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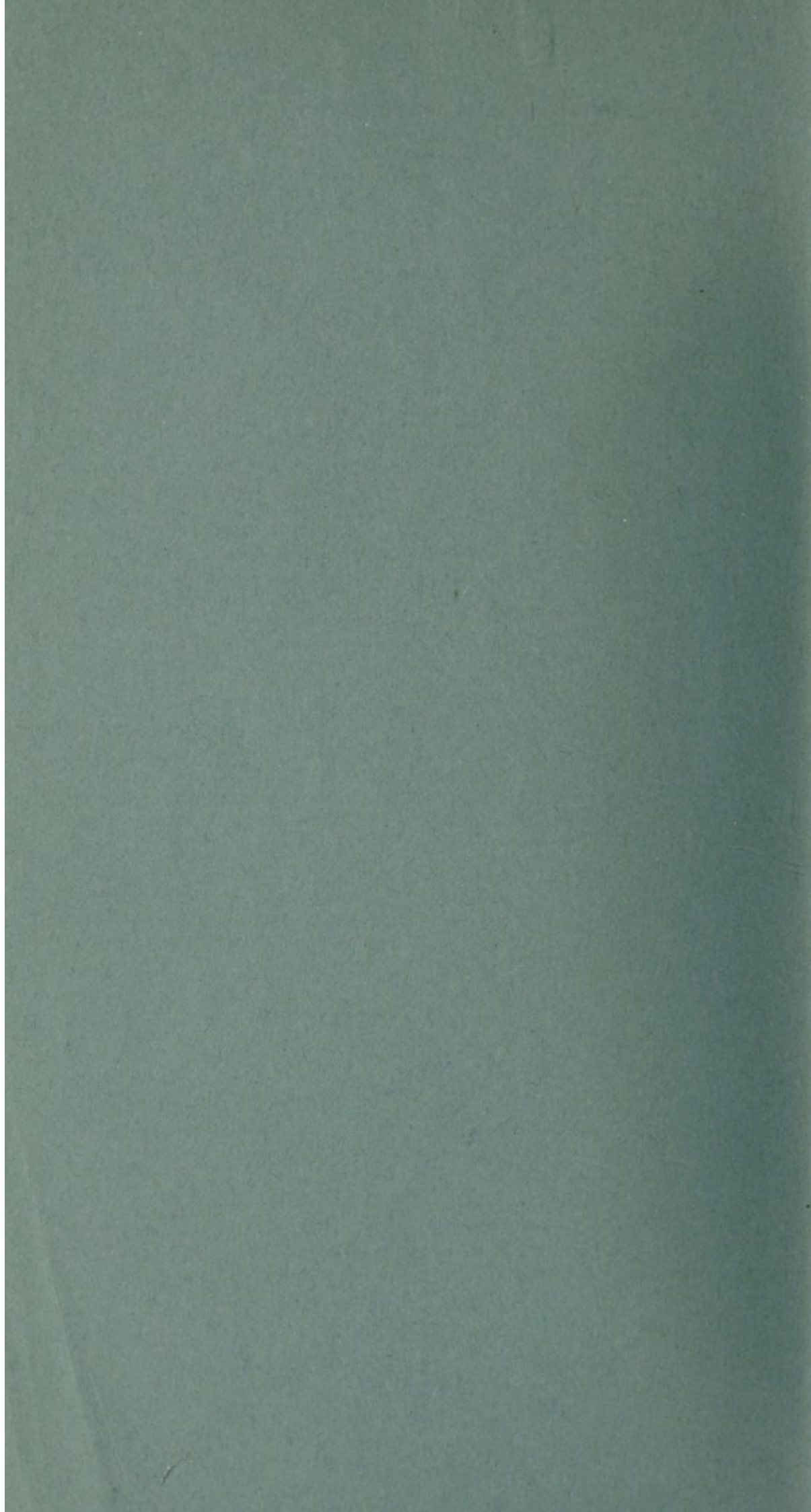
WEST SUFFOLK COUNTY COUNCIL



ACKD. BT
[Signature]

ANNUAL REPORT
of the
Medical Officer of Health
for the
YEAR 1963

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



WEST SUFFOLK COUNTY COUNCIL

FORM H/MS/Y2

HEALTH VISITING (0-5 years)

NAME _____ M/F. Date of Birth _____

(Surname first)

ADDRESSES _____ Family Doctor _____

(1) _____

(2) _____

(3) _____

SUMMARY 0-5 years

If "AT RISK" state why

VACCINATIONS

Date

PROGRESS

Age (months)

Smallpox _____ 1st tooth _____

Diphtheria _____ 16 teeth _____

Tetanus _____ Sat up _____

Whooping Cough _____ Talked _____

OTHER PHYSICAL and MENTAL DEFECTS

Poliomyelitis _____ Walked _____

_____ Clean Habits _____

PHENYLKETONURIA

ILLNESS

Date

_____ Date of Test _____

_____ RESULT _____

HOUSE at address (1) _____ (date)

Living Rooms _____ Bed Rooms _____

People over 12 { M _____
F _____

People under 12 { M _____
F _____

Water _____ Sanitation _____

Ventilation _____ Cleanliness _____

Remarks _____

for notes re address (2) see overleaf _____ (date)

FAMILY on _____ (date)

FATHER. Age _____ Occupation _____

General Health _____

MOTHER. Age _____ Occupation _____

General Health _____

Ages of Children. Alive { M _____
F _____ Died (age & cause) _____

Stillbirths, misc., etc. _____

OTHER RELATIVES (relevant illnesses or defects) _____

[illegible]

[illegible]

[illegible]

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WEST SUFFOLK COUNTY COUNCIL
Children at Risk including those
with the possibility of Impaired Hearing

Mother's Name

Home Address

Where Delivered

Date of Delivery Fam. Dr.

Questionnaire

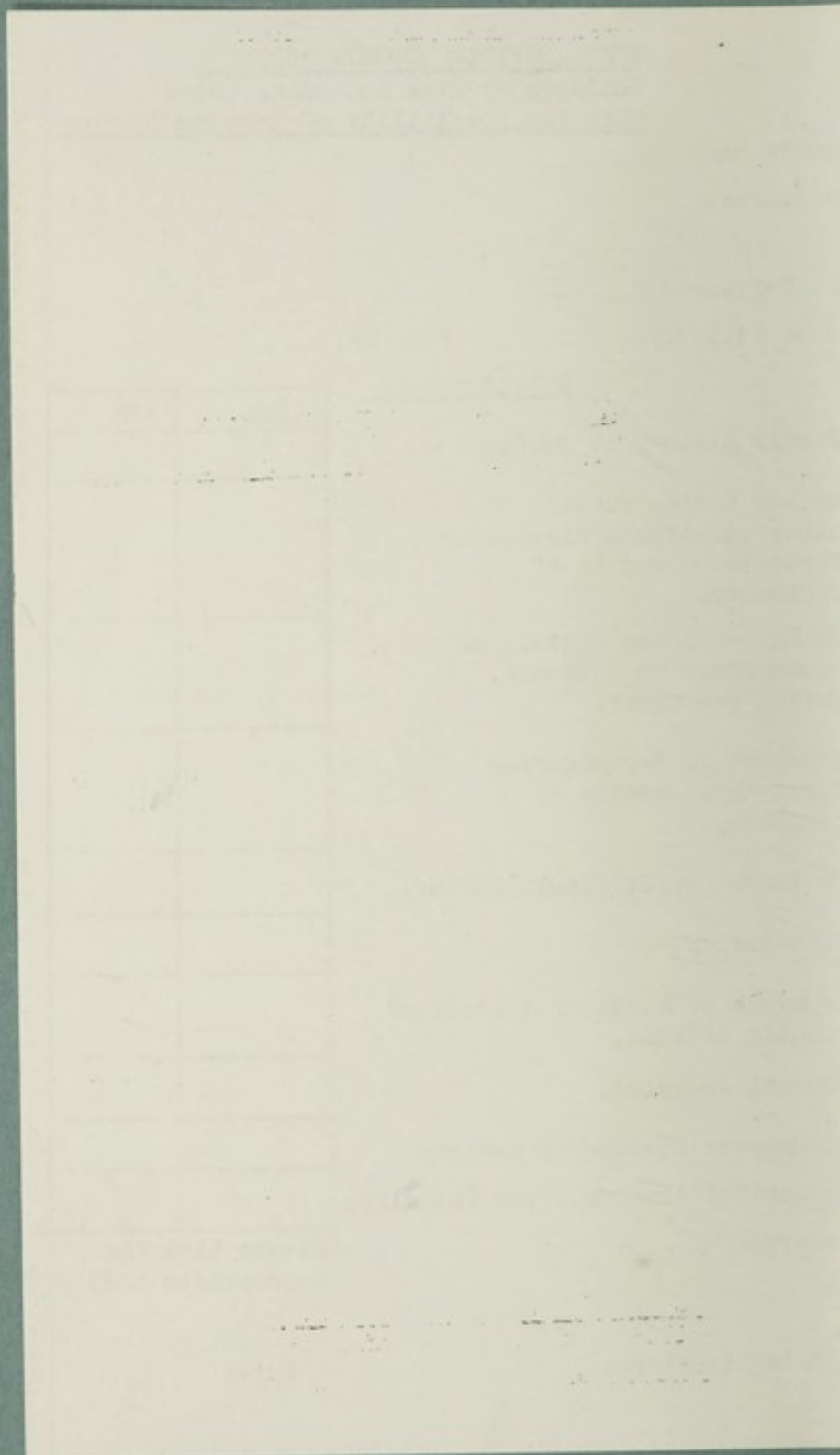
	Yes	No
1. Family history of deafness		
2. Mother having rubella or other infectious disease in first three months of pregnancy.		
3. Mother with any history of haemorrhage or toxæmia during pregnancy.		
4. Exposure to X-rays during first three months of pregnancy.		
5. Prolonged or difficult labour.		
6. Prematurity.		
7. Asphyxia at birth or subsequent cyanotic attacks.		
8. Neonatal Jaundice.		
9. Haemolytic Disease of newborn.		
10. Congenital Abnormalities (specify)		

Remarks:

(Please tick the appropriate box)

Midwife's Signature: Date:

Date put
Regist



H/MS/Y4

CHILD WELFARE CENTRE

"AT RISK" REGISTER i.e., prematures, difficult births, congenital abnormalities, haemolytic disease of newborn, virus infections of mother in pregnancy, etc.

[illegible]

[illegible]

WEST SUFFOLK COUNTY COUNCIL



Telephone No.
Bury St. Edmunds 2281

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 the annual report of the County Medical Officer of Health, dealing with the Health and Welfare Services of the Administrative County for the year ended 31st December 1963.

The population of the Administrative County continues to increase due to natural increase and the influence of over-spill population arriving in Haverhill from the London area. The latest estimated population as at 30th June, 1963 totalled 137,760 as compared with 135,080 for the previous year. The health of the population as judged by the vital statistics continues to be very satisfactory. There were no outbreaks of any infectious disease to cause any anxiety, whilst the introduction of oral poliomyelitis vaccine would so far seem to have eliminated this crippling disease from the community in the same way as the introduction of diphtheria immunization on a national scale in 1944 eliminated the risk of epidemic diphtheria. The adjusted death rate which takes account of the age and sex constitution of the community as compared with the country as a whole amounted to 10.90 per thousand, which is 0.30. higher than the previous year, but, nevertheless, substantially below the national rate of 12.20. The total number of live births, after making allowance for inward and outward transfers, again reached an all-time record of 2,447 giving a live birth rate of 18.30. per thousand of estimated population as compared with 18.20 for England and Wales. The infant mortality rate of 16.30. is substantially below that for the previous year (22.70.) and 4.60. below that for England and Wales. The perinatal rate of 31.60, whilst an improvement on the previous year, continues to be in excess of the national rate of 29.30.

A most important decision to adjust the fluorine content of the public water supplies was taken by the Council after repeated debate. As I regard this decision as one of the most important public health measures taken for many years, I have included in the appendix an abridged version of reports which were submitted to the Health and Welfare Committee and to the Council as a matter of historical record.

The '10-Year Plan' continues to progress satisfactorily and the revised details are shown in the appendix. The capital projects are up to schedule, but there is some lagging behind in the recruitment of trained staff, particularly Health Visitors.

The scheme for training Social Welfare Officers makes progress and the first of four trainees returned, qualified, from the training school at the time of writing this report.

The Chiropody Service continues to be short-staffed, due, in some degree, to the difficulty of obtaining the services of Chiropodists who are recognised as efficient by the Ministry of Health.

The new Health Clinic, Looms Lane, Bury St. Edmunds, the Old People's Home, Health Clinic and Ambulance Depot, Acton Place, Sudbury, and the Senior Training Centre, Hollow Road, Bury St. Edmunds, were all still in the hands of the Architect and it is anticipated that the tenders for all these capital projects will be awarded before the end of 1964.

The new Homes for the Aged at Bury St. Edmunds (South Court), and Haverhill (Place Court), were both opened and are now fully occupied.

The number of residents in Part III Accommodation in St. Mary's Hospital, Bury St. Edmunds, were radically reduced and it is hoped that when the new Home at Hadleigh is completed, the accommodation at St. Mary's will be vacated.

The Junior Training Centre, Hitchcock Place, Sudbury, and the new Health Clinic with adjoining Ambulance Depot and staff flats at Haverhill, are now fully functional and they were officially opened by the Rt. Hon. The Lord Newton, Parliamentary Secretary of the Ministry of Health, on 10th March, 1964.

The expansion in community care progresses and this has been greatly assisted by the co-operation of the several Voluntary Associations, the General Medical Practitioners, the Regional Hospital Board and the Hospital Management Committees. It is now common practice for the Health Visitors to be associated closely with the medical practices in the County, whilst in the Geriatric field, a Health Visitor acts as Liaison Officer and regularly attends St. Mary's Hospital, Bury St. Edmunds and Walnuttree Hospital, Sudbury, working in close association with Dr. John Wedgwood the Group Consultant Geriatrician.

The extension of the improvement in the Domiciliary care of the aged population in their own homes has been encouraged by the Council through the continued expansion of the Domestic Help Service. In addition, the Women's Voluntary Service for Civil Defence, in conjunction with the District Councils and with some financial support from the County Council, continues to expand their "Meals on Wheels" service. Most District Councils, as Housing Authorities, recognising the need for housing the aged in their own districts, have, with financial support from the County Council, provided bungalows with special welfare facilities, including friendly supervision by a Warden.

During the past few years my Department has on a number of occasions, been under severe strain in producing details and reports for the Local Government Boundaries Committee of the Council for use during negotiations locally and in London with the Local Government Commission for England.

