

**[Report 1949] / Medical Officer of Health, West Suffolk County Council.**

**Contributors**

West Suffolk (England). County Council.

**Publication/Creation**

1949

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WEST SUFFOLK COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
Medical Officer of Health  
FOR THE  
YEAR 1949.

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HENRY ROGER, M.A., M.B., Ch.B., D.P.H.,  
*County Medical Officer.*





COUNTY HEALTH DEPARTMENT,  
BURY ST. EDMUNDS.

*To the Chairman and Members of the Health Committee.*

*Mr. Chairman, Ladies and Gentlemen,*

*I have the honour to present to you the Annual Report on the health services of the County of West Suffolk for the year 1949.*

*The work in this, the first complete year since the new legislation came into operation in 1948, has been largely directed to building up and consolidating the services concerned.*

*Two of these, that of the Care of Mothers and Young Children, and the Domiciliary Midwifery and Nursing Service formerly administered by the County Nursing Association, were already in existence. Development in the former has been made possible by the removal from the County Council of the responsibility for any form of treatment and the consequent freeing of the health-visiting staff to devote a larger proportion of their time to visiting children in their homes.*

*It is disappointing, however, to record that in one branch no progress has been made. Owing to the reduction in the County dental staff, it was not possible to put into operation the scheme envisaged for the development of the service for the priority dental treatment of expectant and nursing mothers and young children.*

*The central control by the County Council of the domiciliary midwifery and nursing service has facilitated the more economic use of the nursing staff available.*

*Considerable attention has been paid to the administration of the Ambulance Service and, as described later in this Report, special efforts have been directed to ensuring its use in the most economic and efficient manner.*

*The service for the Welfare of the Aged and the Disabled is becoming more widely known, and the problems referred to the Welfare Officers are many and varied. Progress has been made with the adaptation of the houses acquired by the County Council as Homes for Aged Persons, and it is hoped that they will become ready for occupation during 1950, and that a number of the people at present in the "Part III. accommodation" at St. Mary's Hospital, Bury St. Edmunds, will be transferred to them.*

*The Home Help Service is a new one, having been started only at the beginning of the year. It is hoped that this will be expanded when more helpers are recruited.*

*The recent milk legislation which came into operation in October, 1949, brought about further changes in the duties of the Health Department. Certain functions previously undertaken have passed to other authorities, but the new duties laid upon the County Council are likely to be extended in the future.*

*In considering the vital statistics, it will be remembered that the infant mortality and death rates fell last year to the very low figures of 26.3 and 12.1 respectively, and that the low rates for the country as a whole were attributed partly to the favourable weather conditions and the freedom from epidemics of influenza. It is not surprising therefore to find that there was a slight rise in 1949, although the infant mortality rate was lower than in 1947, and was also lower than the rate for England and Wales. The birth rate continues to show the fall which has followed the post-war rise.*

*No major epidemic has occurred during the year, though unfortunately there was a small outbreak of poliomyelitis during the summer months. Full details of this are given later in this Report.*

*I consider that the health of the County as a whole has been maintained satisfactorily.*

*It is with regret that I have to record the death on 27th November, 1949, of Dr. Ernest Stork, D.S.O., who was Medical Officer of Health to the Borough of Bury St. Edmunds for so many years. The passing of the Education Act, 1944, and the National Health Service Act, 1946, brought him into close association with the County Health Department, and I am indebted to him for his ready co-operation and for the benefit of his experience.*

*I am grateful to the Chairman and Members of the Health Committee for their continued help and encouragement, and to the members of the staff of the Health Department for their loyal co-operation.*

*I have the honour to be,*

*Mr. Chairman, Ladies and Gentlemen,*

*Your obedient servant,*

*HENRY ROGER,*

*County Medical Officer of Health.*



## STAFF OF THE COUNTY HEALTH DEPARTMENT.

### *County Medical Officer :*

H. Roger, M.A., M.B., Ch.B., D.P.H.

### *Deputy County Medical Officer :*

Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.

### *Assistant County Medical Officers:*

T. A. H. Smith, M.B., Ch.B.

G. M. Cubie, M.B., Ch.B., D.P.H. (to 14-7-49).

E. Stork, D.S.O., M.B., B.S. (part-time) (to 14-11-49).

J. Brenda M. Mayes, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (Also M.O.H. of County Districts).

### *Senior Dental Officer :*

S. H. Pollard, L.D.S.

### *Dental Officer:*

S. Mitchinson, L.D.S.

### *Superintendent Health Visitor :*

M. P. Mullender, S.R.N., Certified Midwife, Health Visitors' Certificate.

### *Health Visitors and School Nurses :*

At the end of the year nine health visitors, one school nurse, and four dental attendants were being employed.

### *Supervisors of Midwives :*

L. J. Gray, S.R.N., Certified Midwife (to 16-7-49).

O. E. Payne, S.R.N., Certified Midwife, Health Visitors' Certificate (from 1-7-49).

### *District Nurses :*

At the end of the year forty-one district nurse-midwives and two assistant nurses were being employed.

### *Welfare Officers :*

B. W. Cockell.

W. J. J. Tyrrell.

### *Children's Welfare Officer :*

Ailsa L. Pank (to 15-3-49).

### *Welfare Officer for the Blind :*

M. D. Gourlay.

### *Home Teacher for the Blind :*

L. C. Teed.

### *Chief Sampling Officer (Food and Drugs Acts):*

D. Thompson.

### *Administrative Officer :*

D. Kilner.

### *Clerks :*

At the end of the year fourteen clerks were being employed.

All the members of the medical, dental, health-visiting and most of the clerical staff were also employed in the school health service.

## STATISTICS AND SOCIAL CONDITIONS OF COUNTY.

Area in Acres .. .. .	390,916
Population (Estimated, 1949)—Urban .. .. .	42,554
Rural .. .. .	69,724
Administrative County .. .. .	112,278
Rateable Value .. .. .	£517,433
Estimated Product of a Penny Rate .. .. .	£2,074

# EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

## (a) Births.

Live Births—							Total.	Males.	Females.
Legitimate	..	..	..	..	..	..	1,807	964	843
Illegitimate	..	..	..	..	..	..	95	54	41
Total Births	..	..	..	..	..	..	1,902	1,018	884

Birth Rate per 1,000 of the estimated resident population, 16.9

Still Births .. .. . 50 24 26

Rate per 1,000 total births, 26.3.

## (b) Deaths.

Deaths .. .. . 1,489 783 706

Death Rate per 1,000 of the estimated resident population, 13.3.

Deaths from diseases and accidents of pregnancy and childbirth:—

(a) From sepsis .. .. . Nil

(b) From other causes .. .. . Nil

Maternal Mortality Rate per 1,000 total births .. .. . Nil

Death Rate of Infants under 1 year of age:—

All Infants per 1,000 live births .. .. . 29.9

Legitimate per 1,000 legitimate live births .. .. . 28.2

Illegitimate per 1,000 illegitimate births .. .. . 63.2

Death from Measles (all ages) .. .. . Nil

Deaths from Whooping Cough (all ages) .. .. . Nil

Deaths from Diarrhoea (under 2 years of age) .. .. . 3

Deaths from Cancer (all ages) .. .. . 186

## Birth Rate.

The Birth Rate was 16.9 per 1,000 of the estimated population as compared with 18.0 for 1948. The Birth Rate for England and Wales was 16.7.

## Death Rate.

The Death Rate was 13.3 per 1,000 of the estimated population as compared with 12.1 for 1948 and 11.7 for England and Wales.

## Infant Mortality.

The Infant Mortality Rate was 29.9 per 1,000 live births as compared with 26.3 for 1948. The corresponding figure for England and Wales was 32.0.

