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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

for the

YEAR 1953

D. A. McCracken, M.D., D.P.H.



Westgate House,
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.
Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the County Medical Officer of Health for the year ended 31st December, 1953.

The vital statistics are again generally satisfactory. The birth rate of 16.72 shows an increase of 2.24 on the rate of 14.48 for 1952. The crude death rate shows a slight reduction from 11.35 in 1952 to 11.29 in 1953. The birth rate for 1953 is 5.43 in excess of the death rate. The infant mortality rate of 26.22 approximates to that of 26.80 for England and Wales. The progressive diminution in the tuberculosis mortality as illustrated by Tables II—IV shows that in 1934 seventy-two people died from the infection as compared with thirteen in 1953, whilst the mortality expressed as a percentage of the total mortality diminished from 5.28 to .91 per cent during the same period.

At the request of the Suffolk Branch of the British Red Cross Society the Council agreed to operate the Ambulance Service direct and bring to an end the agency arrangements which had functioned from the "appointed day." I am personally very grateful to the County Director and her staff for their willing assistance and co-operation during the transitional stages of the re-organisation.

The Mental Health Services have been consolidated during the year and much heavy work fell on the office staff in creating a new and complete record system for the supervision and visitation of mental defectives. The new arrangements work well in practice, and I am glad to tell the Council that my Department enjoys close and harmonious co-operation with the officers of the Regional Hospital Boards and the Mental Hospitals. The main problems in this Service are associated with hospital provision for aged people who are mentally deranged and often unable to manage their affairs, and the difficulty in obtaining institutional accommodation for young mental defectives.

The Home Help Service continues to grow and, whilst it may be said that on occasion we are unable to provide a help in a specific village, the needs of the community are on the whole being adequately met.

The work of the Welfare Section of the Department continues to expand and close co-operation is maintained with the West Suffolk Voluntary Association for the Blind and other bodies. There is a constant demand for accommodation in Old People's Homes, and it is hoped that a start will be made in 1954/55 to provide an additional Home in or near Bury St. Edmund's.

I acknowledge with a sense of gratitude the support I receive from the Chairman and Members of the Health Committee and its Sub-Committees and the assistance willingly afforded me by the executive officers of the Authority. I acknowledge also the loyal support and work carried out by my own medical and lay staff. A special acknowledgement of work done is due to the Matrons and staff of Bristol House and Glanely Rest for the splendid way in which they dealt with their particular problems associated with the floods on the East Coast.

I have the honour to be,

Your obedient Servant,

D. A. McCRACKEN,
County Medical Officer of Health.

15th, July, 1954

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health :

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

Deputy County Medical Officer of Health :

Miss 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.

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

Chest Physician (Part-time) :

C. P. Hay, M.D., M.R.C.P.

Dental Surgeons :

S. H. Pollard, L.D.S. (Senior)

J. Dewar, L.D.S. (Part-time)

Miss P. T. Fuller, L.D.S. (Part-time from 1-10-53).

Superintendent Health Visitor :

Miss M. P. Mullender

Supervisor of Midwives :

Miss O. E. Payne.

Home Help Organiser (Honorary) :

Miss G. M. Penly Cooper, M.B.E.

Food and Drugs Acts :

Chief Inspector—D. Thompson.

Welfare Officer for the Blind :

Miss M. D. Gourlay.

Welfare Officers :

J. E. Bradshaw.

B. W. Cockell.

Miss W. Gamble.

W. J. J. Tyrrell.

Administrative Officer :

Miss D. L. R. Kilner.

SUMMARY OF VITAL STATISTICS, 1953.

Area of Administrative County	—	—	—	—	390,916 acres
Population (Mid-year Estimate, 1953)	—	—	—	—	125,600
Rateable Value	—	—	—	—	£573,675
Estimated Product of a Penny Rate	—	—	—	—	£2,281

Live Births :—

			<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate	—	—	1,999	1,024	975	—
Illegitimate	—	—	99	54	45	—
			2,098	1,078	1,020	16.72

Stillbirths :—

			<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate	—	—	36	14	22	—
Illegitimate	—	—	3	1	2	—
			39	15	24	0.31

Deaths :—

			<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate.</i>
(All causes)	—	—	1,419	750	669	11.29

*Rate per 1,000 total
live and stillbirths.*

Deaths from Pregnancy, Childbirth or Abortion	—	—	1			0.46
--	---	---	---	--	--	------

Infant Mortality :—

			<i>Total</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate per 1,000 live births.</i>
Legitimate	—	—	51	27	24	25.51
Illegitimate	—	—	4	1	3	40.40
Total	—	—	55	28	27	26.22

Deaths from :—

Heart Diseases and Other Circulatory Diseases	—	—	—	—	—	542
Cancer (all ages)	—	—	—	—	—	224
Vascular Lesions of the Nervous System	—	—	—	—	—	195
Pneumonia and Bronchitis	—	—	—	—	—	102
Accidents	—	—	—	—	—	53
Tuberculosis	—	—	—	—	—	13
Measles	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—

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Legitimate	1,999	1,024	975	—
Illegitimate	99	54	45	—
	2,098	1,078	1,020	16.72

Stillbirths :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate	36	14	22	—
Illegitimate	3	1	2	—
	39	15	24	0.31

Deaths :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate.</i>
(All causes)	1,419	750	669	11.29

*Rate per 1,000 total
live and stillbirths.*

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Illegitimate	4	1	3	40.40
Total	55	28	27	26.22

Deaths from :—

Heart Diseases and Other Circulatory Diseases	542
Cancer (all ages)	224
Vascular Lesions of the Nervous System	195
Pneumonia and Bronchitis	102
Accidents	53
Tuberculosis	13
Measles	—
Whooping Cough	—
Diphtheria.....	—

NATURAL AND SOCIAL CONDITIONS.

Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

Population.

The Registrar General estimated the resident population for the mid-year, 1953 to have been 125,600 persons as compared with 128,900 in 1952. The diminution in population is accounted for by a movement of non-civilians and their families from the County.

Deaths.

The total number assigned to the County by the Registrar General after adjusting for outward and inward transferable deaths was 1,419, as compared with 1,463 in 1952. The crude death rate, based on the mid-year estimated population, was 11.29 as compared with 11.35 in 1952. Lists of the causes of death classified under the thirty-six headings based on the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, are given in Table No. I, page 5. Comparability factors for each Urban and Rural District have been provided by the Registrar General for adjusting the local birth and death rates. These comparability factors make allowance for age and sex distribution of the population in different areas. These factors may be stated to represent the population handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area modify the latter so as to make it comparable with other rates which have been similarly adjusted.

Heart Diseases and other Circulatory Diseases accounted for 38.19% of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 15.78% and 13.74% respectively. The number of persons who succumbed to tuberculosis showed a significant decrease from 20 persons in 1952 to 13 in 1953. The incidence of death from the zymotic diseases was low. Only three deaths were attributed to the common infection diseases—two from acute poliomyelitis and one from meningococcal infection.

Births.

The number of live births assigned to the County was 2,098 (comprising 1,078 males and 1,020 females) as compared with 1,867 in 1952. This was equivalent to a crude birth rate of 16.72 as compared with 14.48 for the previous year. The following table shows the trend of the birth rate for 1949-53, together with the national rates for comparison:—

BIRTH RATES, 1949-53.					
	1949	1950	1951	1952	1953
West Suffolk —	16.9	16.3	15.07	14.5	16.72
England and Wales	16.7	15.8	15.5	15.3	15.5

Stillbirths.

The number of stillbirths reported was 39, as compared with 42 in the previous year. This is equivalent to a rate of 0.31 per 1,000 of population as compared with 0.35 for England and Wales. The rate per 1,000 of total births was 18.2 as compared with 22.0 in 1952.

Infant Mortality.

The number of infants who died before attaining their first birthday was 55 (28 males and 27 females) Of these 55, 4 were illegitimate births. The rate per 1,000 related live births was 26.22 compared with 27.85 for the previous year, and 26.80 for England and Wales. This is one of the lowest infant mortality rates ever recorded in the County.

The rates for 1949-53, together with those for England and Wales for comparison, are:—

INFANT MORTALITY.					
	1949	1950	1951	1952	1953
West Suffolk —	29.9	25.9	28.3	27.8	26.22
England and Wales	32.0	29.8	29.6	27.6	26.8

Maternal Mortality.

One woman died in hospital from eclampsia.

