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WEST SUFFOLK COUNTY COUNCIL

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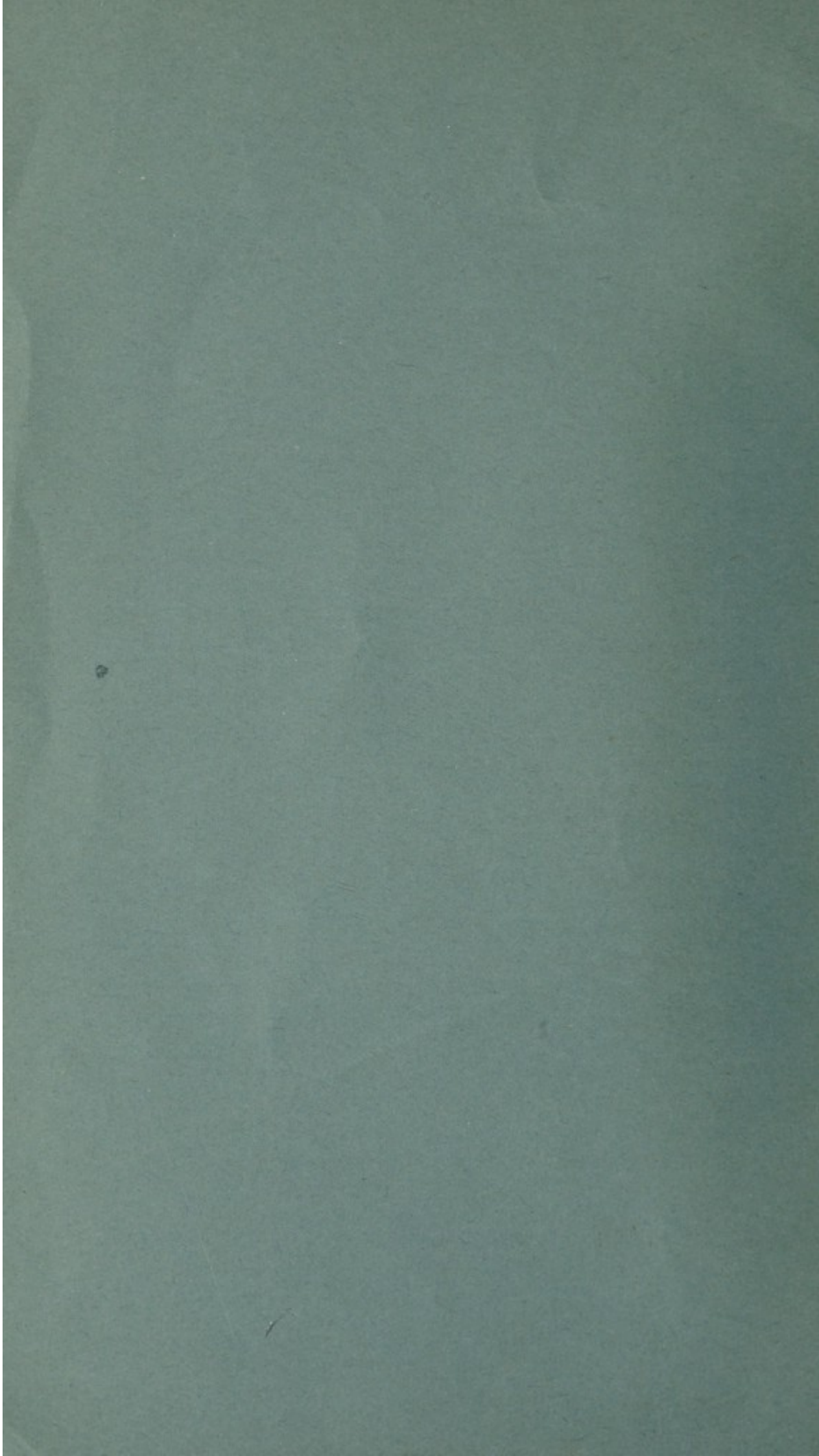
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ANNUAL REPORT  
of the  
Medical Officer of Health  
for the  
YEAR 1964