## Zymotic Deaths.

Four zymotic deaths were returned as follows: Cerebro-Spinal Fever, 1; Acute Polio-myelitis and Encephalitis, 3.



**Population, Birth Rate, Death Rate, and Deaths classified according to Diseases.**

DISTRICT.	Population.	Birth Rate.	Crude Death Rate.	Adjusted Death Rate.	Typhoid and Parat. Fevers.	Cerebro-Spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tub. of Resp. Sys.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Ac. polio-myel and polio-enceph.	Ac. inf. enceph.	Cancer.	Diabetes.	Infarct-Cranial Vascular lesions.	Heart Disease.	Other dis. of Circ. System.	Bronchitis.	Pneumonia.	Other res. dis.	Ulcer of Stomach or Duodenum.	Diarrhea under 2 years.	Appendicitis.	Other Digestive Dis.	Nephritis.	Puer. and Post-Abort. Septic.	Other Maternal Causes.	Prem. Birth.	Con. Mal. Birth Inf.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.			
<i>Boroughs and Urban Districts—</i>																																									
Bury St. Edmunds	18870	16.8	11.8	10.7						3		1	4					30	1	42	63	17	4	11	2	3	1	1	5	9			3	3	4	2	3	10	222		
Hadleigh ...	2990	15.4	12.0	10.0						2								3		9	14		1	1				1										6	36		
Haverhill ...	4064	15.3	13.8	10.7														4	3	20	1	3	7					1		2				2				3	8	56	
Newmarket ...	9740	14.1	14.1	12.2						2	1	1	2					20	10	44	9	9	8	3				1	1	4			4	4	2	1	1	11	137		
Sudbury ...	6890	13.5	16.4	11.6						3	2	1						11	1	14	46	7	5	4		2			3	3					1	1			4	5	113
Totals	42554	15.4	13.2	11.1						10	3	2	7					68	2	78	187	34	22	31	5	6	1	2	10	18				7	10	7	3	11	40	564	
<i>Rural Districts—</i>																																									
Clare ...	8326	17.3	13.3	9.9								1	1					11		15	46	7	6	7					1					1	3	3	1	2	5	111	
Cosford ...	9410	17.6	14.7	10.8						3	1	1	8					20	1	13	50	7		5	1	4			1	2	3			3			1	2	11	138	
Melford ...	12390	17.8	15.3	12.1						2		1	8					17		25	60	18	11	4	2	4	1		6	11						1	3	1	3	11	190
Mildenhall ...	14390	20.6	11.7	10.7						6	1	1	1					17	1	21	56	4	6	6	1	1	1		1	3			5	2	2	3	5	24	168		
Thedwastre ...	8618	16.8	13.7	10.7							2	2						15		11	29	5	4	4					2					1	1	1			11	118	
Thingoe ...	16590	16.6	12.1	10.5						5	1	2						38		17	74	13	5	13	1			1	4	5				4	4	2	3		7	200	
Totals	69724	17.9	13.3	10.9	1					16	5	4	22					118	2	102	345	54	32	39	5	9	2	2	16	22				14	11	12	8	12	69	925	
Grand Totals	112278	16.9	13.26		1					26	8	6	29		3	186	4	180	532	88	54	70	10	15	3	4	26	40					21	21	19	11	23	109	1489		



## CARE OF MOTHERS AND YOUNG CHILDREN.

### Health Visiting.

In the past this service has suffered from a shortage of health visitors, but during 1949 the available staff was increased in two ways. Firstly, three additional school-nurse/health visitors, two of whom had completed their training under the County Council's training scheme, took up duty, bringing the total number up to nine. Secondly, a steadily increasing proportion of the time of the school-nurse/health visitors was allocated to health visiting, as the Regional Hospital Board were gradually able to provide their own nursing staff for the specialist school and venereal diseases clinics, for which they had become responsible when the National Health Service Act, 1946, came into operation. This process, however, was not completed till June, 1949.

It is gratifying to report that as a result of these changes, it was possible to resume the regular visiting of all children under school age, and the great increase in the work is shown by the following figures:—

	1946.	1947.	1948.	1949.
Visits to children under 1 year of age .. ..	1,727	2,395	2,652	6,718
Visits to children between 1 and 5 years .. ..	5,996	6,615	5,591	14,289

Special attention has been paid to "Problem Families," that is, those whose standard of living has fallen far below normal, usually as a result of the mental defect or physical ill-health of the parents combined often with environmental or economic difficulties and a tendency to anti-social behaviour. By frequent visiting to advise, urge and encourage it is hoped that their condition may in time be improved. Progress, however, in all cases, has proved to be slow and difficult, and much patience and understanding is required in dealing with them. Insufficient experience has as yet been gained in this County, to come to any conclusions as to the results of these special efforts.

### Infant Welfare Clinics.

The twenty-one infant welfare clinics previously maintained and staffed by the County Council have been continued throughout the year, and additional clinics have been started at Beck Row, Bildeston, Nayland and Walsham-le-Willows. In addition, it was decided, in response to local requests, although the population likely to be served was small, to staff and maintain, for a trial period, the clinic at Elveden, which could no longer be run on a voluntary basis.

The total number of children attending these clinics was 9,705, of whom 5,628 were under one year of age. Of these 1,258, including 868 children under one year of age, attended for the first time.

### Nurseries and Child-minders Regulations, 1948.

By 31st December, 1949, one nursery, providing for 12 children, had been registered. No child-minder was registered or came to the notice of the County Council.

### Dental Care.

Mr. Pollard, the Senior Dental Officer, has been responsible for drawing up the following report.

#### "Organisation.

The Service approved for the provision of dental care for mothers and young children in West Suffolk is combined with the school dental service, the equivalent of half the time of one dental officer out of a total establishment of five officers being allocated for mothers and young children. The main treatment centres are established at Bury St. Edmunds, Newmarket and Sudbury, the first two at fixed clinics and the last in temporary treatment premises.

X-ray facilities are provided by arrangement with the Regional Hospital Board, patients being referred directly to the most convenient Hospital.

The mechanical work involved in the provision of dentures and similar appliances is carried out under contract by a technician to the profession.

#### Treatment Carried out in 1949.

The amount of treatment given during the year was very small. With the total staff reduced to two dental officers it was felt that there was little justification for stimulating a demand for treatment when facilities for meeting it were not available. It is realised that the need for dental treatment existing among expectant and nursing mothers is considerable. Since the remaining Assistant Dental Officer resigned at the end of the year the Public Dental Service in West Suffolk is now at very low ebb.

#### Future Development.

The development of the scheme in West Suffolk is dependent primarily on the recruitment of dental officers. This is a problem that can be solved only on a national basis. The question of employing auxiliary workers in the public dental service has recently been considered. It is felt that there would be little scope, if any, for such persons in West Suffolk. It appears to be the general opinion that dental hygienists or dental nurses should work under the direct supervision of a dental surgeon. While this could easily be arranged in the larger centres of population its application to a rural area would be difficult and probably uneconomic. In any case the recruiting and training of any considerable number of auxiliary workers would have to be in conjunction with a carefully thought out and co-ordinated long-term policy.

With a full staff available future developments visualised include the provision of a fixed clinic for the Sudbury area and the holding of regular clinics in temporary premises at a number of smaller centres. This latter development is hampered in some instances by lack of public transport. The provision of dental care for the inhabitants of the more remote rural areas would appear to be both difficult and costly."



(a) NUMBERS PROVIDED WITH DENTAL CARE.

	<i>Examined.</i>	<i>Needing Treatment.</i>	<i>Treated.</i>	<i>Made Dentally Fit.</i>
Expectant and Nursing Mothers .. ..	15	15	12	5
Children under five .. ..	34	13	15*	10

\* Including cases whose treatment was started in 1948.