I acknowledge, with a sense of gratitude, the support I continue to receive from the members of the Health & Welfare Committee and the advice and assistance afforded me by the Chief Officers of the Council. The staff of the Department, in spite of many administrative changes, due to the rapid expansion in all sections of the office, rose to the occasion magnificently, and to each and all of them I am personally indebted.

I have the honour to be,
Your obedient Servant,

D. A. McCracken,

County Medical Officer of Health.

31st July, 1964.

STAFF

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.

Senior Medical Officer (Mental Health):

J. L. Evans, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

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

A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Mrs. D. C. Wall, B.A., M.R.C.S., L.R.C.P.

E. Kinnear, M.B., Ch.B., D.P.H.

Consultant Adviser in Psychiatry (Part-time):

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

Chest Physician Consultant (Part-time):

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

Dental Surgeons:

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

Mrs. S. Tribe, L.D.S.

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

R. E. Lee, L.D.S. (Part-time).

Superintendent Health Visitor:

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

Supervisor of Midwives:

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

Speech Therapist:

Miss B. M. Elton, L.C.S.T.

Mrs. V. Pickering, L.C.S.T. (from 1.4.63.)

Food and Drugs Act:

Chief Inspector - D. Thompson.

County Social Welfare Officer:

Miss H. E. Rees, M.A., A.M.I.A.

Welfare Officer for the Blind:

Miss E. E. Bitchenor, B.A.

Mental Health/Social Welfare Officers:

E. Brown.

W. J. J. Tyrrell.

E. R. Lewis, S.R.N., O.N.D.

Handicraft Instructresses:

Miss W. Gamble.

Mrs. D. M. Norden.

Chiropodists:

A. E. Colston, M.Ch.S.

Administrative Officer:

E. White.

SUMMARY OF VITAL STATISTICS, 1963

Area of Administrative County	390,916 acres
Population Census, 1931	106,137
Population Census, 1951	120,652
Population Census, 1961	129,969
Population (Mid-year Estimate, 1963)	137,760
Rateable Value	£3,565,012
Estimated Product of a Penny Rate	£14,790

Live Births:—

	Male	Female	Total	Rate per 1,000 Population
Legitimate	1,175	1,163	2,338	
Illegitimate	56	53	109	
	1,231	1,216	2,447	17.8

Percentage of illegitimate live births of TOTAL live births

4.5

Stillbirths:—

	Male	Female	Total	Rate per 1,000 Live and Still- births
Legitimate	32	19	51	
Illegitimate	2	-	2	
	34	19	53	21.2

Total Live and Stillbirths:—

	Male	Female	Total
Legitimate	1,207	1,182	2,389
Illegitimate	58	53	111
	1,265	1,235	2,500

Deaths:—

				Male	Female	Total	Rate per 1,000 Population
(All causes)	..	..	..	804	786	1,590	11.5
					Female	Total	Rate per 1,000 live and still- births
Maternal (including abortion)	..				-	-	-
							Rate per 1,000 related live births
Infant (under one year):				Male	Female	Total	
Legitimate	..	..	..	22	16	38	16.3
Illegitimate	..	..	..	1	1	2	18.3
				23	17	40	16.3
Neonatal (first four weeks):				Male	Female	Total	
Legitimate	..	..	..	14	13	27	
Illegitimate	..	..	..	-	1	1	
				14	14	28	11.4
Early Neonatal	..	..	..	Male	Female	Total	
Legitimate	..	..	..	13	13	26	
Illegitimate	..	..	..	-	-	-
				13	13	26	10.6
Perinatal				Male	Female	Total	Rate per 1,000 live and still- births
Legitimate	..	..	..	45	32	77	
Illegitimate	..	..	..	2	-	2	
				47	32	79	31.6

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	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	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	Hypertrophy of prostate	Pregnancy, childbirth abortion	Congenital malformation	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes			
<i>Borough and Urban Districts—</i>																																													
Bury St. Edmunds	22,150	16.1	15.8	12.1	10.2	1								2	6	6	2	3	27	1	3	47	61		19	10	3	25	4	3	7	1	2				3	17	2	10	3			268	
Hadleigh ..	3,450	15.4	16.5	14.8	13.9	2									4	3	1	4				6	12	1	9	2	2	1				1					2			1			51		
Haverhill ..	6,620	24.9	23.2	11.6	12.5	1											1		8	1	1	15	16		12	1		9			1					1	8	1				77			
Newmarket ..	11,350	19.2	18.4	11.7	11.1										4	5	3	2	11	1	3	20	19		16	9		12	10	2	1					10			2	2			133		
Sudbury ..	6,600	14.5	16.8	23.8	11.9	2								1	3	7	2		8		2	39	25		22	8		2	16	3	1					1	9	1	4	1			157		
Totals ..	50,170	17.7	17.7	13.7	11.2	6								3	17	21	9	5	58	3	9	127	133		378	30	7	63	17	7	8	1	2			5	46	3	17	7			686		
<i>Rural Districts—</i>																																													
Clare ..	9,500	14.5	16.4	11.3	10.4	2								1	2	2	1	2	12	1		14	18		3	11	9	1	6	8	3						1	4	2	4					107
Cosford ..	9,110	15.6	18.3	13.6	11.2										1	4			12	1		17	28		1	18	5	3	7	8	2				2		2	2		10	1	2			124
Melford ..	13,940	16.0	17.8	12.4	10.8	1									2	4	5	2	20	1	2	27	32		1	28	8	2	8	10	2			2	1	3		1	7	2	3	1			173
Mildenhall ..	23,780	20.9	19.6	7.2	10.2										4	9	2	4	13	2	2	17	22		4	25	2		14	8	1	2	1		1		1	22	5	5	3	1			171
Thedwastre ..	9,470	18.3	19.8	12.8	11.1			1							2	4	2	1	13	2	3	19	21		3	14	5	3	9	1	1	1			1		1	8	3	2	1			121	
Thingoe ..	21,790	17.7	18.8	9.5	10.8			2							9	4	3		16	1	2	33	35		3	25	11	3	14	5	3	2	1	1			1	17	4	10	3			208	
Totals ..	87,590	17.8	18.9	10.3	10.6	3		3						1	20	27	13	9	86	8	9	127	156		15	121	40	12	58	40	8	9	3	4	7		4	68	17	24	10	1		904	
Grand Totals	137,760	17.8	18.3	11.5	10.9	9		3						4	37	48	22	14	144	11	18	254	289		18	199	70	19	121	57	15	17	4	5	9		9	114	20	41	17	1		1,590	

Cancer

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 to have been 137,760 persons, as compared with 135,080 in 1962.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 857 persons as compared with 840 in 1962. The number of marriages registered was 887 which is equivalent to 12.2 per thousand of population compared with 14.9 for the country as a whole.

Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,590 (males, 804; females, 786) as compared with 1,537 in 1962. The crude total death rate, based on the mid-year estimated population was 11.5, as compared with 11.4 in 1962. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, and are given in the Table on 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, making allowance for age and sex distribution of the population, are 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 them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 36.2 per cent. of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 16.7 per cent. and 15.9 per cent. respectively. The number of deaths attributable to tuberculosis was 9 as compared with 6 for 1962. The mortality from zymotic diseases as a whole was low.

The adjusted death rates for 1959 - 1963 with those for England and Wales for comparison, are:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	10.1	10.3	10.5	10.6	10.9
England and Wales	.. ..	11.6	11.5	12.0	11.9	12.2

Live Births.

The number of live births assigned to the County was 2,447 (1,231 males; 1,216 females), as compared with 2,377 in 1962. This was equivalent to a crude birth rate of 17.8 as compared with 17.6 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1959/1963 together with the national rates for comparison:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	17.8	16.8	17.3	18.8	18.3
England and Wales	.. ..	16.5	17.1	17.4	18.0	18.2

Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 53 giving a rate of 21.2 per thousand related live and stillbirths as compared with 17.3 for England and Wales. The rates for the quinquennium 1959/1963 together with those for the country as a whole are as follows:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	20.8	20.8	18.5	19.0	21.2
England and Wales	.. ..	21.0	19.8	19.1	18.1	17.3

Infant Mortality.

The number of infants who died before attaining their first birthday was 40 (23 males and 17 females) as compared with 54 in 1962. The rate per thousand related live births was 16.3 as compared with 22.7 for the previous year. The rates for 1959/1963 together with those for England and Wales are as follows:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	17.9	21.7	18.4	22.7	16.3
England and Wales	.. ..	22.2	21.9	21.6	21.6	20.9

Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1959/1963 were:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	13.1	20.2	13.8	17.7	11.4
England and Wales	.. ..	15.8	15.6	15.5	15.1	14.2

Early Neonatal Mortality.

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1962 was 10.6 compared with 14.7 for the previous year.

Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and still-births for 1959/1963 together with those for England and Wales:-

		1959	1960	1961	1962	1963
West Suffolk	.. ..	32.2	39.0	30.3	33.4	31.6
England and Wales	.. ..	34.2	32.9	32.2	30.8	29.3

Maternal Mortality.

There was no maternal death.

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visitors.

The Health Visiting staff was below strength for most of the year and in spite of every effort it was not possible to fill the vacancies, there being only fifteen full time and one part-time plus the superintendent health visitor, at the end of the year.

The attachment of Health Visitors to groups of medical practitioners is now in its third year, and having proved successful, has now been extended to all the practitioners in Bury St. Edmunds and to one country practice.

Two Health Visitors still visit the geriatric hospitals weekly, thus maintaining close co-operation with the hospital staff and ensuring adequate after-care.

Health Visitors Refresher Courses.

Four Health Visitors attended the Hearing Testing Techniques Course at the Institute of Laryngology and Otology, London, and four attended a refresher course arranged by the Women Public Health Officers Association.

The total number of visits made by Health Visitors was as follows:-

Children 0-5 years	28,700
Expectant Mothers	1,324
Other cases, including Home Help visits.	5,911
TOTAL	35,935

The Health Visitors visited 922 persons aged 65 or over, including 234 at the special request of a general practitioner or hospital, and they also visited 129 persons discharged from hospital of whom 107 were visited at special request of a general practitioner or hospital. Eighteen households were visited on account of infectious diseases.

Child Welfare Centres.

The number of centres at the end of the year was 32, including 2 at R.A.F. Stations. The total number of children who attended was 4,288. Of these 1,296 were under one year of age, 1,519 under 2 years and 1,473 between 2 and 5 years. Fifty-nine children were referred to a general practitioner or specialist for special diagnosis or treatment and at the end of the year there were 116 children on the "At Risk" register.

There were 991 sessions during the year of which the Health Visitors held 639.

Relaxation and Mothercraft Classes.

It has been found necessary to increase the number of classes in the County and they are now held as follows:- Three classes a week in Bury St. Edmunds, and weekly classes at Brandon, Hadleigh, Haverhill, Mildenhall, Newmarket and Sudbury.

The women who attend are taught mothercraft, physiology of childbirth, relaxation and simple exercises. Film strips are also shown and there is an opportunity for general discussion.

The Assistant Non-Medical Supervisor of Midwives has continued to be responsible for these classes with some specially trained midwives. The classes are proving very popular.

The number of women who attended were as follows:-

(a) Institutional booked	128
(b) Domiciliary booked	141
(c) Total	269
Total number of attendances	1,310

Family Planning Clinics.

Clinics are held at Bury St. Edmunds, Newmarket and Sudbury, under the auspices of the Family Planning Association and the new cases and attendances were as follows:-

	<u>No. of New Patients</u>	<u>No. of Attendances</u>
Bury St. Edmunds	183	748
Newmarket	73	201
Sudbury	77	286

In addition one patient attended the Family Planning Clinic at Ipswich.

Maternity and Nursing Homes.

There is one nursing home in the County - The Planche, Thurston, accommodating twenty-one patients. There are no registered maternity homes.

Nurseries and Child Minders Regulations Act, 1948.

There are eight nurseries providing accommodation for 142 children, four new nurseries having been started in 1963. There are no daily minders.

Medical and Dental Examination of Children in the Care of the County Council.

The medical and dental inspection of these children and also any boarded out in the County by East Suffolk, has been continued.

Dental Care.

Mr. S. H. Pollard, the Principal Dental Officer's report is as follows:-

"It is apparent that dental treatment for expectant and nursing mothers is being provided on an increasing scale by the National Health Service (General Dental Service's Regulations) as the demand on the Local Authority Service has practically ceased.

It so happens that in West Suffolk the centres where fixed clinics are situated are particularly well supplied with General Dental Service practitioners.

In the more remote rural areas where the demand for treatment might be higher there are great difficulties in providing it. In the smaller villages the annual visit of the mobile dental clinic occupies a few days only. This does not permit a lengthy course of treatment to be given, especially if dentures are to be supplied.

It may, however, prove possible to extend the service in the larger villages and small towns where the mobile clinic makes a longer stay.

In the larger centres of population new clinic premises have been or are being provided. It may well be that the service can be expanded here also, especially where populations are increasing.

At the time of writing, there has been an improvement in the staffing position so the future outlook is more hopeful."

	Number of Persons examined during the year.	Number of Persons who commenced treatment.	Number of courses of treatment completed.
Expectant and nursing mothers	3	2	2
Children aged under 5 and not eligible for school dental ser- vice.	23	13	13

FORMS OF DENTAL TREATMENT PROVIDED

	<i>Scalings or Scaling and Gum treatment</i>	<i>Fill- ings</i>	<i>Silver Nitrate treatment</i>	<i>Crowns or Inlays</i>	<i>Exts.</i>	<i>Anaes- thetics General</i>	<i>Dentures provided</i>		<i>Radio graphs</i>
							<i>Partial</i>	<i>Com- plete</i>	
Expectant and Nursing Mothers	2	2	-	-	4	-	1	-	1
Children under five	-	2	19	-	6	6	-	-	-

Speech Therapy.

Mrs. E. Pickering L.C.S.T. joined the staff in April, 1963 and has been sharing with Miss Elton, in every branch of speech therapy work undertaken, including the treatment, assessment and observation of pre-school children who have been referred usually because of parental anxiety in cases when speech development is not conforming to accepted and normal patterns.

During 1963, 18 such children were seen, of whom 2 were discharged because they left this area.

Care of unmarried mothers and their children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association are still in force. Forty-seven cases were referred to the Association and reports were received from the Moral Welfare Worker. The County Council accepted financial responsibility for the maintenance of seventeen unmarried mothers in suitable Homes. A grant of £225 was paid to the Association.

Care of Premature Infants.

A total of 131 premature births was recorded. Of the 33 infants born at home, 25 were nursed entirely at home. Of the 8 transferred to hospital, 7 survived. All the infants born at home and nursed entirely there survived the first month, whilst of the 98 born in hospital, 84 survived the first month.

