dysentery notifications total 273 compared with 98 last year, but much of this is due to very large numbers occurring in one rural district.

More infective hepatitis or jaundice cases are reported but the increase here is very small.

No cases of leptospirosis (Weil's Disease) have been notified in 1969 but this may be due to under reporting as the disease has only recently become notifiable. It is usually contracted in occupations involving contact with rats or their excrement and is a hazard to be borne in mind by all such workers and their employers.

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

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 and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Measles	218	148	—	4	2	16	13	20	—	1	1	23	53	23	29	118	14	18	59	38	24	13	54	20	42	25	81	1,057
Dysentery	—	—	—	—	—	—	—	—	3	—	—	2	161	6	—	3	—	49	—	18	—	6	19	1	—	—	5	273
Scarlet fever	—	9	—	1	4	—	—	20	6	—	—	10	8	3	5	5	4	15	7	5	2	4	8	9	2	7	5	139
Whooping cough	—	4	1	—	11	—	—	—	—	—	—	1	2	1	—	—	2	2	—	1	—	—	3	—	—	—	—	28
Infective jaundice	—	2	—	1	—	—	6	6	—	—	—	—	7	5	4	2	—	7	1	—	1	—	6	3	—	2	2	55
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	2	1	5
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	9	2	—	—	—	5	2	12	—	27	—	7	1	4	3	—	7	3	—	—	—	82
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chicken pox	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Totals	218	163	4	6	17	16	28	48	9	1	1	42	233	50	38	156	20	99	69	66	31	23	98	36	44	36	94	1,646

* Chicken pox is notifiable only by Cromer U.D.C.

XVI. ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The county public health engineer has supplied the following information:

(a) 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
Depwade	Boreholes at Rushall water scheme (Part I)	£ 12,600
	Cargate Common, Tibenham ..	2,770
Loddon	Langley extension	2,000
	Gillingham	1,157
St. Faith's and Aylsham ..	The Heath, Buxton	2,900

New schemes, extensions and revised schemes examined by the water supplies and sewerage sub-committee during the year were:

District Council	Scheme
Docking	Sedgeford extension.
Erpingham	Salthouse.
Mitford and Launditch ..	North Tuddenham.
North Walsham	Installation of new pump.

(b) 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
Depwade	Long Stratton S.D. works reconstructions	£ 69,000
Downham Rural	Barton Bendish	37,631
Swaffham Rural	Mundford and Ickburgh ..	100,800

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	Lingwood and Strumpshaw and extension to Blofield and Brundall sewage disposal works.
Cromer	Surface water drainage.
Depwade	Scole sewage works—enlargements.
Downham Rural	Wimbotsham sewer ditch sludge drying.
Forehoe and Henstead ..	Barford.
Freebridge Lynn	Gayton and Grimston revision.
King's Lynn M.B.	Improvements and extensions.

District Council	Scheme
Loddon	Ditchingham dam. Loddon and Chedgrave regional scheme.
Marshland	Regional sewerage scheme—Phase I.
Mitford and Launditch ..	Guist.
St. Faith's and Aylsham ..	Salhouse and part Rackheath. Central parishes—Phase II—Spixworth, Horsham and Newton St. Faith's.
Smallburgh	Stalham and District—Contract No. 2. Stalham improvements. Scottow and Tunstead extensions.
Walsingham	Sculthorpe.
Wymondham	Improvements—Stage I.

Milk and Dairies

Since my last report there has been no change in the pattern of milk sampling in the county nor in that relating to investigations and inspections of premises and equipment used for the processing, storage, handling and distribution of milk. Throughout the year the department has maintained all necessary liaison with the county district councils and the Ministry of Agriculture, Fisheries and Food as the registering authorities under the Milk and Dairies (General) Regulations, 1959, with veterinary officers and with other departments of the county council concerned with milk supplies to establishments in the council's administration.

Apart from any sampling which may have been carried out by the Ministry of Agriculture, Fisheries and Food in connection with farm registrations, all other routine milk sampling in the county has been carried out, as in previous years, by my department. Details of the sample examinations are included in the information given under the following headings:

(a) Specified Area Supervision

At the end of the year 660 dealers' licences were in force, including sixteen issued to producer/retailers selling milk other than that produced from their own herds and thirty-seven issued to dealers selling "untreated" milk. Seventy-two licences related to the sale of "long life" or ultra heat treated milk.