(b) FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Extractions.</i>	<i>Anaesthetics.</i>	<i>Fillings.</i>	<i>Scalings or Scaling and gum treatm't.</i>	<i>Silver Nitrate.</i>	<i>Dress-ings.</i>	<i>Radio-graphs.</i>	<i>Dentures Provided.</i>
Expectant and Nursing Mothers .. ..	112	28	11	26	10	—	4	4
Children under five .. ..	37	4	15	3	—	16	8	—

\* "Complete dentures" is taken to mean full upper and lower dentures.

### Care of Unmarried Mothers and their Children.

Under the arrangements made with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association for the care of illegitimate children, sixty-four cases were referred to that Association and were visited by their workers. Reports on the action taken were received.

Fifteen grants were made towards the maintenance of unmarried mothers in Homes. During the year the arrangements for institutional care were revised and the following terms were agreed to by the County Council and the Diocesan Moral Welfare Association:—

(i) the voluntary associations to be free to place cases in any home where there may be a vacancy subject to the prior approval of the County Council being obtained where it is proposed to use homes other than the existing ones situated at Cambridge, Great Yarmouth, Lowestoft, Colchester, and Coggeshall;

(ii) the County Council to be financially responsible for full maintenance costs of cases placed in homes subject to the length of stay not exceeding six months;

(iii) the voluntary associations to make arrangements for the collection from the girls concerned of all but 5s. per week of the National Insurance or National Assistance grant received, these amounts to be deducted from the accounts submitted by the associations;

(iv) the voluntary associations not to be required to accept responsibility for any loss being a sum less than one week's income of the girl concerned and incurred through failure to collect contributions from her;

(v) all cases proposed to be admitted to mother-and-baby homes to be notified to the County Council for prior approval or in the event of urgent admissions notification to be given as early as possible;

(vi) where it is considered desirable by the voluntary associations that the personal allowance to any girl should be increased beyond 5s. per week, application for approval to be submitted to the County Council;

(vii) the voluntary associations as a matter of routine to notify the County Medical Officer as soon as possible of all new cases of nursing or expectant mothers of illegitimate babies ascertained irrespective of whether admission to a home is necessary and the County Council to notify to the associations all similar cases reported by their staff;

(viii) details of all cases to be notified by the voluntary associations to the County Medical Officer on a form to be supplied by him and reports to be made without delay in order that the County Council may carry out their statutory duties."

### Care of Premature Infants.

No changes were made in procedure for the care of premature infants. A special cot and equipment were available on loan from the County Health Department for domiciliary cases.

There were eighty-five premature births during the year, sixty of which occurred in hospitals or nursing homes. Of the twenty-five infants born at home, five were transferred to hospital. Seventeen of those nursed at home were alive at the end of the first month.

### MIDWIFERY AND HOME NURSING.

#### Midwifery.

##### (a) General.

The number of midwives practising on 31st December, 1949, was 65.

The number of cases attended during the year was as follows:—

	<i>Midwifery.</i>	<i>Maternity.</i>
County Domiciliary Midwives .. ..	541	229
Private Domiciliary Midwives .. ..	3	13
Institutional Midwives .. ..	916	278
Total .. ..	1,460	520



(b) *Domiciliary Service.*

The County Nursing Association and District Associations have continued to function in an advisory capacity and their co-operation has been much appreciated.

The County was divided into 37 districts and at 31st December, 1949, there were 43 nurses as under:—

Queen's Nurse-Midwives	..	..	..	..	6
Other District Nurse-Midwives	..	..	..	..	35
Assistant Nurses	..	..	..	..	2

Medical help was called by midwives in a total of one hundred and five cases, in seventy-two of which the medical practitioner concerned had arranged to provide the patient with maternity medical services under the National Health Service.

*Cars.*

In such a rural area as this it is necessary for most of the nurses to use cars. It has been found that the most satisfactory arrangement is for the nurse to have her own car and receive an allowance for it according to the County scale, but in some cases, where the nurse is not prepared to provide a car, the County Council does so. In this connection three new cars were acquired during the year by the County Council under the Ministry of Health Priority Scheme for Midwives.

*Housing.*

One of the major difficulties encountered has been the housing of nurses. To surmount this, where possible two districts have been amalgamated into a double district with the two nurses living together. In several cases the District Councils have been very co-operative in allocating houses. In addition to this, it has been considered necessary for the County Council to build in two areas, and the approval of the Ministry of Health has been asked for.

*Pensions.*

A Joint Pension Scheme, financed partly by the County Council and partly by the County Nursing Association, for providing pensions for District Nurse-Midwives, who were not eligible for the Local Government Superannuation Scheme, came into operation on 1st October, 1949. This Scheme ensures, on retirement, a minimum total pension income for the nurses of £130 per annum with augmentation in special circumstances to a maximum pension income of £150 per annum.

*Uniform.*

As from 1st April, 1949, uniform<sup>s</sup> was supplied to the District Nurse-Midwives instead of the uniform allowance. In the case of non-Queen's Nurses who did not wish to wear State uniform a County uniform consisting of a navy blue coat, navy blue hat or cap with County badge and blue cotton dresses were provided.

*Post-Graduate Training.*

The training of District Nurse-Midwives in the use of Gas/Air Analgesia has been continued and this has been facilitated by arrangements made for Courses to be held at White Lodge Hospital, Newmarket. On obtaining the certificate the midwives are supplied with analgesic apparatus. At the end of the year only six midwives remained untrained.

Four District Nurse-Midwives attended Post-Graduate Courses during the year.

*Sterilised Maternity Outfits.*

Seven hundred and thirty-eight Sterilised Maternity Outfits were supplied free in the case of home confinements.

*Ante-Natal and Post-Natal Examinations.*

Ante-natal and post-natal examinations are now being carried out by general practitioner obstetricians under the Maternity Medical Services of the National Health Service, and no such examinations were made under the County Council's Scheme during the year.

**Home Nursing.**

Nursing in the home was undertaken, as well as the domiciliary midwifery service, by district nurse-midwives of whom particulars are given above.

The total number of general visits paid was 68,482.

**Infectious Diseases of Special Nature.**

Eleven cases of puerperal pyrexia were notified during the year, seven occurring in institutions.

There were no cases of ophthalmia neonatorum.

**VACCINATION AND DIPHTHERIA IMMUNISATION.**

The arrangements for vaccination and diphtheria immunisation as outlined in my Report for 1948 were continued during the year.

Propaganda was carried out by the distribution of leaflets by Registrars to persons registering births, by the District Nurses and Health Visitors, and by talks given at Infant Welfare Clinics.



Vaccination and diphtheria immunisation were carried out by medical practitioners throughout the year, but, pending a decision of the Ministry of Health with regard to fees, in many cases the completed record cards were not forwarded to the Health Department until after the end of the year. The numbers available as given below, therefore, do not give a true picture of the position:—

					County Health Staff.	Private Practitioners.
Vaccinations	..	..	..	..	—	58
Re-vaccinations	..	..	..	..	1	13
Diphtheria Immunisations:—						
Primary	..	..	..	..	862	51
Reinforcing doses	..	..	..	..	1,167	7

#### CARE AND AFTER CARE.

##### TUBERCULOSIS.

Eighty-three cases of pulmonary tuberculosis were notified during 1949; this is a decrease of four on the corresponding figure for 1948 and is a decrease of seventeen on that for 1947.

Cases of non-pulmonary tuberculosis notified during the year numbered fifteen, which is a decrease of eleven on the figure for the previous year.

