

**[Report 1950] / Medical Officer of Health, West Suffolk County Council.**

**Contributors**

West Suffolk (England). County Council.

**Publication/Creation**

1950

**Persistent URL**

<https://wellcomecollection.org/works/dmpavpug>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

WEST SUFFOLK COUNTY COUNCIL

---

ANNUAL REPORT

OF THE

Medical Officer of Health

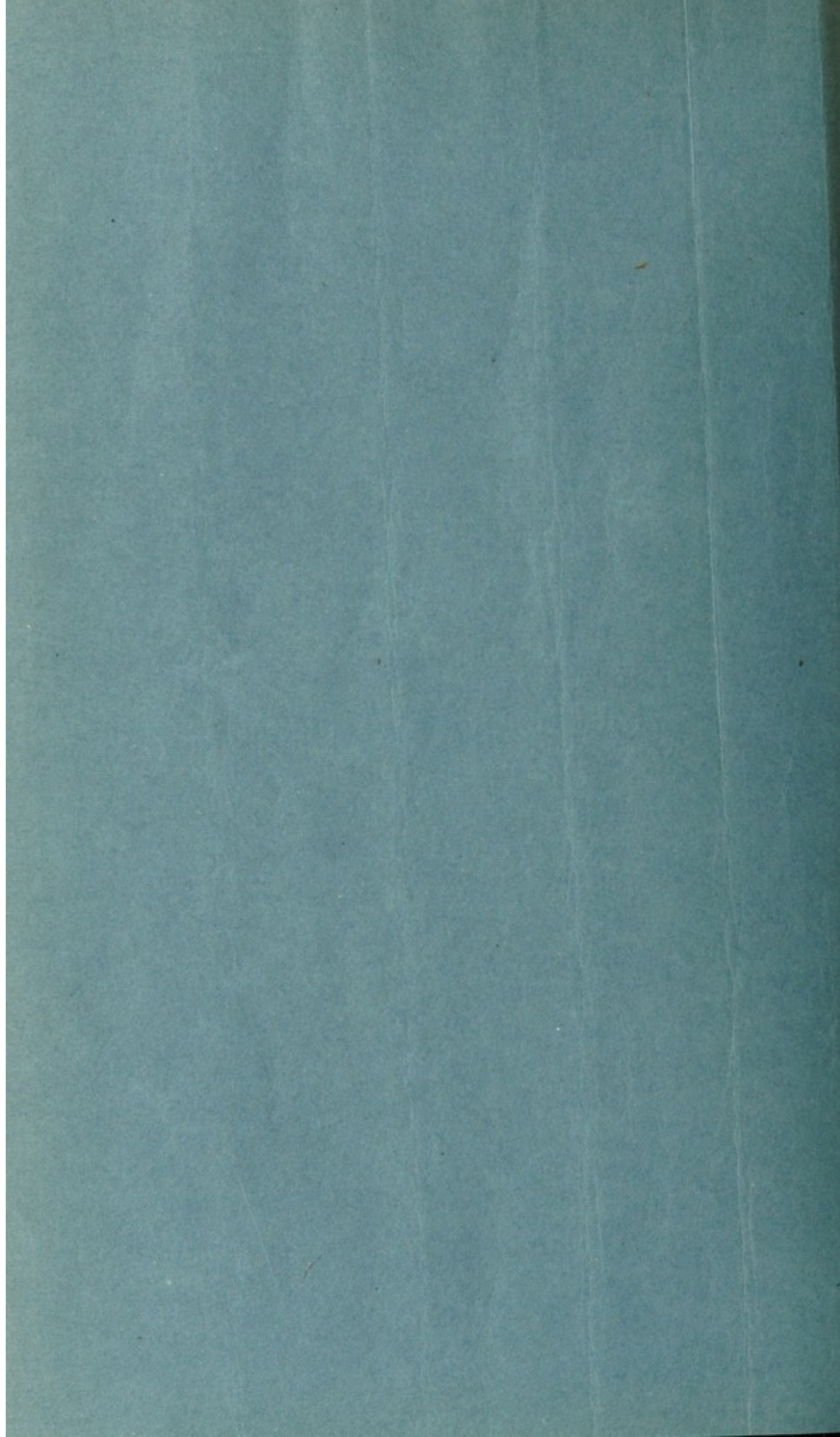
FOR THE

YEAR 1950.

---

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 of the health services of the County of West Suffolk for the year 1950.*

*I consider that the health of the County, as a whole, has been maintained. The death rate shows a decrease on the figure for last year and no major epidemic has occurred.*

*The classification of the causes of death in my statistical table is that laid down in the World Health Organisation Nomenclature Regulations, 1948, and used by the Registrar-General for the first time this year.*

*The services provided under the Schemes prepared in accordance with the National Health Service Act, 1946, are now established, and though adjustments become necessary from time to time, the work, on the whole, has proceeded smoothly. The home help service, in particular, has developed considerably since it was started in 1949.*

*It will be remembered that the duties of the County Council under the National Assistance Act, 1948, were laid upon the Health Committee. I therefore give, at the end of this Report, an account of the Welfare Services that have been undertaken during the year.*

*It was felt that the public were not fully aware of the health and welfare services now provided by the County Council, and a short leaflet, as set out in Appendix A, was therefore drawn up. With the help of the District Councils, this was distributed to householders throughout the County.*

*Once again I acknowledge with gratitude the continued help and encouragement that I have received from the Chairman and members of the Health Committee and the loyal co-operation of the staff of the Health Department.*

*I have the honour to be,*

*Mr. Chairman, Ladies and Gentlemen,*

*Your obedient Servant,*

HENRY ROGER,

County Medical Officer of Health.

October, 1951.



## STAFF OF THE COUNTY HEALTH DEPARTMENT.

### *County Medical Officer :*

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

### *Deputy County Medical Officer:*

A. 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. P. Barclay, M.B., Ch.B., D.P.H. (from 1.4.50) (Also M.O.H. of County Districts).

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. (from 26.5.50) (Also M.O.H. of a County District).

### *Senior Dental Officer:*

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

### *Dental Officer:*

S. Mitchinson, L.D.S. (to 28.2.50).

### *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 eight health visitors, one school nurse, one dental attendant and one medical attendant were being employed.

### *Supervisor of Midwives:*

O. E. Payne, S.R.N., Certified Midwife, Health Visitors' Certificate.

### *District Nurses:*

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

### *Welfare Officers:*

B. W. Cockell.

W. J. J. Tyrrell.

W. Gamble (from 1.5.50).

### *Welfare Officer for the Blind:*

M. D. Gourlay.

### *Home Teacher for the Blind:*

L. C. Teed (to 11.2.50).

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

D. Thompson.

### *Administrative Officer:*

D. Kilner.

### *Clerks:*

At the end of the year fifteen 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, 1950)—Urban .. .. .	43,980
Rural .. .. .	72,534
Administrative County .. .. .	116,514
Rateable Value .. .. .	£533,450
Estimated Product of a Penny Rate .. .. .	£2,114

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

### **Births.**

#### *Live Births:—*

	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Legitimate .. .. .	1,788	957	831
Illegitimate ✓ .. .. .	106	58	48
Total Births .. .. .	1,894	1,015	879

The Birth Rate was 16.3 per 1,000 of the estimated population as compared with 16.9 for 1949. The Birth Rate for England and Wales was 15.8.

Still Births:—

							Total.	Males.	Females.
Legitimate	..	..	..	..	..	..	42	23	19
Illegitimate	..	..	..	..	..	..	1	1	—
Total Still Births	..	..	..	..	..	..	43	24	19

The Still Birth Rate was 0.37 per 1,000 of the estimated population as compared with 0.45 for 1949. The Still Birth Rate for England and Wales was 0.37.

Deaths.

