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Contributors

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Rural District of St. Faith's and Aylsham

THE

ANNUAL REPORT

OF THE

Medical Officer of Health

(IRENE B. M. GREEN, M.D., B.S., D.P.H.)

TOGETHER WITH THE

Report of the Senior Sanitary Inspector

(H. S. HAWKINS, A.M.I.S.E.)

1948

H. G. STONE & Co., (Printers), Ltd., Wymondham & Attleborough

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THE ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(Irene B. M. Green, M.D., B.S., D.P.H.)

FOR THE

Rural District of St. Faith's & Aylsham

NORFOLK

For the Year Ending 31st December, 1948

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1948.

The estimated population of St. Faith's and Aylsham Rural District will be seen to have decreased by about 500 compared with 1947. This decrease may be due to a variety of factors including a slightly larger number of total deaths and fewer births. Another factor may be the rehousing, within the City, of previous residents who had been temporarily displaced into the district through war damage.

The small number of licences which are available for private building has halted for the moment the growing tendency of Norwich residents to move out of the City, so apparent in the immediate pre-war years. There is no doubt that this outward movement of population has suffered only a temporary setback and that when restrictions are relaxed, it will reassert itself.

WEATHER CONDITIONS

The winter was comparatively mild and dry and no severe weather was experienced. After a brilliant and unseasonably warm spring, the summer was dull and on the whole lacking in sunshine and the autumn was very mild and dry. The year was remarkable for its lack of rain, a circumstance giving rise to great anxiety among those dependent upon wells for their water supply.

VITAL STATISTICS

There were 656 live births, 33 illegitimate and 14 still births registered during 1948 and there were 379 deaths from all causes. The birth rate (18.3) has thus fallen by 3 per 1,000 population, but is still above the rate for England and Wales (17.9). The death rate (10.6) has risen slightly and is now just below the national rate (10.8). The infant mortality rate (35) is lower than last year, but is just above that for England and Wales (34). The still birth rate, (0.39) has fallen still further and is now below the national rate (0.42).

To sum up these figures, there have been fewer babies born, but more of them survived than last year. Of the 23 infant deaths, 14 were due to prematurity and congenital defects, the cause of which is at present outside our control. There were 3 deaths from obstetrical injury, a possibly avoidable cause, leaving only 6 wholly preventable deaths from accident or infection.

The survival rate of premature infants cannot be compared with previous years as total figures were not then noted, but in 1948 out of 18 premature births all but 5 survived the first month. It will be interesting to note if this rate will improve in future years.

The rise in the total number of deaths appears to be mainly due to an ageing population, the increased figure being for heart disease and other terminal diseases of advanced age. There were fewer total female, but a large increase in male deaths. There was no maternal mortality and cancer accounted for one more death than last year.

Apart from 24 fatal cases of pneumonia, infectious disease has caused only 4 deaths during the year. Two of these four were children and were due to complications of whooping cough and measles respectively. The other two were adults, who contracted measles in one case and scarlet fever in the other, during the course of other serious illnesses. In view of the greatly increased incidence of infectious disease during the year this is a satisfactory result and reflects credit upon those responsible for medical and nursing care.

Tuberculosis has caused 17 deaths, only 8 of whom were under 35, giving a higher mortality rate (0.47) than in 1947 (0.3), but still below the national figure (0.51). The later age at death reflects the general trend of the country towards increased age at the onset of the disease.

In an ageing population, the causes of the death of all those under 35 is of vital interest as these come from the age group with the greatest productive capacity. There were 27 such deaths (apart from infants under 1) and two-thirds of these were from preventable causes, namely tuberculosis (8), accidents (3), infections (7). The remainder were due to tumours (3), diseases of the nervous system (2) and other incurable medical conditions (4). Only 5 deaths occurred between the ages of 1 and 20.

Accidents accounted for 13 deaths of which there were 2 suicides and 6 motor accidents. There were no deaths from accidents in the home.

INFECTIOUS DISEASE

General.

There were 583 cases of infectious disease notified during the year which is 4 times as many as in 1947. The main causes of this increase were epidemics of measles (294 cases) and whooping cough (150 cases). Scarlet Fever was also twice as prevalent and there was a large increase in pneumonia (33 cases of which 24 were fatal).

Scarlet Fever.

The scarlet fever rate (1.98) was above that for the whole country (1.72). The majority of cases occurred in early school life and only a third of them amongst the pre-school age group. Nine cases were admitted to hospital and the remainder were nursed at home. The disease remained mild in type and few complications were reported. There was only one death, an elderly patient suffering from heart disease.

Measles and Whooping Cough.