During the year a total of thirty-four deaths was recorded, twenty-six being pulmonary, and eight non-pulmonary cases. In the previous year there were forty-three deaths comprising thirty-two pulmonary cases and eleven non-pulmonary cases.

The number of cases on the Notification Register at the end of the year was four hundred and seventy-two, which is a decrease of eleven on the figure for the previous year.

I submit herewith a Table of New Cases reported in 1949, together with a summary of the deaths from tuberculosis in the area during the year.

##### NEW CASES AND DEATHS DURING 1949.

New Cases.					Deaths.				
Age Periods.					Age Periods.				
		Pulmonary.		Non-Pulmonary.				Pulmonary.	
		M.	F.	M.	F.			M.	F.
0	..	—	—	1	—	0	..	—	—
1	..	2	2	—	2	1	..	—	2
5	..	1	2	—	3				
10	..	—	3	—	—	5	..	—	1
15	..	2	1	—	—	15	..	3	7
20	..	8	3	2	1				
25	..	12	10	—	2				
35	..	4	5	1	1	45	..	8	2
45	..	10	3	1	—				
55	..	10	1	—	1	65	..	4	2
65 and upwards		2	2	—	—				
Totals	..	51	32	5	10	Totals	..	15	11
								6	2

##### Visits.

The Health Visitors have continued to visit and advise on the care and after care of tuberculous persons.

During the year, six hundred and ninety-three visits were made by Health Visitors as compared with three hundred and three during 1948.

Nineteen home visits were made by Welfare Officers.

The increase in the number of Health Visitors has rendered possible the more frequent visiting of tuberculous cases.

##### Extra Nourishment.

Three cases have been supplied with extra nourishment.

##### General.

Close liaison has been maintained between the County Health Department and the Chest Physician of the East Anglian Regional Hospital Board who holds weekly clinics at White Lodge Hospital, Newmarket, and the West Suffolk General Hospital, Bury St. Edmunds, and all tuberculosis contacts are referred to him for X-ray, etc.

##### OTHER TYPES OF ILLNESS.

Patients needing care and after care who are about to be discharged from hospital to their homes, are referred to the County Health Department by the hospital almoners and visits are paid by Health Visitors or, where appropriate, by Welfare Officers.



## PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Arrangements were completed, as forecast in last year's report, with the British Red Cross Society for the provision, on loan, of equipment, apparatus and nursing requisites for the nursing care of patients who are being confined, nursed or cared for at home. These arrangements appear to be working satisfactorily.

## COUNTY AMBULANCE SERVICE.

This year represents the first full year during which the County Ambulance Service has operated.

As reported in respect of the end of 1948, the use of the Service was increasing, and I have to report that although the statistics in respect of cases using ambulances remained fairly constant throughout the year, the use of the Hospital Car Service exceeded all estimates.

### Agency Services.

In accordance with the Council's Scheme this Service was carried out in the County through the agency of the Suffolk Branch of the British Red Cross Society. The exceptions to this were in the Haverhill area where a contracting garage manned the ambulance at Haverhill, under the control of the British Red Cross Society, and in the Hadleigh area, which by arrangement with the East Suffolk County Council, was served by that Authority's ambulance stations at Stowmarket and Ipswich.

### Supplementary Services.

At the request of the East Anglian Regional Hospital Board the arrangement whereby the ambulance belonging to, and sited at, the British Legion Sanatorium, was used to convey patients from the Sanatorium Hospital to the Essex County Hospital, and to Preston Hall, Maidstone, was discontinued on 26-5-49. It was stated that the ambulance could no longer be made available, and in consequence, the patients were carried by ambulances of the County Ambulance Service.

As reported above, the use of the Hospital Car Service has greatly exceeded that during the latter six months of 1948. In order to eliminate unnecessary mileage the British Red Cross Society made increasing efforts to co-ordinate more journeys, and to decrease "dead mileage" by the recruitment of volunteer Hospital Car Service Drivers in localities not previously covered, and, to some extent, their efforts were successful in the latter part of 1949. In this connection, I feel that mention should be made of those public spirited men and women who, by their help as volunteer drivers, have maintained the effectiveness of this Service. They have obviously been called upon more often than they expected, and it is entirely due to their spirit of co-operation that it has been possible to avoid a breakdown in the Service. There were 105 registered drivers on 31st December, 1949. Every effort has been made to ensure that the Service was only being used by proper cases. Hospitals were encouraged to arrange appointments at their out-patient departments to fit in with transport, to ensure maximum co-ordination. There were occasional cases where abuse of the Service was evident, and these were always taken up with the Hospital concerned to prevent recurrence.

As the Hospital Car Service is not an emergency Service, private taxis were used to convey those cases which, though not requiring an ambulance, needed some means of transport immediately, viz., mental patients and children who had sustained injuries at school.

### Reciprocal Arrangements with other Authorities.

The arrangements for mutual assistance, and where necessary for joint action, were continued with the adjacent Counties of East Suffolk, Essex, Cambridgeshire, Isle of Ely and Norfolk.

The special arrangement with Essex County Council, whereby emergency calls from border parishes in Essex were served by this Authority's Ambulance Service, was continued.

The Ambulance Station at Newmarket continued throughout the year to serve certain Cambridgeshire parishes that had been so served by the Suffolk Branch of the British Red Cross Society prior to 5-7-48. The Hospital Car Service of this County was also extended to cover this area. Cambridgeshire County Council made their own arrangements to cover this area as from 2.1.50; accordingly, this arrangement ceased on 1-1-50.

### General.

When the National Health Service (Amendment) Act, 1949, came into operation, financial responsibility was placed upon Local Health Authorities for cases who returned to their areas by Ambulance or Sitting Case Cars from Hospitals in other areas within three months of their admission or treatment there. As this enactment did not receive the Royal Assent until 16th December, 1949, very few such cases had to be dealt with during the year.

### Statistics.

#### AMBULANCES.

<i>Agency Services.</i>	<i>Quarter ended.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>No. of Emergency Calls.</i>	<i>Mileage.</i>
British Red Cross Society ..	31-3-49	1,016	1,103	37	24,999
	30-6-49	1,004	1,091	54	26,220
	30-9-49	1,106	1,202	48	26,799
	31-12-49	1,185	1,288	117	25,813
Total .. ..		4,311	4,684	256	103,831



<i>Agency Services.</i>	<i>Quarter ended.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>No. of Emergency Calls.</i>	<i>Mileage.</i>
East Suffolk County Council	31-3-49	26	27	—	767
	30-6-49	35	37	2	1,110
	30-9-49	35	35	1	993
	30-12-49	26	28	—	718
	Total .. ..	122	127	3	3,588
<i>Supplementary Service.</i>					
East Anglian Regional Hospital Board.	31-3-49	18	42	—	762
	30-6-49	7	14	—	337
	Total .. ..	25	56	—	1,099
Total transported by Ambulance .. ..		4,458	4,867	259	108,518
<b>SITTING CASE CARS.</b>					
<i>Supplementary Service.</i>					
Hospital Car Service.	31-3-49	1,044	1,659	—	43,364
	30-6-49	1,570	2,273	—	60,864
	30-9-49	1,960	2,715	—	69,975
	31-12-49	1,617	2,494	—	56,267
	Total .. ..	6,191	9,141	—	203,470
Private Taxis.	31-3-49	22	22	22	1,363
	30-6-49	29	29	25	2,212
	30-9-49	25	25	24	1,847
	31-12-49	21	21	17	1,405
	Total .. ..	97	97	88	6,827
Total transported by Sitting Case Cars .. ..		6,288	9,238	88	237,297

## MENTAL HEALTH.

### Administration.

#### *Constitution of the Suffolk County Joint Mental Health Board.*

A full account of the conferences held between the County Councils of East and West Suffolk before the setting up of the Joint Board and details of the constitution were given in my report for the year 1948. Two additional members were co-opted during the year, one a member of the East Suffolk County Council and one a member of the West Suffolk County Council.