Prevention of Break up of Families.

Regular meetings of the three Area Case Committees were held under the Chairmanship of the District Medical Officers of Health. A total of 39 families was considered. The meetings enabled officers of both voluntary and statutory bodies to exchange information with regard to families in need of help and advice. Appropriate recommendations were made to the field staff concerned and the meetings of both the Area Case Committees and "ad hoc" committees combined to prove invaluable in securing co-ordinated action, and it is hoped of the benefit of a number of the families concerned.

Ascertainment of Young Children with Impaired Hearing.

The Department is equipped with three Audiometers which are regularly calibrated. The Health Visitors are, in turn, attending Courses on Hearing Testing Techniques and all young children likely to be affected are followed up. The Birth Notification Cards now give information regarding the medical history of mothers, which, on occasions may indicate that a newly born child may be suspect as to its ultimate hearing level.

Welfare Foods Service.

Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury continued to function. At 31st December there were 72 voluntary distribution centres.

During the year the following issues were made:-

CENTRES	COMMODITY			
	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets Packets	Orange Juice
	Tins	Bottles		Bottles
MAIN				
Bury St. Edmunds	6,340	372	856	6,219
Newmarket	3,216	193	384	2,758
Haverhill	1,740	101	328	2,152
Sudbury	1,294	205	294	2,480
TOTAL	12,590	871	1,862	13,609
VOLUNTARY	22,316	1,278	1,076	15,064
TOTAL ISSUES	34,906	2,149	2,938	28,673
TOTAL ISSUES (1962)	33,990	2,426	3,331	26,057

Once again, I should like to express my appreciation of the work done by the voluntary distribution centres. It is a pleasure to pay tribute each year to these public spirited men and women who give up valuable time in order that an adequate service can be given to expectant and nursing mothers.

Other Welfare Foods.

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the Health and Welfare Department, Child Welfare Centres and Health Visitors. The following were issued:-

	1963	1962
Baby Cereal	1393 packets	(1192)
Vitamin preparations:-		
Vitamin C	9003 bottles	(5676)
Vitamin A & D (Liquid)	8149 bottles	(6277)
Vitamin B (Solid)	2118 tins	(1836)
Pharmaceutical product:		
Stimulant tablets for		
Nursing Mothers	270 tins	(343)

In addition to these, Toothbrushes for children were available and 1968 were issued. Cash receipts from all these commodities amounted to £1274. The increase in demand for these things mentioned in my last Report continues and the issues made during 1963 represent an overall increase of 30.7% on the previous year.

MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the County during the year was 81. The number of cases attended was as follows:-

County Domiciliary Midwives	..	..	..	..	861
Private Domiciliary Midwives	..	..	..	..	2
Institutional Midwives	..	..	..	..	1,308
					<hr/> 2,171

In addition there were 755 births at the U.S. Army Air Corps Hospital at Mildenhall.

Domiciliary Service.

On 31st December, 1963, 49 nurses were employed:-

District Nurse/Midwives	..	..	..	..	..	36
District Midwife	..	..	..	..	..	1
General Nurses	..	..	..	..	..	4
Relief Nurses (full-time)	..	..	..	..	..	4
Relief Nurses (part-time)	..	..	..	..	..	4

Medical aid was called by Midwives in 80 cases in all of which the Medical Practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme.

In addition to home confinements, domiciliary midwives nursed 396 cases who were delivered in hospitals and discharged before the 10th day.

Trilene is now available for all women. The use of Gas and Air Analgesia has diminished. The midwives are allowed to use Pethilorfan with the Trilene if considered necessary.

The number of domiciliary births has shown little change, but the number of women delivered in Hospital and discharged before the 10th day, has increased.

Many of these women are those whom it is felt should, for medical or social reasons, be delivered in hospital, but could safely be discharged home at 48 hours for nursing - these are referred at the time of booking by the hospital and then the midwife visits the patient at home during the Ante-Natal period then receives her home with the baby after delivery.

So far we have not felt the acute National shortage of Midwives in this area, but we are fortunate in that several of our midwives have elected to continue to work beyond the normal age of retirement.

Sterilised Maternity Outfits.

Nine hundred and ten packs now costing 12s. 3d. each, were supplied free for

domiciliary confinements.

Post Graduate Training.

Nine District Nurse/Midwives attended post graduate courses arranged by the Royal College of Midwives at Cambridge and London. Two attended the Queen's Refresher Course at Southend, one attended the Parentcraft Group Teaching and Relaxation Course at Pulborough, and one at Alston Hall, Preston.

In addition, regular monthly lectures have been arranged in Bury St. Edmunds by the local branch of The Royal College of Midwives, including one study day. These lectures were well attended. These meetings are held in conjunction with the Nurses' Staff Meetings.

Home Nursing Service.

The home nursing service has continued to be undertaken by the District Nurse/Midwives with the help of one full-time General Nurse each at Haverhill, Hadleigh and Newmarket.

The work at Bury St. Edmunds has increased and it was found necessary to appoint a part-time Nurse to assist the two Nurses already employed on general duties only.

The total number of patients visited was 2,840 and the number of visits paid totalled 68,402, which is an increase of 3,798 on last year's figure.

The majority of ill children were nursed in hospital, but those nursed at home numbered 195, of whom 101 were under 5 years of age and 94 between five and fifteen years.

A total of 1,349 persons visited were aged 65 or over, at the time of the first visit during year.

The giving of injections is still a major part of the nurses' work, a total of 24,541 injections having been given.

Liaison Arrangements.

Meetings were held at Newmarket, Bury St. Edmunds and Cambridge and have proved interesting and helpful. The medical and midwifery staff are represented at the meetings.

AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1959	42,122	480,329	13,881	123,231	28,082	348,257	5	154	154	8,687
1960	47,284	518,140	13,631	120,341	33,486	389,168	22	158	145	8,473
1961	55,704	614,919	13,958	128,576	41,582	476,334	24	274	140	9,735
1962	57,938	622,132	14,719	131,762	43,058	481,526	16	166	118	8,678
1963	62,961	637,719	17,430	151,140	45,408	478,203	3	46	120	8,330

The average miles run per patient was 10.1 compared with 10.7 for 1962.

Ambulances.

The total mileage run is an increase of 14.7% on 1962. It is interesting to note, however, that the number of patients involved was 18.4% greater than that for the previous year. The average number of miles run per patient was 8.7 compared with 8.9 for the previous year.

Sitting Case Cars.

The mileage figures given above include both the Council's own vehicles and the Hospital Car Service. They represent a slight decrease of 0.7% on 1962. It will be seen that the number of patients was greater (5.4% increase on 1962) and the average number

of miles per patient was 10.5 compared with last year's average of 11.2. This mileage includes the conveyance of children who attended the the Junior Training Centre at Bury St. Edmunds. This amounted to 82,767 which represents 17.5% of the total mileage under this head: this is, however, recharged to the Mental Health Services.

Taxis.

This form of transport is used mainly for conveying school children where the Ambulance is not required but where, as a result of a minor accident at school, some treatment is necessary.

Railway.

A slight increase in the number of patients transported this way is noted. This mode of conveyance is used wherever practicable, particularly for long journeys to distant hospitals for specialised forms of treatment not available more locally.

As on previous occasions I report the helpful attitude and co-operation of the staff of British Railways. These arrangements work smoothly and the London Ambulance Service also plays an important part in effecting the transfer of patients at the London termini in many of these cases. All concerned are, I know, appreciative of the efforts made in this particular type of transport.

Hospital Car Service.

The demands on this service continue to be maintained. The role of the hospital car driver is an important one and his services form a valuable ancillary to the full-time Ambulance Service. There were 43 registered drivers on 31st December.

Personnel.

In accordance with the Committee's 10-Year Plan the establishment of Ambulance Drivers and vehicles was increased during the year.

Capital Building Programme.

The building of the Ambulance Depot at Haverhill was almost completed at the end of the year. This Depot has been built in association with a Health Clinic and two maisonettes for Ambulance Drivers.

Ambulance Control.

The Suffolk and Ipswich Fire Authority continued to man Ambulance Control outside office hours. This arrangement, which has been in existence since 1st January, 1951 has worked very well and makes for saving both in man power and cost.

General.

The statistics reveal the ever increasing demand on the service but it will be noted with satisfaction that the mileage per person was slightly below that for the previous year which indicates better co-ordination of journeys.

Ambulance Control continued to effect maximum vigilance with regard to all journeys to ensure the greatest possible degree of co-ordination. This entailed day to day liaison with hospitals and in many cases meant the re-timing of appointments to fit in with other transport arrangements already made.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis.

The arrangements for the supervision of tuberculous patients continued. The number of notified cases of tuberculosis on the register at the end of 1963 was:-

Pulmonary			Non-pulmonary			Total Cases
Male	Female	Total	Male	Female	Total	
180	156	336	16	31	47	383

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

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non-Pulmonary		Age Periods	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0-	-	-	-	-	0-	-	-	-	-
1-	-	-	-	-	1-	-	-	-	-
2-	-	-	-	-					
5-	-	-	-	1	5-	-	-	-	-
10-	-	1	-	-	15-	-	-	-	-
15-	-	-	-	-					
20-	1	1	-	2	25-	-	-	-	-
25-	2	1	-	1	35-	-	2	-	-
35-	1	4	1	3	45-	-	-	-	-
45-	4	2	-	-	55-	1	1	-	-
55-	2	1	-	-	65-	3	-	-	-
65-	3	2	-	1	75+	-	2	-	-
75+	1	1	-	1					
TOTALS	14	13	1	9	TOTALS	4	5	-	-

The total primary notifications of tuberculosis amounted to 37 (27 pulmonary, 10 non-pulmonary), as compared with 48 in 1962. The notification rate of pulmonary and non-pulmonary tuberculosis was 20 and 7 per 100,000 of the population respectively. The number of deaths represented 0.56 per cent of all deaths.

The incidence rate of pulmonary tuberculosis, per 10,000 of the population, for 1963 was 20. Since returns for a particular year may be misleading, it is more valuable to consider the average figures for the past five quinquennial periods:-

Period	Rates per 100,000			
	Incidence		Deaths	
	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary
1939-43	76	31	38	10
1944-48	84	28	26	8
1949-53	66	16	15	4
1954-58	33	8	5	0.5
1959-63	23	4	4	0.5

During the past 25 years for every 100,000 of the population the incidence rate of the disease in its pulmonary form has been reduced from 92 to 20 and the death rate has been reduced from 36 to 1. In the case of non-pulmonary infection the incidence and death rates for the same period have diminished from 48 to 2 and from 12 to 0 respectively. Statistical details of notifications, deaths and mortality expressed as a percentage of the total deaths are given in Tables I - III at the end of this report.

Examination of Contacts.

254 contacts were invited for examination and 234 were examined by the Chest Consultant Physician. The average number of contacts examined for each new case reported was 5.

After Care.

A total of 234 domiciliary visits were made by Health Visitors, who work in close liaison with the Chest Consultant Physician. Three patients were provided with extra nourishment in the form of milk.

General.

All newly notified cases are referred automatically to the Chest Consultant Physician, who is employed by the East Anglian Regional Hospital Board but two elevenths of whose time is allocated to and paid for by the Council.

Recuperative Holidays.

Fifteen persons were sent on recuperative holidays. These included six debilitated women and three elderly men recovering from illness admitted to the Suffolk Convalescent Home, Felixstowe, four debilitated women to St. Michael's Convalescent Home, Clacton-on-Sea, one elderly woman to Maitland House, Frinton, and one woman, a diabetic of long standing, following an acute illness, to Hunstanton Convalescent Home.

Chiropody Service.

Although the establishment of chiropodists is three whole-time officers, two of the posts remained vacant throughout 1963 despite repeated advertisement. As a temporary measure the West Suffolk Old People's Welfare Association organised a service in those areas of the county which the Council's chiropodist could not cover. The actual cost of this supplementary service was reimbursed to the Association.

Three thousand, one hundred and seventy-nine treatments were carried out, of these 1,185 being done in patients' own homes as they were unfit to attend clinics.

One hundred and twenty-three new cases, all of whom were aged persons, with the exception of two disabled, were treated during the year.

Medical Loan Depots.

The County Secretary of the British Red Cross Society, who act as agents for the County Council reports that the general demand for articles has been fairly heavy, and all depots have been active. During 1963 an average of 1,220 articles were out on loan every week. To meet requests, commodes, walking frames, back rests, bedpans, air rings, mackintosh sheets and invalid chairs have been purchased.

This service meets a very real need and is much appreciated by patients and their relatives.

THE MENTAL HEALTH SERVICE

1. Administration.

(a) Constitution of the Mental Health and General Purposes Sub-Committee.

The Committee consists of 19 members of the Council. There is one co-opted member. Meetings are held quarterly.

(b) Staff.

The County Medical Officer is responsible for the overall administration of the Service, being assisted by a Senior Medical Officer, Dr. J. L. Evans, in dealing with the day-to-day administration and the forward planning of the services.

(c) Co-operation with Regional Hospital Board and Hospital Management Committees.

Co-operation at the appropriate levels between the department and the East Anglian Regional Hospital Board and respective hospitals continued to be a feature of the work for the mentally-disordered. Three members of the Council and the County Medical Officer are members of the Suffolk Mental Hospital Management Committee.

(d) Duties delegated to Voluntary Associations.

No duties were delegated to Voluntary Associations.

(e) Training of Mental Health Workers.

One of the three Mental Welfare Officers completed a general course in social work, on a part-time basis, at the Civic College, Ipswich. One Welfare Assistant continued his two-year course of training for social workers, as recommended by the Younghusband Report, at the North West Polytechnic, London, and two more Welfare Assistants

commenced similar courses at the College of Commerce, Manchester and the College of Commerce, Liverpool respectively.

2. Account of Work Undertaken in the Community.

(a) Training Centres.

Forty-two children attended the Junior Training Centre, Bury St. Edmunds - the full capacity of the Centre. The Centre is in the charge of a Supervisor who is assisted by three Assistant Supervisors. The Centre continues to give a satisfactory standard of care and instruction and not only do the pupils benefit but their regular attendance at this Centre has undoubtedly brought much relief, hope and peace of mind to their parents and families. The pupils receive regular medical and dental inspections and the staff are advised on physical education by the Education Committee's Adviser. In addition, Speech Therapy is carried out in suitable cases by the Speech Therapists who also advise the staff regarding particular children. The local branch of the National Association for Handicapped Children donated a complete set of plastic-topped dining room tables, which has further improved the Centre and allows groups of children to have their mid-day lunch in an improved environment. The Supervisor and one Assistant Supervisor attended a Refresher Course under the auspices of the National Association for Mental Health.