There was heavy incidence of measles (294 cases) and the majority of these were schoolchildren in the 5 to 10 age group although some cases occurred in children of all ages.

The parishes chiefly affected were Hellesdon, Wroxham and Sprowston and most of the cases occurred in the first four months of the year. Although 62 infants under 2 suffered attacks, only one child died from chest complications.

There were 150 cases of whooping cough with one death, the notification rate (4.17) being above that for the country (3.42). The parishes chiefly affected were Guestwick and Foulsham.

Diphtheria.

I am glad to report that no case of diphtheria was notified during 1948. This shows the effectiveness of the Council's Immunisation Scheme.

Enteric Group.

Only one case of dysentery was notified in a patient of 65. There were no cases of typhoid or paratyphoid.

Poliomyelitis.

Following the epidemic of 1947 there was a large decrease in the number of cases of poliomyelitis, only 2 being notified during the year. One was a boy of 4 at Sprowston and the other a boy of 7 at Aylsham. Both mild cases, they were admitted to hospital and made complete recoveries.

The only case left with permanent disability from the 1947 epidemic is still undergoing hospital treatment.

Infective Hepatitis or Jaundice.

There has been increased prevalence in infective hepatitis or jaundice, 24 cases being notified during the year.

The parish of Hellesdon was chiefiy affected, 16 cases occurring there between March and December. A well defined group of 5 cases occurred within a few days of each other in the neighbouring houses in the same road. As the incubation period is known to be three weeks or longer, a combined source of origin for this group of cases was suspected. Extensive enquiries failed to reveal a human source amongst the tradesmen serving the affected houses, but the primary source may have been a symptomless carrier who was unaware of his infectious state.

Further crops of cases continued to occur in the neighbourhood at three weekly intervals and many of these were house contacts of earlier patients. As is usual with this disease the majority of these patients were school-children between 8 to 12. No child under 4, and only 6 adults were affected.

Most of the cases made complete recoveries in 2 to 3 weeks, but a few had a prolonged convalescence and there was one death in a man of 28 also suffering from infective endocarditis.

Spread of infection is known to be from case to case and its control is rendered difficult by the fact that cases are most infectious before jaundice develops and the nature of their complaint can be diagnosed. The only preventive measure is improved personal and environmental hygiene in the school and home.

Tuberculosis.

There were 30 new cases of tuberculosis in 1948 compared with 41 in 1947, 22 of these were pulmonary and 8 non-pulmonary in type. There were 17 deaths and all of these were pulmonary cases, compared with 9 pulmonary and 2 non-pulmonary in 1947.

The sex incidence followed the pattern for the country as a whole, 18 new cases being male and 12 female and there were 12 male deaths to 5 female. A remarkable feature of the male rates in recent years has been the increased mortality in the higher age groups and the figures show that 7 of the male deaths occurred between 35 and 70. This increase has not been noted in the rate for the higher female age groups.

It is suggested that the older men are the less fit survivors of World War I who have been subjected to extra strain during World War II. It would appear from these findings that tuberculosis is no longer to be regarded as wholly a disease of young people.

At the end of the year, there were 205 cases remaining on the register, a decrease of 2 since 1947.

Food Poisoning.

There was a marked decrease in the number of cases of food poisoning notified during the year. Only 5 separate incidents were investigated and

in none of these was more than one household affected. There was only one person attacked in 2 cases and one case was a carrier diagnosed in the course of a bacteriological investigation for other reasons. In no case were more than 2 persons affected.

In three instances the causal organism was identified as S. typhimurium and in the other two no bacterial diagnosis was made. No actual food was proved to be the cause of the illness in any of the cases, but meat patties, corned beef (2 cases) and sausage meat were strongly suspected.

In spite of this satisfactory report there is no cause for complacency and little reason to believe that standards of food handling have appreciably improved. Only the education and the conscientiousness of the food-handlers themselves can protect those who have to eat the food they touch.

Diphtheria Immunisation Scheme.

Up to July 5th, 1948, the District Council had the responsibility for administering the diphtheria immunisation scheme. After that date this duty was transferred to the local health authority, Norfolk County Council.

The intensive campaign begun in 1947 was carried on in 1948 with redoubled vigour and the Council appointed a part-time health worker, a trained health visitor, to assist with the organisation of the scheme. This arrangement worked admirably and all credit is due to the temporary helper who worked with such energy and enthusiasm to ensure that every parish was covered by the end of June. Most of the injections were given at schools by General Practitioners without whose willing co-operation the work could not have been carried out.

By the end of June, every child in the district had been given the opportunity of having either primary immunisation or a reinforcing dose, whichever was applicable and the majority of parents took full advantage of it.