All causes	..	..	..	..	..	..	1,444
------------	----	----	----	----	----	----	-------

The Death Rate was 12.4 per 1,000 of the estimated population as compared with 13.3 for 1949. The Death Rate for England and Wales was 11.6.

Infant Mortality (under 1 year of age):—

All infants per 1,000 live births	...	...	...	...	...	...	...	25.9
Legitimate per 1,000 legitimate live births	...	...	...	...	...	...	...	26.8
Illegitimate per 1,000 illegitimate live births	...	...	...	...	...	...	...	9.4
The Infant Mortality Rate for England and Wales was	...	...	...	...	...	...	...	29.8

Infant Mortality (under 4 weeks of age):—

All infants per 1,000 live births	...	...	...	...	...	...	...	17.9
Legitimate per 1,000 legitimate live births	...	...	...	...	...	...	...	19.0
Illegitimate per 1,000 illegitimate live births	...	...	...	...	...	...	...	Nil

Maternal Mortality:—

Deaths from pregnancy, childbirth and abortions	...	...	...	...	...	...	...	2
Maternal Mortality Rate per 1,000 total births	...	...	...	...	...	...	...	1.03
The Maternal Mortality Rate for England and Wales was	...	...	...	...	...	...	...	0.86

Deaths from:—

Tuberculosis	...	...	...	...	...	...	...	23
Measles	...	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	...	—
Diphtheria	...	...	...	...	...	...	...	—

Principal Causes of Death:—

Heart Disease and Vascular Lesions	...	...	...	...	...	...	...	756
Cancer	...	...	...	...	...	...	...	221
Pneumonia and Bronchitis	...	...	...	...	...	...	...	102
Accidents	...	...	...	...	...	...	...	45



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

DISTRICT	Population.	Birth Rate.	Gross Death Rate.	Adjusted Death Rate.	Tub. respiratory.	Tub. non-resp.	Syphilis.	Diphtheria.	Whooping-cough.	Meningococ. infects.	Acute polio.	Measles.	Other inf. and parasitic dis.	Mal. neoplasm of stomach.	Mal. neopl. of lung, bronchus.	Mal. neopl. breast.	Mal. neopl. uterus.	Other mal. and lymph. neopl.	Leukemia, Aleuk.	Diabetes.	Vase. lesions of nerv. sys.	Coronary dis.	Hypertens. with atheria.	Heart dis.	Other heart dis.	Influenza.	Pneumonia.	Bronchitis.	Other dis. of resp. syst.	Ulcer of stomach and duodenum.	Gastr. enteritis and diarrhoea.	Nephritis and nephrosis.	Hypertroph. of prostate.	Prec. childbirth, abortion.	Cong. malformations.	Other defined and ill-def. dis.	Motor veh. accidents.	All other acc.	Suicide.	Homicide and ops. of war.	All causes.			
<i>Boroughs and Urban Districts—</i>																																												
Bury St. Edmunds	20,000	15.7	11.4	10.6	4	1					1			5	1	2	1	24	2	4	46	33	9	39	7	1	9	5	1	2	3	2	1	4	18	1			2		228			
Hadleigh	3,160	13.9	9.8	8.04									1	1	1		6			5	4	1	3	1								1						1			31			
Haverhill	4,160	15.9	16.3	12.59	1									2	1	2	1	7		1	11	6	2	11	1		6	1	1	2					2	7	1					68		
Newmarket	9,700	12.8	10.8	9.31	1									1	3	2		16	1		9	12	4	31	2		3	5								8			3			105		
Sudbury	6,960	13.2	15.8	11.06	2	1								4	5	1	1	9	1		20	9	3	29	4		3	3								2	7			3		110		
Totals	43,980	14.6	12.3	10.35	8	2	1				1		1	13	11	7	4	62	4	5	91	64	19	113	15	1	21	17	1	4	2	7	5	1	8	41	2	9	2			542		
<i>Rural Districts—</i>																																												
Clare	9,130	17.1	12.3	9.69	1								1	1	2	2	2	11		1	17	3	4	29	2	2	6	4																112
Cosford	9,690	15.0	14.0	10.25	2	2							1	1	5	2		13		2	25	19	6	26	1	1	3	4																136
Melford	12,410	15.8	14.1	11.0	2	2							1	4	3	4	1	16		1	28	15	4	39	6	2	8	7																175
Mildenhall	15,390	19.2	11.2	10.73	2	1								2	2	1		20		1	19	16	4	36	3	1	6	6	3															172
Thedwastre	8,654	17.6	13.2	10.14												2		7		2	16	15	3	37	2		2	7																114
Thingoe	17,260	17.9	11.2	9.95	3						1			3	3	3	5	1	11	1	2	26	25	4	53	8		7	4	2	1	2	2	1										193
Totals	72,534	17.3	12.4	10.32	9	4	3				1		2	3	14	14	12	6	78	1	9	131	93	25	220	22	6	32	32	5	7	4	8	8	1	2	106	9	25	9	1		902	
Grand Totals	116,514	16.3	12.4		17	6	4				1	1	2	4	27	25	19	10	140	5	14	222	157	44	333	37	7	53	49	6	11	6	15	13	2	10	147	11	34	11	1		1,444	

Cancer



## CARE OF MOTHERS AND YOUNG CHILDREN.

### Health Visitors.

The total number of visits paid was 28,799. This included 9,115 visits to children under one year of age, 19,513 to children between the ages of one and five, and 171 to expectant mothers.

These figures show an increase on the numbers for last year, due largely to the fact that the size of the health visiting staff, enlarged during 1949, was maintained throughout 1950. At the end of the year, however, there were still vacancies on the establishment.

The special attention paid to "Problem Families" was continued throughout the year, and forty, classified as such, were dealt with. In some cases their unsatisfactory state can be attributed to ill-health, but in the majority the main factors, either singly or combined, are ignorance, mental weakness of the parents and environmental and economic conditions. Many of these parents are content to live in squalor, and much patience is required in overcoming their resentment to any form of interference and their reluctance to make any effort towards improvement. Frequent visits are necessary to effect any change, and these in most cases must be sustained over prolonged periods to avoid any slipping back to the old conditions. In a rural area such as this, and with the staff available, such constant attention has sometimes been difficult to maintain. Improvement has, however, been recorded in several families, although continued supervision is required.

### Infant Welfare Clinics.

Of the twenty-six clinics provided at the beginning of the year, twenty-four have continued throughout the year, and in response to local requests a clinic was also started at Shimpling.

In addition, the Bury St. Edmunds clinic has been held twice weekly instead of once weekly since the beginning of the year, and the Brandon clinic twice monthly instead of once monthly since February, 1950.

The Beck Row clinic, which was started at the request of the Royal Air Force Medical Officer and was held in the Aerodrome sick quarters, was discontinued as from September, 1950, when the personnel of the married quarters changed and the accommodation ceased to be available.

Elveden clinic had been taken over two years ago, for a trial period, at the request of the local people who were no longer able to maintain it, although at the time it was felt that the possible attendance was too low to justify a clinic. This opinion was confirmed by experience, and the clinic was therefore closed at the end of the year.

In scattered rural areas attendance at clinics is often affected by the difficulty of transport. As an experiment, therefore, arrangements were made for the hire of a 'bus to take mothers and children from outlying places to the Thurlow clinic. So far, the results have been satisfactory.

The total number of attendances at these clinics was 10,081, including 5,755 made by children under one year of age. 1,140 children, including 851 under one year of age, attended for the first time.

### Women's Welfare Clinic.

An offer was received from the Ipswich County Borough Council for their clinic at Allington House, Ipswich, to be made available to West Suffolk patients referred by the County Medical Officer, at a charge of 7s. 6d. for an initial visit and 5s. for subsequent visits. This offer was accepted and the scheme came into operation in August. The numbers attending during the year were: First visits 13, Re-Visits 10.