A number of other severely subnormal children attended Centres outside of the County under Joint-User arrangements.

The second Junior Training Centre at Sudbury, was about to be opened at the end of the year. It is hoped that a third Junior Training Centre will eventually be built at Newmarket.

The position at the end of the year with regard to the Adult Training Centre in Bury St. Edmunds was that sketch plans were being prepared for the Committee's consideration.

(b) Home Visits to the Mentally Subnormal.

These were made as necessity required by the Mental Welfare Officers and the Health Visitors. The total number of visits was 727.

(c) Home Visits to the Mentally Ill.

Domiciliary visits to the mentally ill, both before and after admission to mental hospitals, was undertaken primarily by the Mental Welfare Officers, in co-operation with the family and hospital doctors, relatives and friends. Mutual help and understanding by all involved in the community care of the mentally-ill was at a high level, and it is believed that all concerned in this work realised increasingly its vital importance within the general provision of services for the mentally-ill.

In this connection, and with the help of the Suffolk Branch of the British Red Cross Society, a Social Club for the Mentally Ill was opened at Mustow House, Bury St. Edmunds in February. By the end of the year some ten women were attending the weekly meetings. It is hoped to open other Clubs in the County in due course.

(d) Admissions to mental hospitals.

Mental Welfare Officers were involved in 128 admissions to mental hospitals, compared with 122 in 1962. Ten patients were admitted under Section 25, 74 under Section 29, 1 under Section 26 and 43 informally. But the great majority of admissions will have taken place under arrangements made between family doctors and the hospitals, without the knowledge and participation of the Mental Welfare Officers.

Subnormal and severely subnormal patients in hospitals on 31st December, 1963:

	M	F	Total
Etloe House, Leyton		1	1
Harperbury Hospital	1	-	1
Little Plumstead Hospital	21	17	38
Monckton Hospital, Jarrow	1	-	1
Moss Side Hospital	-	1	1
Jane Walker Hospital, Nayland	-	5	5
Rampton Hospital	3	-	3
Risbridge Home, Kedington	39	40	79
Riversfield Home, St. Neots	5	3	8
Royal Eastern Counties Hospital	36	35	71
Runwell	1	-	1
St. James's Hospital, Saffron Walden	-	1	1
St. Joseph's Home, Sudbury	-	5	5
St. Mary's Convent, Roehampton	-	4	4
Stoke Park Hospital, Stapleton	1	4	5

108 116 224

Long-term hospital care was provided for mentally-subnormal patients as follows: 7 were admitted informally, 2 under Section 26 and 2 under Section 60. Provision for short-term care was made as follows: 12 patients received it in hospitals and 1 in accommodation provided by this Authority.

By the end of the year 29 patients were on the waiting list for long-term hospital care, 10 of whom were deemed to be in urgent need of such care. Respective figures for the year previous were 25 and 6.

Pastime Therapy.

About fifteen severely subnormal persons received this type of occupation in their own homes.

New Cases of Subnormality or Severe Subnormality.

	M	F	Total
Cases reported by General Practitioners	2	-	2
Cases referred by Hospitals	14	5	19
Cases referred by Police and Courts	3	1	4
Cases referred by other sources	6	5	11
Totals	25	11	36

DOMESTIC HELP SERVICE

The demand for this Service has continued, and it was particularly sought after and appreciated during the severe weather at the beginning of the year. Although over 80% of the work is amongst old people, there are a substantial number of applications for help amongst other sections of the community, and it is usually far more difficult to recruit helpers for these often very needy cases.

The question of recruitment of suitable helpers has occupied a considerable amount of time and thought, since "matching" the helped and the helper is one of the essentials for a successful Service.

At the end of 1963 the number of enrolled helpers was 588, of whom 398 were employed, as compared with 528 enrolled helpers of whom 405 were working at the end of 1962.

The number of cases where domestic help was provided during the year was 834 compared with 777 during 1962.

Home Help was given to households for persons as follows:-

Aged 65 or over on first visit in 1963	Aged under 65 on first visit in 1963				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
697	61	2	33	41	834

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Infectious Diseases.

Scarlet Fever. The number of cases notified totalled 77 compared with 50 in 1962 and 79 in 1961. Nineteen of these cases were reported in the Cosford Rural District; 15 in Thingoe Rural District and nine in both the Melford and Mildenhall Rural Districts; eight in Bury St. Edmunds Municipal Borough and seven in the Hadleigh Urban District. There were four cases in Clare Rural District and one in Haverhill Urban District. There were no deaths and the disease continued to be a mild clinical type.

Whooping Cough. A total of 19 cases was notified as compared with ten in 1962 and 331 in 1961. Eight of these cases occurred in the Haverhill Urban District; five in the Mildenhall Rural District and two in Melford Rural District. In no other district did the number reported exceed one. There were no deaths.

Acute Poliomyelitis. As for last year no case was reported. There was one case notified in 1961.

Measles. A total of 2,459 cases was notified as compared with 236 in 1962 and 2,778 in 1961. Five hundred and ten of these cases occurred in Melford Rural District; 405 in the Bury St. Edmunds Municipal Borough; 317 in Mildenhall Rural District; 281 in Sudbury Municipal Borough; 246 in Haverhill Urban District; 227 in Thingoe Rural District. Clare Rural District had 190 cases; Thedwastre Rural District 71 cases and Newmarket Urban District 55 cases. Hadleigh Urban District had 11 cases. There were no deaths.

Diphtheria. As in previous years no case was reported.

Pneumonia (Acute primary of influenzal). The total number notified was 53 as compared with 50 in 1962 and 89 in 1961. Seventeen of these cases occurred in both Sudbury Municipal Borough and Melford Rural District. Thirteen cases were reported in Mildenhall Rural District and five in the Cosford Rural District. The one remaining case was notified in the Bury St. Edmunds Municipal Borough. The number of deaths was 19 as compared with ten for the previous year.

Dysentery. Eleven cases were reported as compared with three last year. None was notified in 1961. Six of these cases occurred in the Clare Rural District; four in Cosford Rural District and the remaining case in the Thingoe Rural District.

Acute Encephalitis Lethargica. As in previous years no case was reported.

Typhoid and Paratyphoid Fevers. No case was reported as compared with one in 1962.

Erysipelas. Seven cases were notified compared with three in 1962 and four in 1961.

Meningococcal Infection. One case only was notified compared with none for the previous year and two in 1961.

Food Poisoning. One case only was reported during the year compared with two notifications in 1962. There was none in 1961.

Puerperal Pyrexia. Two cases only were notified compared with seven cases for the previous year and nine in 1961.

Ophthalmia Neonatorum. As in 1962 no cases were reported.

Infective Hepatitis. Two cases were notified as compared with six in 1962 and ten in 1961.

Malaria. As in 1962 no cases were notified.

Vaccination against Tuberculosis.

The year 1963 was the second in which Heaf testing, and BCG vaccination of those who were shown not already to have acquired resistance to tuberculosis were offered to all pupils approaching school-leaving age. This included those at direct grant and private schools, as well as those at maintained schools. As before, the chest physician of the Regional Hospital Board arranged for all Heaf positive reactors to be x-rayed, writing to their family doctors to tell them of the offer and later as to the result. During the year, 1,326 adolescents born between 1944 and 1949 were tested and the 1,208 of them who were Heaf negative were vaccinated. The great majority of those tested at Secondary Modern Schools was born in 1949. As in 1962 the proportion of Heaf positive children in the same age group varied greatly between different schools, but the schools which had the lower percentages in 1962 also had lower percentages in 1963, with one exception. The percentage found at Clare Secondary School in 1963 was much higher, being 7 as against the very low percentage of 2.5 found in 1962. This is interesting, as there is now no exception to the finding that the schools which have a high proportion of pupils who come from urban homes, have a lower percentage of positive reactors than those who come mainly from rural areas.

The schools with the higher Heaf positive rates in the 1949 age groups were Hadleigh, Stoke-by-Nayland, Breckland, Clare, Ixworth and Beyton. Milk has been pasteurised in the towns and in the large village of Mildenhall for many years and it is thought this may have some bearing on the findings. It will be interesting to see whether, after a few more years, the percentage of Heaf positive reactors is the same for the same age group at all schools.

At grammar schools, the children were older and the percentage of Heaf positive reactors greater, depending partly upon the proportion of sixth-formers at the school. As in 1962, the proportion of Heaf positive reactors was greater at Bury St. Edmunds and Sudbury than at Newmarket, which is in keeping with the fact that none of the Secondary Modern Schools as listed above with a high proportion of Heaf positive reactors, comes within the catchment area of Newmarket Grammar School. The numbers at independent schools were again too small to be significant although they were large enough, after two years' testing at Culford and the East Anglian School for Girls to suggest that the percentage of Heaf positive reactors amongst those about to leave these schools, is slightly below that at Newmarket Grammar School and considerably below that at Bury St. Edmunds and Sudbury.

In 1963 a greater proportion of parents of fifth-formers at the grammar schools (i.e. those born in 1948) expressed the wish for their children to be tested and vaccinated that year, if necessary, instead of waiting until they were nearer to school-leaving age. It was seen that the proportion of Heaf positive children amongst them was considerably higher, not only at Bury St. Edmunds and Sudbury but also (although to a lesser extent) at Newmarket, than was the proportion in the 1948 age group when this group was tested at the secondary modern schools a year and half earlier. This suggests the possibility that the higher Heaf positive rate at the grammar schools is not entirely due to the greater age at which these children have been tested, but may in part be due to the fact that some older children at these schools are meeting the tuberculosis infection during their last years at school. If this is the case it would be better to test, and vaccinate where necessary, at a younger age, as is done in secondary modern schools. It would certainly be much more convenient administratively. It is intended, therefore, that in 1964 vaccinations shall be carried out at the same age in both grammar and modern schools - that is during the calendar year after the children have their thirteenth birthdays.

The following table shows the number tested in each group during the year, and the number and percentage of Heaf positive reactors.

Year Born	No. Tested	Positive Reactors	% of Positive Reactors
1944	2	0	0.00
1945	34	3	8.82
1946	106	16	15.09
1947	136	19	13.97
1948	183	21	11.48
1949	859	55	6.40
TOTAL:	1,320	114	8.64

Statistics.

The number of persons vaccinated during the year was as follows:-

	By County Staff	By General Practitioners	Total
Diphtheria.			
Primary doses	10	19	29
Re-inforcing doses	95	80	175
TOTAL	105	99	204
Triple Antigen - (Diphtheria, Whooping Cough and Tetanus).			
Primary	266	1,070	1,336
Re-inforcing	186	415	601
TOTAL	452	1,485	1,937
Tetanus.			
Primary doses	10	115	125
Re-inforcing doses	109	91	200
TOTAL	119	206	325
Smallpox.			
Vaccination	-	744	744
Re-vaccination	-	427	427
TOTAL	-	1,171	1,171
Poliomyelitis - Salk.			
1st and 2nd doses	27	837	864
3rd doses	-	419	419
4th doses	6	230	236
Poliomyelitis - Oral - Sabin.			
Full Course	533	598	1,131
Re-inforcing dose after 2 Salk	47	59	106
Re-inforcing dose after 3 Salk	280	159	439

Figures for Quadrilin included in the above are 449 Primary Courses, 56 fourth doses and 69 fifth doses.

Tuberculosis.

B.C.G.	1,208	-	1208
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HEALTH EDUCATION

Health Education continued on the lines previously reported. Maximum use was made of publications and posters issued by the Ministry of Health and by the Central Council for Health Education. Posters dealing with such topics as Dental, Food and Personal Hygiene, Smoking and Health, were displayed on Parish Notice Boards and in Child Welfare Centres throughout the County. Film strips on various health topics were also shown whenever possible.

Health Visitors play a vital role in the Health Education Services. Through their talks to various organisations, at Child Welfare Centres and on a more personal basis in the homes of the persons they visit, they were able to continue their work in this field.

There were many requests from various organisations for the services of the staff of my department to give lectures on health and welfare matters. As in previous years I am pleased to report that these were well attended and many well informed questions were put and discussed. I have no doubt that these talks often given in an informal atmosphere are stimulating to both the lectured and the lecturer. Every effort was made to send speakers when requested. Many of these talks took place during the evening and here I wish to record my thanks for the co-operation of my staff concerned.

Lectures on preventive and social medicine were given by the County Medical Officer of Health to student nurses at the West Suffolk General Hospital. Pre-training nurses' courses were given at the Silver Jubilee (Girls') School and at the High School for Girls, Sudbury. The preliminary State Registration Examination was taken at these Schools by 11 and 7 girls respectively. They were all successful.

By arrangement with the Central Council for Health Education a mobile exhibition visited the Grammar and Secondary Modern schools during May. The theme of the exhibition was the problem of smoking and took the form of talks, display of films and posters, etc. They were well received. I am grateful for the co-operation of the teaching staff concerned.

I remarked last year that talks given on television and radio and the excellent articles that appear in the public press on health topics make a very considerable contribution to health education. Through the media of the above the public are made aware in less official manner of health problems of the necessity for strict personal hygiene at all times and the importance of clean handling of food. Indeed this unsolicited and unofficial form of health education does much to promote this service of educating the public both young and old and complements the work of health officers in keeping the public alive to the importance of the preventive aspects of medicine. As I have previously reported, and it bears repeating, there is much truth in the old maxim "Prevention is better than cure" and the public generally now are beginning to appreciate this.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible, is carried out under the supervision of the County Medical Officer by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

Pasteurising Plants.

Three pasteurising plants remained licensed at the end of 1963. These plants were all inspected regularly by the Chief Sampling Officer and his staff.

The following samples were taken:-

No. of Samples Taken	Phosphatase Test		Methylene Blue Test			Failed Both Tests
	Passed	Failed	Passed	Failed	Not Tested	
71	71	-	68	-	3	-

Dairies, other than Pasteurising Plants.

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of dairies for which licences were issued at the end of the year:-

Dealers' (Pre-packed milk) Licences	87
Dealers' (Tuberculin Tested) Licences	3

The following Tests were made:—

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
<i>Raw Tuberculin Tested:</i>				
Methylene Blue	7	2	-	9
<i>Pasteurised:</i>				
Phosphatase	247	1	-	248
Methylene Blue	228	5	15	248
<i>Sterilised:</i>				
Turbidity	5	-	-	5

Appropriate Action was taken where the results were unsatisfactory.

Sale of Infected Milk:

Samples were taken from 12 tuberculin-tested herds for biological tests and no failure was recorded.

Milk in Schools.