The work carried out during the six months to June 30th was as follows:

Children who received a complete course of immunisation.			*Boosting Doses*	*Grand Total Treated*
Under 5	5-14	*Total*	*All ages*	
237	265	502	2,033	2,535

The fact that no case of diphtheria was notified during 1948 shows how effectively the children of the district have been protected against this serious disease.

NATIONAL HEALTH ACT, 1946

In order to carry out their new duties under the National Health Services Act, the Norfolk County Council decentralised many of its public health functions to nine Area Offices. The St. Faith's and Aylsham Rural

District together with Forehoe and Henstead Rural District make up Area No. 4 with a temporary area office at 197, Wroxham Road, Sprowston. The area office is under the supervision of the Area Medical Officer who is also the Medical Officer of Health to both Districts.

This arrangement began on July 5th, and even after only six months it is apparent that there are great possibilities for effective co-operation between the staffs of the Public Health Department on the one hand and the Area Office on the other. With Sanitary Inspectors who have an appreciation of Welfare and Welfare Officers with an awareness of public health, many human problems can be solved by friendly collaboration which would be insoluble for either officer working alone.

The supervision of the two branches of the service by the same Medical Officer makes for even better integration for the benefit of the district as a whole. Infectious disease is a good example of this. The school epidemic is controlled with the help of the County School Nurse, while the affected households and preventive measures in the general population are the concern of the Sanitary Inspector—both working with the same Medical Officer.

The representation of the District Council upon the Area Health Sub-Committee should ensure that local needs are brought directly to the notice of the main Health Committee and any deficiency in the County Council provisions for the district should thus be remedied.

WATER SUPPLIES

There is very little progress to report with regard to the district's water supplies although many schemes have been considered during the year and much preliminary work has been done. Horsford was the only parish to which mains were laid in 1948 and water is now available to 200 houses occupied by approximately 600 persons.

Although considerable anxiety has been felt with regard to the scanty rainfall and the reduction of the water level in shallow wells, it has not been necessary to institute any emergency water scheme during the year.

I wish to repeat that it is essential that piped water should be made available throughout the district with the minimum of delay.

HOUSING

Waiting List

Applicants at 31st December, 1947		1,404
,, at 31st December, 1948		1,617
Analysis of waiting list:—		
Families with 2 or less children ...	1,407	
Families with 3 or more children ...	210	
Agricultural Workers	347	
Others	1,270	

Local Authority Houses

Position at 31st December, 1948:—

Prewar—569

Post-war—303 Total—872.

Second Post-war Housing Programmes—Total proposed houses—500

Houses erected by Local Authority during 1948:—

(a) Permanent—139. Total Houses—139.

Houses under construction by Local Authority at the end of 1948—96

Ex-Government Camps

No. of families occupying these camps:—

at the 31st December, 1947 187

at the 31st December, 1948 208

Total number of huts converted to dwellings:—

at 31st December, 1948 193

Total number of applicants housed in camps from waiting list during 1948 21

It will be seen from the above figures that there is still a long waiting list for houses. One of the satisfactory features in the comparison between the years 1948 and 1947 is that the proportion of families with three or more children has been reduced from nearly half the total applicants in 1947 to about an eighth in 1948, showing that a very high priority has been given to the larger families in the allocation of houses.

Although revision of the waiting list reduced the total figure to 1,100, new applications continued to be received almost daily and gave a rate of increase which greatly exceeded the number of new houses built during the year. There does seem to be a need for a smaller and simpler type of house to accommodate the newly-married and elderly couples and attention needs to be paid to a variety of sizes of houses to serve each village community.

The number of occupants of Ex-Government Camps has also increased and there is no doubt that this type of accommodation is serving a very useful purpose during these years of acute shortage. There is no evidence to show that the incidence of disease or illness has been any greater among the occupants of converted huts than among the general population, but during the extremes of temperature the standard of comfort cannot be very high especially in the Nissen type of hut with a corrugated iron roof. It is to be hoped that it will be possible to extend and expedite the building programme so that the less desirable types of hutments may be permanently evacuated within a reasonable time.

From time to time cases of sub-standard living have been brought to my notice, the so-called "problem families" who usually gravitate into the worst type of dwelling and who are the despair of all agencies striving for their improvement. I am glad to report that in several cases thought to

be hopeless, the allocation of a well-equipped Council House has brought about remarkable improvement and has had the effect of raising the morale of the whole family.