Visits and inspections were made by the county public health inspectors in respect of seventy-eight new applications for dealers' "pre-packed" milk licences of which seventy-four were issued at the end of the year. A large number of these applications related to change of ownership at camp and caravan sites for summer trading.

The following table shows the results of the examination of milk samples submitted by the county public health inspectors during the year from retail rounds and shops in the administrative county:

Test	No. of examinations		Satisfactory		Unsatisfactory		Void	
Methylene Blue (Raw milk)	91	(180)	73	(146)	11	(17)	7	(17)
Methylene Blue (Pasteurised milk)	758	(525)	512	(450)	59	(22)	187	(53)
Phosphatase (Pasteurised milk)	739	(531)	732	(530)	7	(1)	—	(—)
Turbidity (Sterilised milk)	64	(46)	62	(46)	2	(—)	—	(—)
Colony Count (Ultra heat treated milk)	49	(—)	49	(—)	—	(—)	—	(—)
	1,701	(1,282)	1,428	(1,172)	79	(40)	194	(70)

The figures for 1968 are shown in brackets.

Void samples were those which were not examined because of the atmospheric shade temperature exceeding 70°F during the period of storage of the samples at the laboratory.

The number of methylene blue failures was disappointing and the majority occurred between July and September. These were due, it is felt, to extremely warm weather conditions, insufficient protection on delivery vehicles and the storage of milk at shop temperatures exceeding 70°F in a number of cases. With many shop sales the milk was found to have been delivered early on the previous day and shopkeepers were required to refrigerate stored milk.

A decrease in the number of producer/retailers permitted an increase in the sampling of other grades of milk during the year and particularly of ultra heat treated milk, the sale of which is rapidly developing in the county. Facilities for testing this grade of milk were provided by the public health laboratory during the year.

The raw milk failures were referred to the Ministry of Agriculture, Fisheries and Food for any necessary investigations at producer/retailer's premises. 263 of the samples shown above were submitted from milk sold in the county but processed at pasteurising plants outside the county. Where it was thought to be necessary, the circumstances were referred to the appropriate licensing authorities. All phosphatase failures were immediately investigated and the faults traced and rectified.

(b) Pasteurising Plants

Seventy-seven routine visits were made by the county public health inspectors to the four plants licensed by the county council. These were augmented as necessary by other visits to investigate failing samples and complaints, the latter including seven deliveries of milk in bottles which had not been satisfactorily cleaned at the dairies. One dairy was successfully prosecuted for selling milk containing oil and for offences under the Milk and Dairies (General) Regulations.

The results of milk samples submitted from the pasteurising plants are shown as follows:

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	196	140	26	30
Phosphatase ..	199	197	2	—
	<u>395</u>	<u>337</u>	<u>28</u>	<u>30</u>

The majority of the above failures occurred at one plant and the revocation or suspension of the pasteuriser's licence was under consideration by the county council at the end of the year.

(c) Sterilised Milk

Of 64 samples of sterilised milk submitted during the year, two failed the turbidity test. There is no sterilised milk processing plant in the county and the two failures were referred to the local authority concerned for any necessary investigations.

(d) Ultra Heat Treated Milk

The increase in the sales of this milk in the county has continued and fifty applications for licences were dealt with during the year. Seventy-two dealers held licences at the end of the year.

(e) Milk in Schools Scheme

Approval was given to all successful tenderers for school milk supplies during the year and all schools were in receipt of pasteurised milk. The position with regard to the rinsing of school milk bottles before their return to the dairies can still not be regarded as satisfactory. Whilst many schools do co-operate, bottles are still returned containing stale milk, foil caps and straws, etc., and again the chief education officer co-operated in drawing the attention of all schools to the need for rinsing and returning the milk bottles immediately after use, so preventing their becoming contaminated or being used for purposes other than milk.

(f) *Brucella Abortus*

The quarterly submission of herd bulk samples from 44 producer/retailers continued through the year. The samples were submitted for direct culture and biological examinations and two herds were found to be positive. In these cases restrictions were placed on the sale of milk pending our further investigations which resulted in eight cows being found to be excreting the brucella abortus organism.

Bulk samples were also submitted from incoming wholesaler supplies to dairies and eight herds were found to be positive. Of these two were further investigated and seven cows were found to be positive. In the remaining positive cases the district medical officers of health ensured that the farmers were warned to boil the milk before consumption.