#### *Officers and Staff.*

The Chief Officers of the Board were as last year, Mr. G. C. Lightfoot, Clerk of the East Suffolk County Council, as Clerk, Dr. H. Roger, Medical Officer of the East and West Suffolk County Councils as Medical Officer, and Mr. R. R. Leawood, Treasurer of the East Suffolk County Council as Treasurer.

#### *Co-ordination with the Regional Hospital Boards and Hospital Management Committees.*

Arrangements have been continued for the supervision by the Officers of the Joint Board of patients on licence in Suffolk from the Royal Eastern Counties Institution, Colchester, in the area of the North Eastern Metropolitan Regional Hospital Board, and for the provision of reports on home circumstances, where necessary. The arrangements in respect of the institutions in the area of the East Anglian Regional Hospital Board were similar.

Arrangements have been made with the Management Committee of the Suffolk Mental Hospitals whereby the part-time services of their Psychiatric Social Worker became available for carrying out the duties, previously undertaken, on behalf of the County Council, by the National Association for Mental Health. These duties included the domiciliary visiting of people suffering from mental illness, and the after-care of patients discharged from mental hospitals.

### Work Undertaken in the Community.

#### *Lunacy and Mental Treatment Acts.*

During the year 1949, the two West Suffolk Welfare Officers acting as Duly Authorised Officers of the Joint Board, attended on the certification and removal to Mental Hospitals of 76 patients (30 males and 46 females), gave assistance in the admission of 36 voluntary patients (19 males and 17 females), and made arrangements for the admission of two female temporary patients.

The Duly Authorised Officers have also done much useful after-care work amongst patients discharged from Mental Hospitals in cases where it was not necessary to employ the specialist services of the Psychiatric Social Worker.

### Mental Deficiency Acts.

#### *Admissions to Institutions.*

The shortage of institutional accommodation for mental defectives has become, if possible, even more acute than in 1948. Arrangements were, however, made for two male and eleven female patients from



West Suffolk to be admitted to institutions for defectives during the year. The numbers of West Suffolk cases remaining on the waiting list on the 31st December, 1949, were 14 males and 10 females.

#### *Supervision.*

The numbers under supervision on the 31st December, 1949, were as follows:—

			<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision	..	..	73	86	159
Friendly Supervision	..	..	56	73	129
Total	..	..	129	159	288

#### *Home Training.*

A Home Teacher was appointed in December, 1948. During the year, the Home Training Scheme developed most satisfactorily and on the 31st December 9 male and 55 female defectives were receiving training in their own homes. I feel that this work is of great value in affording occupation for defectives who would otherwise have none, with the possibility that their mental condition would deteriorate. The parents in the majority of cases very much appreciate the assistance given. The occupation class held at Bury St. Edmunds each morning was discontinued in February, owing both to staffing difficulties and to a decrease in the number of children attending. It was, however, re-opened in September and has been held all day each Tuesday. Six children attended.

#### *Ascertainment.*

During the year, 44 new cases (23 males and 21 females) were ascertained.

#### *Guardianship.*

In April a Circular was received from the Ministry of Health referring to the provisions of the National Assistance Act, 1948, and to enquiries received regarding the liability of local health authorities to afford financial assistance to defectives placed under guardianship. The Ministry stated that where Guardianship Orders were obtained primarily for the purpose of securing the necessary authority to afford financial assistance and where the local health authority were satisfied that the needs of the case, other than financial, could be met by supervision, the Board of Control would be willing to consider recommendations for discharge of the Guardianship Order, if financial responsibility were assumed by the National Assistance Board. In accordance with this circular, the Joint Board's cases were considered and as a result of this it was possible for most of the Orders to be discharged. The number of cases remaining under Guardianship on the 31st December was 1 male and 3 females. Where the National Assistance Board were not able to make an allowance as great as the allowance formerly made by the Joint Board, the Guardianship Orders were continued and the allowances made by the National Assistance Board were supplemented by the Joint Board, so that no financial loss was suffered by any Guardian.

### **HOME HELP SERVICE.**

The Council's Scheme for a Home Help Service came into operation in January, 1949, the service being provided where possible, in homes where help is required owing to a confinement, ill-health or infirmity.

The Borough of Bury St. Edmunds was not included, as a service under the auspices of a voluntary association was already in operation.

The rate of payment for Home Helps was fixed at 1s. 9d. per hour plus reasonable travelling expenses and the amount recovered from householders was fixed at 1s. 9d. per hour plus 10% for administrative costs. Householders not able to pay the full amount are assessed to pay according to their means. The Home Helps are provided with overalls.

Miss Mullender, the Superintendent Health Visitor, was appointed to act as Home Help Organiser. Recruitment of Home Helps was carried out by means of advertisement in the local press, by issue of leaflets to Women's Institutes throughout the County and by letters to District Nurses. The response was disappointing and it was not possible to provide help for all those who applied for it.

The following figures indicate the gradual development of the Service during 1949:—

<i>As at.</i>	<i>No. of Home Helps on Register.</i>	<i>No. of Householders Assisted in Quarter.</i>
31st March .. .. .	8	10
30th June .. .. .	12	7
30th September .. .. .	15	10
31st December .. .. .	14	17

### **PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.**

#### *(a) Notifiable Disease during 1949.*

	<i>Total Cases Notified.</i>	<i>Deaths.</i>
Tuberculosis .. .. .	98	34
Scarlet Fever .. .. .	71	—
Whooping Cough .. .. .	268	—
Acute Poliomyelitis and Acute Polio-encephalitis .. .. .	12	3
Measles .. .. .	1,249	—
Diphtheria .. .. .	—	—



	Total Cases Notified.	Deaths.
Acute Pneumonia .. .. .	74	70
Dysentery .. .. .	1	—
Smallpox .. .. .	—	—
Acute Encephalitis Lethargica .. .. .	—	—
Typhoid and Paratyphoid Fevers .. .. .	—	—
Erysipelas .. .. .	27	—
Cerebro-spinal Fever .. .. .	1	1
Puerperal Pyrexia and Fever .. .. .	11	—
Ophthalmia Neonatorum .. .. .	—	—
Malaria .. .. .	3	—
Infectious Hepatitis .. .. .	28	—
Food Poisoning .. .. .	9	—
	1,852	108

(b) *Poliomyelitis.*

The incidence of poliomyelitis in the County which rose to 17 confirmed cases during 1947 and fell to 3 in 1948, mounted again in 1949 when there were 12 confirmed cases, eleven of which occurred during July and August. Two-thirds of the cases occurred in or near Lavenham, a compact village with a population of 1,454. The others were scattered singly throughout the County.

The first Lavenham case was notified on 15-7-49, but the muscular weakness was very transitory, and as there was a history of injury to account for the symptoms, the diagnosis was regarded as doubtful until 21-7-49, when information was received that three other persons in the same village had developed extensive paralysis. Furthermore, an aunt living with the first case notified, sickened on 22-7-49, and developed extensive paralysis soon after.

It is interesting to note that in another household both father and son were affected. The former was busy with the harvest when the first symptoms occurred and he continued to work as long as it was possible for him to do so, but severe paralysis developed and proved fatal, in spite of treatment in an iron lung.

Another of the cases coming to notice on 21-7-49 was a girl of six years who died the same day of bulbar paralysis, the diagnosis, in fact, being made after death. Her tonsils had been removed earlier in the month.