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

On 31st December, 1950, one nursery, providing accommodation for 12 children, had been registered. No child-minder was registered or came to the notice of the County Council.

### Dental Care.

The following is the report of Mr. Pollard, the Senior Dental Officer:—

" Since the end of February, 1950, there have been no Assistant Dental Officers in West Suffolk. No further steps have therefore been taken to encourage expectant or nursing mothers to seek dental treatment from the staff of the local Authority.

" By the end of the year there were no expectant or nursing mothers awaiting or undergoing treatment. A small number of children under school age are continuing to attend for regular inspection and treatment."

(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 . .	5	5	5	9*
Children under five . . . .	29	27	27	13

\* Four started treatment in the previous year.



(b) Forms of dental treatment provided :—

	Exts.	Anaesthetics		Fillings.	Scalings or Scaling and gum treatment.	Silver Nitrate treatment.	Dressings.	Radio-graphs.	Dentures provided.	
		Local	Gen.						Complete.	Partial.
Expectant and Nursing Mothers	29	8	2	2	10	—	—	—	5	1
Children under five	34	1	17	9	—	11	—	—	—	—

#### Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association were continued throughout the year. Under these arrangements forty-eight cases were referred to the Association and were visited by their Workers. Reports on the action taken were received.

Grants were made towards the maintenance of eight unmarried mothers in Homes to which they were admitted for care and training before and after the birth of their babies.

#### Care of Premature Infants.

No changes were made in procedure for the care of premature infants. A specially equipped cot was available on loan from the County Health Department for domiciliary cases. There were one hundred and thirty-three premature births during the year, ninety-eight of which occurred in hospitals or nursing homes. Of the thirty-five infants born at home, six were transferred to hospital. Twenty-six of those nursed at home were alive at the end of the first month.

### MIDWIFERY AND HOME NURSING.

#### MIDWIFERY.

##### General.

The number of midwives practising on 31st December, 1950, was 67.

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

	Midwifery.	Maternity.
County Domiciliary Midwives .. .. .	578	140
Private Domiciliary Midwives .. .. .	2	1
Institutional Midwives .. .. .	952	289
Total .. .. .	1,532	430

##### 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 on 31st December, 1950, there were 46 nurses as under:—

Queen's Nurse-Midwives .. .. .	11
Other District Nurse-Midwives .. .. .	34
Assistant Nurses .. .. .	1

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

##### Cars.

Five nurses were successful in obtaining cars through the Ministry of Health Priority Scheme for Domiciliary Midwives. Three new cars were supplied by the County Council for the use of District Nurse-Midwives who were not in a position to buy their own.

##### Housing.

The question of housing was still one of the major problems encountered whenever a new nurse was appointed; in some cases until it was solved the nurse was unable to take up her duties. The District Councils have been helpful in allocating Council Houses for the use of the nurses where possible, but in two cases where no such accommodation was available the County Council decided to build, subject to sanction being obtained from the Ministry of Health. Until these houses are completed one of the nurses concerned is living in temporary lodgings and two others in an unsuitable house.



### *Pensions.*

During the year three District Nurse-Midwives retired. As they were ineligible for pensions under the Local Government Superannuation Scheme, they were granted pensions under the County Council and County Nursing Association Scheme.

### *Uniform.*

During 1949 considerable difficulty was experienced in buying district nurses' uniforms in bulk, owing to shortage of materials, and it was therefore decided, as from 1st April, 1950, to allow the nurses to buy their own uniform in accordance with the County Scale, and that re-imbursement not exceeding £25 per annum should be made annually upon the presentation of receipted accounts.

### *Post Graduate Training.*

The training of District Nurse-Midwives in the use of Gas/Air Analgesia has been continued at White Lodge Hospital, Newmarket, and at the end of the year only one midwife remained to be trained.

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

One nurse successfully completed the Queen's Training in District Nursing and two nurses started the course.

### *Sterilised Maternity Outfits.*

Seven hundred and fifty-five sterilised maternity outfits were supplied free in the case of home confinements.

## **Infectious Diseases of Special Nature.**

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

There were no cases of ophthalmia neonatorum.

## **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 71,683.

## **VACCINATION AND DIPHTHERIA IMMUNISATION.**

The arrangements for vaccination and diphtheria immunisation were continued during the year.

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

Statistics as given below show the numbers of vaccinations and diphtheria immunisations carried out during the year:—

						<i>County Health Staff.</i>	<i>Private Practitioners.</i>
Vaccinations	..	..	..	..	..	—	1,548
Re-vaccinations	..	..	..	..	..	—	355
Diphtheria Immunisations:—							
Primary	..	..	..	..	..	646	1,609
Reinforcing doses	..	..	..	..	..	718	160

Arrangements were made for the Health Visitors to "follow-up" those children living in the more remote parts of the County for whom no notification of inoculation against diphtheria had been received. It was gratifying to be informed by the parents, in many cases, that these inoculations had already been carried out by the family doctors. There was good reason to believe these statements to be correct.

## **CARE AND AFTER CARE.**

### **Tuberculosis.**

In order that the duties undertaken by the County Council under Section 28 of the National Health Service Act, 1946, in connection with the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis, might be fulfilled, it was agreed that the services of Dr. Hay, the Chest Physician appointed by the East Anglian Regional Hospital Board for the West Suffolk area, should be made available to the County Council, and the Council accepted responsibility for the payment of a proportion of his salary and expenses. Dr. Hay took up his duties on 17th April.

In consultation with Dr. Hay, it was decided that the follow-up visiting of tuberculous patients could best be undertaken by one Health Visitor to whom he could give any necessary information. It was arranged, therefore, that as from September, 1950, one Health Visitor should devote her time entirely to tuberculosis work and should undertake all the tuberculosis visiting in the County.

In 1949 the Ministry of Health made B.C.G., a vaccine for tuberculosis, available for use by the Chest Physician under controlled conditions. In this connection the following scheme accepted by the County Council was approved by the Ministry of Health:—

"The Local Health Authority intends to provide for B.C.G. vaccination, by and at the instance of a physician with specialist knowledge and experience of tuberculosis, as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such



vaccination in view of their known contact with tuberculous infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Ministry, and information concerning these records will be supplied to the Ministry on request."

Dr. Hay's report on his work is as follows:—

"Patients continued to attend the Clinics at White Lodge Hospital and the West Suffolk General Hospital, during 1950. In addition, a new Clinic at St. Leonard's Hospital, Sudbury, to serve that area, was opened in October, 1950. This has proved successful and is very convenient for the patients in the surrounding districts.

#### *Contact Examination.*

Contact examination is regarded as of primary importance in the welfare of the tuberculous family. During the year, 490 contacts were examined. Out of that number, 11 new cases of active pulmonary tuberculosis were discovered and one case of non-respiratory tuberculosis. All contacts, on examination, are tuberculin tested.

#### *B.C.G. Vaccination.*

B.C.G. Vaccine was made available by the Ministry of Health during 1950 and work in West Suffolk commenced in June of that year. The Ministry's policy at the present time is that tuberculosis contacts should be offered vaccination, in addition to nurses and medical students. Those to be vaccinated should be tuberculin negative and should not have been exposed to the risk of known infection during six weeks prior to the tuberculin testing and for six weeks subsequent to vaccination. This means that where a positive case is living at home, the contacts must be segregated for a period of three months. In practice, this has not been difficult to arrange and in most cases it is possible for the children to live with relatives during the period of segregation. With all new cases it is, of course, now the practice to vaccinate the children, whilst the patient is in sanatorium.

During the latter half of 1950, 19 contacts were vaccinated.