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





# 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, 1964.

The population in the Administrative County continues to expand due to natural increase and the continuing influence of immigration from the London area. The estimated population as at 30th June, 1964, totalled 139,450 as compared with 137,760 for the previous year. The health of the population as judged by the vital statistics continues to be very satisfactory. 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 10.3 per thousand, which is 0.3 lower than the previous year, and substantially lower than the national rate of 11.3. The total number of live births after adjustment for inward and outward transfers again reached a record of 2,643, giving a live birth rate of 19.1 per thousand of population as compared with 18.4 for England and Wales. The infant mortality rate was 20.4 as compared with 16.3 for the previous year. The perinatal rate of 29.4 again shows an improvement on the previous year but continues to be in excess of the national rate of 28.2.

It is with regret I have to record that the West Suffolk Water Board have not as yet decided to implement the request of the Council to the adjustment of the fluorine content of the public water supplies, a matter of great public health importance on which I reported in some detail last.

The "10-Year Plan" continues to develop satisfactorily and it may be said that the Council have so far as the major capital projects are concerned been able to keep the programme of building up-to-date. 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, are at the time of writing all in the hands of the contractors and I am pleased to record that good progress is being made. In addition, the new Home for the Aged at Hadleigh was practically completed at the end of the year and at the time of writing it has been fully occupied and brought into use.

The number of residents in Part III Accommodation at St. Mary's Hospital, Bury St. Edmunds, remained static during the year, but at the time of writing the premises have been vacated and the residents transferred to other Homes. The transfers were completed on the 23rd June, 1965.

I am as usual grateful for the support I continue to receive from the members of the Health and Welfare Committee and the help given to the staff and myself throughout 1964, to the Voluntary Associations for their valuable assistance and to the staff for their contribution to what was an extremely busy year with all the services provided by the Department continually expanding.

I have the honour to be,  
Your obedient Servant,

**D. A. McCracken**

County Medical Officer of Health

30th July, 1965

## STAFF

### County Medical Officer of Health: Chief Welfare Officer:

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. (to 29.2.64.)

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

L. B. Gonzalez, M.B., Ch.B., D.P.H. (from 1.5.64.)

### 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., D.P.H.

### Dental Surgeons:

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

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

E. Ferguson, M.B.E., L.D.S. (from 13.4.64.)

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

R. E. Lee, L.D.S. (Part-time). (to 31.3.64.)

### 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 Therapists:

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

Mrs. V. Pickering, L.C.S.T.

### Food and Drugs Act:

Chief Inspector - D. Thompson.

### County Social Welfare Officer:

Miss H. E. Rees, M.A., A.M.I.A. (to 31.8.64.)

### 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.

M. D. Kidd, (from 20.7.64.)

### Handicraft Instructresses:

Miss W. Gamble.

Mrs. D. M. Norden.

### Chiropodist:

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

### Administrative Officer:

E. White.



# SUMMARY OF VITAL STATISTICS, 1964

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, 1964) .. .. .	139,450
Rateable Value .. .. .	£3,796,468
Estimated Product of a Penny Rate .. .. .	£15,910

## Live Births:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate .. .. .	1,289	1,214	2,503	
Illegitimate .. .. .	69	71	140	
	1,358	1,285	2,643	19.0

Percentage of illegitimate live births of TOTAL live births

5.3

## Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Still- births</i>
Legitimate .. .. .	16	26	42	
Illegitimate .. .. .	1	1	2	
	17	27	44	16.4

## Total Live and Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate .. .. .	1,305	1,240	2,545
Illegitimate .. .. .	70	72	142
	1,375	1,312	2,687

## Deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
(All causes) .. .. .	787	703	1,490	10.7
		<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 live and still- births</i>
Maternal (including abortion) .. .. .	-	-	-	-
				<i>Rate per 1,000 related live births</i>
Infant (under one year):	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	32	16	48	19.2
Illegitimate .. .. .	2	4	6	42.9
	34	20	54	20.4
Neonatal (first four weeks):	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	24	11	35	
Illegitimate .. .. .	-	4	4	
	24	15	39	14.8
Early Neonatal	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	21	11	32	
Illegitimate .. .. .	-	3	3	
	2	14	35	13.2
Perinatal	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 live and still- births</i>
Legitimate .. .. .	37	37	74	
Illegitimate .. .. .	1	4	5	
	38	41	79	29.4

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to Causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis 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, Aplucemia	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	Hypertrophism of prostate	Pregnancy, childbirth abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war	All causes					
<i>Borough and Urban Districts—</i> Bury St. Edmunds	22,270	19.5	19.1	10.4	8.7										4	10	5	2	20		2	47	54	7	14	9			14	6		3		3				23	4	2	2	1	232				
Hadleigh ..	3,530	18.4	19.7	11.0	10.3										1	5	1		6			2	4	2	8	1					1		1			1	4		1			39					
Haverhill ..	7,380	25.5	20.9	9.5	12.5										1	6	1	7				11	15	1	4	5					7	1		1	1		6		2			70					
Newmarket ..	11,460	17.8	17.1	11.0	10.4	1									2	6	7	4	11		1	16	33	1	6	3				9	3	1	1	1		1	16	3				126					
Sudbury ..	6,710	14.2	16.5	20.1	10.1										2	3	1		8		2	1	40	27	3	18	5			6	5	1			1		7		4	1		135					
Totals ..	51,350	19.2	18.6	11.7	9.9	1									10	30	15	6	52		2	4	116	133	14	50	23			29	22	3	5	1	5	3	256	4	12	3	1	602					
<i>Rural Districts—</i> Clare ..	9,600	14.6	16.5	11.4	10.5										4	4	3	1	16		2	1	13	21	1	7	4			8	6		3	1	1				1	6	3	2	1	109			
Cosford ..	9,140	15.6	18.3	15.4	12.6										1	5	4	3	12			25	34	1	19	5				6	9		1	1	1		8		4	2			141				
Melford ..	14,450	17.4	19.3	12.0	10.4					1					6	5	4	1	17		1	34	32	1	17	15				1	6	9	2	1							3	12	2	1	1	173	
Mildenhall ..	23,230	22.0	20.7	7.8	11.1										4	8	4		21		2	26	34	2	16	10			1	11		1	1								3	13	7	12	3	1	182
Thedwastre ..	9,620	18.9	20.4	9.8	8.5										4	5	2		8			1	17	19	1	11	6			3	4	1	1	1	1						2	2	2	1		94	
Thingoe ..	22,060	19.5	20.7	8.6	9.8	1				1					2	9	1	1	17		2	27	37	2	22	5			1	9	10	1	1	1	1						4	22	8	4		189	
Totals ..	88,100	18.8	19.9	10.1	10.4	1				2					1	25	35	17	3	91		7	2	142	177	8	92	45			3	43	38	5	8	4	5	1	13	63	22	25	8	2	888		
Grand Totals	139,450	19.0	19.4	10.7	10.3	2				2					1	35	65	32	9	143		9	6	258	310	22	142	68			3	72	60	8	13	5	10	4	15	119	26	37	11	3	1,490		

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 139,450 persons, as compared with 137,760 in 1963. The estimated population of children under 15 years as at 30th June was 31,500, of which 11,700 were under 5. The estimated aged population (65+) was 18,500.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 1,153 persons as compared with 857 in 1963. The number of marriages registered was 963 which is equivalent to 13.8 per thousand of population compared with 15.1 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 1,490 (males, 787; females, 703) as compared with 1,590 in 1963. The crude total death rate, based on the mid-year estimated population was 10.7 as compared with 11.5 in 1963. 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, 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 36.4 per cent. of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 18.4 per cent. and 17.3 per cent. respectively. The number of deaths attributable to tuberculosis was 2 as compared with 9 for 1963. The mortality from Zymotic diseases as a whole was low, but two infants died from Whooping Cough. Cancer of the Lung and Bronchus showed a marked increase and 65 deaths were ascribed to this cause. This marked increase brings to focus the need of individuals to consider the importance of the causal relationship of cigarette smoking to cancer of the lung.