One of the cases which occurred near Lavenham was a student nurse, who appeared to have no connection with the other cases, and it is likely that she was infected in Ipswich.

When early on 21-7-49 it was realised that two members of the infants' class at Lavenham School, and at least one adult, had been infected, consultations were held with the Chief Education Officer. In view of the serious nature of this disease, and to allay parental anxiety, it was decided that Lavenham School should close immediately, and that Lavenham children should be excluded from Grammar Schools for the few remaining days of the term. A short leaflet explaining that the school was being closed and giving advice as to the precautions to be observed, was hurriedly duplicated during the morning and given to the children to take home to their parents. Later that day, a third child from the infants' class was found to be infected.

Every case was reported immediately to the Public Health Laboratory at Cambridge, whose field worker, Dr. McFarlan, together with the District Medical Officer of Health for the area concerned, and a Medical Officer from this Department, paid several visits to the area, and organised the collection of extensive information about the cases and contacts, in the hope that the study of these details might add something to our knowledge of the spread and control of the disease.

Single cases occurred in the County at Long Melford not far from Lavenham, and at Mildenhall and Clare—the latter, unfortunately, being fatal. It is understood, however, that at least one other case occurred in Essex, near Clare. One child contracted the disease whilst living temporarily elsewhere, but was brought back at the onset to near Bury St. Edmunds, and notified there.

Of the twelve confirmed cases notified in this County during the year, one was a pre-school child, five were school children, and six were adults. Three cases—two adults and one school child—died. Of the nine who recovered, six did so completely, one school child had slight residual paralysis, and two adults had severe residual paralysis.

(c) *Cancer.*

The arrangements for treatment of patients suffering from cancer were undertaken by the East Anglian Regional Hospital Board.

During the year 186 deaths from cancer occurred. This number is 12.5 per cent. of the total deaths. The following table shows the age distribution:—

*Deaths from Cancer, 1949.*

	0—	1—	5—	15—	45—	65—	Total.
Males	—	—	—	7	25	55	87
Females	—	1	—	4	25	69	99
Totals	—	1	—	11	50	124	186



## INSPECTION AND SUPERVISION OF FOOD.

### (a) MILK SUPPLY.

The arrangement with the County Advisory Officer of the National Agricultural Advisory Service whereby Mr. W. Paterson, the Milk Advisory Officer under the Ministry of Agriculture and Fisheries, carried out the County Council's duties with regard to the licensing of producers of designated milk was continued until 1st October, when new Acts and Regulations controlling production, handling, and distribution of milk, came into operation. Mr. Paterson paid 158 visits up to 30th September.

#### Special Designations.

The following statistics are in respect of the period from 1st January to 30th September:—

##### *Tuberculin Tested Licences.*

One hundred and forty-nine licences were issued, of which 17 were for the first time.

At the end of the period there were 149 Tuberculin Tested herds on the Register.

The number of samples taken was 17, of which 15 passed the tests.

##### *Accredited Milk Licences.*

Fifty-three licences were issued one of which was for the first time. Four licences were transferred to Tuberculin Tested Licences.

At the end of the period there were 49 Accredited herds on the Register.

The number of samples taken was two, of which one passed the test.

#### Milk Legislation.

From 1st October Local Authorities relinquished the control of Milk Production on the dairy farm to the Ministry of Agriculture and Fisheries. Local Sanitary Authorities and Food and Drug Authorities retained responsibility for the distribution and processing of milk, and for the prevention of infection of the milk at all times, both on and off the farm.

The following are relevant extracts from a report on this subject which I submitted to the County Council:—

##### *Summary of Legislation.*

The following Acts, Orders and Regulations will be in operation as from 1st October, 1949:—

Food and Drugs Act, 1938.

Food and Drugs (Milk and Dairies) Act, 1944.

Transfer of Functions (Food and Drugs) Order, 1948.

Agriculture (Miscellaneous Provisions) Act, 1949.

Milk (Special Designations) Act, 1949.

Milk and Dairies Regulations, 1949.

Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Food and Drugs (Milk and Dairies) Act, 1944 (Appointed Day) Order, 1949.

These Acts, etc., are summarised below:—

##### A. *Food and Drugs Act, 1938.*

*Food and Drugs (Milk and Dairies) Act, 1944.*

*Transfer of Functions Order, 1948.*

*Agriculture (Miscellaneous Provisions) Act, 1949.*

The Ministries of Health, Food and Agriculture either jointly or separately are responsible for making the various Regulations regarding "Milk" and "Special Designations."

The registering authority may refuse or cancel registration of a dealer if by his action or default public health is likely to be endangered.

The false use of a special designation is prohibited.

Milk from cows affected with certain scheduled diseases must not be sold for human consumption.

Registration of Dairy Farms and Dairy Farmers and issue of Designated Licences to the latter by the Ministry of Agriculture and Fisheries.

##### B. *Milk (Special Designations) Act, 1949.*

In specified areas, except in certain circumstances, with the consent of the Minister of Food, all milk sold by retail shall be Designated Milk.

The Minister of Food may declare a specified area at any time, after consultations with local organisations.

The sale of Accredited milk from a single herd is permitted for five years; thereafter "Accredited" ceases to be a designation for the purposes of the Act.

Contravention of certain scheduled provisions shall be an offence punishable firstly by court proceedings and secondly by suspension of the licence.

The Food and Drugs Authority, i.e., in this area the County Council, is to carry into execution and enforce the provisions of the Act.



### C. Regulations.

#### (i) *Milk and Dairies Regulations, 1949.*

The Minister of Agriculture and Fisheries becomes responsible for the registration of dairy farmers and farms, the inspection of cattle on dairy farms, and the enforcement of the regulations on dairy farms (unless they relate to diseases communicable to man). If the Minister proposes to refuse or cancel a registration, provision is made for objections to be referred to a tribunal and for representations to be made to the Minister.

Local sanitary authorities (ie., District Councils) are still responsible for the provisions which apply to milk distributors other than dairy farmers and for the registration of these milk distributors and of dairies other than dairy farms. They also continue to be responsible for the provisions relating to diseases communicable to man.

The present powers relating to infected milk are extended to enable a district medical officer of health to stop the sale of milk, or to require milk to be diverted for heat treatment, if there is evidence that it is infected with organisms of disease communicable to man. A district medical officer of health may also require milk to be diverted for heat treatment if he has reasonable grounds for suspecting that it is so infected.

There are a number of minor changes in the regulations relating to buildings, the cleansing of vessels and utensils and the distribution of milk and its protection against contamination. In particular, provision is made for modern practices in dairying, including the use of mechanical refrigeration for cooling and approved chemical agents for the cleansing of appliances.

A central advisory committee and county advisory committee—this body to include representatives from the County Council—will be set up to review and make recommendations on the operation and administration of the milk and dairy regulations and the milk (special designation) regulations.

#### (ii) *The Milk (Special Designation) (Raw Milk) Regulations, 1949.*

These regulations apply solely to raw milk as distinct from heat-treated milk. The designations authorised are "Tuberculin Tested" milk and "Accredited" milk. The use of the special designation "Accredited" will no longer be permitted after the 1st October, 1954, while after 1st October, 1957, the special designation "Tuberculin Tested" may be used only for milk from an attested herd.

#### (iii) *The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.*

These regulations authorise the use of the special designations "Pasteurised" milk and "Sterilised" milk and, where the appropriate licences are held, the special designation "Tuberculin Tested milk (Pasteurised)" and "Tuberculin Tested Milk (Sterilised)".

The present "holder" and "high temperature short time" methods of pasteurising are re-stated and provision is made for the recognition of any other method which the Minister of Food may approve. The method for the sterilisation of milk is specified.