It has been found that the vast majority of tuberculous patients are very anxious to have their children protected by B.C.G. vaccination and it is most exceptional for the parents to refuse.

#### *Home Visiting.*

In addition to patients seen for After-Care purposes at the Clinics, the Chest Physician visits patients as required in their homes and, during the course of the year, 67 home visits were paid.

The allocation of a whole-time Health Visitor for tuberculosis work has been of very great assistance in the supervision of tuberculous families in the County."

One hundred and eight cases of pulmonary tuberculosis were notified during 1950; this is an increase of twenty-five on the corresponding figure for 1949 and is an increase of twenty-one on that for 1948.

Cases of non-pulmonary tuberculosis notified during the year numbered twenty-three, which is an increase of eight on the figure for the previous year.

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

The number of cases on the Notification Register at the end of the year was five hundred and twenty-four, which is an increase of two on the figure for the previous year.

I submit herewith a Table of New Cases reported in 1950, together with a summary of the deaths from tuberculosis in the area during the year.

NEW CASES AND DEATHS DURING 1950.

<i>New Cases.</i>					<i>Deaths.</i>				
<i>Age Periods.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>		<i>Age Periods.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	M.	F.	M.	F.		M.	F.	M.	F.
0 .. ..	—	—	1	1	0 .. ..	—	—	—	1
1 .. ..	2	2	1	1	1 .. ..	—	—	—	1
5 .. ..	1	4	3	3	5 .. ..	—	—	1	—
10 .. ..	1	2	1	—	15 .. ..	4	2	1	1
15 .. ..	4	2	—	2					
20 .. ..	6	9	—	1					
25 .. ..	13	13	2	2					
35 .. ..	11	8	—	1					
45 .. ..	5	4	1	1	45 .. ..	3	3	—	—
55 .. ..	10	2	1	—	65 .. ..	3	2	1	—
65 and upwards	4	5	1	—					
Totals ..	57	51	11	12	Totals ..	10	7	3	3

#### *Other Types of Illness.*

The arrangements with the hospital almoners for the reference to the County Health Department of patients needing care and after-care were continued. Visits were paid by Health Visitors and Welfare Officers, where appropriate.



## **Provision of Nursing Equipment and Apparatus.**

Satisfactory reports with regard to the Medical Loan Depots organised by the British Red Cross Society, have been received.

The District Nurses find this service very helpful for their patients and the Society report that "all items requested have been supplied."

## **HOME HELP SERVICE.**

The Home Help Service has continued to function throughout the year. The number of home helps on the register has gradually increased, but in many of the country areas it has not been possible to enrol helpers and some requests for assistance could not be met.

Recruitment of home helps has been attempted in three ways:—

- (i) by advertisement in the local press,
- (ii) by the issue of leaflets to Women's Institutes throughout the County; and
- (iii) by letters to district nurses asking them to forward, whenever possible, names of likely home helps.

The most successful results were achieved by the first method.

As from 3rd January, 1950, the County Council extended its scheme to cover the Borough of Bury St. Edmunds. The voluntary organisation, which had previously covered the town, ceased to function on 2nd January, 1950.

With the further increase in the service a disproportionate amount of the time of the Superintendent Health Visitor was spent in her capacity as Home Help Organiser. In addition, it was felt that to ensure the fullest use of the service some form of re-organisation was necessary.

It was therefore decided to appoint a part-time Home Help Organiser. Miss G. M. Penly Cooper, a member of the County Council and the late Superintendent Health Visitor, Supervisor of Midwives, and Secretary of the County Nursing Association, offered to undertake this work in a voluntary capacity, and took up her duties on 4th September, 1950. Miss Penly Cooper has devoted a considerable amount of her time to the work and her enthusiastic interest is much appreciated.

A total of one hundred and twenty-three householders were assisted during the year, and at least 60% of these were aged persons. At the end of the year there were 44 home helps on the register and 64 householders were being assisted.

## **COUNTY AMBULANCE SERVICE.**

In this, the second full year in which the County Ambulance Service has operated, the use of both the Ambulance Service and the Hospital Car Service has increased as compared with the previous year. While the Ambulance Service has maintained a higher level of use, the Hospital Car Service has shown a gradual decrease during the year.

### *Agency Services.*

The Service continued to be operated mainly through the agency of the Suffolk Branch of the British Red Cross Society. In the Haverhill area an ambulance was manned by a contracting garage at Haverhill, under the aegis of the British Red Cross Society. By arrangement with the East Suffolk County Council, the Hadleigh area was served by that Authority's ambulance stations at Ipswich and Stowmarket.

### *Supplementary Services.*

As will be seen from the statistics shown below, the use of the Hospital Car Service has exceeded that for last year, but since the peak in March, there has been a slight fall. In order to secure greater control of the Service, and to ensure that the use of the Service was confined to cases of medical need, arrangements were made—taking effect in November—for all requests for cars to be submitted to the County Health Department. Each Request Form contains a medical certificate, which certifies the patient's need of a car on medical grounds. After endorsement in the Health Department, requests are forwarded to the Suffolk Branch of the British Red Cross Society, who then arrange cars accordingly. Early results would seem to justify the institution of the new procedure, and December figures show an even steeper downward trend in the use of the Service.

On the 31st December, 1950, there were 71 registered drivers. Although this is a reduction on the number of drivers available last year, the Service has operated smoothly and efficiently, which, to an appreciable extent is the result of the co-operation and reliability of drivers.

Because 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 injured in 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 agreement with Cambridgeshire County Council, whereby the Ambulance Station at Newmarket served certain Cambridgeshire parishes adjacent to the West Suffolk border, was terminated on 1st January, 1950. This Authority's Hospital Car Service also ceased to cover the area on that date. The Cambridgeshire County Council had made their own arrangements for the area, siting one of their ambulances at Newmarket.



*General.*

This is the first full year during which Section 24 of the National Health (Amendment) Act, 1949, has operated. Briefly, this Section places the financial responsibility upon Local Health Authorities for cases who return to their areas by Ambulance or Sitting Case Cars from Hospitals in other areas, within three months of their admission or treatment there.

The Act has reacted adversely on the Authority, in that many more miles of Ambulance and Hospital Car Service journeys, have been done by other Local Health Authorities for this Authority, than this Authority have done for other Local Health Authorities.

This was due to two main reasons. Firstly, there are only two large hospitals in this County, resulting in an appreciable number of West Suffolk patients receiving treatment in hospitals outside its boundaries, and secondly, while the County receiving back its own patients, bears a financial responsibility for their transport under existing legislation, it does not enjoy operational responsibility.

*Statistics.*

AMBULANCES.					
	<i>Quarter Ended.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>No. of Emergency Calls.</i>	<i>Mileage.</i>
<i>Agency Services :—</i>					
British Red Cross	31-3-50	1,364	1,650	165	33,089
Society	30-6-50	1,335	1,561	99	30,130
(including Haverhill).	30-9-50	1,322	1,608	152	30,437
	31-12-50	1,244	1,331	137	31,460
	Totals ..	5,265	6,150	553	125,116
East Suffolk County	31-3-50	28	28	3	715
Council.	30-6-50	19	20	—	692
	30-9-50	27	27	3	719
	31-12-50	24	24	2	776
	Totals ..	98	99	8	2,902
	Totals ..	5,363	6,249	561	128,018

SITTING CASE CARS.					
<i>Supplementary Service :—</i>					
Hospital Car Service.	31-3-50	1,915	2,794	—	69,306
	30-6-50	1,790	2,619	—	63,705
	30-9-50	1,676	2,505	—	59,675
	31-12-50	1,608	2,143	—	58,119
	Totals ..	6,989	10,061	—	250,805
Private Taxis.	31-3-50	15	16	13	1,021
	30-6-50	33	33	33	2,311
	30-9-50	14	14	14	1,158
	31-12-50	15	16	15	953
	Totals ..	77	79	75	5,443
	Totals ..	7,066	10,140	75	256,248

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949, JOURNEYS.