The adjusted death rates for 1960 - 1964 with those for England and Wales for comparison, are:-

	1960	1961	1962	1963	1964
West Suffolk .. ..	10.3	10.5	10.6	10.9	10.7
England and Wales ..	11.5	12.0	11.9	12.2	11.3

### Live Births.

The number of live births assigned to the County was 2,643 (1,358 males; 1,285 females), as compared with 2,447 in 1963. This was equivalent to a crude birth rate of 19.0 as compared with 17.8 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 1960/1964 together with the national rates for comparison:-

	1960	1961	1961	1963	1964
West Suffolk .. ..	16.8	17.3	18.8	17.8	19.0
England and Wales ..	16.1	17.4	18.0	18.2	18.4

### 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 44 giving a rate of 16.4 per thousand related live and stillbirths as compared with 16.3 for England and Wales. The rates for the quinquennium 1960/1964 together with those for the country as a whole are as follows:-

	1960	1961	1962	1963	1964
West Suffolk .. ..	20.8	18.5	19.0	21.2	16.4
England and Wales ..	19.8	19.1	18.1	17.2	16.3

#### Infant Mortality.

The number of infants who died before attaining their first birthday was 54 (34 males and 20 females) as compared with 40 in 1963. The rate per thousand related live births was 20.4 as compared with 16.3 for the previous year. The rates for 1960/1964 together with those for England and Wales are as follows:-

	1960	1961	1962	1963	1964
West Suffolk .. ..	21.7	18.4	22.7	16.3	20.4
England and Wales ..	21.9	21.6	21.6	21.1	20.0

#### 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 1960/1964 were:-

	1960	1961	1962	1963	1964
West Suffolk .. ..	20.2	13.8	17.7	11.4	14.8
England and Wales ..	15.6	15.5	15.1	14.2	13.8

#### 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 1964 was 13.2 compared with 10.6 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 1960/1964 together with those for England and Wales:-

	1960	1961	1962	1963	1964
West Suffolk .. ..	39.0	30.3	33.4	31.6	29.4
England and Wales ..	32.9	32.2	30.8	29.3	28.2

#### Maternal Mortality.

There was no maternal death.

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Health Visitors.

I am glad to report that the Health Visitors staffing position has improved, there being at the end of the year seventeen full-time and one part-time Health Visitor in addition to the Superintendent Health Visitor.

The attachment of Health Visitors to groups of medical practitioners which has now been extended to a second country practice in addition to the whole of Bury St. Edmunds is proving very successful and to the advantage of the families.

The Geriatric hospitals in the county are visited at weekly intervals by Health Visitors seconded for this purpose when the appropriate after-care is discussed with the Consultant Physician.



### Refresher Courses.

Five Health Visitors attended the Women's Public Health Officers Association Refresher Course and two attended the Hearing Testing Techniques Course at the Laryngology and Otology Institute, London.

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

Children 0-5 years	28,867
Expectant Mothers	1,124
Other cases, including Home Help Visits	5,727
	<hr/> 35,718

The Health Visitors visited 976 persons aged 65 or over, including 244 at the special request of a general practitioner or hospital, and they also visited 201 persons discharged from hospital of whom 175 were visited at the special request of a general medical practitioner or hospital. Sixty-three households were visited and advice offered on account of infectious diseases.

### Child Welfare Centres.

The number of centres was 30, including 2 at R.A.F. Stations. The total number of children who attended was 4,448. Of these 1,577 were under one year of age, 1,390 under 2 years of age and 1,481 between 2 and 5 years. Eighty-nine children were referred to their own general medical practitioner or a specialist for diagnosis or treatment. At the end of the year there were 154 children on the "At Risk" register.

The new Health Clinic at Camps Road, Haverhill, was officially opened by Lord Newton Parliamentary Secretary to the Minister of Health on 10th March, 1965, and the services were transferred there on 13th March from the Welfare Hall.