From 1st October, 1950, pasteurised milk will be sold only in bottles or other containers, and, from 1st October, 1954, the bottles or other containers must be filled at the pasteurising premises.

#### (iv) *Licences.*

The licensing arrangements under the raw milk and the pasteurised and sterilised milk regulations will be as follows:—

- (a) producers' licences for raw milk will be granted by the Minister of Agriculture and Fisheries;
- (b) dealers' licences for pasteurising and sterilising establishments will be granted by food and drugs authorities (in this area the County Council);  
and
- (c) local sanitary authorities will continue to be responsible for all other licences, except dealers' licences issued to a local authority or county council by the Minister of Food.

No payment will be required for licences.

### *Summary of the Duties of the Various Enforcing Authorities.*

#### *Minister of Agriculture and Fisheries.*

- (a) Registration of Dairy Farms and Farmers.
- (b) Enforcement of Milk and Dairies Regulations on Dairy Farms except those relating to infected milk.
- (c) Licensing of Designated Milk Producers.
- (d) Enforcement of Milk (Special Designations) (Raw Milk) Regulations in so far as they relate to producers.



*Local Authorities* (i.e., District Councils).

- (a) Registration of Dairies and Distributors.
- (b) Enforcement of Milk and Dairies Regulations elsewhere than on Dairy Farms.
- (c) Licensing of Dealers in Designated Milk, except Pasteurisers.
- (d) Enforcement of Milk (Special Designations), Regulations in so far as they relate to Dealers.

*Food and Drugs Authorities* (i.e., in West Suffolk, the County Council).

- (a) Licensing of Pasteurisers and Sterilisers.
- (b) Enforcement of Milk and Dairies Regulations and Milk (Special Designations) (Pasteurised Milk) Regulations as they affect (a) above.
- (c) Enforcement of Milk (Special Designations) Act, 1949.
- (d) Enforcement of sub-section (4) of Section 21 of the Food and Drugs Act, 1938 relating to unlawful use of a special designation.

*County Councils.*

Enforcement of Section 25 of the Food and Drugs Act, 1938 relating to the prohibition of sale of milk from cows suffering from scheduled diseases.

*County Administration.*

The duties of the Council are either those imposed upon them as a County Council or as a Food and Drug Authority.

*Duties of County Council.*

Section 25 of the Food and Drugs Act, 1938, which prohibits the sale of milk from cows suffering from certain diseases, is enforced by the County Council. The provisions of this Section relate in the main to milk from cows suffering from clinical tuberculosis, various forms of mastitis and contagious abortion.

In carrying out the provisions of this Section, and in order to avoid duplication of sampling milk for biological examination, the Minister of Health stresses the need for co-operation between the relevant County Medical Officer of Health, Medical Officers of Health of County Districts, and Divisional Inspectors of the Animal Health Division of the Ministry of Agriculture and Fisheries.

\* \* \* \* \*

*Duties of Food and Drugs Authority.*

The County Council, as Food and Drugs Authority, remains responsible for enforcing Section 21 of the Food and Drugs Act, 1938, which prohibits the unlawful use of a Special Designation. In addition it becomes responsible for the licensing of pasteurising and sterilising establishments under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949; the enforcement of Regulations at such establishments; and for the enforcement of the provisions of the Milk (Special Designations) Act, 1949.

It is suggested that these additional duties should be carried out through the Chief Inspector of Weights and Measures, who already has duties under the Food and Drugs Acts, under the direction of the County Medical Officer."

The Committee agreed that the additional duties of the County Council as Food and Drugs Authority should be carried out by the Chief Inspector of Weights and Measures, under the direction of the County Medical Officer.

### **Pasteurising Plants.**

During the last three months of the year 30 samples were obtained from the five plants pasteurising milk in the County.

In his report, the Chief Sampling Officer (Chief Inspector of Weights and Measures) said:

"All these samples passed the methylene blue test, but two failed on the phosphatase test.

Investigation was made after these failures and in one case the agitator was found to be out of action; this means that the milk would not be heated throughout and that the milk round the sides of the holder would be heated above the required degree, whilst that in the centre would not be heated sufficiently. This particular plant records the heat of the milk as it is leaving the holder and the mixture was of the correct temperature. This appears to me to be a weakness in the method of recording but I cannot yet see a way of overcoming it. The second sample failing was probably due to the recording thermometer. This thermometer has recorded incorrectly for some time and arrangements have been made by the user to send it away for complete overhaul.

All the plants have been inspected at least three times during the quarter and various alterations suggested have been carried out. The operators generally have been very co-operative, and have shown a desire to carry out the day to day operations with great care."

### **Milk in Schools.**

In accordance with the instructions of the Minister of Education, milk has continued to be supplied free of charge to school children throughout the year. The policy has been continued, that wherever available pasteurised milk, produced with all the safeguards which apply to tuberculin-tested milk, should be supplied, and every effort has been made to secure this. Where this cannot be procured, tuberculin-tested milk is supplied wherever possible. In seven small schools accredited milk is supplied and in six other schools it has been found necessary so far to continue the supply of non-designated milk.



The position at the end of 1949 was as follows:—

<i>Type of Milk Supplied.</i>	<i>No. of Schools.</i>	<i>No. on Roll.</i>
Pasteurised .. .. .	62	9,073
Tuberculin-tested .. .. .	63	4,243
Accredited .. .. .	7	254
Non-designated .. .. .	6	584
	<hr/> 138	<hr/> 14,154

From this it will be seen that pasteurised milk was available to approximately 64 per cent. of the children attending maintained schools, and tuberculin-tested milk to approximately 30 per cent.

The number of bottles of milk consumed on a day chosen at random in October, 1949, was 9,343, representing approximately 66 per cent. of the school population.

There continues to be difficulty in persuading some suppliers to provide drinking straws.

#### **Veterinary Inspection of Cattle.**

The Veterinary Inspector of the Ministry of Agriculture and Fisheries has supplied the following statistics of his work during the year:—10,872 animals in Tuberculin Tested herds, 3,302 animals in Accredited herds, and 4,669 animals in non-designated herds were examined. Of these, seven were dealt with under the Tuberculosis Order. The statutory tests were carried out on 15,006 animals in Tuberculin Tested and Certified herds, and nine re-actors were found.

#### **(b) FOOD AND DRUGS ACT, 1938, and PUBLIC HEALTH (PRESERVATIVES, Etc., IN FOOD) REGULATIONS.**

Three hundred and forty-seven samples were taken by the Weights and Measures Department (Chief Inspector:—Mr. D. Thompson) during the year, and adverse reports were received from the Public Analyst in respect of 27 of these.

The table below shows that milk formed the bulk of the samples taken; of these, 21 were deficient of the legal minimum of 3 per cent. fat, but in 15 of these cases there was sufficient evidence to show that the milk was "as it came from the cow." This follows the Courts' ruling that milk is "genuine," though it falls below the standard, if it can be shown that it is "as it came from the cow."

Upon investigation it was found that the majority of fat deficiencies were natural and called for no action. But in one case a farmer-retailer was prosecuted and fined, whilst in another case a caution was administered.

One butcher was fined for selling sausages containing less than 50 per cent. meat. Another case was prosecuted, but was dismissed by the Court. In another case a caution was administered.

Following a complaint, samples of chewing gum offered for sale in a local market, were taken, and proved to be paraffin wax plus flavouring. However, because it has been held that chewing gum is not a food, no action could be taken under the Food and Drugs Act, 1938.

The Ministry of Food have issued additional supplies of sugar, and in certain cases, fats, to ice cream manufacturers who pledge themselves to ensure that their products contain a minimum fat content of 2½ per cent.