TABLE I.
Estimated Populations, Birth Rates, Death Rates and Deaths classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis non-respiratory	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Aplastic	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war	All causes	
															Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Aplastic	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war		
Borough and Urban Districts— Bury St. Edmunds	19,820	16.7	17.5	11.9	11.0	1	1	1				1			1	4	3	3	5	18	1	1	35	36	4	39	8	4	8	9	2	4		5	5	3	24	2	7	1		235	
	3,135	14.4	15.9	11.8	9.7			2											5			3	5	8		1			5			1	1	2	4					37			
	4,150	12.3	13.5	14.0	10.8	1									4			2	1	5	1		7	4	3		3	2	3	2	1	1	1	3	7		1	4		58			
	10,390	14.0	14.8	11.5	9.9	1									1	4	1	1	16				20	16	1	19	4	1	7	5	1	1	1	1	14	2			119				
	6,205	15.6	17.2	15.2	10.6										3	5	2	2	1	7	1		15	13	2	27	2	2	3			1	1		4	1	1		94				
Totals	43,700	15.3	16.4	12.4	10.4	2	1	5				1			1	14	12	8	7	51	3	3	80	74	7	96	18	9	21	21	4	7	2	11	8	1	4	53	2	11	6		543
Rural Districts— Clare	9,606	13.1	15.9	12.2	9.6	2									1	2	2	2	14	1		15	14	2	26	7	3	8	1	2							8	3	2			117	
	9,416	17.1	20.4	14.8	10.8										5	3	1	18	1			14	22	3	29	6		4	11		1				2	1	14	3	1		139		
	12,930	15.0	15.5	11.7	9.1	2	2								1	1	1	1	7			24	20	3	32	10	5	4	2	3	1	3	1		3	1	16	1	5	3		151	
	22,380	18.7	31.8	7.8	10.7	2	1				1				1	4	2	2	1	13	3		22	20	6	33	8	4	5	8		1	1		2	1	18	6	7	2		174	
	8,788	18.4	21.2	11.5	8.9										1	1	2	1	13			18	15	1	23	4		2	1	1				2	10	4	2		101				
Thingoe	18,780	19.5	24.8	10.3	10.0	2	1	1			1			4	5	8	2	1	17			2	22	21	4	28	10	3	11	3	1	9	1	2	2	3	18	6	5	1		194	
Totals	81,900	17.4	22.3	10.7	10.0	8	2	3			1	1		8	18	18	9	5	82	5		4	115	112	19	171	45	15	34	26	7	12	2	7	7	5	84	13	27	11		876	
Grand Totals	125,600	16.7	20.0	11.3	10.2	10	3	8			1	2		9	32	30	17	12	133	8		7	195	186	26	267	63	24	55	47	11	19	4	18	15	1	9	137	15	38	17		1,419

Cancer

ADMINISTRATION.

All the health services of the County Council, including those under the National Health Service Acts, 1946-1952, are administered by the Health Committee, and this Committee is also responsible for the administration of the duties of the Council under the National Assistance Acts, 1948 and 1951. There are four Sub-Committees whose functions are as follows:—

<i>Sub-Committee</i>	<i>Functions.</i>
Medical Services	Care of Mothers and Young Children ; Midwives ; Health Visitors ; Home Nurses ; Vaccination and Diphtheria Immunisation ; Care and After Care (except for Mental Defectiveness) ; Home Helps ; Registration of Nursing Homes, Day Nurseries and Child Minders.
Ambulance Service	Ambulance Service.
Mental Health and General Purposes	Mental Illness, Mental Defectiveness ; Health Centres (when the occasion arises) ; Food and Drugs ; Milk ; Housing ; Water Supplies ; Sewerage ; Any other health matters.
Welfare of the Aged and the Disabled	Residential Accommodation ; Care of the Aged and the Disabled ; Registration of Homes for the Aged ; Protection of Property of Persons admitted to Institutions.

CARE OF MOTHERS AND YOUNG CHILDREN.

Health Visitors.

An improvement in staffing resulted from the appointment of additional Health Visitors. The number employed at the end of the year was fifteen, including the Superintendent Health Visitor. The number in terms of full-time service was fourteen, being two short of the full establishment.

The number of visits paid to mothers and young children was 33,088, including 10,615 to children under one year of age, 21,552 to children between one and five years, 489 to expectant mothers and 432 to "other cases".

By kind permission of Dr. Mayon-White, the Consultant Paediatrician, the Health Visitors continued to make regular visits to the Children's ward at the West Suffolk General Hospital. One Health Visitor attended a Refresher Course at the Summer School, arranged by the Women Public Health Officers' Association at Cambridge.

Problem Families.

The Health Visitors continued to pay special attention to those families where, for some reason, the mother did not appear to be capable of giving proper care and attention to her home and her family. Forty-five families were visited frequently to give advice and help. Progress in rehabilitation in most cases proved to be extremely slow and there were many relapses. It is felt, however, that if the growing generation can be influenced by the Health Visitors in their homes and at school, there is hope for better conditions in the future. Close co-operation is maintained with other Departments of the County Council, the Moral Welfare Association and the National Society for the Prevention of Cruelty to Children.

Infant Welfare Centres.

There were twenty-eight Child Welfare Centres in the County. The total number of children who attended during the year was 2,495. Of these, 915 were under one year of age, representing 43% of total registered births. The total number of attendances was 11,192 including 6,041 made by children under one year of age.

Fortnightly centres were established at hall-churches on the two new housing estates in Bury St. Edmund's, the clinic at Lower Baxter Street being held once a week instead of twice as previously. At the request of the Medical Officer of the R.A.F. at one of the aerodromes, arrangements have been made for a Health Visitor to assist at a centre held in the Sick Quarters.

Shimpling Centre was discontinued during the year as the numbers attending did not justify its retention. The hire of a 'bus to convey mothers and children from surrounding villages to Thurlow Centre was continued, whilst the arrangements for transport in the Bildeston area were discontinued.

Birth Control Clinic.

The arrangements made with the County Borough of Ipswich for the attendance at the Allington House Clinic of West Suffolk patients, when recommended by the County Medical Officer, continued throughout the year. The following attendances were made:

First Attendances—43 ; Re-Visits—18.

Maternity and Nursing Homes.

There are no registered Homes in the County.

Nurseries and Child-Minders Regulations, 1948.

On the 31st December, there were three registered nurseries providing accommodation for 42 children. No applications were received from prospective child-minders.

Dental Care.

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

"The establishment of County Dental Officers, who are also School Dental Officers, is five, but only one full-time officer was employed. He was assisted throughout the year by one part-time Dental Officer, and for the last three months by a second part-time Dental Officer, but the number of expectant and nursing mothers and children under five years with whom they could deal was, of necessity, small. The numbers, however, rose from 1 mother and 27 young children in 1952 to 9 mothers and 39 young children in 1953."

NUMBERS PROVIDED WITH DENTAL CARE.

	<i>Examined.</i>	<i>Needing Treatment.</i>	<i>Treated.</i>	<i>Made Dentally Fit.</i>
Expectant and Nursing Mothers	9	9	9	3
Children under five.....	39	34	34	14

FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Exts.</i>	<i>Anaesthetics</i>		<i>Fil-lings.</i>	<i>Scalings or Scaling and gum treatment.</i>	<i>Silver Nitrate treatment.</i>	<i>Miscellaneous operations.</i>	<i>Radio-graphs</i>	<i>Dentures provided.</i>	
		<i>Local.</i>	<i>Gen.</i>						<i>Complete.</i>	<i>Partial.</i>
Expectant and Nursing Mothers	41	5	3	12	4	—	11	—	2	—
Children under five	49	3	38	15	—	16	38	—	—	—

Speech Therapy.

The services of the Speech Therapist, Miss B. Elton, who deals with school children, are available for children under school age. The following is her report on the work :—

"Five pre-school children have been seen during the year

Two of these children have been operated upon for cleft palate. Direct speech therapy is always undertaken as soon as possible after a cleft palate operation.

The remaining three were retarded in speech development. Of these one left the district after only a few attendances at the Clinic, another was seen twice before leaving the country, and in the case of the third child, deafness was suspected.

Cases of seriously delayed speech in young children of between 3 and 5 years were kept under observation, with a view to gaining insight into the cause of the retardation and to give any relevant advice.

In the case of stammering, direct treatment is not undertaken at an early age, although the importance of seeking advice at the earliest stage of the disorder cannot be over-estimated."

Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association were maintained. A total of 34 cases were referred to the Association and reports were received from the moral welfare workers. The County Council accepted financial responsibility for the maintenance of 26 unmarried mothers in suitable Homes and a grant of £200 was paid to the Association.

Care of Premature Infants.

A total of 105 premature births was recorded. Of the 32 who were born at home, 25 were nursed entirely at home, the remainder being transferred to hospital. Twenty-three of those nursed at home survived the first month.

Three specially equipped cots were available, on loan, for the domiciliary cases.