One-third of a pint of milk (either tuberculin tested pasteurised or pasteurised) was available on every school day to every child attending maintained and private schools. On a day chosen at random in September, 13,422 children had milk, representing about 78 per cent of the school population, in maintained schools.

The following samples were taken:-

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
<i>Pasteurised Milk:</i>				
Phosphatase Test ..	202	1	1	204
Methylene Blue Test ..	189	5	10	204
<i>Tuberculin Tested:</i>				
Biological Examination..	-	-	-	-
Methylene Blue Test ..	-	-	-	-

The causes of the failures were investigated with the view of preventing recurrence.

Sampling at Institutions:

All samples of milk taken passed the phosphatase test.

Food and Drugs Act, 1955.

The Chief Sampling Officer and his staff took 479 samples of which 38 were found to be adulterated or not up to standard.

Of the three samples of milk reported as below standard, none contained added water.

An informal sample taken from a churn of milk delivered by a farmer to a pasteuriser obtained an adverse report from the Analyst. The sample was deficient in fat. As this sample was from one of two churns and the other churn had milk of high quality, no action was taken.

It is pleasing to note, that the change in the quality of milk over the last few years has been marked and it is now somewhat unusual to find a sample either low in fat or non-fatty solids.

Complaints received from two customers of one pasteuriser about foreign bodies found in bottles of milk were submitted to the Public Analyst for investigation. The Analyst reported that, in the case of the first complaint, the substance was mainly organic in nature and its chemical reaction was consistent with milk solids but embedded in it

were insect wings, portions of insect bodies and several empty pupa cases. The second complaint was from a customer who, on removing the cap, saw foreign bodies floating in the milk. The complete bottle was submitted for investigation. The Analyst reported that small clusters of pupa cases of the *Drosophila* fly were adhering to the sides of the bottle, more of these were floating in the milk and on the bottom surface was a cheesy smelling mass in which pupa cases were embedded. The pupa cases on the side were empty but those on the bottom contained pupae.

In view of the Analyst's report the customer was seen and asked to give the necessary evidence in Court as this was considered to be a serious case. The customer was apprehensive about appearing in court and refused to co-operate willingly. In the circumstances a warning was issued to the dairyman concerned.

A sample of pasteurised milk taken on the premises of a pasteuriser was found to contain 0.15% international units per millilitre of an antibiotic. Follow up samples were obtained from the supplier of this milk and similar quantities of antibiotics were found. The supply came from outside West Suffolk. Immediate contact was made with the Chief Inspector of the County concerned in order that the supplier could be traced. The farmer was subsequently warned that a future contravention could lead to proceedings.

With regard to foods other than milk, some of the faults were due to faulty labelling and the packers were cautioned.

A sample of margarine taken in a grocers shop was found to be rancid. Enquiries showed that it had been in stock for over twelve months. Proceedings were taken and the defendants submitted that the margarine was not for general sale to the public but was awaiting disposal. A fine of £5 was imposed.

An imported Cheese Spread was found to contain 15.9 per cent fat whereas in the Analyst's opinion, no cheese spread should contain less than 20 per cent fat. The Food Standards Committee have issued a report on cheese and cheese spreads and they have suggested the minimum of 20 per cent fat. The Chief Sampling Officer discussed this matter with the importers who stated that there was a call for a low-fat preparation for people on a diet. It was pointed out that their preparation made no particular claim for a low fat content and the general public would be unaware of its fat content. The importers have made representations to the Ministry in an effort to incorporate a standard for this type of cheese spread in a Food Standards Order. The Company was warned that unless such a standard were made, a cheese spread of such a low fat content would be unacceptable.

An article made in Northern Ireland called "Ham and Chicken Luncheon" contained 66% meat. In the Analyst's opinion at least 80 per cent of meat should be present. In addition, it was observed that the declared ingredients included beef and this in the same or even greater quantity than chicken. Considerable difficulty was experienced in finding who had imported this article as the firm of wholesalers responsible had sold their business. As no action can be taken in England against a firm in Northern Ireland it was not possible to institute legal proceedings against them. The Chief Sampling Officer communicated with the manufacturers and was informed that the product had been changed. A new recipe was being used which would ensure 90 per cent meat content and that Ham and Chicken were the only meats being used.

Samples of Boneless Chicken in chicken jelly were submitted to check the meat content and were found not to contain the suggested standard of 80 per cent. The importers raised the point that the meat content should be based on the stated contents and not on the actual contents. The importers also suggested that the extra amount above the stated contents was frequently made up with jelly and this extra depressed the apparent meat content. The Analyst agreed that there was something in this particular argument but it had not been considered by the Food Standards Committee report on Canned Meats.

Samples of tinned meats of the stewed steak type submitted to the Analyst were, in his opinion, deficient in meat. The Analyst based his opinion on the Food Standards Committee's Report on Canned Meats published in 1962 which sets out a series of suggested standards. The importer was contacted and his views sought. The importer rejected the Analyst's opinion and stated that, until the Government had made a Statutory Order, no action on their part would be taken to improve the product.

This matter concerned Food & Drug Authorities because of the long delay by the Government in accepting the Food Standards Committee's recommendations. In spite of this, one Local Authority took action against an importer for an alleged deficiency in meat in a tin of stewed steak and obtained a conviction in the Magistrates Court. The importer appealed but their conviction was upheld in the High Court. This case should assist other Food and Drug Authorities in enforcing a better standard for such products.

A tin labelled "Prunes in Blackberry Jelly" was analysed and the jelly did not have any of the characteristics of blackberries. It was revealed that the article had been in stock for a long period, which made it impossible to complete the chain of sales back to the packer. It was also learned that this packer had been prosecuted by another Authority for the sale of this mis-described article. A punnet of Mustard and Cress had printed on it a claim that it was "rich in protein and iron". The Analyst found 1.5 per cent protein and 14 parts per million iron in the sample. This in itself was insufficient to justify any claim whatever let alone a claim that the article was "rich" in these substances. Authority was obtained from the Ministry of Agriculture, Fisheries and Food for legal proceedings to be instituted. The labeller of this product pleaded guilty, was convicted and given a conditional discharge on payment of costs.

A sample of Spanish Grape Fruit was thought by the Analyst to be adulterated with 30 per cent water. Unfortunately the chemical analysis of Spanish grape juice has not been the subject of close examination in this country and the Analyst was unable to compare the sample with known genuine samples. The Chief Sampling Officer communicated with the Spanish Embassy in order to obtain information on the subject. The reply from the Commercial Counsellor was sent to the Analyst for his information. Further investigation revealed that the adulteration may have been caused by the refrigeration of the juice.

Samples of tinned fruit salads were the subject of adverse report from the Analyst. In two cases the ingredients were listed in the wrong order; these should have been in descending order of magnitude but in neither case was this so. In the third case the fruit salad contained 24 per cent apple which the trade have agreed should not be a major ingredient in tinned fruit salad. No action was taken as it was found that the manufacturer had already been convicted on a similar offence.

An advertisement in a woman's magazine stated that a certain brand of orange contained sufficient Vitamin C for a day in a single orange for two people. A net of these oranges was obtained and far from containing sufficient for two persons, one orange contained barely sufficient for one person. Importation of small oranges into this country had taken place because of a shortage of oranges caused by extremely adverse weather. The advertising agents agreed to amend all the advertisements due to appear in various periodicals.

During 1963 a soft drink known as "Shandy" came on to the market. This article, made from lemonade and beer, is on sale in confectioners shops and is freely available to children. The drink contains between 1 per cent and 2 per cent alcohol and is not excisable. Some concern has been expressed that a drink, even though only mildly alcoholic, should be so freely available.

Sampling for pesticide residues.

The Chief Sampling Officer raised the question of the probable dangers of residues of insecticides and pesticides used on fruit and vegetables with the Analyst as there appeared to be some concern about possible dangers. The Analyst considered that an investigation was justified even though, in his view, it would prove that no danger exists. Arrangements were made for all the Sampling Officers using Dr. Wood's Laboratory to submit samples of fruit and vegetables for examination. It was hoped that the result of this combined effort would allay the fears expressed by the Public.

Samples of fresh fruit and vegetables, including a sample of imported lettuce suspected of containing a pesticide residue, were consequently submitted to the Analyst for tests. All were found to be free from contamination.

Details of the samples taken were as follows:-

	Number taken	Number Adulterated
Beverages	1	
Biscuits	2	
Butter	7	
Canned Fruits	9	5
Canned Meats	15	4
Cereal & Cereal Products	5	
Cheese and Cheese Products	6	2
Coffee	6	
Cream	2	
Drugs	10	1
Fish Products	6	
Flour & Flour Products	15	2
Fresh Fruit and Vegetables	16	2
Fruit Products	8	3
Ground Almonds	1	
Jelly	3	1
Margarine	2	2
Marzipan	2	
Meat Products	31	9
Milk	185	3
Milk (Channel Island)	102	
Molasses	1	
Preserves	9	1
Sausages	1	1
Sauces	2	
Slimming Foods	1	1
Soft Drinks	6	1
Soup	1	
Sugar	1	
Sugar Confectionery	14	
Vegetables (tinned)	2	
Vegetables (frozen)	2	
Vegetables products		
Vinegar	1	
	<hr/> 479	<hr/> 38

SOCIAL WELFARE

Welfare Officers.

Three dual-purpose Welfare Officers, a Welfare Officer for the Blind and two Handicraft Instructresses have again shouldered the field work. One Welfare Assistant entered the second year of his two-year-course (as recommended by the Younghusband Committee) and two additional Welfare Assistants commenced similar courses at other centres.

The following visits were paid:-

(a) Aged	2,293
(b) Blind and Partially Sighted ..	1,921
(c) Deaf and Hard of Hearing ..	58
(d) Disabled (other than (b) or (c))	1,767
(e) Others	850
TOTAL	<hr/> 6,889

Welfare of the Disabled.

The total of 731 represents a reduction of 5 in the number registered as compared with the year previously. In other words, de-registrations roughly equalled the new registrations, of which there were an appreciable number, especially of the Generally Handicapped.

The numbers on the Registers were as follows:-

(a) Blind	..	..	..	..	274
(b) Partially Sighted	..	..	..	..	94
(c) Deaf with Speech	..	..	..	..	13
(d) Deaf without Speech	..	..	..	..	27
(e) Hard of Hearing	..	..	..	..	24
(f) Generally Handicapped	..	..	..	..	299
TOTAL					731

NOTE: Where a person is registered under more than one heading, e.g. Blind and Hard of Hearing, only blindness, as the principal disability, has been counted in computing these figures.

The age groups are as follows:-

	0 - 15	16 - 64	65 and over	Total
Blind	.. 5	63	206	274
Partially Sighted	.. 5	29	60	94
Deaf with Speech	.. -	12	1	13
Deaf without Speech	.. -	22	5	27
Hard of Hearing	.. 3	14	7	24
Generally Handicapped	.. -	203	96	299
Totals	13	343	375	731

Blind and Partially Sighted.

Forty-five new blind and 18 new partially-sighted persons, excluding transfers from other areas and re-certifications were admitted to the Registers.

Details of the cause of defective vision of persons registered as blind or partially sighted and of those who received treatment are:-

(i) Number of cases registered during the year with recommendations as follows:-	Primary cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	4	4	-	30
(b) Treatment (medical, surgical or hospital supervision)	10	3	1	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	6	1	-	8

The one case of retrolental fibroplasia concerned the child of an American serviceman stationed in West Suffolk. At the time of registration in this country he was 7 years old although he has been blind since the age of three months. He was admitted to a special school for the blind in September.

There were no new cases of ophthalmia neonatorum.

One woman machine knitter was supported in sheltered employment at the Norwich Institution for the Blind, and grants were paid to that organisation to assist two basket makers, whose work in their own homes was supervised by the Institution. Under the Home Workers' Scheme of the National Library for the Blind a braille copyist and piano tuner worked as a copyist and was assisted to the extent of a £50 grant made to the Library. Ten other blind persons were in remunerative employment in the community as follows:- 1 audio typist, 2 telephone operators, 1 poultry keeper, 5 machine tool operators, and 1 process worker.

From October the Ministry of Labour took over from the Royal National Institute for the Blind the placement service for blind persons. Liaison was maintained both with the Royal National Institute for the Blind and the Ministry of Labour where a blind or partially-sighted person was considered to be suitable for rehabilitation and/or vocational training. There were 51 blind persons between the ages of 16 and 59 registered at the end of the year. Twenty-one blind persons were registered with the Ministry of Labour under the Disabled Persons (Employment) Act, 1944.

The National Library for the Blind have again been paid a grant for special services afforded to some registered blind persons.

The West Suffolk Voluntary Association for the Blind - whose honorary secretary is the Welfare Officer for the Blind - have continued to play an invaluable part in supplementing and adding to the various statutory services rendered for the blind. This included help in cash and kind for extra comforts and nourishment, the provision of holidays, parties and trips to the seaside.

Deaf and Hard of Hearing .

While the numbers of persons registered as Deaf with Speech, Deaf without Speech and Hard of Hearing declined during the year, the services for persons with these communication defects were maintained, and those administered by the Suffolk Mission to the Deaf from Ipswich were in fact improved.

At the end of the year the Mission was actively considering extending and developing its services in West Suffolk. This might include appointing a full-time officer in this area, and purchasing premises for a Missioner/Welfare Officer to live and work from, including a Club and Chapel. It will be likely that the Mission will, in the event of these plans fructifying, be applying to the Authority for an increase in the grant paid to it; such application will no doubt be sympathetically considered at the right time if the plans projected meet certain minimal criteria.

Handicapped Persons (General Classes).

At 31st December, there were 299 persons on this register, their only or major disabilities being classified as follows:-

Amputations	18
Arthritis and rheumatism	58
Congenital malformations and deformities	18
Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	55
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	22
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	97
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	12
Tuberculosis (respiratory)	6
Tuberculosis (non-respiratory)	5
Diseases and injuries not specified above	8
	<hr/> 299

Works of Adaptation.

Four handicapped persons were assisted by works of adaptation in and outside their homes, to help them to reduce the affects of their handicaps. These included work to the entrance and approaches to facilitate the passage of invalid carriages, aids by and above the bath, and extra stair grip-rails. In this connection, liaison was maintained with local housing authorities and the Ministry of Health Artificial Limb and Appliance Centres in the area.

Aids for the Handicapped.

Some 14 aids were supplied on loan to registered handicapped persons, ranging from a portable bed pulley to walking aids.

Handicraft and Social Centres.

Weekly social and handicraft classes were further developed at Newmarket and Sudbury, with a regular class at one of the Bury St. Edmunds Homes for Old People. In addition to the provision of occupational therapy at these classes, opportunity is provided for social intercourse and outings and parties, in the running of which the clients are encouraged to take as full a part as possible.