The time has now come to consider seriously the re-housing of tenants of condemned houses particularly where there are young families, followed by the demolition of those premises in the worst state of repair. The housing survey has revealed that a far too large proportion of occupied houses can be classed as Grade V. It is essential in the interests of their occupants that this proportion should be taken into consideration when the allocation of new Council Houses to any parish is being considered so that such sub-standard accommodation may gradually be eliminated from the district.

Speaking generally, the housing problem is being tackled energetically, but the pace is still much too slow to bring a solution within a measureable distance of time. The district needs many more houses, of varied type and size, to be erected as rapidly as possible if all families are to have a chance of enjoying satisfactory home life.

SOCIAL HEALTH OF DISTRICT

The social health of the district may be measured by the proportion of its population who have opportunities to lead full, satisfying and useful lives. In the rural district, apart possibly from the fringe area of Norwich, these opportunities will depend upon the integration and sense of community in each separate parish.

The perfect parish should have facilities for all age groups to live complete and happy lives. From Infant Welfare Centres at one end of life to the Old People's Clubs at the other there should be ample scope for all. Toddlers and pre-school children need the Nursery School or at least the freedom of the safe playground to avoid unnecessary frustrations. The school child, the adolescent and the young adult need the playing field for full development of body and character; while the village hall is essential for the many social and educational activities of all groups from youth to old age.

The best houses we can build will hold but inadequate citizens unless the community in which they live offers scope for the full development and exercise of their powers. Indeed good social health in this sense may actually be a form of preventive medicine. For example, we know that old people who are occupied and happy tend to remain active in mind and body longer than those who are lonely and without interest. Anticipation of a friendly club meeting once a week may well postpone indefinitely the mental and physical deterioration which so often makes institutional care essential. Again the playing field and well run youth club must tend to reduce delinquency, as the toddlers' playground reduces the toll of the roads.

With these facts in mind I have made a brief survey of the social amenities of the district parish by parish and find that out of 41 parishes of various sizes there are:—

29 with village halls. 12 propose to build one.
10 with playing fields. 12 propose to obtain one.
26 With Women's Institutes.
19 with Youth Organisations.
37 Branches of County Library.
11 with some form of further education classes.
5 have Old People's Clubs.

As some villages are possibly too small to support all these amenities I have extracted the data for parishes with populations of 700 and over. Out of 18 such parishes:—

17 have some sort of village hall. 8 will build another.
9 have playing fields. 8 propose to obtain one.
17 have Women's Institutes.
14 have Youth Organisations.
17 have a branch of the County Library.
10 have further educational classes.
5 have Old People's Clubs.

These findings show that while books are almost universally available and the majority of the adult women have an Institute reasonably close at hand, less than half the young people have accessible youth clubs and only a quarter of them playing fields. Only the five largest parishes have clubs for old people

It is a very healthy sign that so many parishes are making a local effort to supply the facilities they lack. The large number of young people who have had some experience of service life should be a great asset in the social building of the future. Their knowledge of group activities should be utilised before they forget how interesting healthy community life may be. This appears to be a great field of endeavour for the really active and enlightened Parish Councils and there are many larger bodies such as the County Council from whom they can obtain help.

Sturdy growth from below must make for a richer community than stereotyped patterns imposed from above. The rural way of life is most acceptable and healthy when lived in the small integrated community with abundant facilities for all its members. Vigorous local efforts, if successful, may ultimately result in halting the previous drift to the towns and may even reverse the process. The District Council and other interested bodies would do well to give these efforts every help and encouragement.

CONCLUSION

To sum up this report, I may say that on the whole the health of the district has been satisfactory during the year, the rise in the death rate is

slight and the fall in the birth rate follows the national trend. Increased mortality from pulmonary tuberculosis may indicate the adverse effect of poor housing conditions, particularly overcrowding, while the very small mortality from the widespread infectious diseases would suggest that the general resistance of the children is high.

The most pressing needs of the district are still many more houses with an adequate piped water supply and a drainage scheme to every parish.

In conclusion, I should like to express my appreciation of the help and encouragement I have received from the Chairman and Members of the Public Health Committee and the loyal co-operation of the staff.

I have the honour to be,

Your obedient servant,

IRENE B. M. GREEN,
Medical Officer of Health.