<i>For West Suffolk C.C.</i>			<i>By West Suffolk C.C.</i>		
<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>Mileage.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>Mileage.</i>
AMBULANCES :—					
78	91	3,584	44	47	1911
HOSPITAL CAR SERVICE :—					
190	216	9,679	20	21	901



## MENTAL HEALTH.

All the functions of the County Council with regard to mental health were carried out by the Suffolk County Joint Mental Health Board in accordance with the scheme approved by the Minister of Health in 1948. The Chief Officers of the Board were as last year.

Co-operation with hospital authorities was maintained; the arrangements made with the East Anglian Regional Hospital Board and the Royal Eastern Counties Institution for the supervision of patients on licence from institutions by officers of the Board remained in operation, as did the arrangements with the Suffolk Mental Hospitals Management Committee for the part-time use of their psychiatric social worker by the Board. This officer undertook, where necessary, the after-care of patients discharged from mental hospitals and the investigation and care of certain persons suffering from mental illness who were living in the community.

### Lunacy and Mental Treatment Acts.

The County Welfare Officers have been appointed Duly Authorised Officers under the Joint Board. During the year they attended on the admission to mental hospitals of 33 male and 54 female patients from West Suffolk. These numbers are comprised as follows:—

<i>Under the Lunacy Act.</i>	<i>Males.</i>	<i>Females.</i>
On certification .. .. .	22	25
On three-day Orders under Section 20 .. .. .	3	9

N.B.—On the expiration of the three days two females were discharged and one had died. Three males and six females were detained for a further fourteen days under Section 21A, at the end of which time one male was certified and the rest remained in hospital as voluntary patients.

<i>Under the Mental Treatment Act.</i>	<i>Males.</i>	<i>Females.</i>
As voluntary patients over the age of 16 years ..	7	19
As temporary patients .. .. .	1	1

The Welfare Officers have in addition given much useful help in a number of cases of patients discharged from mental hospitals where it was felt that after-care and assistance in coping with the problems involved in returning to normal community life, were necessary. By this arrangement it has been possible to restrict the services of the psychiatric social worker to the small number of cases where the specialised services of this worker were felt to be necessary.

### Mental Deficiency Acts.

#### *Ascertainment.*

During the year 40 new cases (27 males and 13 females) were ascertained.

#### *Admissions to Institutions.*

In spite of the acute shortage of accommodation in institutions for mental defectives, arrangements were made for 6 male and 5 female West Suffolk patients to be admitted during the year. The numbers of West Suffolk cases remaining on the waiting list on the 31st December, 1950, were 17 males and 9 females.

#### *Supervision.*

During the year a review was held of all the cases under Statutory Supervision; each case was considered carefully, not only from the medical aspect, but also having regard to the case history, and the Joint Board decided to discontinue supervision in the cases of 5 males and 8 females. The circumstances under which these patients had been placed under Statutory Supervision—in some cases many years ago—had changed materially and most of them have proved themselves able to live a useful life in the community.

The numbers of cases under Friendly Supervision on the 31st December, 1949, were 56 males and 73 females. During the year all these cases were carefully reviewed in the same manner as were the cases under Statutory Supervision and in many of them it was considered that further supervision was not necessary. The numbers were thus reduced to 25 males and 17 females.

The numbers under supervision on the 31st December, 1950, were as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision .. .. .	88	93	181
Friendly Supervision .. .. .	25	17	42

As in the case of patients discharged from mental hospitals, the Welfare Officers have successfully undertaken the friendly supervision of mental defectives in cases where special attention was not required, thus enabling the Mental Welfare Officers to concentrate on those for whom specialist training was needed. These arrangements may well be extended to patients under statutory supervision.

#### *Home Training.*

The Home Training scheme has continued to develop most satisfactorily and on the 31st December 4 male and 41 female defectives were receiving training in their own homes. This work has proved of great value in affording occupation for defectives who would otherwise have no interest in life, with the possible consequence that their mental condition would deteriorate and that they would become a serious



problem both to their families and the community. In some cases it is felt that the necessity for institutional care has been averted or postponed, an advantage, of course, at the present time when there is such a great shortage of institutional accommodation.

Owing to a drop in the numbers in attendance, the morning class held at Bury St. Edmunds was discontinued in April, and the fortnightly class held at Newmarket was discontinued in September. Provision was made for the patients formerly in attendance at these classes to receive training in their own homes.

#### *Guardianship.*

As stated in the report for 1949, the majority of the patients under Guardianship were discharged in 1949 from Order on the assumption of financial responsibility in their case by the National Assistance Board. The only patient of West Suffolk origin at the end of 1950 was a female who was transferred during the year from institutional care to the Guardianship of her sister with whom she had been on long licence.

### INSPECTION AND SUPERVISION OF FOOD.

#### **(a) Milk Supply.**

##### *Pasteurising Plants.*

During the year 122 samples were obtained from the five plants pasteurising milk in the County. Four adverse reports were received from the Public Health Laboratory, Cambridge, and these may be summarised as follows:—

##### *Methylene Blue Test.*

1

##### *Phosphatase Test.*

3

In those cases where the samples failed, immediate investigations were made. The failure on the Methylene Blue Test was attributed to a temporary failure in the bottle washer, the jets of which are inclined to block up from time to time due to the hardness of water. Two of the failures on the phosphatase test were found to be caused by faults in the recording thermometers which were subsequently rectified. In the other case it was found that a valve on the line leading from the holder to the cooler was leaking and allowing untreated milk to contaminate the treated milk.

All pasteurising plants in the County were examined regularly by the Chief Sampling Officer and his Staff, who report that generally speaking a high standard was maintained.

##### *Milk in Schools.*

One-third of a pint of milk continued to be supplied free of charge to children on each schoolday throughout the year.

Whenever available, pasteurised milk, produced if possible with all the safeguards which apply to tuberculin tested milk, was supplied. Where this could not be procured, tuberculin tested milk was provided in all but six schools where it was unobtainable.

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

<i>Type of Milk.</i>	<i>No. of Schools.</i>	<i>No. on Roll.</i>
Pasteurised .. .. .	82	10,609
Tuberculin-tested .. .. .	48	3,067
Accredited .. .. .	2	99
Non-designated .. .. .	4	507
	<hr/> 136	<hr/> 14,282

It will be seen that pasteurised milk was available to 74.3% of the children attending maintained schools, and tuberculin tested to another 21.5%.

It is even more satisfactory to be able to add that by the end of the year arrangements had been made for pasteurised milk to be supplied to two further schools and tuberculin tested to another, so that at the beginning of 1951 less than 1% of the children at maintained schools had neither pasteurised nor tuberculin tested milk available to them.

This improvement shown during the year is due to the efforts of the Chief Sampling Officer who supervises the supply of milk to schools. This officer arranged for samples to be taken to ascertain whether the milk is free from bacteria capable of causing disease in humans and to test its nutritional value. In this connection 172 samples were taken.

In addition he spent much time investigating the complaints as to times of delivery, chipped or dirty bottles, etc., and, with the co-operation of the Milk Marketing Board, in finding alternative supplies when existing ones failed or could not be made satisfactory.

##### *Sale of Infected Milk.*

It was not possible until July to commence sampling under the provisions of the Food and Drugs Act, 1938, relating to the prohibition of sale of infected milk, owing to the delay in delivery of equipment required for this work. Sampling was further restricted owing to the small number of guinea-pigs available at the Public Health Laboratory.



Eighty-four samples of non-designated and accredited milk were taken. There was evidence of tuberculosis in one of these samples and the appropriate District Medical Officer of Health and Divisional Veterinary Inspector of the Animal Health Division of the Ministry of Agriculture and Fisheries were at once notified.