An occupational therapy service for handicapped persons in their own homes was provided during the year, and thanks to regular sales of work there was again a high turnover of goods.

Car Badges for Severely Disabled Drivers.

A few car badges were supplied to qualifying drivers for display on their vehicles to facilitate parking.

Meals on Wheels.

During the year six new centres from which meals on wheels to old people living at home were supplied, were opened, and by the end of the year there were eight centres working. Close co-operation between District Councils, the Women's Voluntary Service and the County Council was featured in this striking development in community services for the elderly. District Councils usually assisted with the provision of kitchen accommodation and equipment, the W.V.S. distributed the meals and received from the County Council grants covering the deficiencies in provision of the meals and in transport costs. Help with the latter became necessary following the curtailment of the grant hitherto paid to the W.V.S. by the Home Office.

It is expected that the number of centres for supplying meals in this way will continue to increase.

Other Services for the Welfare of the Aged in the Community.

The guiding principle activating all the statutory and voluntary agencies in work for the community aged, was the need to enable them to remain as long as possible in their own homes, rather than enter communal Homes and Hospitals. In addition to the Meals on Wheels services, described in the foregoing section, new schemes for providing special housing for old people were discussed with District Councils, and grants from the County Council in relation to the additional costs incurred in including special welfare facilities were approved. Details of this housing are as follows:-

Great Cornard	:	16 units
Woolpit	:	12 "
Walsham-le-Willows	:	6 "
Norton	:	8 "
Ixworth	:	22 "
Rougham	:	11 "

Grants were also paid to such organisations as the West Suffolk Old People's Welfare Association towards the cost of a wide range of supplemental services.

Residential Accommodation.

At 31st December residential accommodation was provided as follows:-

St. Mary's Hospital, Bury St. Edmunds	50
Bristol House, Felixstowe	45
The Glanely Rest, Exning, Newmarket	53
North Court, Bury St. Edmunds	58
Place Court, Haverhill	41
South Court, Bury St. Edmunds	40
Red House, Sudbury	18
Manson House, Bury St. Edmunds	1
"Cloncurry", Felixstowe	3
Homes for Epileptics	4
Homes for Deaf and Dumb Women	-
Maintained in other Local Authorities' Homes ..	6
Other Voluntary Homes	10
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This was the same number of persons in residential accommodation 12 months earlier. Of this number, 36 persons were registered blind or partially-sighted.

Two new Homes, namely Place Court, Haverhill and South Court, Bury St. Edmunds, each accommodating 44 persons, were opened on 30th September and 1st October respectively. One of the purposes of building new Homes being to evacuate people from the Part III department of St. Mary's Hospital, Bury St. Edmunds, some 70 persons were transferred therefrom to these two Homes. This left 50 persons in that part of the Hospital.

Heating is by low pressure hot water, with oil-fired boilers which also provide the domestic hot water. All bedrooms have hot and cold water and fixed bed-head lighting fittings, as well as radio sockets with choice of programme.

The structure of the building is of load-bearing brickwork, faced externally with Istock facing bricks, and the pitched roofs have natural colour clay pantiles.

Both the Homes are identical in design and aspect. Both provide accommodation for 44 persons. The building is on two floors with half the residents' bedrooms on each floor. The living accommodation consists of 24 single-bedded rooms, six two-bedded and 2 four-bedded rooms. A lift is provided for the benefit of residents. The Matron's accommodation comprises a first floor flat as does that for the Assistant Matron and there are, in addition, three bed-sitting rooms for other resident staff. There are four communal sitting-rooms for residents, all of which face south. There is a dining-room with ample table space for all the residents at one sitting and meals are prepared in a large and airy kitchen fitted with the latest equipment which is arranged to ensure a smooth flow from the stores to the preparation areas and thence to the cooking equipment and service hatch.

Two further Homes (at Sudbury and Hadleigh) were in the early stages of construction at the end of the year, and should provide a further 90 beds in 1965.

Registered Homes.

At the end of the year 11 Homes for Old and Disabled Persons were registered under the National Assistance Act, 1948 and The Mental Health Act, 1959: 7 were accommodating 132 Old Persons, 1, 17 Disabled Persons, 1, 20 Old and Disabled Persons, and 2, 22 Mentally Disordered Persons.

Temporary Accommodation.

That part of St. Mary's Hospital, Bury St. Edmunds, reserved as Temporary Accommodation was given up when the 3 newly-built units within the grounds of South Court, Bury St. Edmunds, became available in October.

A number of crises developed (chiefly due to impending evictions for non-payment of rent, or tenants in 'tied' houses who changed their jobs), but thanks to the positive and co-ordinative efforts made by this department's officers, and to the co-operation of, for example, District Council's, the child care officers, private persons and the N.S.P.C.C.

TABLE 1
TUBERCULOSIS NOTIFICATIONS—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	40	51	91	0.38	0.48	0.87	29	13	42	0.27	0.12	0.40
1935	103,900	34	49	83	0.32	0.47	0.79	12	10	22	0.11	0.09	0.21
1936	103,610	42	29	71	0.40	0.27	0.62	18	19	37	0.17	0.18	0.35
1937	102,890	40	41	81	0.38	0.39	0.78	20	19	39	0.19	0.18	0.37
1938	103,290	34	48	82	0.33	0.46	0.79	11	14	25	0.10	0.13	0.24
1939	105,590	41	40	81	0.38	0.37	0.76	17	10	27	0.16	0.09	0.25
1940	108,600	32	36	68	0.29	0.33	0.62	16	8	24	0.14	0.07	0.22
1941	114,630	52	41	93	0.45	0.35	0.81	23	19	42	0.20	0.16	0.36
1942	109,900	42	45	87	0.38	0.40	0.79	13	24	37	0.11	0.21	0.33
1943	109,940	52	36	88	0.47	0.32	0.80	22	16	38	0.20	0.14	0.34
1944	108,020	42	41	83	0.38	0.37	0.76	16	21	37	0.14	0.19	0.34
1945	105,060	50	47	97	0.47	0.44	0.92	16	15	31	0.15	0.14	0.29
1946	106,080	43	41	84	0.40	0.38	0.79	17	19	36	0.16	0.17	0.33
1947	107,580	52	48	100	0.48	0.44	0.92	10	11	21	0.09	0.10	0.19
1948	111,984	45	42	87	0.40	0.37	0.77	16	10	26	0.14	0.08	0.23
1949	112,278	51	32	83	0.45	0.28	0.73	5	10	15	0.04	0.08	0.13
1950	116,514	57	51	108	0.48	0.43	0.92	11	12	23	0.09	0.10	0.19
1951	124,200	50	54	104	0.40	0.43	0.83	9	15	24	0.07	0.12	0.19
1952	128,900	31	31	62	0.24	0.24	0.48	8	16	24	0.06	0.12	0.18
1953	125,600	28	19	47	0.21	0.15	0.37	6	10	16	0.04	0.08	0.12
1954	124,500	31	25	56	0.25	0.20	0.45	2	8	10	0.02	0.06	0.08
1955	123,900	21	18	39	0.17	0.15	0.31	1	3	4	0.01	0.02	0.03
1956	125,100	15	13	28	0.12	0.10	0.22	9	7	16	0.07	0.03	0.10
1957	125,300	22	25	47	0.18	0.19	0.36	8	5	13	0.06	0.04	0.10
1958	126,900	19	17	36	0.15	0.13	0.28	2	5	7	0.02	0.04	0.06
1959	127,400	13	14	27	0.10	0.11	0.21	2	4	6	0.02	0.03	0.05
1960	131,540	10	10	20	0.07	0.07	0.15	2	1	3	0.02	0.01	0.02
1961	133,150	27	11	38	0.20	0.08	0.28	1	2	3	0.01	0.02	0.02
1962	135,080	26	15	41	0.20	0.10	0.30	3	4	7	0.01	0.01	0.01
1963	137,760	14	13	27	0.10	0.09	0.20	1	9	10	0.01	0.07	0.01

TABLE II

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	0.28	0.24	0.52	9	7	16	0.08	0.06	0.15
1935	103,900	31	27	58	0.29	0.25	0.55	5	3	8	0.04	0.02	0.07
1936	103,610	24	19	43	0.23	0.18	0.41	7	5	12	0.06	0.04	0.11
1937	102,890	14	16	30	0.13	0.15	0.29	4	5	9	0.03	0.04	0.08
1938	103,290	26	18	44	0.25	0.17	0.42	3	4	7	0.02	0.03	0.06
1939	105,590	31	20	51	0.29	0.18	0.48	3	6	9	0.02	0.05	0.08
1940	108,600	20	14	34	0.18	0.12	0.31	5	4	9	0.04	0.03	0.08
1941	114,630	26	23	49	0.22	0.20	0.42	8	5	13	0.06	0.04	0.11
1942	109,900	23	18	41	0.20	0.16	0.37	5	7	12	0.04	0.06	0.10
1943	109,940	20	13	33	0.18	0.11	0.30	7	6	13	0.06	0.05	0.12
1944	108,020	16	12	28	0.15	0.10	0.26	6	4	10	0.05	0.03	0.09
1945	105,060	15	11	26	0.14	0.10	0.24	5	5	10	0.04	0.04	0.09
1946	106,080	15	11	26	0.14	0.10	0.24	4	5	9	0.03	0.04	0.08
1947	107,580	14	16	30	0.13	0.14	0.27	3	1	4	0.02	0.01	0.03
1948	111,984	16	16	32	0.14	0.14	0.28	5	6	11	0.04	0.05	0.09
1949	112,278	15	11	26	0.13	0.09	0.23	6	2	8	0.05	0.01	0.07
1950	116,514	10	7	17	0.08	0.06	0.14	3	3	6	0.03	0.03	0.05
1951	124,200	11	12	23	0.08	0.09	0.18	2	2	4	0.02	0.02	0.03
1952	128,900	11	7	18	0.08	0.05	0.13	1	1	2	0.01	0.01	0.02
1953	125,600	9	1	10	0.07	0.01	0.08	2	1	3	0.01	0.01	0.02
1954	124,500	6	3	9	0.05	0.02	0.07	—	—	—	—	—	—
1955	123,900	4	2	6	0.03	0.02	0.05	—	—	—	—	—	—
1956	125,100	9	3	12	0.07	0.02	0.09	1	—	1	0.01	—	0.01
1957	125,300	3	1	4	0.02	0.01	0.03	—	2	2	—	0.02	0.02
1958	126,900	1	—	1	0.01	—	0.01	—	—	—	—	—	—
1959	127,400	5	1	6	0.04	0.01	0.05	—	—	—	—	—	—
1960	131,540	2	1	3	0.02	0.01	0.02	—	1	1	—	0.01	0.01
1961	133,150	1	2	3	0.01	0.02	0.02	1	—	1	0.01	—	0.01
1962	135,080	2	3	5	0.01	0.01	0.01	—	1	1	—	0.01	0.01
1963	137,760	4	5	9	0.03	0.04	0.07	—	—	—	—	—	—

TABLE III

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

<i>Year</i>	<i>Deaths from Tuberculosis</i>	<i>Deaths from all causes</i>	<i>Percentage</i>
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	0.91
1954	9	1,428	0.63
1955	6	1,402	0.43
1956	13	1,496	0.87
1957	6	1,345	0.45
1958	1	1,437	0.07
1959	6	1,419	0.42
1960	4	1,360	0.29
1961	4	1,515	0.26
1962	6	1,537	0.38
1963	9	1,590	0.56

MINISTRY OF HEALTH CIRCULAR (6/63)

**DEVELOPMENT OF LOCAL AUTHORITY
HEALTH AND WELFARE SERVICES
for the Period ending 31st March, 1974.**

MINISTRY OF HEALTH CIRCULAR (6/63)

FIRST SCHEDULE

CAPITAL WORKS PROGRAMME

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Annual Effect on Revenue Expenditure £</i>
<i>Financial Year 1963/64</i> Home for the Aged, Hadleigh	Angel Street, Hadleigh (47 places)	NEW PROVISION To meet increasing need for Residential Accommodation	Total cost of scheme including furniture, etc. 77,883 Cost of site 1,600	+ 13,750
Health Clinic, Bury St. Edmunds	Looms Lane, Bury St. Edmunds	To replace present inadequate accommodation	Total cost of scheme including furniture, etc. 45,050 Cost of site 10,000	+ 3,900
Ambulance Depot and Clinic (including Ambulance Drivers' houses) Sudbury	Acton Lane, Sudbury	NEW PROVISION so far as Ambulance Depot is con- cerned Clinic premises to replace present unsatisfactory and inadequate accommoda- tion	Total cost of scheme including furniture, etc. 44,800 Cost of site 725 (ppn.)	+ 3,900
Home for the Aged, Sudbury	Acton Lane, Sudbury (48 places)	NEW PROVISION To meet increasing need for Residential Accommodation	Total cost of scheme including furniture, etc. 89,925 Cost of site 1,850 (ppn.)	+ 14,350
Adult Training Centre/ Sheltered Workshop, Bury St. Edmunds	Hollow Road, Bury St. Edmunds (40 places but designed to allow easy extension to 80 places)	NEW PROVISION To meet requirements of expanding Mental Health Service	Total cost of scheme including furniture, etc. 44,300 Cost of site 7,500	+ 9,600

CAPITAL WORKS PROGRAMME—continued

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Annual Effect on Revenue Expenditure £</i>
District Nurses Houses: Newmarket Bury St. Edmunds Clare Icklingham Kedington Lavenham Hadleigh Glensford Sudbury Lakenheath Brettenham		NEW PROVISION To provide for increased establishment and successors to nurses, now living in own accommodation, who are retiring	Total cost of schemes 44,850 Cost of sites approx. 5,050	+ 3,300
<i>Financial Year 1964/65</i> Haverhill House and Garage	For 2 Nurse/Midwives	NEW PROVISION To meet requirements of expanding service due to "town expansion"	Total cost of scheme 4,000 Cost of site approx. 500	+ 375
Thurlow House and Garage	For Nurse/Midwife	NEW PROVISION To provide accommodation for successor to nurse, now living in own accommodation, who is retiring	Approx. Total Cost of Scheme 4,000 Cost of site approx. 500	+ 375
<i>Financial Year 1965/66</i> Junior Training Centre, Newmarket	42 places	NEW PROVISION To meet requirements of expanding Mental Health Service	Total cost of scheme including furniture, etc. 27,500 Cost of site approx. 2,000	+ 5,730