GENERAL STATISTICS

Area (in acres)	93,119
Population (Census 1931)	25,648
Population (estimated resident 1948)	35,800
Number of structurally separate dwellings (1931)	7,660
Rateable Value, 31st December, 1948	£151,650
Estimated Net Produce of a Penny Rate	£570

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

which relate to the net births and deaths after correction for inward and outward transfers as furnished by the Registrar:—

	Total	*Males*	*Females*		St. Faith's & Aylsham 1948	St. Faith's & Aylsham 1947	England & Wales 1948
LIVE BIRTHS							
Legitimate	623	325	298	Birth rate per 1,000 of estimated resident population ...	18.3	21.6	17.9
Illegitimate	33	15	18				
Total ...	656	340	316				
Still Birth rate per 1,000 total (Live and Still) Births					20.8	23.6	—
STILL BIRTHS							
Legitimate	14	10	4	Rate per 1,000 of estimated resident population	0.39	0.5	0.42
Illegitimate	Nil	Nil	Nil				
Total ...	14	10	4				

DEATHS

Total ...	379	193	186	Crude death rate per 1,000 of the estimated resident population ...	10.5	9.7	10.8

Deaths from puerperal causes—0.

INFANT DEATHS

	Totals	*Males*	*Females*
Legitimate	22	11	11
Illegitimate	1	1	—
	—	—	—
Totals	23	12	11
	—	—	—

	St. Faiths & Aylsham		England & Wales
	1948	1947	1948
Infant Mortality Rate per 1,000 live births	35.0	38.3	34.0

Ages at Death (Infants under 1 year)

Ages	*Males*	*Females*	*Total*
1st day	4	4	8
1-7 days	3	2	5
1-4 weeks	1	1	2
1-3 months	—	2	2
3-6 months	1	1	2
6-9 months	1	—	1
9-12 months	3	—	3
	—	—	—
Totals	13	10	23
	—	—	—

Causes of Death (Infants under 1 year)

		Males	*Females*	*Total*
Total—14				
Inevitable				
	Prematurity	6	2	8
	Congenital Defects ...	3	3	6
Total—3	Obstetrical Injury ...	1	2	3
Total—6				
Preventable				
	Infectious	2	3	5
	Accidental	1	—	1

The causes of death are given in the following table supplied by the Registrar-General:—

	Causes of Death	*Males*	*Females*	*Total*
	All Causes	193	186	379
1	Typhoid and Paratyphoid	—	—	—
2	Measles	1	—	1
3	Scarlet Fever	1	—	1
4	Whooping Cough	1	—	1
5	Diphtheria	—	—	—
6	Influenza	—	—	—
7	Encephalitis Lethargica	—	—	—
8	Cerebro-Spinal Fever	—	—	—
9	Tuberculosis of Respiratory System ...	9	4	13
10	Other Tuberculous Diseases	3	1	4
11	Syphilis	1	—	1
12	General Paralysis of the Insane	—	—	—
13	Cancer	25	34	59
14	Diabetes	2	—	2
15	Cerebral Hæmorrhage, etc.	22	31	53
16	Heart Disease	56	53	109
17	Aneurysm	—	—	—
18	Other Circulatory Diseases	6	5	11
19	Bronchitis	3	4	7
20	Pneumonia (all forms)	5	4	9
21	Other Respiratory Diseases	2	—	2
22	Peptic Ulcer	4	—	4
23	Diarrhœa, etc. (under two years)	1	1	2
24	Appendicitis	—	—	—
25	Cirrhosis of the Liver	—	—	—
26	Other Diseases of the Liver	—	—	—
27	Other Digestive Diseases	4	5	9
28	Acute and Chronic Nephritis...	10	3	13
29	Puerperal Sepsis	—	—	—
30	Other Puerperal Diseases	—	—	—
31	Congenital Debility, Prematurity, Malformations, etc.	4	5	9
32	Senility	—	—	—
33	Suicide	1	1	2
34	Violence	4	4	8
35	Other Defined Diseases			
36	Causes Ill-defined or Unknown	18	24	42

NOTIFIABLE DISEASES (other than Tuberculosis).

The incidence of notifiable disease during the year is shown in the two subjoined tables: the first table sets out the total notifications, whilst the second shows the distribution according to age.

Disease	*Total Cases*	*Admitted to Hospital*	*Deaths*	*Notification Rate per 1,000 Population*	
				St. Faith's & Aylsham 1948	England & Wales
Scarlet Fever ...	71	9	1	1.98	1.73
Whooping Cough ...	150	—	1	4.18	3.42
Measles	294	—	2	8.48	9.43
Pneumonia	33	—	24	0.91	0.73
Infective Jaundice ...	24	—	1		
Poliomyelitis ...	2	2	—		
Puerperal Fever ...	1	—	—		
Food Poisoning ...	3	—	—		
Dysentery	1	—	—		
Erysipelas	4	—	—		
	583	11	29		