MIDWIFERY AND HOME NURSING.

Midwifery.

The number of midwives who had given notice of their intention to practise in the County on 31st December, 1953, was 60. The number of cases attended was as follows :—

County Domiciliary Midwives	—	—	—	—	788
Private Domiciliary Midwives	—	—	—	—	—
Institutional Midwives	—	—	—	—	1,074*
Total	—	—	—	—	1,862

* West Suffolk cases only.

Domiciliary Service.

On 31st December, 43 nurses were employed :—

Queen's Nurse-Midwives	—	—	—	—	15
Other District Nurse-Midwives	—	—	—	—	27
General Nurses	—	—	—	—	1

These numbers include two part-time relief nurses. Medical aid was called by midwives in 137 cases, in 128 of which the medical practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme.

Gas and air analgesia was administered to 630 women. A doctor was not present at the time of delivery in 512 of these cases. The total of 630 represents 79.9% of all domiciliary cases. Pethidine was administered in 381 cases.

In addition to the home confinements, domiciliary midwives visited 112 cases who were delivered in hospitals and discharged before the 14th day.

Sterilised Maternity Outfits.

Seven hundred and sixty-six packs costing 11/3d. each were supplied free for domiciliary confinements.

Infectious Diseases of Special Nature.

Seven cases of puerperal pyrexia were notified, six of which occurred in institutions.

No case of ophthalmia neonatorum was notified.

Cars.

County cars were supplied to the two Wickhambrook nurses and several nurses purchased their own cars. At the end of the year the Council owned 11 cars and the nurses 27.

Houses for District Nurse-Midwives.

Housing continued to present difficulties, but District Councils helped in solving some of the problems, especially in areas where the house of a retiring nurse was not available for her successor. The County Council built nurses' houses at Bury St. Edmund's and Ixworth and they are proving satisfactory and convenient for domestic as well as professional purposes. An additional house will be built in Mildenhall in 1954.

At the end of the year the housing accommodation was as follows :—

	No. of Houses.	No. of Nurses.
County Council	3	5
District Councils	12	16
Private	20	22
	35	43

Post-Graduate Training.

Three District Nurse-Midwives during the year attended a Post-Graduate Course, arranged by the Royal College of Midwives, at Lady Margaret Hall, Oxford.

One nurse successfully completed the Queen's Training in District Nursing.

Home Nursing.

The Home Nursing Service is carried out by the District Nurse-Midwives. The number of patients attended was 5,552 and the number of visits paid totalled 74,457.

AMBULANCE SERVICE.

This service was provided through the agency of the Suffolk Branch of the British Red Cross Society until 30th June, when the arrangement terminated at the request of the Society.

The Minister of Health formally approved the Council's amended scheme on 29th December, 1953, and this appears as an Appendix "A" on page 23. The principal alterations are the closing of the part-time station at Mildenhall and the termination of agency arrangements with the East Suffolk County Council for the South-Eastern area. The future development of the service includes the provision of sitting case cars at Bury St. Edmund's, Newmarket and Sudbury, Ambulance Depots at Bury St. Edmund's, Haverhill, Newmarket and Sudbury, and the installation of a radio-telephone system.

Ambulances.

The Suffolk and Ipswich Fire Service Divisional Control at Bury St. Edmund's continued to act as Ambulance Control for the major part of the County by night and at weekends. This efficient and valuable co-operation is much appreciated.

The mileage run by the ambulances again showed an increase on the previous year, amounting to an additional 13%.

Supplementary Services.

The total mileage run by the Hospital Car Service was 273,328, showing an increase of 4.5% on the mileage for the previous year. The mileage rate paid for this service is 7d. or 7½d. Whenever circumstances permit, long distance journeys are carried out by railway. The arrangements which were made by the British Transport Commission and the London Ambulance Service for the conveyance of patients by rail appear to be of a high order, as I have heard nothing but the highest praise from patients and their friends who have had experience in this mode of conveyance for sick people.

Vehicles.

Two Austin ambulances were ordered and they were received in October and December, whilst in addition two Bedford Dormobiles were ordered and one was delivered in December.

By the end of the year all vehicles belonged to the Authority with the exception of one owned by the British Red Cross Society and held in reserve at Bury St. Edmund's. The delivery of two new ambulances made it possible to return the vehicles loaned to the British Red Cross Society by the Home Service Ambulance Department, and the closing of Mildenhall Station enabled another ambulance belonging to the Newmarket Detachment of the British Red Cross Society to be returned.

Whilst continuous efforts are made to control and co-ordinate the transport of patients by Ambulance and car, there appears to be no indication of any falling off in the continued demand for transport.

Year.	MILEAGE				Railway. (estimated).
	Ambulance.	Hospital Car Service.	Taxis.		
1949	108,518	203,470	6,827	—	—
1950	128,018	250,805	5,443	—	—
1951	126,295	235,927	4,956	510	—
1952	122,190	261,664	3,693	4,070	—
1953	138,215	273,328	910	4,700	—

PREVENTION, CARE AND AFTER-CARE

Tuberculosis

The duties of the Council with regard to the supervision of tuberculosis patients and their contacts continued to be carried out through the services of the Chest Physician who holds a joint appointment under the Regional Hospital Board and the County Council. This arrangement worked satisfactorily.

The number of notified cases of tuberculosis on the register at the end of 1953 was :—

Pulmonary			Non-Pulmonary			Total Cases.
Male.	Female.	Total.	Male.	Female.	Total.	
244	224	468	64	66	130	598

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below :—

New Cases.					Deaths.				
Age Periods.		Pulmonary		Non-Pulmonary.		Pulmonary		Non-Pulmonary.	
		M.	F.	M.	F.				
0	—	—	—	—	—	1	—	—	—
1	—	2	—	1	1	—	—	1	—
5	—	1	1	2	1	—	—	—	—
10	—	1	—	—	3	—	—	—	—
15	—	3	1	—	—	—	—	—	—
20	—	1	3	—	1	—	—	—	—
25	—	4	8	—	1	1	—	—	1
35	—	3	1	1	2	—	—	—	—
45	—	7	5	—	1	3	—	—	—
55	—	4	—	1	—	—	—	—	—
65	—	2	—	1	—	4	1	1	—
Totals	—	28	19	6	10	9	1	2	1

Thirteen new cases were not notified in the administrative County: they were transfers from other areas. There were three posthumous notifications. The total primary notifications of tuberculosis amounted to 63 (47 pulmonary, 16 non-pulmonary), as compared with 86 in 1952. The notification rate for pulmonary and non-pulmonary cases was 0.37 and 0.12 per thousand of population. This marked diminution in the incidence of notified tuberculosis compares most favourably with the pre-war corresponding rates of 0.79 and 0.24. The trend of the notification rate for the last 20 years is shown in Table II, Page 10.

Examination of Contacts.

The number of new contacts examined was 177.

B.C.G. Vaccination.

Seventy children were protected by B.C.G. vaccination

Mortality.

The number of deaths from all forms of tuberculosis totalled 13 cases (10 pulmonary, 3 non-pulmonary). Taking 1938 as a typical pre-war year, the present mortality shows a marked diminution because in 1938 no less than 51 persons died from tuberculosis. The history of tuberculosis mortality for 1934-1953 is shown in Table II, Page 11, together with the sex incidence.

After-Care and Rehabilitation.

Fourteen patients suffering from tuberculosis were provided with additional nourishment in the form of extra milk, on the recommendation of the Chest Physician. One full-time Health Visitor made a total of 1,237 visits to tuberculous households, whilst in addition she attended 2 Chest Clinics provided by the Regional Hospital Board.

Progress.

The progress made in the fight against tuberculosis during the past twenty years is shown in the following tables. Better means of diagnosis and of treatment, better housing, a higher standard of living and a safer milk supply all contribute to the decrease in the incidence and mortality rate of the disease.

TABLE II.
TUBERCULOSIS NOTIFICATIONS.