1,153 herd bulk samples were submitted for biological examination of which 1,087 proved negative. Of the remainder, ten samples (0.87%) proved positive and 56 examinations were inconclusive due to the premature death of the guinea pigs.

804 bulk samples were submitted to the Ipswich public health laboratory for ring test examinations. 49 gave a positive result and the following table shows the comparison between these results and the further examination of the samples by the direct culture and biological examinations:

Ring Test Results (Ipswich Lab.)		Direct Culture Results (Ipswich Lab.)			Biological Results (Norwich Lab.)		
		—ve	+ve	Not examined	—ve	+ve	GPDP*
+	21	—	—	21	15	—	6
++	17	10	—	7	9	8	—
+++	11	11	—	—	4	6	1

* Guinea pig died prematurely

This table supports the view that the ring test serves only as a screening test and that action taken on a positive result might be premature in that, under certain conditions, cows inoculated with S.19 or 40-40 vaccine will give a positive

ring test result. The policy of this department is to rely only on biological examination results which show the presence of an active brucella abortus organism before imposing restrictions on the consumption of raw milk.

(g) Antibiotics in Milk

804 herd bulk samples were submitted to the Ipswich public health laboratory for examination. Three were found to contain inhibitory substances and investigations were carried out at the farms concerned.

(h) Clean Milk Bottle Campaign

The campaign committee continued its efforts throughout East Anglia to reduce the misuse of milk bottles and to encourage their rinsing and immediate return to the dairies. The programme included a pictorial and poster competition for school children. Over 400 entries were submitted and suitable prizes were awarded to the winning participants and schools. A feature of the competition was the excellent co-operation received from the chief education officers in the region and the enthusiasm of head teachers and other staff at the schools.

Food Inspections

Forty-five inspections were made by the county public health inspectors at county homes and children's homes. Any necessary advice concerning implementation of the Food Hygiene Regulations received the co-operation of the superintendents and matrons and suitable liaison with the appropriate departments of the county council was maintained.

Ice Cream

During the year the public health inspectors of fourteen of the twenty-seven local authorities in the county submitted 138 samples of ice cream for examination. 130 of the samples were Grade I, five were Grade II and three were Grade III. 127 of the samples related to ice cream produced by the large national manufacturers and of the remaining eleven from local manufacturers all fell within Grade I.

Planning Applications

During the year nineteen planning applications were referred to this department for observations which were given after due investigation. The majority related to county district council requirements and discussions as necessary were held with their officers.

An application to re-site an existing fat and bone factory for the processing of animal waste was refused following a public enquiry at which evidence was given by the county public health inspector.

Refuse Disposal

During the year a working party comprised of representatives from most of the central, east and south Norfolk district councils and including representatives from a district council in East Suffolk studied the implications of combining to overcome difficulties associated with the lack of suitable sites for controlled tipping. These studies were continuing at the end of the year.

Towards the end of the year it seemed likely that two district councils in south Norfolk would combine with a district council in East Suffolk to dispose of refuse at a pulverising plant provided by the latter authority.

In respect of three local authority refuse tips, attention was drawn to the fact that nuisance resulted from non-compliance with the planning conditions.

Swimming Pools

Information relating to the department's work at school swimming pools is contained in my separate report as principal school medical officer. Officers of my department have liaised with officers of county district councils in respect of private pools at holiday camps and caravan sites, etc.

Housing and Sanitary Complaints

During the year the following complaints were received in the department and, where necessary, were referred to the appropriate county district councils for investigation:

Sewerage and sewage disposal	..	..	..	..	10
Drainage	..	..	..	..	4
Damp housing	..	..	..	..	4
Other housing complaints	..	..	..	..	3
Nuisance from rats	..	..	..	..	3
Nuisance from refuse tips	..	..	..	..	2
Water supplies	..	..	..	..	2
General complaints..	..	..	..	..	14

Miscellaneous Duties

Environmental health and food hygiene have been the subject of several talks by the county public health inspectors to school meals personnel, hospital staff and other bodies.

Two factories, one processing animal waste and the other processing poultry manure, have continued to be the subject of complaints during the year. At the former, the installation of new plant and the employment of more modern techniques were completed towards the end of the year and at the latter the firm are continuing experiments to improve the situation following High Court proceedings at which it was agreed that the position would be reviewed in June, 1970.