It was subsequently learned that one cow was found to be suffering from the disease and was slaughtered. In five cases the presence of *brucella abortus* was detected at the post mortem examination of the inoculated guinea-pig. In four of these cases of *brucella abortus*, the milk was being sent for pasteurisation, so no special steps had to be taken; but in the other case part of the milk was retailed locally, the remainder being sent to a wholesale dairy where it was pasteurised. In this case the District Medical Officer concerned was immediately notified, as was the Divisional Veterinary Officer.

#### (b) Food and Drugs Act, 1938, and Public Health (Preservatives, etc., in Food) Regulations.

Three hundred and ninety-six samples were taken by the Weights and Measures Department during the year, and adverse reports were received from the Public Analyst in respect of one hundred and one of these.

The figures below show that milk again formed the bulk of samples taken. Of these, sixty-two were deficient in the legal minimum of fat, and seventeen showed that water had been added, one was abnormal milk, and one was unfit for human consumption.

In the great majority of cases of low fat content, it was found that the milk was "as it came from the cow," and therefore, legally "genuine." It is thought that problems of feeding may have been partly responsible: this particularly applied during the Summer months. In at least two cases farmers had sought the advice of the Agricultural Executive Committee, with the result in one case, that a farmer replaced some of his very heavy milkers by Channel Island cattle. A few milk samples taken towards the end of the year, were the most remarkable cases of "appeal to cow" samples which the Chief Sampling Officer had ever seen, because of their extremely low fat content—as low as 0.6% in one case. At the request of the Public Analyst, he was given details of feed, breed, etc., so that the results could be circulated privately to other Public Analysts.

In two very bad cases of added water, heavy fines were imposed.

Three butchers were prosecuted and fined for selling sausages and sausage meat containing less than the legal minimum of meat. In the remaining nine cases cautions were sent to offenders.

Following verbal complaints about the quality of table jellies, samples of jelly and jelly crystals were obtained before Christmas, and in ten cases it was found that they were deficient in sugar and/or failed to set. Prosecutions and cautions followed, as appropriate.

#### DETAILS OF SAMPLING.

<i>Nature of Sample.</i>	<i>No. taken.</i>	<i>No. Adulterated or not up to Standard.</i>
Apples .. .. .	1	—
Blackcurrant Juice Cordial .. .. .	1	—
Coffee and Chicory Essence .. .. .	3	—
Coffee Extract .. .. .	1	—
Flour Mixtures .. .. .	1	—
Fondant .. .. .	1	—
Ground Almonds .. .. .	2	—
Ground Ginger .. .. .	1	—
Jam .. .. .	3	—
Jellies and Jelly Crystals .. .. .	23	10
Meat and Gravy .. .. .	1	—
Milk .. .. .	285	78
Mushrooms (canned) .. .. .	1	—
Peanut Butter .. .. .	1	—
Peanuts (roasted) .. .. .	1	1
Pepper .. .. .	11	—
Pickles and Sauces .. .. .	3	—
Potato straws .. .. .	1	—
Salad Cream .. .. .	7	—
Sausage and Sausage Meat .. .. .	42	12
Sausages (tinned) .. .. .	2	—
Soup Mixture .. .. .	1	—
Spinach (tinned) .. .. .	1	—
Tomato Ketchup .. .. .	2	—



## NATIONAL ASSISTANCE ACT, 1948.

### WELFARE OF THE AGED AND THE DISABLED.

#### **Welfare Officers.**

When the National Assistance Act, 1948, came into operation in 1948, two male Welfare Officers were appointed, in addition to the Blind Welfare Officer and the Home Teacher for the Blind. At first their work was mainly concerned with the admission of aged and disabled persons to residential accommodation, and, as Duly Authorised Officers of the Suffolk County Joint Health Board, with the admission of persons to Mental Hospitals. As they became better known to medical practitioners, to the clergy, to other persons concerned with the welfare of the aged and the disabled, and to the general public, the calls upon them for advice and assistance have become more frequent and varied, and their work has been greatly extended in character and volume.

As a large proportion of the blind people in the County are aged and many of them who lost their sight late in life are incapable of being trained in anything but, possibly, simple pastime occupations, it was felt that they generally need only welfare visits, which could appropriately be paid by the Welfare Officers when they were in the vicinity, thus saving much valuable time in travelling from case to case. When, therefore, the Home Teacher for the Blind resigned her appointment early in the year, the vacancy was not filled, but instead a female Assistant Welfare Officer was appointed to undertake general welfare work with a special bias for work with the blind. The Blind Welfare Officer, who is a qualified Home Teacher, was thus left free to devote the whole of her time to blind persons who are trainable or who are in need of visits from a specialist blind welfare worker. In spite of this, the volume of work was such that the appointment of an additional welfare officer may have to be considered in the coming year.

During the year 743 visits were paid by the Welfare Officers to aged and disabled persons, excluding the blind, and 171 visits to other persons.

#### **Residential Accommodation.**

##### *County Hostels.*

The opening of Bristol House, situated on the sea front at Felixstowe, as a hostel for old people from West Suffolk, was a landmark in the history of the Welfare Services in this County, for it was the first Home provided by the County Council specifically to house old people outside the walls of institutions built under the Poor Law. When Glanely Rest, a similar hostel at Exning, is opened in 1951, it is hoped that there will be sufficient accommodation of this type to house all those old people in the County for whom such provision is required.

Whilst owing to the present restrictions of building, adaptations of existing property is the only means of obtaining accommodation, it soon becomes evident that in these adapted premises there is a distinct shortage of ground floor accommodation. The majority of persons applying for residential accommodation are over 75 years of age and many of them cannot climb stairs or can only do so with some difficulty or with assistance.

The success of an Old People's Hostel depends, very largely, on the right choice of the Matron. Besides being kindly and sympathetic she should be a capable administrator, and should, in my opinion, be a state registered nurse, or at least have nursing experience. Residents in their old age frequently suffer from minor ailments or disabilities which confine them to bed for short periods but do not necessitate admission to hospital, or a hospital bed may not be available; it is essential that the person in charge of the hostel should be able to deal with such contingencies.

##### *Bristol House.*

Bristol House was opened in September, although it was not ready for full occupation till January, 1951. Accommodation is provided for 46 aged persons of both sexes in single, double and three-bedded rooms. Communal dining and sitting rooms are provided, together with a small recreation room for the use of the male residents. Central heating has been installed throughout the building and there are wash basins with hot and cold water in every bedroom. Miss M. A. Burton, S.R.N., was appointed Matron and she is assisted by a staff of nine, including an Assistant Matron, Cook, Assistant Cook, two Orderlies, a Handyman and two full-time and one part-time domestics. The standard charge at this Hostel has been fixed at £3 10s. 0d. per week for the time being, although the majority of the residents are only in a position to pay the minimum contribution of 21s. per week. The Felixstowe Old People's Welfare Committee have helped to make the old people happy by visiting and by providing religious services and entertainments. Many of the residents have become members of the local Old Persons' Clubs.

##### *Glanely Rest.*

The work of adapting Glanely Rest, Exning, Near Newmarket, for the accommodation of 56 aged persons of both sexes has continued during the year and it is expected that the premises will be ready for occupation about the middle of 1951. It will be remembered that the premises were given to the County Council by Mr. George Gibson, together with a cheque for £10,000 towards the cost of the adaptations.