Year	Population	Pulmonary			Rate			Non-Pulm.			Rate		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1934	104,250	40	51	91	.38	.48	.87	29	13	42	.27	.12	.40
1935	103,900	34	49	83	.32	.47	.79	12	10	22	.11	.09	.21
1936	103,610	42	29	71	.40	.27	.62	18	19	37	.17	.18	.35
1937	102,890	40	41	81	.38	.39	.78	20	19	39	.19	.18	.37
1938	103,290	34	48	82	.33	.46	.79	11	14	25	.10	.13	.24
1939	105,590	41	40	81	.38	.37	.76	17	10	27	.16	.09	.25
1940	108,600	32	36	68	.29	.33	.62	16	8	24	.14	.07	.22
1941	114,630	52	41	93	.45	.35	.81	23	19	42	.20	.16	.36
1942	109,900	42	45	87	.38	.40	.79	13	24	37	.11	.21	.33
1943	109,940	52	36	88	.47	.32	.80	22	16	38	.20	.14	.34
1944	108,020	42	41	83	.38	.37	.76	16	21	37	.14	.19	.34
1945	105,060	50	47	97	.47	.44	.92	16	15	31	.15	.14	.29
1946	106,080	43	41	84	.40	.38	.79	17	19	36	.16	.17	.33
1947	107,580	52	48	100	.48	.44	.92	10	11	21	.09	.10	.19
1948	111,984	45	42	87	.40	.37	.77	16	10	26	.14	.08	.23
1949	112,278	51	32	83	.45	.28	.73	5	10	15	.04	.08	.13
1950	116,514	57	51	108	.48	.43	.92	11	12	23	.09	.10	.19
1951	124,200	50	54	104	.40	.43	.83	9	15	24	.07	.12	.19
1952	128,900	31	31	62	.24	.24	.48	8	16	24	.06	.12	.18
1953	125,600	28	19	47	.21	.15	.37	6	10	16	.04	.08	.12

TABLE III.

TUBERCULOSIS MORTALITY—RATE PER 1,000 POPULATION.

Year	Population	Pulmonary			Rate			Non-Pulm.			Rate		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1934	104,250	30	26	56	.28	.24	.52	9	7	16	.08	.06	.15
1935	103,900	31	27	58	.29	.25	.55	5	3	8	.04	.02	.07
1936	103,610	24	19	43	.23	.18	.41	7	5	12	.06	.04	.11
1937	102,890	14	16	30	.13	.15	.29	4	5	9	.03	.04	.08
1938	103,290	26	18	44	.25	.17	.42	3	4	7	.02	.03	.06
1939	105,590	31	20	51	.29	.18	.48	3	6	9	.02	.05	.08
1940	108,600	20	14	34	.18	.12	.31	5	4	9	.04	.03	.08
1941	114,630	26	23	49	.22	.20	.42	8	5	13	.06	.04	.11
1942	109,900	23	18	41	.20	.16	.37	5	7	12	.04	.06	.10
1943	109,940	20	13	33	.18	.11	.30	7	6	13	.06	.05	.12
1944	108,020	16	12	28	.15	.10	.26	6	4	10	.05	.03	.09
1945	105,060	15	11	26	.14	.10	.24	5	5	10	.04	.04	.09
1946	106,080	15	11	26	.14	.10	.24	4	5	9	.03	.04	.08
1947	107,580	14	16	30	.13	.14	.27	3	1	4	.02	.009	.03
1948	111,984	16	16	32	.14	.14	.28	5	6	11	.04	.05	.09
1949	112,278	15	11	26	.13	.09	.23	6	2	8	.05	.01	.07
1950	116,514	10	7	17	.08	.06	.14	3	3	6	.025	.025	.05
1951	124,200	11	12	23	.08	.09	.18	2	2	4	.015	.015	.03
1952	128,900	11	7	18	.08	.05	.13	1	1	2	.007	.007	.015
1953	125,600	9	1	10	.07	.01	.08	2	1	3	.01	.01	.02

The following table shows the mortality from tuberculosis expressed as a percentage of the total mortality :—

TABLE IV.

Year.	Deaths from Tub.	Deaths from all Causes.	Percentage
1934	72	1,362	5.28
1935	66	1,357	4.86
1936	55	1,402	3.92
1937	39	1,397	2.79
1938	51	1,325	3.84
1939	60	1,438	4.17
1940	43	1,576	2.72
1941	62	1,569	3.95
1942	53	1,482	3.57
1943	46	1,497	3.07
1944	38	1,454	2.61
1945	36	1,396	2.57
1946	35	1,350	2.59
1947	34	1,499	2.26
1948	43	1,356	3.17
1949	34	1,489	2.28
1950	23	1,444	1.59
1951	27	1,595	1.69
1952	20	1,463	1.36
1953	13	1,419	.91

Illness Generally.

The Hospitals inform the Health Department when discharging patients from hospital if further nursing care or supervision and advice are required. The services of the District Nurses and Health Visitors are available in all cases of illness for advice and help. Nursing equipment is stored at the British Red Cross Medical Loan Depots and is available in case of illness or disability.

MENTAL HEALTH SERVICES.

Administration.

The County Council assumed responsibility for the Mental Health Service on 1st April, 1953, under an Order made by the Minister of Health dissolving the Suffolk County Joint Mental Health Board. The scheme for this service and an amended scheme for the Prevention of Illness, Care and After-Care, both of which have been approved by the Minister of Health, are set out in Appendices "B" and "C" on Pages 25 and 26.

The Mental Health Services are administered by the Mental Health and General Purposes Subcommittee which consists of twelve members, five ex-officio members and four co-opted members. Meetings are held quarterly.

Staff.

The County Medical Officer is responsible for the administration of this service. He is assisted by four Assistant County Medical Officers, and all five are approved to certify under Section 5 of the Mental Deficiency Act, 1913, whilst three are approved under Sections 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

Lay supervision of defectives is carried out by the Welfare Officers and Health Visitors. The Welfare Officers and a member of the administrative staff are appointed Petitioning Officers under the Mental Deficiency Regulations, 1948. These officers also act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. A Home Teacher devotes part of her time to instructing defectives in handicrafts.

Co-ordination with Regional Hospital Board and Hospital Management Committees.

Co-operation is maintained between the East Anglian Regional Hospital Board, Hospital Management Committees, Hospitals and Institutions and the Department. This co-ordination was facilitated by the County Medical Officer's appointment as a member of the Suffolk Mental Hospital Management Committee.

Arrangements have been made with the Regional Hospital Board for the Local Health Authority to supervise defectives on licence and to provide home circumstance reports for Hospital Management Committees, whilst the County Council enjoys the use of the Board's specialist services on a *quid pro quo* basis.

Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations.

Training of Mental Health Workers.

A member of the administrative staff attended a Mental Health Course which was organised by the National Association for Mental Health.

Section 28, National Health Service Act, 1946.

Although the prevention of mental illness is dependent upon a number of factors outside the province of the field officers, every effort is made in conjunction with patients' doctors to help and persuade patients in the early stages of mental illness to obtain treatment, either by attendance at Psychiatric Out-patient Clinics or by direct admission to Hospital.

Most of the after-care work amongst patients leaving Mental Hospitals is undertaken by Psychiatric Social Workers employed by the Hospitals. Close co-operation between them and the Council's officers has helped to alleviate many of the social, material and personal problems which face patients on their return to the community.

In supervising mental defectives in the community, every possible help is given to the defective as well as to his family since the presence of a defective has wide repercussions on the social status of the family as a unit. The most formidable task of all is to bring some hope to over-burdened and often harassed mothers who have, of necessity, to care for their defective children whilst they are awaiting a suitable vacancy in an institution for the defective. A few patients received short-term care in institutions, thanks to the helpful co-operation of the Regional Psychiatrist.

Lunacy and Mental Treatment Acts, 1890-1930.

The following patients are known to have been admitted to Mental Hospitals :—

<i>Type of Case.</i>	<i>Number.</i>	<i>Percentage of Total Admissions.</i>
Certified cases admitted directly	31	20%
Temporary cases admitted directly	1	0.65%
Voluntary cases admitted directly	105	67.74%
Cases removed under Section 20 and subsequently :		
(a) admitted as Certified patients	1	0.64%
(b) admitted as Temporary patients	1	0.64%
(c) admitted as Voluntary patients	13	8.39%
(d) discharged by the Physician Superintendent before or after extension under Section 21(A)	3	1.94%
	155	100.00%

The following table gives the numbers of certified patients by age groups admitted from the County to Mental Hospitals :—

<i>Age Group.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Under 20	2	1	3
20—29	1	1	2
30—39	2	1	3
40—49	3	6	9
50—59	2	2	4
60—69	3	3	6
70—79	3	1	4
80 and over	—	—	—
	16	15	31

Duly Authorised Officers were engaged in 94 cases.

Three quarters of the total admissions were as Voluntary patients, whilst about one-fifth of all patients admitted were Certified. The Lunacy Act (Section 20) was used only where it was imperative to obtain immediate care and control. From the above table it will be clear that there is a marked tendency for patients to be admitted to Mental Hospitals on a Voluntary basis, and it appears from this that the public are slowly being educated to the fact that, with the advances being made in medical treatment, the custodial aspect of Mental Hospitals is being gradually replaced by the view that Mental Hospitals are places where active treatment can be given for disorders of the mind.