### Relaxation and Mothercraft Classes.

The demand for these classes continues to increase. They are now held throughout the county as follows:- Three classes a week in Bury St. Edmunds and weekly classes at Brandon, Hadleigh, Haverhill, Mildenhall, Newmarket and Sudbury. In addition it is anticipated that classes will be provided at Hopton and Lakenheath. The courses are open to women booked for delivery either in their own home or in hospital. The syllabus provides for instruction by specially trained Midwives in co-operation with the Health Visitor where possible, in mothercraft, physiology of childbirth, relaxation and simple exercises. Films and demonstration models are used for teaching purposes and the opportunity for general discussion is widely used.

The number of mothers who attended the classes were:-

(a) Hospital booked	245
(b) Domiciliary booked	202
(c) Total	<hr/> 447
Total number of attendances	<hr/> 2761

### Family Planning Clinics.

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

	No. of New Patients	No. of Attendances
Bury St. Edmunds	175	693
Newmarket	97	283
Sudbury	106	364

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



### Maternity and Nursing Homes.

There are two nursing homes in the County - The Planche, Thurston, accommodating twenty-one patients and Rous Memorial Hospital, Newmarket, accommodating sixteen patients. There are no registered maternity homes.

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

There are ten nurseries providing accommodation for 184 children, five new nurseries having been opened in 1964. There are no daily minders.

### Dental Care.

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

"As has been said in previous reports the demand for dental treatment by expectant and nursing mothers through the Local Authority Service is very small. In 1964 there was a slight increase, seven such patients being treated, compared with two in 1963.

The number of pre-school children examined was 30, of whom 21 needed treatment. It is these patients that are regarded as the more important when considering extension of the service. It is less likely that they are being catered for by General Dental Service practitioners. Now that the staffing position is improved it is hoped to examine a larger number of pre-school children each year.

The need for dental health education has been kept in mind and at the time of writing plans are being made for starting a campaign in 1965."

	Number of Persons examined during the year.	Number of Persons who commenced treatment.	Number of courses of treatment completed.
Expectant and nursing mothers	7	7	7
Children aged under 5 and not eligible for school dental ser- vice.	30	21	3

### FORMS OF DENTAL TREATMENT PROVIDED

	Scalings or Scaling and Gum treatment	Fill- ings	Silver Nitrate treatment	Crowns or Inlays	Exts.	Anaes- thetics General	Dentures provided		Radio graphs
							Partial	Com- plete	
Expectant and Nursing Mothers	5	13	-	-	3	1	4	-	-
Children under five	-	25	23	-	12	11	-	-	-

### Speech Therapy.

There has been an increase in the number of pre-school children seen by Miss Elton and Mrs. Pickering. Thirty-four infants were seen; of these six were discharged during the year while ten had started school by September, 1964.

Among this pre-school group there have been one or two severely speech-handicapped children. In such cases early treatment is important, while in others it can be helpful both to mother and child. To the Therapist the opportunity of wider observation in this field is both instructive and interesting, giving perspective and experience which extends benignly and beneficially into work undertaken with more mature children.

### Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association

have been continued. 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 27 unmarried mothers in suitable Homes. A grant of £225 was paid to the Association.

#### Care of Premature Infants.

A total of 148 premature births was recorded. Of the 35 infants born at home, 28 were nursed entirely at home. Of the seven transferred to hospital, three survived. All the infants born at home and nursed entirely there survived the first month, whilst of the 113 born in hospital, 92 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. Appropriate recommendations were made to the officers of both voluntary and statutory bodies concerned with regard to the particular families who were considered. At a meeting of the Co-ordinating Committee later in the year it was decided to restrict the number of meetings of the Area Case Committees to two annually instead of quarterly as originally intended. The calling of "ad hoc" Committees would of course continue as and when required. It is the considered view of all concerned that these meetings make an invaluable contribution in securing co-ordinated action and to the ultimate benefit 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 give information regarding the medical history of mothers, which, on occasion may indicate that a newly born child may be suspect as to its ultimate hearing level.