CAPITAL WORKS PROGRAMME—continued

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Annual Effect on Revenue Expenditure £</i>
<i>Financial Years 1966/67/68/69 - No major projects envisaged</i>				
<i>Financial Years 1969-74</i>				
Adult Training Centre/ Sheltered Workshop	Hollow Road, Bury St. Edmunds	NEW PROVISION	17,900	+ 5,700
Bury St. Edmunds Hostel for Mentally Subnormal	40 additional places 12 places	NEW PROVISION In association with Sheltered Workshop	12,000	+ 3,600
Bury St. Edmunds Aged Persons' Home	50 places	NEW PROVISION To meet needs of expanding population	85,500 5,000	+ 24,450
Aged Persons' Home	50 places	NEW PROVISION To meet needs of expanding population	85,500 5,000	+ 24,450
Aged Persons' Home	50 places	NEW PROVISION To meet needs of expanding population	85,500 5,000	+ 24,450
Psychiatric Hostel, Bury St. Edmunds	12 places	NEW PROVISION Expansion of Mental Health Services	12,000	+ 2,125

SECOND SCHEDULE
SPECIAL HOUSING FOR THE ELDERLY
WITH RESIDENT WARDEN TO BE PROVIDED BY
COUNTY DISTRICT COUNCILS

Authority	Being provided at 30.9.63	Number of units of accommodation to be provided									
		1964/65		1965/66		1966/67		1967/68		1968/69	
		Single	Double	Single	Double	Single	Double	Single	Double	Single	Double
Bury St. Edmunds M.B.	..	—	—	—	—	—	—	—	—	—	—
Sudbury M.B.	..	—	—	—	—	—	—	—	—	—	—
Hadleigh U.D.C.	..	5	12	No plans for the provision of accommodation with resident wardens No further provision has been agreed at present time							
Haverhill U.D.C.	..	—	—	15	25	—	—	—	—	—	—
Newmarket U.D.C.	..	—	—	8	8	Not possible to estimate further until question of what land to be used is settled					
Clare R.D.C.	..	—	—	17	13	—	—	—	—	—	—
Cosford R.D.C.	..	25	—	—	46	—	—	—	—	—	—
Melford R.D.C.	..	—	—	Future policy under consideration "in view of high costs involved"							
Mildenhall R.D.C.	..	8	6	Future policy at present under review							
Thedwastre R.D.C.	..	—	32*	—	66	—	18	—	—	—	—
Thingoe R.D.C.	..	11	4	27	3	—	20	—	—	20	—
TOTAL	..	49	56	67	161	—	18	20	—	20	—

*includes 14 units now under construction

General Note: There will be many purpose-built houses for the Aged, without wardens

THIRD SCHEDULE

STAFF

*Stated as a whole time equivalent in each case
Staff for School Health Service excluded*

<i>Category of Staff</i>	63/64	64/65	65/66	66/67	67/68	68/69	69/74
Doctors (including M.O.H.)	3.1	3.1	3.4	3.4	3.4	3.7	4.0
Dentists	0.4	0.4	0.5	0.5	0.5	0.5	0.5
Domiciliary midwives	23.0	23.4	24.3	24.8	25.2	25.2	27.0
Health Visitors	15.4	16.8	18.2	19.6	21.0	21.0	22.4
Home nurses	28.0	28.6	29.7	30.2	30.8	30.8	33.0
Other Nursing Staff in the Health Service (Supervisory)	2.7	2.7	2.7	2.7	2.7	2.7	2.7
Ambulance Staff (Total of all grades). (Give No. of vehicles in brackets) ..	23(16)	23(16)	26(17)	28(18)	28(18)	28(18)	67(40)
Staff (other than domestic) in Training Centres for Mentally Subnormal ..	7	8	13	17	17	17	21
Home Helps (including supervisory staff)	105	115	125	135	145	150	175
Staff (other than domestic) in residential accommodation, under S.21/48 ..	62	62	71	71	71	71	101
Staff (other than domestic) in non- residential centres for the handicapped under S.29/48	2	3	3	3	3	3	4
Domiciliary Social or Welfare Workers—							
(a) University or equivalent profess- ional training (i.e. almoners, psy- chiatric social workers and family case workers), including County Social Welfare Officer	3	3	4	4	4	4	4
(b) General training in social work (i.e. with certificate of Social Workers' Training Council when available)	—	1	3	4	5	5	7
(c) Other Social workers	4	4	4	4	4	4	4
(d) Welfare assistants	3	3	2	1	—	—	1
Chiropodists	3	4	4	4	4	4	5

FOURTH SCHEDULE

NET REVENUE EXPENDITURE

(including loan charges and capital expenditure from revenue)

Service	63/64	64/65	65/66	66/67	67/68	68/69	73/74
	£	£	£	£	£	£	£
Health Centres .. .. .	..	..	..	..	..	..	..
Care of Mothers and Young Children .. .. .	..	..	..	..	..	..	..
Midwifery including expenditure as Local Supervising Authority	10,925	12,310	14,755	14,765	14,765	15,450	16,170
Health Visiting	31,749	35,450	36,905	37,480	38,105	38,115	40,555
Home Nursing	20,360	24,575	26,250	27,995	29,725	29,960	31,685
Vaccination and Immunisation	30,564	34,235	35,640	36,220	36,840	36,850	39,190
Ambulance Service	4,450	5,200	5,450	5,700	5,950	6,200	7,450
Prevention of Illness, Care and After Care (excluding Mental Health)	47,225	53,980	54,525	57,655	56,960	57,250	82,130
Domestic Help	13,271	15,585	15,940	16,115	16,290	16,335	18,515
Mental Health	34,150	38,975	42,540	46,105	49,670	51,450	60,350
Expenditure under other enactments and on general administration	23,465	29,415	42,495	47,695	47,630	47,485	59,460
Expenditure on local health services not reckonable for general grant	24,740	26,935	28,310	29,565	30,140	30,530	31,480
Total for Local Authority Health Services (equivalent to item 4 of Table A of the Epitome of Accounts)	3,500	3,750	3,750	3,750	3,750	3,750	3,750
Total for Local Authority Health Services (equivalent to item 4 of Table A of the Epitome of Accounts)	244,399	280,410	306,560	323,045	329,825	333,375	390,735
Residential Accommodation under S.21. of the National Assistance Act, 1948 (including Temporary Accommodation but put a separate figure for this in the brackets)	(1,065)	(1,065)	(1,065)	(1,065)	(1,065)	(1,065)	(1,065)
Welfare Services for the Handicapped under S.29 of the National Assistance Act, 1948	117,950	131,975	142,090	139,800	140,150	140,560	196,785
Other Welfare Services provided under the National Assistance Act, 1948	7,090	8,300	9,520	9,820	10,110	10,380	13,125
Grand Total of Expenditure	4,475	4,975	5,675	6,175	6,675	7,175	9,675
Grand Total of Expenditure	373,914	425,660	463,845	478,840	486,760	491,490	610,320

APPENDIX II

ABRIDGED REPORTS OF THE COUNTY MEDICAL OFFICER ON
FLUORIDATION OF WATER SUPPLIES

3rd September, 1963

In July a report on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results achieved after Five Years" was published. It showed that there was substantially less decay in the teeth of young children who had the benefit of fluoridation, that there was no evidence of harm and that the addition of fluoride to water presented no technical difficulties. Consideration to the report by the Standing Dental Advisory Committee and the Joint Sub-Committee of the Standing Medical Advisory Committees for England and Wales and for Scotland confirmed the conclusions reached and in December the Minister said that he was ready to approve proposals from the Local Health Authorities to make arrangements with water undertakers for the addition of fluoride to water supplies which were deficient in it naturally. There is no longer any doubt that the presence of fluoride in water at a concentration not exceeding 1 p.p.m. has a marked caries preventive effect, and the studies in this country show that fluoridation brought about a substantial improvement in the dental condition of children in the study areas up to five years of age. Children 5 - 7 years also showed some improvement. The 3 and 4 years old children in the fluoridation areas had fluoride for the whole of their lives and during the whole of the foetal development. These children are thus likely to have received the full dental benefits of fluoridation and no further improvement due to fluoridation can be expected.

Studies of more than 7,000 children, aged 12 - 14 years, in 21 communities in the United States demonstrated that the instances of dental caries are inversely related to the concentration of fluoride in the water. With very low levels of fluoride caries was widespread and severe but with about 1 p.p.m. the children had only 1/3rd as much caries as those of the same age in districts where the water was virtually fluoride free. With concentrations of fluoride above 1 p.p.m. there was comparatively little further reduction in caries.

The findings of these investigations were confirmed by further surveys carried out over the past 20 years in many areas which now include the United Kingdom. In every case low instances of caries were reported with appreciable quantities of fluoride in the water. Similar results have been obtained when fluoride has been added to water supplies at the optimal concentration (1 p.p.m.) - in effect, fluoride studies which have been in progress long enough for the benefits of fluoride to be reliably assessed, show that the incidence of dental caries has been reduced by 50 - 60%.

On the other hand it must never be forgotten that fluoridation will not solve the problem of dental caries. It is a step - and an important step - in the right direction but it will still be necessary to continue teaching parents the necessity for protecting their offspring from the excessive consumption of confectionery. Much dental decay can be prevented by traditional methods, that is to say, by ensuring an adequate intake of foods which build strong bones and teeth, by limiting the consumption of carbo-hydrates especially between meals, by strict dental and oral hygiene and by regular dental inspections and treatment where necessary. All these other methods of prevention are important and should continue to be practised whether fluoride is added to the water or not. Several other methods have been suggested and for some, beneficial effects have been claimed. No other method is as effective as fluoridation of water supplies, however, and there is no convincing evidence at all that some other methods suggested have any effect.

Topical applications, which are very time consuming, entail further cleansing and polishing of the teeth, drying and isolating them and finally applying a solution of fluoride every four months or so. Several applications are usually necessary as the process must be repeated as each group of teeth erupts. In the United States reductions in caries of up to 40% have been claimed from treatment with sodium fluoride solutions but this has not always been borne out elsewhere and trials in this country have produced very inconclusive results. It is doubtful if the relatively small reduction in caries found justifies the time involved.

Results have been claimed from the use of Fluoride Tablets based mainly on a study in Switzerland. There is as yet only a limited amount of evidence, however, on their efficiency although if fluoride tablets having the correct amount were given, preferably in water, spread over each day the effect should be the same as from fluoridation of the water supplies. To achieve the maximum effect tablets would have to be administered regularly each day for a minimum of 8 years and their use, therefore, involves a considerable degree of perseverance and supervision and care which the average parent could not be expected to undertake.

The effectiveness in reducing dental caries of Toothpaste containing sodium fluoride has not so far been conclusively proved. Claims have recently been made in the United States for the effectiveness of a toothpaste containing stannous fluoride but this has not been generally accepted, for example, the British Dental Association have recommended that clinical trials be carried out in this country and these are now in progress. Results, however, will not be known for some time. As with topical applications the application of fluoridated toothpaste can only be a topical surface one and therefore cannot be compared with that of fluoridated water as a result of which fluorine is deposited during the tooth formation throughout the enamel and dentine.

Of recent date a ruling has been given in the Irish High Court on a constitutional issue raised by the Health (Fluoridation of Water Supplies) Act, 1960. Mr. Justice Kenny held that the Act was not unconstitutional. He was giving reserved judgment in the action in which Mrs. Gladys Ryan, a housewife, sought to have the Act held unconstitutional.

He commented:- "I am satisfied beyond the slightest doubt that the fluoridation of public water supplies in this country to a concentration of one part per million will not cause the slightest damage or injury to the health of anybody living in this community."

The case lasted 62 days, during which evidence had been given by experts from many parts of the world.

So far as the wishes of the County District Councils, West Suffolk, are concerned the majority are in favour of the water supplies being fluoridated.

The District Medical Officers of Health in the County without exception have advised their respective councils to agree to the fluoridation of their water supplies and with the exception of one Rural District this advice has been accepted.

As the committee will be aware a great deal of controversy has taken place around this subject for a considerable time. It may truthfully be said that more cudgels have been taken up both for and against fluoridation but that too little attempt has been made to understand clearly the fact of the matter.

Recommendation

I recommend that the Council make arrangements with the Statutory Water Undertakers covering the whole of the administrative county for the addition of fluoride to public water supplies which are naturally deficient in fluorine, to the level appropriate for the prevention of dental decay, that is one part per million, plus or minus 10%, and that financial provision may be made in the estimates for 1964/65.

6th January, 1964

1. On 9th September, 1963, a report on the Fluoridation of Water Supplies was submitted to the Ambulance and Medical Services Sub-Committee. The report was approved by the Sub-Committee and subsequently confirmed on 7th October, 1963, by the Health and Welfare Committee. Fourteen members voted for the recommendation to fluoridate the public water supplies and four were against it. At the meeting of the Council held on 18th November, 1963, the following paragraph appears in the report of the Committee to the Council:

"Fluoridation of Water Supplies

(8) The Council will be aware that the Minister of Health has expressed the hope that authorities would make arrangements covering all areas where water is deficient in fluoride so as to secure the improvement in dental health which fluoridation would bring about. Your Committee have carefully considered this matter and have had before them

a Report by the County Medical Officer thereon, together with the views of the various Water Undertakers. They have also had before them a resolution which was passed unanimously by the West Suffolk Division of the British Medical Association urging the County Council to arrange for fluoridation of the water supply, together with a letter from the West Suffolk Parish Councils Association protesting against the addition of fluoride, the cost of which is likely to amount to £6,000 per annum. Having regard to all the circumstances your Committee recommend:-

That the Council make arrangements with the Statutory Water Undertakers covering the whole of the Administrative County for the addition of fluoride to the public water supplies which are naturally deficient in fluorine, to the level appropriate for the prevention of dental decay (i.e. one part per million, plus or minus 10 per cent.) and that financial provision be made therefor in the estimates for 1964/5." On the presentation of the report it was moved and seconded that Paragraph 8 - be referred back. The Chairman of the Committee and members of the Council having spoken thereon, the motion being put to the vote was declared carried.

2. At the last meeting of the Ambulance and Medical Services Sub-Committee, held on 9th December, 1963, I undertook to write an additional paper on fluoridation of water supplies. This report, therefore, reviews the position regarding proposed fluoridation of the public water supplies, since I understand individual members have been subject to considerable propaganda from a body calling itself the National Pure Water Association. It is also known that a writ has been issued against the Watford Borough Council for a declaration that the Council, which has added fluoride to its water supplies since 1956 at the request of the Minister of Health, is not entitled to do so.