Mental Deficiency Acts, 1913—38

The number of ascertained cases on the Register at the end of the year was as follows :—

In Institutions (Under Order)

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Etloe House, Leyton	—	1	1
Leavesden Hospital	—	1	1
Little Plumstead Hospital, Norwich	7	3	10
Monkton Hall, Jarrow	1	—	1
Moss Side Hospital, Liverpool	—	1	1
Rampton State Institution	1	—	1
Royal Eastern Counties Hospital, Colchester	47	40	87
Risbridge Home, Kedington, Nr. Haverhill.	47	48	95
Riversfield Home, St. Neots	4	1	5
St. James' Hospital, Saffron Walden	—	1	1
St. Joseph's Home, Sudbury	—	5	5
St. Mary's Convent, Roehampton	—	6	6
Stoke Park Colony, Stapleton, Nr. Bristol	1	3	4
	108	110	218

Community Cases under Supervision.

	Males.	Females.	Total.
Under Guardianship —	1	—	1
" " (Guardianship Society case) —	1	—	1
" Licence from Institutions —	3	7	10
" Statutory Supervision —	96	107	203
" Voluntary Supervision —	20	18	38
	121	132	253

Cases Otherwise Ascertained.

In St. Mary's Hospital, Bury St. Edmund's —	6	10	16
In Walnuttree Hospital, Sudbury —	—	2	2
In Mental Hospitals under Orders under Lunacy Act —	6	5	11
Community cases not under supervision —	35	36	71
	47	53	100
Total number of cases on Register —	276	295	571

Ascertainment rate : 4.5 per 1,000 of the population.

Ascertainment.

During the year 13 new cases were ascertained, as compared with 30 cases in 1952. The new cases came to the Authority's notice as follows :—

	Male.	Female.	Total.
(a) Cases reported under Education Act (57) (3)	3	4	7
" " " " " (57) (5)	1	—	1
" " by the Police —	1	—	1
" " from other sources —	3	—	3
Total cases ascertained as "subject to be dealt with" —	8	4	12
(b) Other cases reported who were not "subject to be dealt with" —	1	—	1
	9	4	13

These cases were dealt with as follows :—

(a) Cases ascertained as "subject to be dealt with"			
Admitted to Institutions under Order —	3	—	3
Placed under Statutory Supervision —	5	4	9
(b) Cases not yet "subject to be dealt with" —			
Placed under Voluntary Supervision —	1	—	1
	9	4	13

Guardianship.

Two cases are under Guardianship, one of whom is supervised on behalf of the Guardianship Society. Two Guardianship Orders were obtained for another Local Health Authority, and both cases are supervised by the Health Department.

Licence.

At the end of the year ten patients on licence from Institutions were being supervised. Four of these were earning their own livelihood.

Supervision.

Children and female patients are supervised and reported on by Health Visitors, whilst youths and men are supervised by the male Welfare Officers. This arrangement works well in practice. Approximately 500 visits were paid to patients under Statutory Supervision, and 110 to those under Voluntary Supervision.

Three patients were considered to be sufficiently stabilised socially as to make unnecessary their further Statutory Supervision, and they were accordingly removed therefrom. Whilst the majority of parents or guardians of defectives appreciate visits and advice from the Authority's officers, others, and particularly a few of defectives who appear to lead a fairly normal life, obviously resent them. Whilst the interest of the community at large was always borne in mind, the greatest care was exercised to see that patients were not visited unnecessarily.

Admissions to Institutions.

The extremely serious shortage of institutional accommodation particularly for children has continued. During the year 8 patients were admitted to Institutions. The number remaining on the waiting list at the end of the year was 23.

The results of the inability to secure admission to Institutions of urgent cases are tragic and manifold, and have adverse effects on the emotional lives of whole families.

Home Training.

Twelve defectives received instruction in handicrafts from the Home Teacher.

Ambulance Service.

The County Ambulance Service is used to convey patients to Hospitals and Institutions. Occasionally Duly Authorised Officers use their own cars when this is more convenient. Male and female attendants are used when required, but where the services of trained nurses are needed, these are sought from the appropriate Hospital.

DOMESTIC HELP.

The demands of this service increased considerably during the year. The raising of wages in accordance with the National Scale has facilitated the recruiting of additional Home Helps. There is a constant demand for help for old people, and those who only have their old age pensions are granted a free service, whilst others contribute to the cost according to their means. This service meets a real need and, whilst there are some areas of the County still without Home Helps, the position may be regarded as fairly satisfactory. The cases assisted during the year were as follows :—

Maternity	—	—	—	—	17
Tuberculous	—	—	—	—	3
Chronic Sick, including					
Aged and Infirm	—	—	—	—	117
Others	—	—	—	—	20

At the end of 1953 there were 82 helpers enrolled and 94 cases were being assisted.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases.

Smallpox.

No case was notified.

Scarlet Fever.

The number of cases notified totalled 209, as compared with 79 in 1952.

There were no deaths. The disease in general continues to be of mild clinical type. The notification rate was 1.66 per thousand of population, as compared with 1.39 for England and Wales.

Diphtheria.

No case was notified.

Typhoid.

No case was notified.

Erysipelas.

A total of 15 cases was notified, as compared with 13 in 1952. The notification rate was 0.12, as compared with 0.14 per thousand of population for the country as a whole.

Measles.

This disease was prevalent for the greater part of the year throughout the whole of the County. A Total of 1,706 cases was notified, as compared with 1,246 in 1952. There were no deaths attributed to this disease. The notification rate was 13.58 per thousand of population, as compared with 12.36 for England and Wales.

Whooping Cough.

There was no material decrease in the number of cases notified as compared with the previous year. A total of 355 cases was notified, as compared with 364 in the previous year. No deaths were ascribed to this disease. The notification rate was 2.82 per thousand of population, as compared with 3.58 for England and Wales.

Pneumonia (acute primary and acute influenzal).

A total of 136 cases was notified, as compared with 81 in 1952. The notification rate was 1.08 per thousand of population, as compared with 0.84 for England and Wales. Deaths from all forms of pneumonia accounted for 55 cases, as compared with 71 in 1952.

Anterior Poliomyelitis.

Three confirmed paralytic cases were notified, 2 of which succumbed to the infection. The notification rate for paralytic poliomyelitis was 0.02 per thousand of population, as compared with 0.07 for the Country.

Meningococcal Infections.

Only 1 case was notified, as compared with 3 in the previous year. The patient recovered.

Dysentery (bacillary).

There was a sharp increase in the number of notifications of patients suffering from dysentery. Twenty-seven cases were notified, as compared with 2 in the previous year.

Food Poisoning.

A total of 25 cases was notified, as compared with 91 in 1952. Whilst the results of bacteriological examinations are not available for all the notified cases, a number were known to have been infected with *S. typhi murium*.

Diphtheria Immunisation.

The diphtheria antigen in general use is alum precipitated toxoid provided free by the Ministry of Health through the Public Health Laboratory Service. The toxoid is available to medical practitioners on direct application being made to the Public Health Laboratory Service, Cambridge. A total of 2,941 children received protective inoculations; 1,073 through the general practitioner service and 1,868 by Assistant County Medical Officers. The total number of 2,941 included 1,476 primary injections and 1,465 reinforcing doses.

The question of immunisation against whooping cough was considered by the Health Committee, who agreed that the immunisation scheme should include protection against whooping cough. The Council's proposal under Section 26 of the Act was amended but the scheme did not come into operation until 1954. The whooping cough vaccine and the combined diphtheria-pertussis prophylactic will be purchased by the Council from Glaxo Laboratories, Limited, and will be provided free of charge to general medical practitioners.

Vaccination.

The lymph is obtainable free of charge on application being made to the Public Health Laboratory Service, Cambridge. A total of 1,210 vaccinations were made, of which 1,199 were attributable to private practitioners and 11 to the County Health Staff, whilst 199 re-vaccinations were carried out by private practitioners.

HEALTH EDUCATION.

Members of the Staff gave 24 lectures to Women's Institutes, Parent-Teacher Associations and other interested bodies.

A course of lectures in Home Nursing was given by one of the Health Visitors to Nursing Cadets of the Order of St. John, and courses of lectures in Mothercraft and Home Nursing to senior school girls, taking pre-nursing training, were continued in the Silver Jubilee Modern Secondary School, Bury St. Edmund's, and Sudbury Modern Secondary School.

The head teachers of both these schools report a satisfactory year's work. At the Silver Jubilee School, Bury St. Edmund's, 7 candidates passed First Aid examinations, 6 Home Nursing examinations of the British Red Cross Society and 6 gained Certificates of Merit for Mothercraft, 2 with distinction, from the National Society for Maternity and Child Welfare. There were no failures. At the Sudbury Modern Secondary School 15 candidates passed First Aid examinations and 11 Home Nursing examinations of the British Red Cross Society, and one Proficiency Badge was also gained in each of these subjects. At this school three candidates also gained the General Certificate of Education.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Pasteurising Plants.