New Housing

The following table shows the number of new permanent dwellings completed during the year and is taken from the local housing statistics issued by the Ministry of Housing and Local Government.

Permanent dwellings completed during 1969

Local Authority Area	Local Authorities	Private Owners	Total
MUNICIPAL BOROUGHs			
King's Lynn	260	96	356
Thetford	409	67	476
URBAN DISTRICTS			
Cromer	8	68	76
Diss	2	30	32
Downham Market	13	17	30
East Dereham	30	43	73
Hunstanton	—	18	18
North Walsham	—	68	68
Sheringham	—	31	31
Swaffham	32	39	71
Wells-next-the-Sea	—	16	16
Wymondham	—	240	240
RURAL DISTRICTS			
Blofield and Flegg	74	438	512
Depwade	38	242	280
Docking	3	138	141
Downham	33	188	221
Erpingham	—	193	193
Forehoe and Henstead	20	348	368
Freebridge Lynn	44	143	187
Loddon	24	93	117
Marshland	39	64	103
Mitford and Launditch	33	111	144
St. Faith's and Aylsham	50	717	767
Smallburgh	6	466	472
Swaffham	46	162	208
Walsingham	13	60	73
Wayland	—	211	211
TOTALS	1,177	4,307	5,484

XVII. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year	1	—	8	8
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	19	7	327	334

All registered nursing homes are supervised by a senior medical officer and the superintendent nursing officer. Visits to the homes are arranged as frequently as other work permits but certainly not less than once per year.

In recent years top priority has been given to bringing all nursing homes up to the high fire safety standards now required. Most proprietors are co-operative and have already completed any alterations required or have the work in hand. I should like to take this opportunity to thank the chief fire officer and his staff for their ready co-operation and advice in achieving these improvements.

Laboratory Examinations

The Norwich public health laboratory continued to provide facilities for the examination of specimens submitted by the general medical practitioners for the diagnosis of infectious diseases and for those sent by the county council's medical staff in connection with prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination)	159
Milk (bulk samples for biological examination) ..	1,147
Milk (individual cow samples for brucella abortus examination)	362
Milk (methylene blue examination)	1,556
Milk (phosphatase examination)	1,449
Milk (turbidity examination)	64
Milk (antibiotics examination—Ipswich laboratory)	804
Milk (ring test examinations—Ipswich laboratory) ..	804
Samples submitted by district council public health inspectors:	
Ice Cream (methylene blue examination)	138
Water (bacteriological examination)	2,005

Other samples, which were submitted by county council staff, were examined by the public analyst as follows:

Water (nitrate estimation)	15
Other examinations	1

Medical Examinations

The following examinations were carried out by the medical staff of the health department:

For superannuation purposes (either physical examination or clearance of medical questionnaire) ..	92
Candidates for entry to the Norfolk Fire Service ..	38
Candidates for colleges of education and entrants to the teaching profession	373
School canteen workers (non-superannuable) ..	376
School road crossing patrols (non-superannuable) ..	49
Allocation/commutation of part pension	3
Fire service pensioners/over 55's	15
	<hr/> 946

The department was consulted on medical aspects of eleven county council employees who were no longer capable of discharging their duties and fifty-four cases of prolonged absences of staff through sickness.

Sixteen applicants for driving licences, whose fitness was in doubt, were referred by the local taxation officer for advice.

An additional forty medical examinations were undertaken on behalf of other authorities.

The following examinations were carried out by the medical staff of the health department:

For investigation purposes (chief physical examination or clearance of medical questionnaires)	52
Candidates for entry to the Health Force Service	38
Candidates for colleges of education and training for the teaching profession	117
School children workers (non-superannuated)	376
School road crossing patrols (non-superannuated)	49
Allocation/consolidation of part pensioners	12
Part service pensioners over 55	916

The health department was consulted on medical reports of cases coming from employers who were no longer capable of discharging their duties and the courses of prolonged absence of staff through sickness. Various applicants for driving licences whose fitness was in doubt were referred by the local taxation office for advice. An additional forty medical examinations were undertaken on behalf of other authorities.

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Examinations for medical purposes only	52
Examinations for medical purposes only	38
Examinations for medical purposes only	117
Examinations for medical purposes only	376
Examinations for medical purposes only	49
Examinations for medical purposes only	12
Examinations for medical purposes only	916

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