Disease	*Ages*												*Total*
	1	2	3	4	5	10	15	25	35	45	55	65	
Scarlet Fever ...	2	3	12	9	40	4	-	-	1	-	-	- ...	71
Infective Jaundice	-	-	-	1	6	8	1	3	2	2	1	- —	24
Pneumonia ...	2	-	1	1	-	1	1	3	4	8	4	8 ...	33
Ac. Poliomyelitis	-	-	-	1	1	-	-	-	-	-	-	- ...	2
Puerperal Fever	-	-	-	-	-	-	-	1	-	-	-	- ...	1
Measles ...	32	30	30	30	146	15	3	5	2	1	-	- ...	294
Whooping Cough	31	20	10	18	65	3	1	-	-	1	1	- ...	150
Food Poisoning	-	-	-	-	-	-	-	1	-	-	2	- ...	3
Dysentery ...	-	-	-	-	-	-	-	-	-	-	-	1 ...	1
Erysipelas ...	1	-	-	-	-	-	-	-	-	2	-	1 ...	4
Totals ...	68	53	53	60	258	31	6	13	9	14	8	10 ...	583

TUBERCULOSIS

Particulars of the new cases of Tuberculosis, deaths from the disease, and the total number of cases in the area during 1948 are given in the following tables —

	New Cases				*Deaths*			
	Respiratory		*Non-Respiratory*		*Respiratory*		*Non-Respiratory*	
Age Periods	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
5— ...	—	1	5	1	—	—	—	—
15— ...	3	4	—	1	—	2	—	—
25— ...	5	3	—	—	5	1	—	—
35— ...	—	2	—	—	2	1	—	—
45— ...	—	—	—	—	1	—	—	—
55— ...	2	—	1	—	3	—	—	—
65 upwards	2	—	—	—	1	1	—	—
	—	—	—	—	—	—	—	—
	12	10	6	2	12	5	—	—
	—	—	—	—	—	—	—	—

Type of Case	*Males*	*Females*	*Total*
Respiratory	74	61	135
Non-Respiratory	35	35	70
Totals	109	96	205

SANITARY INSPECTOR'S REPORT

For the Year 1948

I have the honour of presenting the following report for the year 1948:—

NUMBER OF INSPECTIONS AND VISITS MADE DURING THE YEAR IN CONNECTION WITH SANITARY AND OTHER WORK.

Inspections under the Public Health Acts	2,744
Revisits to acertain progress of work	1,594
Inspections under the Housing Acts	749
Revisits to ascertain progress of work	257
Inspections and revisits of Moveable Dwellings	50
Visits to Infectious Disease Cases	136
Rooms Disinfected	49
Inspections of Cowsheds and Dairies	457
Inspections of Slaughterhouses	262
Inspections of Meat Shops	86
Inspections of Bakehouses	55
Inspections of Provisions Shops	44
Inspections of Fried Fish Shops	38
Inspections of Ice Cream Premises	83
Inspections of Restaurant Kitchens	27
Inspections of Factories	34
Inspections in connection with Scavenging Schemes	1,669
Inspections of Sewers	312
Inspections of Sanitary Accommodation at Schools	41
Inspections of Public Conveniences	14
Samples of Water taken for Analysis	58
Inspections under Petroleum Acts	92
Other visits interviewing owners, etc.	533
Inspections under Building Bye-Laws	1,428
Inspections in connection with the issue of Building Licences ...	729
Total	10,541

MEAT AND FOOD INSPECTION—

The following are the particulars of the work carried out in connection with Meat and Food Inspection during the year.

The number of carcases inspected at the Slaughter-House under the control of the Ministry of Food were as follows:—

Beef	1,904
Pork	495
Mutton	2,206
Veal	946
Total	5,551

The following is a summary of the meat condemned as being unfit for human consumption, and the bracketed figures indicate the number which were affected with Tuberculosis:—

BEEF—

58 Carcases and all Offal (38)
17 Forequarters (15)
2 Hindquarters
922 lbs. Beef (456)
242 Heads (155)
171 Tongues (154)
630 Livers (34)
303 Parts Livers (2)
328 Sets Lungs (175)
127 Mesenteries (75)
18 Spleens (5)
1 Heart (1)
32 Kidneys (4)
5 Udders (3)
7 Tripes (3)
17 Stomachs (4)
14 Churns Blood (14)

Reasons for condemnation other than Tuberculosis were:—

Abscesses
Actinomycosis
Angioma
Bone Taint
Cirrhosis
Congestion
Decomposition
Distomatosis
Echinococcus
Fatty Infiltration
Fever
Fibrosis
Injuries
Melanosis
Necrosis
Nephritis
Oedema
Pentastomum
Pneumonia
Septicæmia
Septic Pericarditis
Tumours
Uræmia