The number of plants licensed to pasteurise milk in the County remains at eight. There was some difficulty with regard to sample results, and this accounts for the comparatively high number of failures. I am glad to report, however, that as a result of the co-operation of the Public Health Laboratory Service the difficulty encountered has now been resolved.

Under the supervision of the County Medical Officer the inspection of all plants is made by Mr. D. Thompson, the Chief Sampling Officer and Inspector of Weights and Measures, and his staff at regular intervals. 329 samples were taken.

All failures were investigated in order that the causes of trouble could be traced.

The following is a summary of the samples taken :—

No. of Samples	Phosphatase Test			Methylene Blue Test		
	Passed	Failed	Invalid or not tested	Passed	Failed	Invalid or not tested
329	269	60	—	214	—	115

Milk in Schools.

One third of a pint of milk continued to be supplied, free of charge, to children attending maintained schools on each school day throughout the year. The number of bottles of milk consumed on a day chosen at random in October was 11,929 representing about 75% of the school population. Every school receives either pasteurised tuberculin tested, pasteurised or tuberculin tested milk.

Under the direction of the County Medical Officer the Chief Sampling Officer continues to supervise the supply of milk to schools. The whole scheme has worked smoothly and well and this is undoubtedly due to the co-operation of milk retailers and the Chief Sampling Officer and his staff. Some 127 samples were taken throughout the year. Failures were immediately investigated.

The following is a summary of the samples taken :—

	Passed.	Failed.	Invalid or Not Tested.	Total.
<i>Pasteurised Milk :</i>				
Phosphatase Test	107	12	—	119
Methylene Blue Test	96	5	18	119
<i>Tuberculin Tested Milk :</i>				
Methylene Blue Test	7	3	11	21
Biological Examination	18	2	1	21

Sale of Infected Milk.

During the year 164 samples were taken from tuberculin tested, accredited and non-designated herds for biological tests. Cases where tubercle bacilli or brucella abortus were found were immediately reported to the District Medical Officer of Health concerned and to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries. This officer examined the herds involved and took further samples of milk in order to trace and deal with infected animals.

	Passed	Failed.	Invalid or Not Tested.	Total.
Tuberculin Tested Milk	16	1 { Tuberculosis Brucella abortus	— 1	17
Accredited Milk	10	5 { Tuberculosis Brucella abortus	1 4	16
Non-Designated Milk	109	12 { Tuberculosis Brucella abortus	1 11	131

Food and Drugs Acts.

The officers of the Weights and Measures Department took 502 samples, of which 57 were found to be adulterated or not up to standard. These adverse reports were 11.3% of the total number of samples. The comparable figure for 1952 was 9.8%.

As in previous years the bulk of the samples taken were of milk. Of these, 9% were found to be not genuine as compared with 11.4% in 1952. Deficiencies in fat were found throughout the year and the majority were natural deficiencies due entirely to the cows. There has been some comment nationally on the fall in non-fatty solids in milk during the last 10 years, and it is apparent from the results taken during the latter part of the year that this national trend is now beginning to make itself felt in this County. In several cases the producers were advised to consult the milk Advisory Service of the Ministry of Agriculture and Fisheries.

Of the remaining samples taken 20% were found to be not genuine as compared with 6.3% for 1952.

It is interesting to note how the meat content of beef and pork sausages has varied since the controls were lifted. The meat content of beef sausages varied from 48% (price 1/10½d.) to 78.3% (price 2/-) compared with the previous standards of 50% (price 1/10½d.). In pork sausages the meat content varied from 61.3% (price 2/7½d.) to 87.7% (price 2/8d.). In one sample the meat content was 61.7% and the price was 3/-. The previous standard was 65% minimum meat content, and the maximum price was fixed at 2/7½d.

In one case of deficiency of fat, for which a minimum standard has been fixed, a fine was imposed. Deficiency of butter content in samples of sugar confectionery led to the successful prosecution of two firms. In some cases where analysis showed that food was not as described on the labels, the producers were requested to alter the labels.

Details of the samples taken are as follows :—

<i>Article</i>	<i>No. taken.</i>	<i>Number adulterated or not up to standard.</i>
Banana Whip	1	
Biscuits	1	
Cake and Sponge Mixture	8	8
Cheese Spread	1	
Coffee and Chicory Essence	3	
Condensed Milk	1	
Cream	8	2
Creamed Rice	1	
Fish	1	1
Fish Cakes	1	
Fish Paste	1	
Fruit Quenchers	1	
Ice Cream	3	
Ice Cream Mixture	2	
Jam and Jelly	4	
Lemon Curd	1	
Lemon Juice	1	
Malt Vinegar	3	
Maltola	1	
Meat Products	1	
Milk	397	36
Mince Meat	6	
Nutmeg (ground)	1	
Peanut Butter	1	
Salmon (potted)	1	
Sausages and Sausage Meat	27	1
Sausage Rolls	4	
Soft Drinks	3	
Soup Tinned	4	
Suet	1	
Sugar Confectionery	12	8
Rutin T	1	1
	—	—
	502	57
	—	—

NATIONAL ASSISTANCE ACT, 1948.

WELFARE OF THE AGED AND THE DISABLED.

Welfare Officers.

There were three Welfare Officers, one Welfare Officer for the Blind and one Assistant Welfare Officer on the staff of the Department.

During the year, the Officers paid visits as follows :—

(a) Aged	1,697
(b) Blind and Partially Sighted	1,970
(c) Deaf or Hard of Hearing	107
(d) Disabled (other than (b) and (c))	638
(e) Others	321
Total	4,733

In addition, 27 lessons were given in Braille and Moon, and 141 in Handicrafts.

Welfare of the Blind and Partially Sighted.

There were 271 registered blind and 34 partially sighted persons in the County at the end of the year. The age and sex distribution of the patients were :—

Blind.

	0-4	5-10	11-20	21-30	31-39	40-49	50-59	60-64	65 and over	Total.
Male	—	1	—	3	2	6	10	12	76	110
Female	—	—	2	2	7	8	15	11	116	161
Total	—	1	2	5	9	14	25	23	192	271

Partially Sighted.

	0-4	5-15	16-20	21-49	50-64	65 and over	Total.
Male	—	—	1	5	5	8	19
Female	—	1	1	2	3	8	15
Total	—	1	2	7	8	16	34

Forty-eight new blind and sixteen new partially sighted patients were registered. Two patients were removed from the partially sighted register as their visual acuity had improved and one was transferred to the blind register.

Details of the cause of defective vision of patients certified as blind or partially sighted and of the numbers which have received treatment are shown in the following table :—

Follow-up of Registered Blind and Partially Sighted Persons.

(i) Number of cases registered during the year with recommendations as follows	Cause of Disability.				Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	
(a) No Treatment	4	3	—	25	32
(b) Treatment (medical, surgical or optical)	12	3	—	15	30
Total	16	6	—	40	62*
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment during the year	2	3	—	5	10

*Two persons left the County during the year after certification and details are not now available.

Seventy-five per cent of the patients were aged 65 or over at the date of registration. Owing to age or other disabilities many old folk are unwilling or physically unsuitable to undergo surgical treatment. A number of patients referred for specialist ophthalmological examination have never seen an ophthalmologist before, but have relied on spectacles. There were no new cases of retrolental fibroplasia or ophthalmia neonatorum.

Training and Employment.

Three ineducable blind children were accommodated in Institutions for Mental Defectives. One partially sighted child was admitted to a Special School.

The arrangement with the Norwich Institution for the Blind for the supervision of the Home Workers is still in force. Two basket makers were 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 man was maintained in an Institution for the Blind as a workshop employee until April when he retired. The County Council received a grant from the Ministry of Labour and National Service towards certain expenditure incurred in the employment of Blind Persons in Home Workers' Schemes and in Workshops.

In addition to the recognised Home Workers, 10 persons were employed in remunerative occupations as follows :- 1 basket worker, 1 carpenter, 1 factory worker, 1 minister of religion, 1 physiotherapist, 1 net maker, 2 telephone operators, 1 publican and 1 caretaker.

Consideration was given to the establishment of a placement service for blind persons in industry. It was decided that, as from the 1st April, 1953, the National Institute for the Blind should be employed as agents for the Council for the provision of this service on the terms agreed between the Institute and the County Councils Association. These terms provided that 75% of the cost should be borne by the local authority and 25% by the Institute. The actual charge is based on the number of registered disabled persons between the ages of 16 and 59, resident in the area on the 31st December in the year preceding the financial year in respect of which a charge is made. The cost to the Council for the year 1953/54 was £56.