3. In August last year, a Dublin housewife sought a declaration in the Eire High Court on a constitutional issue raised by the Health (Fluoridation of Water Supplies) Act 1960. The action sought to declare that the Government was acting unconstitutionally in its legislation making it obligatory for Water Undertakers to raise the fluoride content of the water supply to one p.p.m. She lost and the hearing, which lasted 65 days and was the longest in the history of the Dublin High Court, was notable for a number of things. Mr. Justice Kenny determined that he would hear medical evidence and accordingly practically every statement, with which Members of the Council must have become so familiar from the Press and from the publicity material which they have been sent about fluoridation, was put before the Court by witnesses from all over the world. The Judge, after reviewing this exhaustive volume of evidence, said that the compulsory fluoridation of water did not infringe any of the personal, family or educational rights guaranteed by the constitution and he was satisfied that the use of water supplies with one p.p.m. of fluoride would not cause harm to the health of anyone. The Judge went on to criticise some of the witnesses who gave evidence against fluoridation because he said that throughout their evidence there was an air of passionate conviction, and they were determined at all costs to make a case against fluoridation and not consider any of its advantages. The housewife gave notice of appeal, but this is in relation to the legal issues and does not alter the conclusions arising from the vast volume of medical and scientific evidence.

4 It is desirable to recapitulate some principles affecting this matter. Dental decay, especially in children, is a major public health problem at the present time, despite all that has been done through the National Health Service and the School Health Service by way of treatment and advice. The situation at the present time is as follows:-

- (i) At the age of three years two thirds of the children already show signs of caries.
- (ii) At the age of 5 years the average child has between five and six teeth, decayed, missing or filled.
- (iii) By the age of twelve years only two per cent of children have their full complement of teeth naturally sound.

Undoubtedly sweet eating is the biggest contributory factor in producing dental caries in children, and programmes designed to promote a better standard of hygiene have made little headway.

5. In 1892, Sir James Crichton-Browne suggested that there was a connection between fluoride in the diet and decreased liability to dental caries. Black and McKay in the United States (1916) revived interest in this possibility by their work which was primarily concerned with the mottling of teeth which occurred in certain districts. Mottling was also noticed in the Maldon area, Essex, in 1928 by Ainsworth and since then has been reported from every continent in the world. Eventually it was shown by Churchill (1931), Smith and Smith (1932), Ainsworth (1933) and Elvove (1933) that mottling of dental enamel was associated with the high concentration of fluoride in drinking water.

6. In 1944, Weaver working in Britain showed that among children aged twelve years living in South Shields where the fluoride content of the water was 1.40 p.p.m. the incidence of dental caries was 45 per cent less than among similar children living in North Shields which had only 0.25 p.p.m. of fluoride in the drinking water. All water supplies contain some quantity of fluoride varying from minute amounts to 14 p.p.m. or more, although the highest natural concentration in Great Britain is 6 p.p.m. For many years it had been known that where fluoride was present to an appreciable amount, the level of dental caries in children was reduced. Detailed enquiries were undertaken on this subject in a number of countries and in 1945 trials were undertaken in Canada and the United States to see whether there was a reduction in dental caries in children if fluoride were added to water supplies to bring the level to 1 p.p.m. The results achieved were so successful that the Medical Research Council advised that a Mission should be sent from this country to study what was being achieved in North America. The report of the Mission in 1953 was that results emerging in the areas where the water was having the fluoride supply adjusted were similar to those where the same concentration of fluoride was found naturally. Most exhaustive enquiries failed to reveal any difference in people's health between the areas concerned, and the Medical Research Council's Mission advised that the adjustment of the fluoride level in water supplies was a valuable health measure because of its effect in reducing dental disease in children and added that all the evidence pointed to the beneficial effects continuing into later life. The recommendation was that fluoride should be added to water supplies in this country in some selected communities where the natural level was low.

7. In July, 1963, a report on "The Conduct of Fluoridation Studies in the United Kingdom" and the results achieved after five years were published over a five year period, 1955-60 studies were carried out in three of the areas in which the local authorities had already expressed interest in fluoridation. The areas chosen for study were: Watford Borough, part of the County of Anglesea and Kilmarnock Burgh in Ayrshire. The control areas were Sutton, Surrey, the remainder of the County of Anglesea and the county town of Ayr. Andover in Hampshire was originally selected to take part in the trial but after the Town Council had agreed, they later rescinded their decision as a result of activities of persons who opposed fluoridation. Before the commencement of fluoridation dental examinations were carried out to establish a base-line in all areas, after which the examinations were repeated annually in respective groups of children between three and four years of age and school children of each year of age were examined. At the same time the safety of fluoride was carefully studied by a threefold approach:

- (i) The 89 General Medical Practitioners working in the areas were asked to report any cases of illness which might in any way be attributable to fluoridation.
- (ii) By comparison of mortality statistics in naturally fluoridated areas with matched low fluoridated areas.
- (iii) By specific investigations into such matters as osteochondritis, the accumulation of fluoride in bone, malnutrition and dental mottling, Mongolism, peptic ulcer, sickness - absence from school.

All these investigations proved negative, and taking the major causes of death as cancer, cardiovascular disease and renal disease in natural fluoridated areas compared with low fluoridated areas, there was no significant difference in the standardised rates. The conclusions of these five years of study were:

- (a) Five years of adding fluoride for the three areas where the level was low has brought about a substantial improvement in the teeth of young children.
- (b) The results of adding fluoride to water are in line with the experience in other parts of the world where this has been done.
- (c) In spite of continual vigilance from medical and other health staffs, no evidence of harm has been found.

8. A short time after the ending of the five years' trial, Kilmarnock Burgh Council, subjected to an intensive press campaign against fluoridation, decided to discontinue the arrangements. This was despite the advice given by the Medical Officer of Health, despite the dental health of the children being improved, with no harm to the population, and despite 32 out of the 34 local doctors making representations against the decision. In Anglesea and Watford the arrangements still continue, although as has already been noted, the Watford Borough Council is already reported to be the subject of legal action.

9. On 14th December, 1962, the Ministry of Health issued a circular 28/62 stating that the Minister had informed Parliament that he was ready to approve the making of arrangements by local health authorities with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally. In this country, the Minister of Health's action in advising local health authorities to exercise powers under Section 28 of the National Health Act, 1946, to prevent dental diseases, stems from the Minister's duty under Section 1 of the Act. This requires the Minister of Health to promote a comprehensive Health Service designed to secure improvement in the physical and mental health of the people and the prevention, diagnosis and treatment of disease. The decision of the Minister has been endorsed by the British Medical Association, the British Dental Association and the County Councils Association.

10. As the Committee will be aware, a great deal of controversy has taken place around this subject for a considerable time. It may truthfully be said that more cudgels have been taken up both for and against fluoridation, but that too little time has been made to understand clearly the effects of the matter. Broadly speaking, the objections fall into two main groups, the first is that fluoridation is unsafe, and the second, it is unethical, immoral, undemocratic, etc. It is, however, surprising to see that many of those who complain that fluoridation is an infringement of their freedom, are perfectly ready to enforce a dietetic regime on the community by depriving children of sweets and other forms of carbohydrate that they allege without direct clinical proof, are the causes of dental caries. Conversely those who say that fluoridation is unsafe, are quite prepared to argue that those who want to use it should do so, with their children, by the use of tablets. They do not seem to see anything incongruous in arguing that fluoride is a deadly poison, which will cause the most horrible diseases, and yet at the same time be parties to the use of some dangerous substances by their families. Fluoride tablets contain 1 mg fluoride. In a simple vehicle such as sodium chloride the recommended dosage allows for variation, both in the fluoride content of the local water supply and in the age of the children concerned. Different dosage levels are prescribed for water containing less or more than 0.3 p.p.m. and for children aged under two years. The tablets are dissolved either in water, milk or some other beverage, and the final solution is not affected by heating. The use of tablets differs from the consumption of fluoridated water, in that it supplies the daily intake of fluoride in a single dose. McClure has estimated that the daily intake of fluoride when consuming water containing 1 p.p.m. fluoride, varies from 0.5 to 1 mg. For children aged 1 - 12 years with tablets the same daily intake is obtained in one dose. There is, however, no evidence to suggest that this is harmful in any way. The great disadvantage of this method is the practical one, namely, that to be effective, the child must have its tablets every day for the first eight years of its life; this is asking a great deal of perseverance, supervision and care, which few parents could be expected to undertake. It is necessary to add, however, that haphazard administration is almost useless, and overdosing carries a risk of mottling of teeth. For these reasons fluoride tablets are not recommended for use by the general public.

11. It would be tedious to repeat so much of what is said, particularly when it can be said that there are some 6,000 articles in the Medical and Dental Press. On this matter,

as County Medical Officer of Health, I would never be party to a procedure which was in any way inimical to the Welfare of the Community, and in the knowledge of the full responsibilities that devolve on me, I can summarise the position as follows:-

- (a) There is no evidence whatsoever that the presence of fluoride to the extent of 1 p.p.m. in water supplies, causes any ill effect, in spite of all that the opponents of fluoridation say. There has never been any clinical evidence produced of ill health and I have no hesitation in saying that this cannot be controverted by any Medical Practitioner who has acquainted himself with all the facts, but this will not prevent continued statements being made by lay people as to vague illnesses and vague diseases being caused by fluoridation.
- (b) Considerable publicity was given in the national press to an article by Berry and Trillwood in the British Medical Journal of 26th October, 1963, stating that cell growth was inhibited by fluorides. A reply by Professor Neil Jenkins of Newcastle draws attention to certain points in the design of the experiments and he points out that no attention was paid to the normal plasma contents of fluoride, which, unless the intake is grossly excessive, it is maintained by the body at a near constant level, at approximately 0.18 p.p.m. The minimum concentration at which Berry and Trillwood claim inhibition of growth in culture of cells, derived originally from human cancer and mouse fibroblasts is, in fact, less than that normally present in the body. In addition, epidemiological surveys have shown that no differences in growth can be detected in children born and brought up in areas having wide variations in the fluoride content of their respective drinking waters.
- (c) During recent months, suggestions have been made that there might be danger in drinking fluoridated water which has been left boiling for a long time, or in using fluoridated water for preparing stews, soups, preserves and other foods which require prolonged cooking. I am advised that it is the Ministry's view, based on the advice it has received from its technical advisers, that no danger can result from the prolonged boiling of fluoridated water. A recommended level of 1 p.p.m. for the fluoridation of water was chosen in the knowledge that it provided a wide margin of safety and in the further knowledge that a person's intake of fluoride varies from meal to meal and from day to day. Such variations are harmless and it is the average intake over a prolonged period which matters, even so, the safety factor is such that a person would come to no harm from persistent consumption of fluoridated water which had undergone prolonged boiling, or foods prepared with fluoridated water which had undergone prolonged cooking. The cooking habits of housewives in areas where the water contains natural fluoride are no different from the habits in any other parts of the country, and in those areas of natural fluoridation, no evidence of harmful concentration of fluorides has ever been produced.
- (d) It has been stated that sodium fluoride diluted in water at 1 p.p.m. is poisonous as compared with the naturally occurring calcium fluoride. When a chemical determination of the fluoride ion is made it would be impossible to differentiate between fluoride ions naturally present and

those added, thus they have identical chemical properties, and the evidence is conclusive that the effect of naturally occurring fluoride and added fluoride in reducing the incidence of dental caries, are also identical for the same concentration of fluoride ion.

- (e) The Councillors who were members of the Education Committee in 1955, may recall that in conjunction with the Ministry of Health, an investigation was carried out in Bury St. Edmunds where the fluoride content of the water is less than 0.01 p.p.m. into an allegation by Kemp, Murray and Wilson, *Lancet*, 1942 (2) p. 393, that fluoride in low concentrations in the drinking water leads to Scheuermann's disease - osteochondritis of the spine in adolescents. For this purpose, the spines of 200 boys in Braintree, where the fluoride content of the water supply was about 3.5 p.p.m. were X-rayed to compare with a similar number of adolescent boys in Bury St. Edmunds. This investigation was part of a series of studies carried out during 1955, involving dental, medical and radiological examination of considerable numbers of school children in seven areas of Essex, with a level of naturally occurring fluoride which was high in the domestic water supplies. The findings were compared with those in corresponding groups of children from areas where the fluoride content is low in parts of Essex, Suffolk, Middlesex and Surrey. The following points emerged from the studies:-

- (i) At a level of 1 p.p.m. fluoride in water, a substantial reduction of dental caries occurred without mottling of teeth.
- (ii) A comparison was made with certain diseases (constipation, parasthesia, boils, urticaria, alopecia, brittle nails, and dermatosis) reported by Dr. Speira as due to fluoridation, no difference was found in the high compared with low fluoridated areas. In the investigation no support was found for the theory that fluoridation plays an important part in the incidence of spinal defects.
- (iii) There is no difference, both concerning the effect and the reduction of dental decay and absence of any ill effect as between 1 p.p.m. of fluoride occurring in the water supplies naturally, or being raised to that level by the addition of sodium fluoride. Arguments that seek to prove that calcium fluoride is the compound that occurs naturally, cannot be substantiated and because of the ionisation of inorganic substances in solution, all that is of concern is the existence of the fluoride ion to the extent of 1 p.p.m.

- (iv) It has been suggested in some quarters that fluoride could be equated with Thalidomide. Thalidomide is a highly complex substance introduced as a drug, and unlike fluoride, is neither found in nature nor as a trace element in the human body. What the Thalidomide fear established, was the need for improved methods of drug testing and had the testing of this drug been done on the basis of a five year field study, made by the Ministry of Health in relation to fluoride in this country, things would have been different. If only a fraction of field study given to the introduction of fluoride to water naturally deficient had been applied to Thalidomide, the dangers would have been manifest very quickly.
- (v) To those who possess a knowledge of the administration of food supplements, it is an impossible administrative undertaking to issue fluoride in tablet form. As a measure of preventive medicine, there is no substitute to the raising of the fluoride level in the public water supplies.
- (vi) It is untrue to say that the benefit of fluoride only affects children. Manifestly the earlier protective measures are introduced, the better results for children, and, as time goes on, the better results for adults.
- (vii) Contrary to the situation that lay people who are opposed to fluoridation would like to suggest, there are not two schools of thought in the medical and dental professions. There is a surprising and indeed almost unanimous agreement in the result of research, but as is inevitable, in every walk of life, a few individual professional people have views that do not command the support of their colleagues. The safety and efficiency of fluoridation is apparent from the way in which so many official commissions and committees have recommended the adoption of fluoridation after full consideration of all the evidence.

Recommendation

I again recommend that the Council make arrangements with the Statutory Water Undertakers covering the whole of the administrative county for the addition of fluoride to public water supplies which are naturally deficient in fluorine, to the level appropriate for the prevention of dental decay, that is 1 p.p.m., plus or minus 10%, and that financial provision may be made in the estimates for 1964/5.

D. A. McCracken.

County Medical Officer of Health