PORK—

10 Carcases and all Offal (1)
39 lbs. Pork
13 Heads (13)
58 Sets Lungs (5)
6 Hearts
15 Livers
19 Mesenteries (11)
6 Tongues (6)
17 Sets Intestines
6 Plucks (2)
1 Stomach
8 Kidneys
1 Forequarter
2 Hindquarters
5 Legs
3 Spleens

Reasons for condemnation other than Tuberculosis were:—

Cirrhosis	Injuries
Fever	Oedema
Immaturity	Pneumonia
Inflammation	Swine Erysipelas
Jaundice	Swine Fever

MUTTON—

2 Whole Carcases and all Offal
11 lbs. Mutton
8 Sets Lungs
63 Livers
3 Heads
1 Pluck

Reasons for condemnation were:—

Tuberculosis	Injuries
Abscesses	Parasites
Dropsy	Pneumonia
Fever	Inflammation

VEAL—

12 Whole Carcases and Offal (1)
63 Livers
1 Set Lungs
81 lbs. Veal

4 Plucks (1)
1 Stomach
1 Forequarter
4 Feet

Reasons for condemnation other than Tuberculosis were:—

Inflammation	Necrosis
Melanosis	Pyæma
Jaundice	Immaturity

Other Foods Condemned—

121 Tins of Meat and Fish
32 Tins Milk
74 Tins Vegetables, etc.
1 lb. Mincemeat
110 lbs. Semolina
11 lbs. Dried Fruit
1 Bottle Vinegar

Ice-Cream Premises—

There are three manufacturers and twenty-four retailers on the Council's register. The manufacturers prepare ice-cream by the " hot mix " method. Twenty-three of the retailers sell a prepacked product and the remaining one sells ice-cream produced by a firm in Norwich.

Ice-Cream Sampling—

The following is the record of the results of samples taken during the year. The Grades are those defined by Regulations, Grades I and II being regarded as satisfactory and Grades III and IV unsatisfactory.

	Manufacturer or Retailer	*Heat Treated or Cold Mix*	*Methylene Blue Test*	*Grade*
1	Manufacturer ...	Heat Treated	Decolourised immediately	IV
2.	Itinerant Vendor ...	—	Decolourised immediately	IV
3.	Retailer (prepacked)	—	Decolourised ½ hour ...	III
4.	Manufacturer ...	Heat Treated	Decolourised immediately	IV
5.	Manufacturer ...	Heat Treated	Decolourised 1½ hours ...	III
6.	Retailer (Produced in Norwich ...	—	Decolourised immediately	IV
7.	Retailer (prepacked)	—	Decolourised 3½ hours ...	II
8.	Itinerant Vendor ...	—	Decolourised 1 hour ...	III
9.	Retailer (prepacked)	—	Decolourised immediately	IV
10.	Retailer (prepacked)	—	Decolourised 4½ hours ...	I
11.	Retailer	—	Decolourised immediately	IV
12.	Manufacturer ...	Heat Treated	Decolourised immediately	IV
13.	Manufacturer ...	Heat Treated	Decolourised immediately	IV

It will be observed that all but two samples were classed as unsatisfactory, in spite of regular and particular attention being paid to ensure that premises are maintained in a clean condition.

COWSHEDS AND DAIRIES

There are 204 Cowkeepers on the Council's register, and the following is a summary of the work carried out during the year in connection with these Producers' and Retailers' Premises:—

CLEANLINESS OF PREMISES—

Cowsheds limewashed	30
Dairies limewashed	10
Premises where dirty milking stools were cleansed	12
Dirty cowshed floors cleansed	6
Accumulations of manure removed	7
Other contraventions of the Milk and Dairies Order remedied	13

STRUCTURAL DEFECTS IN PREMISES—

New Cowsheds erected	3
Cowshed floors repaired or amended	5
Drainage of Dairies or Cowsheds provided or amended ...	1
Wash or storage Dairies provided	4
Dairy Floors repaired	3
Additional lighting provided to Cowsheds	4
Entrance Yards to Cowshed made up	3
Sterilisers provided	1
Other structural repairs carried out	20

For many years a considerable amount of time has been devoted to securing improvements in the Cowsheds and Dairies in the district with the result that except in a very few cases the premises are of a very good standard.

SCAVENGING AND SALVAGE

In accordance with the Council's policy to extend the Scavenging Service so as to cover the whole of the district during the year 1948 the Scheme was extended so as to include the parishes of Brampton, Hevingham, Horsford, Marsham, Salhouse, Spixworth and Taverham for the collection of House Refuse and Night Soil and the parish of Gt. Witchingham for the collection of House Refuse.