General.

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.

Co-operation is maintained with the West Suffolk Voluntary Association for the Blind who are able to provide the extra comforts upon which much of the happiness of blind people depends, but which cannot be supplied through the statutory service. The wireless sets were maintained and at the end of the year 17 talking book machines were on loan to blind people. Other provisions varied from Braille watches to invalid food in cases of illness, and the distribution of charity pensions. Grants from the funds of the Association were made to provide holidays, and also at Christmas time and in special circumstances.

The Council is represented on the Southern Regional Association for the Blind, to whom an annual grant is made. A grant was made to the National Library for the Blind for services to 16 blind readers in the County and in, certain cases, the Council also paid the cost of postage on books.

Welfare of the Deaf and Hard of Hearing.

There were 42 deaf or deaf and dumb persons in the County, of whom 10 were children at Special Schools, together with 46 persons who were registered as being "hard of hearing". Co-operation with the Suffolk Mission to the Deaf, to whom the Council made a grant of £50 during the year, was maintained. The Chairman of the Health Committee continued to act as the County Council's representative on the Committee of the Mission and on the Executive Committee and General Council of the South-East Regional Association for the Deaf to which the County Council is affiliated.

Welfare of the Disabled (General Classes).

There were 77 handicapped persons (other than the blind and the deaf) on the Council's register at the end of the year, their disabilities being classified as follows :—

Amputations	8
Arthritis and Rheumatism	7
Congenital Malformations	8
Organic Nervous Diseases	21
Other Nervous and Mental Disorders	1
Other Diseases and Injuries (including tuberculosis)	32

Epileptics and Spastics.

The total number of persons in the County substantially and permanently handicapped through epilepsy or cerebral palsy is unknown. Health Visitors report on any handicapped children they find during the course of their visiting, and any physical or mental defects of school children are noted during the school medical inspections. A certain number of adults suffering from these conditions, who are in need of residential accommodation, special training or occupational therapy, have been referred to the Health Department.

Any children thought to require medical treatment are referred to their own doctors, who if necessary, arrange for consultation with specialists. Any child for whom education in a special school is necessary, is placed in an appropriate residential school outside the County.

Arrangements are made through the Ministry of Labour for the special training of any adults where this is necessary. Disabled persons living at home are visited by the Welfare Officers, one of whom provides occupational therapy. A friendly relationship has been set up with the Welfare Section of the British Red Cross Society who co-operate in helping these cases.

The numbers of persons known to the Department are as follows :—

Pre-School Children.

Two children have had fits and one is suffering from spasticity. All three are probably mentally deficient.

School Children.

No children were at special schools for epileptics, but one boy was found to be unfit for attendance at the ordinary school, and a place was found for him at a special school to which he was admitted on 1st January, 1954. Some thirty other children with histories of fits were under observation or treatment by their own doctors.

Seven children suffering from varying degrees of spasticity were attending ordinary schools where they were satisfactorily catered for. No such children were at special schools.

Adults.

Of the thirteen persons known to be suffering from epilepsy, four were in Epileptic Colonies and four in other residential accommodation.

Three cases of spasticity were visited by the Welfare Officers.

Occupational Therapy.

Several Sales of articles made by blind and other disabled persons were held during the year, including a very successful sale and exhibition at the Stanningfield and District Agricultural Show. The Council is very grateful to the Mayor and Corporation of Bury St. Edmund's, the Haverhill Voluntary Welfare Association and the Red House Housing Society, Ltd., for accommodation which was made available, free of charge.

More than 70 disabled persons were instructed in various handicrafts during the year.

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 Council made a grant of £10 during the year. No applications were received for assistance towards expenditure incurred in the establishment or maintenance of the 15 Old People's Clubs in the County.

Residential Accommodation.

Residential Accommodation continued to be provided in the two Hostels of the County Council (Bristol House, Felixstowe, and Glanely Rest, Exning), in a Joint-user Institution (St. Mary's Hospital, Bury St. Edmund's) and by arrangement with other local authorities and voluntary organisations.

On the 31st December, 1953, residential accommodation was provided as follows :—

St. Mary's Hospital, Bury St. Edmund's	128
Glanely Rest, Exning	55
Bristol House, Felixstowe	45
Red House, Sudbury	6
Manson House, Bury St. Edmund's	1
"Cloncurry", Felixstowe	7
Homes for Epileptics	5
Home for Deaf and Dumb Women	1
Maintained in Other Local Authorities' Homes	3
	<hr/> 251 <hr/>

Coronation Festivities.

In order to celebrate the Coronation of Her Majesty Queen Elizabeth II, the Council provided £100. The sums allocated were used at Bristol House for the purchase of a garden seat, and at Glanely Rest towards the purchase of a summer house. All the residents in the County Hostels were able to see the ceremony on television, a set being purchased for Glanely Rest out of funds raised locally.

Foot Health.

Part-time chiropodists were appointed on a sessional basis to provide foot care for the residents in Bristol House, Glanely Rest and the Part III Accommodation at St. Mary's Hospital, Bury St. Edmund's, but they did not take up their duties till January, 1954.

Bristol House, Felixstowe—Flooding.

During the disastrous gale which swept the East Coast throughout the night on January 31st/February 1st, 1953, the sea invaded the semi-basement of Bristol House, Felixstowe, flooding the boiler house, dining-room, kitchen, etc., to a depth of four feet, putting all the public services out of action. There were 44 residents in the Hostel, 8 of whom were ill and one who suffered from severe travel sickness. It was necessary to evacuate the Hostel and by 10 a.m. 35 residents were on their way to Glanely Rest, Exning, 6 to Walnuttree Hospital, Sudbury, and 2 and 1 to St. Mary's Hospital, Bury St. Edmund's, and Cloncurry, Felixstowe, respectively. The smooth and speedy evacuation of the Hostel was due to the full co-operation of the staffs of the Architect's and Health Departments together with the Hospital Authorities and the various firms who provided transport at short notice. The Matron and her Assistant were able to return to the Hostel on the 10th February but it was not until the 2nd March that residents could be re-admitted.

Registered Homes for Aged and Disabled Persons.

There were six Aged and Disabled Persons' Homes in the County, with a total accommodation for 69 persons at the end of the year. One Home closed during the year and another Home was registered for the first time. All the Homes were inspected at regular intervals.

Temporary Accommodation.

During the year, temporary accommodation for persons in urgent need was provided at St. Mary's Hospital, Bury St. Edmund's, for 3 men, 14 women and 19 children.

From time to time, requests are received from local housing authorities for accommodation for families they propose to evict from their property on grounds of non-payment of rent, etc., but such evictions can reasonably be foreseen and do not, therefore come within the ambit of temporary accommodation under Section 21 (1) (b) of the National Assistance Act, 1948. The ejection of "bad" tenants and their subsequent accommodation is the responsibility of the Housing Authorities as part of their duty to manage their housing estates. Most of these families are in receipt of National Assistance and, although, in general, one must respect the principle of the Board that persons provided with assistance should be put in the same position as other members of the community by being provided with an income and left to lay it out in their own way, there is a small hard core of cases in any community who are either unable or unwilling to divert their resources into essential channels, e.g. payment of rent. If, when such cases are reported to the National Assistance Board, immediate steps were taken by the Board to pay the rent direct to the Authority concerned, any further waste of public time and money in obtaining Court Orders against the tenants would be avoided.

Reception Centre.

The County Council continued to act as agent of the National Assistance Board for the management of the Reception Centre for Persons without a Settled Way of Living at St. Mary's Hospital, Bury St. Edmund's. During 1953 2,495 persons were accommodated, an average of 6.8 persons each night. This number shows an increase of 549 on that for 1952.

APPENDIX "A"

NATIONAL HEALTH SERVICE ACT, 1946

Amendment to Scheme of Local Health Authority for the Provision of an Ambulance Service in accordance with Section 27.

The Local Health Authority have received notice from the Suffolk Branch of the British Red Cross Society to determine the arrangements whereby the Society act as the major agent of the Authority to provide an Ambulance Service. The Authority have considered the re-distribution and alterations necessary to provide an effective Service in accordance with the provisions of the Act. Part II of the existing Scheme should therefore be deleted and the following substituted :—

1. The Service will be administered by an Ambulance Service Sub-Committee of the Local Health Authority, consisting of 8 members of the Health Committee, together with 2 representatives of the Voluntary Aid Societies and 1 representative of the Haverhill Voluntary Welfare Association.
2. The financial arrangements made with any Voluntary Association or any other Local Health Authority will be such as may be agreed from time to time.
3. Any arrangements made with other Authorities will be co-ordinated by the County Medical Officer who will be responsible to the Local Health Authority through its Ambulance Service Sub-Committee for the maintenance of the Service.
4. It is proposed to continue for the time being making use of the existing voluntary Hospital Car Service, but the Authority will, so far as may be convenient and in the light of further experience, develop and operate their own Sitting Case Car Service.