##### *Cloncurry.*

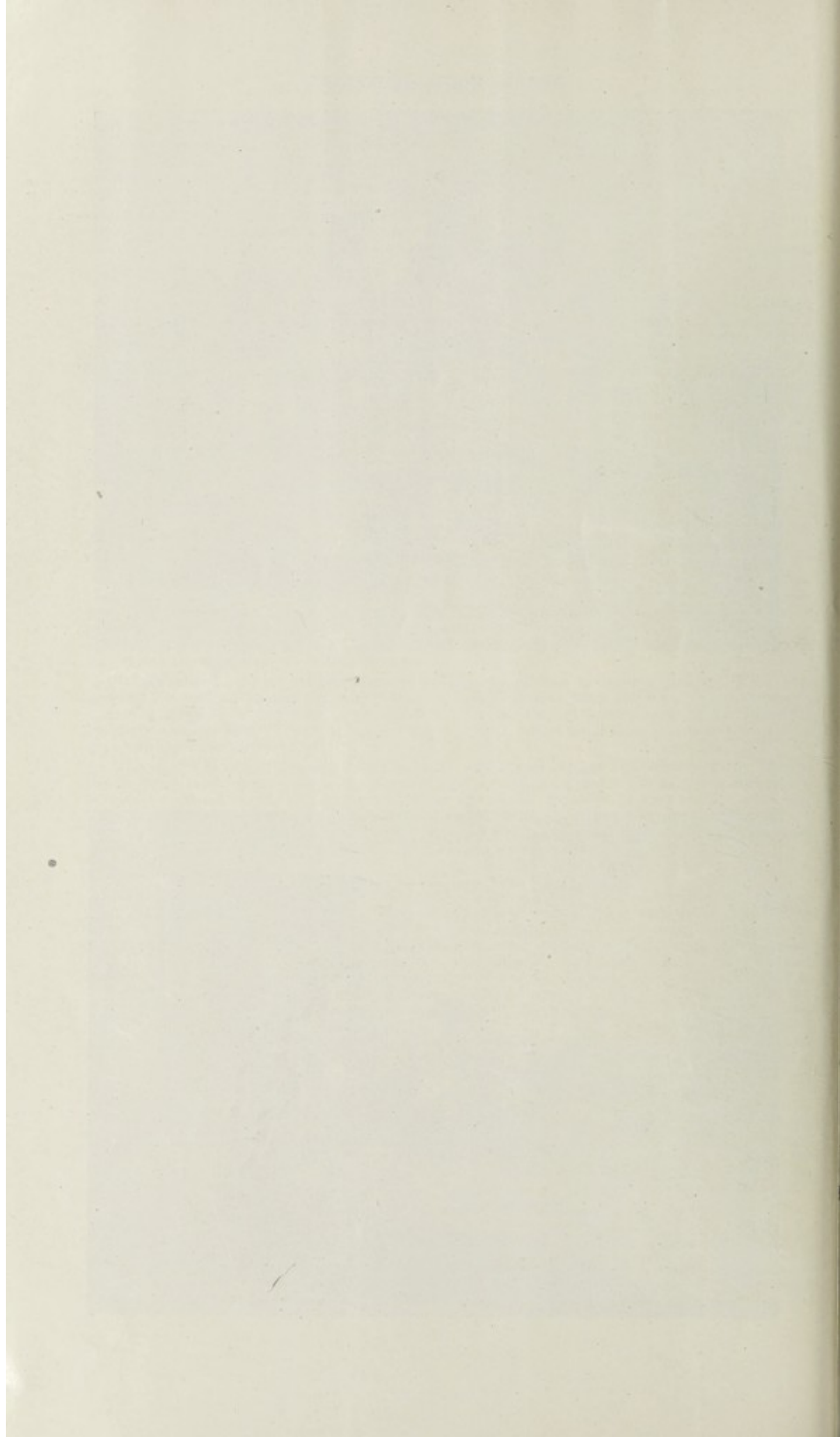
Cloncurry, Felixstowe, which was established as a residential and holiday Home for the Blind in conjunction with the East Suffolk County Council, the West Suffolk Voluntary Association for the Blind, and the East Suffolk Voluntary Association for the Blind, provides accommodation for 20 blind persons, 12 from East Suffolk and 8 from West Suffolk. The question of building chalets to provide holiday accommodation was discussed during the year, but no decision was reached on the matter.



BRISTOL HOUSE, FELIXSTOWE.







#### Other Accommodation.

Residential Accommodation continued to be provided in Regional Hospital Board premises, and a survey made in June by officers of the County Council and the Regional Hospital Board of all cases in the two former Public Assistance Institutions in the County, resulted in a net transfer to the care of the County Council of 43 cases at St. Mary's Hospital, Bury St. Edmunds, and 26 cases at Walnuttree Hospital, Sudbury. Responsibility was accepted by the County Council for these 69 cases from 1st April, 1950.

Two Voluntary Homes for Aged Persons in the County, Red House, Sudbury, and Manson House, Bury St. Edmunds, accommodating approximately 25 and 18 residents, respectively, were opened during the year.

The County Council continued to use accommodation in Voluntary Homes for the Aged, for Epileptics and for the Deaf and Dumb and by arrangement with other Local Authorities.

#### Summary.

Details of residential accommodation provided on the 31st December, 1950, are as follows:—

St. Mary's Hospital, Bury St. Edmunds	..	..	..	..	..	138
Walnuttree Hospital, Sudbury	..	..	..	..	..	19
Bristol House, Felixstowe	..	..	..	..	..	31
Red House, Sudbury	..	..	..	..	..	5
"Cloncurry", Felixstowe	..	..	..	..	..	7
Homes for Epileptics	..	..	..	..	..	4
Home for Deaf and Dumb Women	..	..	..	..	..	1
Maintained in other Local Authorities' Homes	..	..	..	..	..	2
Total	..	..	..	..	..	207

No one was compulsorily removed to residential accommodation under Section 47 of the Act during the year.

Five Aged and Disabled Persons' Homes in the County, including the two voluntary homes mentioned above, with total accommodation for 89 persons, were inspected and registered during the year. No applications for registration were refused.

#### Temporary Accommodation.

During the year temporary accommodation for persons in urgent need thereof was provided for 1 man, 4 women and 8 children, mainly as a result of evictions.

#### Protection of Property.

13 cases were dealt with by the County Council's officers during 1950.

#### Welfare of the Blind.

There were 232 registered blind persons in the County at the end of the year, the age groups being as follows:—

0-10	10-20	21-30	31-39	40-49	50-59	60-64	65 and over
4	—	11	4	19	24	22	148

The Welfare Officers paid 1,362 visits to blind people during the year and 79 lessons in Braille and Moon type were given.

The examination and certification of blind persons is undertaken by registered medical practitioners who have special experience in ophthalmology. Thirty-nine new cases were registered during the year.

The arrangement with the Norwich Institution for the Blind for the supervision of the Home Workers is still in force. There were two such Workers, both basket makers, 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 of income from the County Council.

One person was maintained in an Institution for the Blind as a workshop employee. The County Council received a capitation grant of £80 from the Ministry of Labour and National Service towards the cost of his maintenance.

In addition to the recognised Home Workers, 17 persons were employed in remunerative occupations as follows: 2 agricultural workers, 1 basket worker, 1 boot repairer, 1 carpenter, 1 domestic worker, 1 Minister of Religion, 1 netting maker, 2 telephone operators, 3 in sighted industry and 4 others.

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.

Close touch has been maintained with the West Suffolk Voluntary Association for the Blind, who are able to provide those extras upon which much of the happiness of blind people depends, but which cannot be supplied through the State Service. The wireless sets were maintained and 13 talking book



machines were supplied. Other provisions varied from a typewriter to extra nourishment in cases of illness. Grants from the funds of the Association were made at Christmas time, to provide holidays, and in special cases.

Two members of the Health Committee represented the County Council on the Southern Regional Association for the Blind. The County Council makes an annual grant to this body.