During the year 31 samples of ice-cream were taken, of which only one was below standard. This case was reported to the Ministry of Food, and no action taken by the County Council. It may be of interest to note that the average fat content was much above the minimum required, and in one case reached 12.95 per cent.

Following a complaint, a cyder bottle and part of the contents were submitted to the Public Analyst, who reported that the cyder was "heavily contaminated with tar acids." After an investigation a caution was issued.

#### **DETAILS OF SAMPLING.**

<i>Nature of Sample.</i>	<i>No. taken.</i>	<i>No. adulterated or not up to standard.</i>
Apple Juice .. .. .	1	—
Blancmange Powder .. .. .	1	—
Bouillon Cubes .. .. .	1	—
Brawn .. .. .	1	—
Chewing Gum .. .. .	2	—
Chocolate Toffee .. .. .	1	—
Coffee and Chicory Cubes .. .. .	1	—
Coffee and Chicory Essence .. .. .	1	—
Cyder .. .. .	1	1
Doughnuts .. .. .	6	—
Fish Cakes .. .. .	1	—
Flour Mixture .. .. .	3	—
Gravy Brown .. .. .	1	—
Ice Cream .. .. .	31	1
Jam, etc. .. .. .	4	—
Lemon Cheese .. .. .	1	—



<i>Nature of Sample.</i>	<i>No. taken.</i>	<i>No. adulterated or not up to standard.</i>
Liver Sausage .. .. .	1	1
Marmalade .. .. .	1	—
Meat and Fish Pastes .. .. .	2	—
Milk .. .. .	238	21
Milk Macaroni .. .. .	1	—
Potato Crisps .. .. .	2	—
Pickles and Sauces .. .. .	2	—
Salad Cream and Mayonnaise .. .. .	14	1
Salad Dressing .. .. .	3	—
Salad Oil .. .. .	1	—
Sausages and Sausage Meat .. .. .	14	2
Spinnach (Canned) .. .. .	2	—
Tomato Juice .. .. .	1	—
Tomato Ketchup .. .. .	6	—
Tomato Sauce .. .. .	2	—

Samples were obtained from the four dairies heat treating milk, on 105 occasions. The results of tests carried out for the nine months ended 30.9.49, are tabulated as follows:—

<i>Passed.</i>	<i>Failed on Meth. Blue Test.</i>	<i>Failed Phosphatase Test.</i>
95	5	5

### NATIONAL ASSISTANCE ACT, 1948.

It will be remembered that the duties of the County Council under this Act were laid upon the Health Committee.

#### (1) RESIDENTIAL ACCOMMODATION.

Residential Accommodation is provided at St. Mary's Hospital, Bury St. Edmunds, by arrangement with the Regional Hospital Board, in Voluntary Homes and by arrangement with other local authorities. On the 31st December, 1949, the number of people in residential accommodation was as follows:—

St. Mary's Hospital, Bury St. Edmunds:—

Aged .. .. .	94
Epileptics .. .. .	4
Cripples .. .. .	3
Blind .. .. .	3
Homes for Epileptics .. .. .	4
Homes for Deaf and Dumb Women .. .. .	1
Home for the Blind, Felixstowe .. .. .	6
Maintained in other Local Authorities Homes .. .. .	1

116

#### Residential and Holiday Home for the Blind.

"Cloncurry," Felixstowe, was established in conjunction with the East Suffolk County Council, the West Suffolk Voluntary Association for the Blind and the East Suffolk Voluntary Association for the Blind, each of whom appoints representatives to serve on the House Committee of the Home. The Home was first opened in November, 1948, and accommodation is provided for 12 persons from East Suffolk and eight from West Suffolk. It was found that the demand for accommodation was not so great as was anticipated and it has now been agreed that the policy of restricting the Home to totally blind persons be amended to provide for the admission of not more than three partially sighted persons, two from East Suffolk and one from West Suffolk, in view of the fact that both County Councils have agreed to extend their welfare services to cover partially sighted persons.

#### Hostels for Aged Persons.

##### (a) Glanely Rest.

The work of adapting these premises for approximately 56 residents and 9 resident staff started at the end of 1949, and it is hoped that the premises will be ready for occupation by residents during the autumn of 1950.

##### (b) Bristol House.

During the year, the County Council acquired "The Bristol Hotel" and the adjoining "Buregate House," Sea Road, Felixstowe, and the work of adapting the premises for approximately 46 residents and 5 resident staff was started in November, 1949. The Hostel will be known as "Bristol House," and it is hoped that the first residents will occupy the premises by 1st September, 1950.

Candidates for the post of Matron were interviewed and Miss M. A. Burton, of the Great Hospital, Norwich, was appointed to take up duty when the premises are ready for occupation.

## (2) TEMPORARY ACCOMMODATION.

During the year, temporary accommodation for persons in urgent need thereof was provided for 14 men, 7 women and 4 children. Of these, 13 men and 5 women with 3 children were either ex-prisoners of war or European Volunteer Workers who were homeless after losing their jobs.

The County Council provided accommodation until employment and accommodation was found for them by the Ministry of Labour or, as in the case of one couple, until they could be deported. The average length of stay was approximately 27 days.

## (3) PROTECTION OF PROPERTY.

Fifteen cases were dealt with by the County Council's officers during 1949.

## (4) WELFARE OF THE AGED AND THE DISABLED.

Five hundred and fifty-three visits were paid by the County Council's Welfare Officers to aged and disabled persons, excluding the blind, during the year.

## (5) WELFARE OF THE BLIND.

### (a) General Report of the Service in West Suffolk.

#### REGISTRATION.

There were 231 registered blind persons in the County at the end of the year, the age groups being as follows:—

<i>Age Period.</i>	<i>Age Period.</i>	<i>Age Period.</i>	<i>Age Period.</i>	<i>Age Period.</i>	<i>Age Period.</i>	<i>Total.</i>
0—5	5—15	16—20	21—49	50—64	Over 65	
2	2	5	28	44	150	231

#### HOME TEACHERS.

The Home Teachers paid 1,398 visits to blind people during the year and gave 100 lessons in Braille and Moon Type.

#### HOME WORKERS.

The arrangement with the Norwich Institution for the Blind for the supervision of Home Workers in the County is still in force. There were two such workers, both basket workers, recognised under the scheme.

One Home Worker, a Braille copyist and piano tuner, not supervised by the Norwich Institution for the Blind, was in receipt of augmentation from the County Council.

#### WORKSHOP WORKERS.

One person was maintained in an Institution for the Blind where he was employed in the workshop.

#### OTHER WORKERS.

In addition to the recognised Home Workers, 14 persons were employed in remunerative occupations as follows:—Agricultural Worker 1, Basket Worker 1, Boot Repairer 1, Carpenter and Woodworker 1, Domestic Worker 1, Minister of Religion 1, Net Maker 1, Telephone Operators 2, Sighted Industry 2, Others 3.

### (b) Social Welfare.

Social gatherings, excursions and holidays for blind people have been arranged, and wireless sets provided by the British Wireless for the Blind Fund have been distributed. Special grants and comforts have been supplied through the West Suffolk Voluntary Association for the Blind.

## (6) WELFARE OF THE DEAF AND DUMB.

The County Council has agreed to make a grant of £150 for one year in the first place, to the St. Edmundsbury and Ipswich Mission to the Deaf and Dumb, subject to the Mission submitting reports on their activities. The Chairman of the Health Committee was appointed as the County Council's representative on the Committee of the Mission.

### CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

Until 15.3.49, the date when her resignation took effect, the Children's Welfare Officer was on the staff of the Health Department. On the resignation of this officer, it was decided to appoint an independent Children's Officer, and an Assistant Children's Officer, and all responsibilities of the Health Department in this connection, therefore, came to an end.