5. It is proposed eventually to provide ambulances and sitting case cars in the following areas :—

		<i>Ambulances.</i>	<i>Sitting Case Cars.</i>
Bury St. Edmund's	—	5	3
Newmarket	—	2	2
Sudbury	—	2	1
Haverhill	—	1	—
Total	—	10	6

6. The Authority will, as soon as practicable, rent, hire, lease or build Ambulance Stations at Bury St. Edmund's and Newmarket, whilst in addition they will consider at a future date establishing *ad hoc* Ambulance Stations at Haverhill and Sudbury.

7. *Maintenance and Repairs.* The day-to-day maintenance, oiling, greasing, etc., will be carried out by the ambulance drivers. As and when Ambulance Stations are provided, the Authority propose to employ driver/mechanics to undertake major maintenance and repairs. In the interval it is proposed to have this work carried out through commercial garages.

8. *Staff.* The County Medical Officer will be responsible to the Local Health Authority through its Ambulance Service Sub-Committee for maintaining the Service. The Authority will employ clerk/telephonist/s to man the Ambulance Control/s. The appointment of an Ambulance Officer on the staff of the County Medical Officer will be considered and an appointment made when considered necessary.

9. Reciprocal arrangements for mutual assistance (and where necessary for joint action) have been made with the Local Health Authorities of the following Counties :—

East Suffolk
Essex
Cambridgeshire
Norfolk

The financial arrangements will be such as may from time to time be mutually agreed.

10. The Authority will make arrangements for securing that as far as possible
 - (i) all ambulance drivers and attendants shall hold a valid first-aid certificate of the St. John Ambulance Association or the British Red Cross Society or St. Andrew Ambulance Association or such other first-aid qualifications as may be approved or prescribed by the Minister of Health.
 - (ii) all such drivers and attendants shall be so trained as to be inter-changeable in their duties.

11. *Conveyance of Patients by Railway.* Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can, without detriment to his health, most conveniently be conveyed for part of it by railway as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

12. The Authority will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County, informed of the action to be taken to call an ambulance. In the case

of accidents or other emergencies, calls from any source will be answered immediately. It is not proposed to ear-mark any particular ambulance for the conveyance of small-pox patients. Special arrangements will be made as and when required.

Development Plan.

It is estimated that, in order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County, and to meet the Council's obligations to neighbouring Local Health Authorities and the arrangements for joint-user or for mutual assistance in emergency, the service provided directly and through agency arrangements will need to comprise a total of 10—15 ambulances and 2—6 sitting-case cars. In time of exceptional demand the Local Health Authority will also, if necessary, enter into arrangements with local garages for the hire of cars. The requirements of the Ambulance Service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances and sitting-case cars. With regard to the staff, the number of whole-time paid driver/attendants will, if necessary, be increased to a total not exceeding 36 (or their equivalent in part-time staff). Any such increases in the total establishment of vehicles and staff as may be affected under this development plan will be deployed at such of the Stations as the needs of the Service may require. Such temporary re-distribution of vehicles and staff between the Stations will be made as may from time to time be deemed necessary to ensure the most effective use of the Authority's ambulance resources. The maxima of vehicles and driver/attendants will be increased, if necessary, subject to the prior approval of the Minister of Health.

The Local Health Authority will have regard to the possibility of obtaining greater efficiency in the use of vehicles and man-power by the introduction of radio-telephonic control and by co-operation with the Fire Service Authority for Suffolk and Ipswich.

APPENDIX "B"

NATIONAL HEALTH SERVICE ACT, 1946.

PROPOSALS RELATING TO MENTAL HEALTH SERVICES UNDER SECTION 51.

The East and West Suffolk Councils, having considered the administration of the Mental Health Service by the Suffolk County Joint Mental Health Board during the past four years, have decided that a more efficient and economical scheme would be secured if each Local Health Authority administered its own Mental Health Service as from 1st April, 1953. The East and West Suffolk County Councils have therefore requested the Minister of Health to revoke "The Suffolk County Joint Mental Health Board Order, 1948" (3rd July, 1948).

PART I.

STATISTICAL DATA.

1. Mid-1951 population (estimated) — — — — —	124,200
2. Number of patients dealt with under the Lunacy and Mental Treatment Acts by the Duty Authorised Officers in 1951 — — — — —	92
3. Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the course of 1951 — — — — —	25
4. Number of persons reported to the Local Authority as mentally defective in 1951 — — — — —	36

PART II.

PROPOSALS.

Service that will operate on the appointed day.

(A)

General.

(i) The Local Health Authority will appoint a Sub-Committee of the Health Committee to deal with the Mental Health Services.

(ii) The Officer responsible for the organisation, control and medical direction of the Services will be the County Medical Officer of Health.

(iii) The Local Health Authority propose to discuss with the Regional Hospital Board arrangements under which there will be delegated to the Authority the home visiting of patients for whom the Board is responsible.

(B)

Medical.

No medical officers will be employed whole-time in the Mental Health Service, but the five members of the medical staff of the Local Health Authority will, as required, be employed in duties in connection with mental illness and deficiency.

The Local Health Authority will approach the Regional Hospital Board with a view to securing arrangements whereby the County Medical Officer of Health can obtain advice on all appropriate matters relating to the Service from one of the Board's Specialists.

(C)

Non-Medical.

(a) Headquarters Staff.

On the staff of the County Medical Officer of Health there will be engaged a Clerk who, in addition to being responsible for all clerical work, will be appointed as a Duty Authorised Officer and as a Petitioning Officer.

(b) District Staff.

It is proposed that the field work under the Mental Deficiency Acts shall be undertaken by the Welfare Officers, at present numbering five whole-time officers, who are suitably distributed throughout the County. In addition Health Visitors will undertake the routine domiciliary supervision of stabilised defectives. The appointment of a qualified mental health worker will be considered in the light of experience and, if necessary, the Authority propose to make such an appointment. Suitable members of the administrative staff will be appointed Petitioning Officers under the Mental Deficiency Act.

It is proposed that certain Welfare Officers, at present numbering four whole-time officers, and one or more members of the administrative staff employed by the Local Health Authority, together with such persons as may be found necessary in the light of experience shall be appointed "Duly Authorised Officers" to initiate proceedings and provide care and after-care for persons suffering from mental illness in accordance with the provisions of the Lunacy and Mental Treatment Acts, as amended.

Occupational Training.

The Local Health Authority proposes to establish and maintain such occupational centres as may be necessary and practicable, due regard being paid to the predominantly rural nature of the County. Arrangements will be made for the home training of patients by a qualified home teacher employed part-time or full-time, for mentally ill and mentally defective patients who can profit by such training and are unable to attend centres.

(D)

Ambulance Services.

The facilities provided by the County Ambulance Service will be available to mentally ill and defective patients. Ambulances will be used only when necessary on medical grounds. Authorised officers will be empowered to use their own cars for the transfer of patients to hospitals and to institutions. When this is inconvenient, use may be made of sitting-case cars from the County Ambulance Service and, if necessary in emergencies, taxi-cars will be hired by authorised officers.

Authorised officers will be empowered to engage suitable persons to act as attendants when required.

Development Plan.

The Local Health Authority recognise the desirability of securing that the arrangements for initial proceedings in providing care and treatment for persons suffering from mental illness should, so far as the requirements of the relevant statutes will allow, be similar to those for patients suffering from physical illness, and in the development of their scheme the Authority will keep this objective in view. Consideration will be given to sending officers appointed to carry out work under the Mental Health Services to courses of training and refresher courses whenever this is necessary and practicable.

APPENDIX "C"

NATIONAL HEALTH SERVICE ACT, 1946.

The following proposals for the modification of the existing proposals under Section 28 of the National Health Service Act relating to the Prevention of Mental Illness, Care and After-care were approved by the Minister of Health :—

Delete :—

"The Health Authority has decided to become a constituent authority jointly with the East Suffolk Health Authority in a Joint Mental Health Board. The functions of this Board include the prevention of Mental Illness, care and after-care of persons suffering from mental illness or defectiveness."

Substitute :—

"The authority will provide a service for the prevention of mental illness and the care and after-care of persons suffering from mental illness or defectiveness. In particular the authority will provide for the temporary boarding-out of mental defectives removed from their homes in an emergency during any period of special need, such period not normally to exceed two months and, where appropriate, will pay the whole or part of the cost of their maintenance during that period."