#### **Welfare of the Deaf and Dumb.**

The County Council made a grant of £150 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 continued to act as the County Council's representative on the Committee of the Mission.

In order that they might be able to deal more effectively with deaf and dumb persons whom they might be called upon to visit, the Welfare Officers attended a course of training in the deaf and dumb language organised by the St. Edmundsbury and Ipswich Mission for the Deaf and Dumb.

The Chairman of the Health Committee attended a preliminary conference to consider the setting up of a Regional Association for the Deaf for Southern and Eastern England.

There were 48 deaf and dumb persons in the County known to the Mission.

#### **Welfare of Crippled Persons.**

The question of reviving the Suffolk Association for the Care of Cripples was discussed and it was agreed that no case had been made out for the establishment of a voluntary organisation for the care of cripples at the present time, but that the whole question should be reviewed in due course in the light of any regulations which the Minister of Health might make.

Five unemployable crippled persons were being visited during the year and provided with various forms of occupational therapy.

#### **Welfare of the Aged.**

Two members of the Health Committee were appointed to serve on the Suffolk Old People's Welfare Association, to whom the County Council made a grant of £50 during the year.

## APPENDIX A.

### WEST SUFFOLK COUNTY COUNCIL.

#### HEALTH AND WELFARE SERVICES.

Attention is drawn to the health and welfare services available to the public in West Suffolk.

The County Council desire to place a wide interpretation upon the scope of their duties as a health and welfare authority, and to assist in dealing with social problems of many kinds, either through their own services or in co-operation with statutory bodies and voluntary organisations. It is hoped, therefore, that the public will not hesitate to make use of the Council's Officers as, although the particular problem may not be one to be dealt with directly by the Council, all necessary steps will be taken at once to ensure that appropriate help is made available through the department or organisation concerned.

Further particulars can be obtained from the County Medical Officer, County Health Department, 13, Westgate Street, Bury St. Edmunds.

In any matter of urgency, telephone enquiry should be made to the County Health Department, Telephone No. Bury St. Edmunds 1280.

#### Health Services.

The following services are made available, without charge except where otherwise stated, by the West Suffolk County Council.

##### 1. HOME NURSING AND MIDWIFERY.

There is a staff of district nurse midwives available throughout the County for nursing and midwifery in the home. Applications for the services of a district nurse midwife can be made direct to the nurse.

##### 2. INFANT WELFARE CLINICS.

The main clinic is held on Wednesday and Friday afternoons at Lower Baxter Street, Bury St. Edmunds. Other clinics are held as follows:—

		3rd Monday in month	Afternoon.
Beck Row		4th Friday	" "
Barrow.	Reading Room.	1st Wednesday	" "
Bildeston.	Chapel School Room.	2nd Wednesday	" "
Boxford.	Village Hall.	2nd and 4th	" "
Brandon.	Church Institute.	Tuesday	" "
Bures.	Women's Institute Hall.	4th Friday	" "
Clare.	British Legion Hut.	2nd Tuesday	" "
Elveden.	Reading Room.	3rd Wednesday	" "
Glemsford.	Old School.	4th Tuesday	" "
Great Thurlow.	"Rose and Crown."	4th Wednesday	" "
Great Walldingfield.	Acton Aerodrome.	2nd Friday	" "
Hadleigh.	White Lion Hotel.	1st and 3rd	" "
		Friday	" "
Haverhill.	St. Mary's School	2nd and 4th	" "
	Room.	Thursday	" "
Hundon.	Village Hall.	1st Wednesday	" "
Ixworth.	Village Hall.	3rd Thursday	" "
Lakenheath.	Peace Memorial Hall.	3rd Thursday	" "
Lavenham.	Guildhall.	2nd Tuesday	" "
Long Melford.	Village Hall.	1st Tuesday	" "
Mildenhall.	Bunbury Rooms.	1st Friday	" "
Nayland.	Congregational Church		
	Rooms.	3rd Wednesday	" "
Newmarket.	British Restaurant.	1st and 3rd	" "
		Tuesday	" "
Shimpling.	Church Hall.	2nd Friday	" "
Sudbury.	Youth Club Premises,		
	Stour Street.	Every Thursday	" "
Walsham-le-Willows.	Temperance Hall.	4th Tuesday	" "
Wickhambrook.	Women's Institute Hall.	1st Thursday	" "



### 3. HEALTH VISITING.

The health visitors, who are specially trained nurses, visit people in their homes to give advice as to the care of young children and nursing mothers, and the preservation of health of the household as a whole. If you would like a special visit you should apply to the County Health Department, Bury St. Edmunds, Telephone No. Bury St. Edmunds 1280.

### 4. IMMUNISATION AGAINST DIPHTHERIA.

The best time for this is when the child is between the age of six and twelve months and again when starting school. Immunisation is carried out by the County Health Staff at welfare centres and schools, but your own doctor will carry out immunisation without charge upon request.

### 5. VACCINATION.

Now that vaccination is no longer compulsory it does not mean that there is any less need for vaccination. Every parent is urged strongly to have his child vaccinated soon after the age of three months and this will be done without charge by your own doctor, who will gladly give you any advice on the matter.

### 6. AMBULANCES.

A comprehensive ambulance service is available throughout the County, day and night. Arrangements to call out an ambulance are normally made through the doctor or hospital concerned.

In a case of emergency it is only necessary to telephone "ambulance" or as otherwise indicated in the telephone kiosk, and the caller will automatically be connected to the appropriate Ambulance station.

### 7. HOSPITAL CAR SERVICE.

Patients who, on medical grounds, are unfit to travel by public transport, but who are not stretcher cases, can be conveyed to and from hospital in sitting-case cars.

This is not an emergency service, and arrangements for it are made through the doctor or the hospital concerned.

### 8. HOME NURSING EQUIPMENT.

Arrangements have been made with the British Red Cross Society for nursing requisites to be made available on loan for cases of illness in the home. A small charge is made. Particulars as to the nearest medical loan depot can be obtained from the district nurse.

### 9. HOME HELPS.

Every effort is made, when necessary, to supply home helps to undertake domestic work in households where such help is required on account of a confinement or ill health, old age or infirmity. This service is not free except in cases of need. The householder is required to contribute according to financial ability.

Applications for enrolment as a "helper" will be gladly received at the County Health Department.

### Mental Illness.

The welfare of persons suffering from mental illness or mental defect is the responsibility of the Suffolk County Joint Mental Health Board, County Hall, Ipswich, to whom enquiries should be addressed.

### Welfare Services.

#### 1. HOMES FOR THE AGED AND FOR DISABLED PERSONS.

Residential accommodation is provided for persons who, by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them. The necessary arrangements for admission are made by the County Welfare Officers, at the County Health Department, Bury St. Edmunds, Telephone No. Bury St. Edmunds 1280.

(This does not apply to sick persons requiring hospital accommodation, for whom the Regional Hospital Board, through its Hospital Management Committees, is responsible.)

#### 2. WELFARE SERVICES FOR DISABLED PERSONS.

The services of the County Welfare Officers, who visit to give advice and assistance with regard to training, employment and any social problems, are available to persons who are blind, crippled, deaf or dumb, or who are substantially and permanently handicapped by illness or injury.

Arrangements can be made for the safeguarding of movable property such as money, jewellery, securities, etc., of persons admitted to any hospital or to residential accommodation, where it appears that no other suitable arrangements are being made.

#### 3. TEMPORARY ACCOMMODATION.

Temporary accommodation can be provided for persons who, as the result of unforeseen circumstances such as fire or flood, are temporarily without shelter.

### Care of Deprived Children.

Provision is made for the care and supervision of children who are deprived, for any reason, of the care of their own parents, or for whom the parents are unable to provide proper care. Application should be made to the Children's Officer, Shire Hall, Bury St. Edmunds.

June, 1950.