The Scheme now covers 83 per cent. of the district and the particulars of the service are as follows:—

By Direct Labour—

Aylsham, Booton (The Street only), Brampton, Buxton-with-Lamas, Catton, Cawston, Coltishall, Drayton, Hellesdon, Hevingham, Horsford, Horstead, Marsham, Rackheath, Reepham, St. Faiths, Salhouse, Spixworth, Sprowston, Taverham, Gt. Witchingham, Wroxham. The removal of House Refuse and Night Soil.

Blickling—Squatters Camp. The removal of House Refuse only.

By Contract—

Foulsham. The removal of House Refuse and Night Soil.

The two cesspool-emptying vehicles continued to prove of great assistance to householders in the district and were in general working to their fullest capacity throughout the year.

The Salvage collected in conjunction with the Scavenging Service showed an increase of 45 per cent. over the previous year and amounted to 148 tons, the value was £801.

At the latter part of the year work was commenced on the new Depot at Frettenham and is now nearing completion and it will shortly be possible to commence tipping there and to close down the tip at Sprowston which has been the subject of complaints for some time.

DRAINAGE, SEWAGE AND WATER SUPPLIES.

Very little change in the conditions was made during the year. A short length of sewer was relaid at Cawston with larger pipes and this provided a remedy for recurrent flooding of a small number of houses after heavy rains.

No serious shortage of existing water supplies occurred during the year.

BUILDING LICENCES

The following is a summary of the work involved in connection with Building Licences during the year. It is to be regretted that there has been a continued need for this control and particularly that it has been possible to issue licences for the erection of new dwellings to such a small proportion of the applicants.

New Houses—

No. of houses for which applications for Building Licences were received	117
No. of houses for which Licences were issued	20
No. of proposed houses for which Licences were refused	97

Repair of Houses and Other Work—

No. of applications received	690
No. of applications refused	48
No. of Licences issued	642

MAINTENANCE LICENCES—

No. of applications received	2
No. of applications refused	Nil
No. of Licences issued	2

In addition to the above 92 recommendations were made to the Regional Licensing Officer of the Ministry of Works as to the issue of Licences.

HOUSING SURVEY

Further progress was made with the Rural Housing Survey and at the end of the year 1,779 houses had been inspected and classified as follows:—

Class I.	Houses suitable in all respects for habitation	26
II.	Houses with minor defects	239
III.	Houses needing repairs, structural alterations and improvements	845
IV.	Houses suitable for reconditioning under "Housing Rural Workers" Acts	436
V.	Unfit for habitation and beyond repair at reasonable expense	267

These figures are not truly representative of the whole of the district as they apply to the older type of houses and the modern houses will be inspected later.

The high cost of repairs is undoubtedly proving a serious obstacle to the proper maintenance of most of the older type of houses and the consequent deterioration will sooner or later produce additional problems in the already difficult housing situation.

BAKEHOUSES

There are 21 Bakehouses in the district, 21 visits of inspection have been made. It is gratifying to be able to record it was not necessary to serve any notices in connection with these premises.

SUMMARY OF NUISANCES ABATED AND OTHER WORK CARRIED OUT DURING THE YEAR

During the year 251 notices have been served in connection with Public Health and Housing defects, and as a result the following works have been carried out:—

HOUSING—

Sinks repaired	3
Piped water supplies provided	9
Pumps to wells repaired	6
Well covers repaired	5
Ashbins provided	81

Wells repaired	4
Privies converted to pail closets	11
Closet buildings repaired	29
New pails provided to pail closets	9
Rainwater guttering provided	10
Rainwater guttering repaired	9
Roofs repaired	74
Window frames repaired	22
Window frames made to open	3
Floors repaired	27
Doors and door frames repaired	26
Ceilings repaired	26
Walls repaired	14
Wall plaster repaired	15
Chimney stacks repaired	30
Stoves repaired	9
Coppers and ovens repaired or replaced	Nil
Dampness remedied	6
Rooms cleansed and redecorated	2
Staircases repaired	6
Overcrowding remedied	1

DRAINAGE—

Ditches and watercourses cleared	2
Drains cleared	Nil
Drains repaired	1
Inspection chamber covers provided	2
Cesspools emptied	2

MISCELLANEOUS—

Accumulations of manure and refuse removed	4
Bakehouses limewashed	Nil
Slaughterhouses limewashed	Nil

In conclusion I should like to express my thanks to the Chairman, Members of the Public Health Committee and the Medical Officer of Health, for their support and to each member of the staff for their unfailing co-operation.

I have the honour to be,

Your obedient servant,

(*Signed*) H. S. HAWKINS, A.M.I.S.E.

TUDOR HALL,

ROSE LANE, NORWICH.

August, 1949.