The Peripatetic Teacher of the Deaf who teaches and supervises the deaf and partially deaf children in the schools, visits the homes of pre-school children to advise the mothers in their training. She has the use of "Speech Trainers" for this purpose which can be loaned to mothers of suitable children. At the end of the year there were seven such children living in West Suffolk.

#### 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 69 voluntary distribution centres.

During the year the following issues were made:-

CENTRES	COMMODITY			
	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A. & D. Tablets Packets	Orange Juice Bottles
MAIN				
Bury St. Edmunds .. .. .	5,798	320	748	6,946
Newmarket .. .. .	3,762	184	388	2,847
Haverhill .. .. .	1,776	115	303	2,817
Sudbury .. .. .	1,269	142	213	2,154
TOTAL .. .. .	12,605	761	1,652	14,764
VOLUNTARY .. .. .	20,933	1,316	1,100	16,513
TOTAL ISSUES .. .. .	33,538	2,077	2,752	31,277
TOTAL ISSUES (1963) .. .. .	34,906	2,149	2,938	28,673



It will be seen that there were decreases in the issue of all foods with the exception of orange juice in 1964. National dried milk showed a decrease of 3.9 per cent, cod liver oil 3.5 per cent and vitamin A & D tablets 6.3 per cent. The sale of orange juice increased by 9.1 per cent. Orange juice has continued to show an increase in uptake since the sudden decrease, due to a rise in price, which occurred towards the end of November 1961. The increase may be due to some extent to the fact that it can now be bought for children under five years of age. Prior to 1961 it was restricted to children under the age of two years.

Arrangements for the issue of welfare foods continued during the year through the help of voluntary distribution centres. The invaluable help given by these public spirited men and women is very much appreciated and I should like to express, once again, my grateful thanks for their work in this service. It is a pleasure each year to pay tribute to voluntary helpers who are prepared to give up their time in order that the County Council may provide an adequate service 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:-

	1964	1963
Baby Cereal	1575 packets	(1393)
Vitamin preparations:		
Vitamin C	11695 bottles	(9003)
Vitamin A & D (Liquid)	9350 bottles	(8149)
Vitamin B (Solid)	2207 tins	(2118)
Pharmaceutical Product:		
Tablets for Nursing Mothers	315 tins	(270)

In addition to these, toothbrushes for children were available and 2254 (1968) were issued. Cash receipts from all these commodities amounted to £1495. Once again the demand for these goods has shown an increase and the issues made represent an overall increase of 14.8% on the previous year.

#### MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the County during the year was 96. The number of cases attended was as follows:-

County Domiciliary Midwives	..	891
Private Domiciliary Midwives	..	-
Hospital Midwives	..	1462
		<u>2353</u>

In addition there were 823 births at the U.S. Army Air Corps Hospital at Mildenhall.

#### Domiciliary Service.

On 31st December, 1964, 53 nurses were employed:-

District Nurse/Midwives	..	..	37
District Midwives	..	..	2
General Nurses	..	..	4
Relief Nurses (full-time)	..	..	6
Relief Nurses (part-time)	..	..	4

Medical aid was called by Midwives in 71 cases in all of which the Medical Practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme. The number of domiciliary births has shown an increase. In order to help relieve the shortage of beds in the Maternity Wards at hospitals the domiciliary Midwives are



continuing to assist by undertaking the nursing care of certain Midwifery patients following delivery who are discharged home after 24 - 48 hours. The number of these patients nursed during the year was 461.

Every domiciliary midwife now has a Trilene apparatus and the use of Gas and Air Analgesia has been discontinued. The use of disposable and pre-sterilized equipment is gradually being introduced into District Nursing Midwifery service. The most common articles used are sterilised disposable hypodermic syringes and needles, catheters and gloves. The midwives are also supplied with disposable masks and caps.

#### **Sterilised Maternity Outfits.**

Nine hundred and eight packs costing 12.3d. each, were supplied free for domiciliary confinements.

#### **Post-Graduate Training.**

Eight district nurse/midwives attended a statutory post-graduate course and in addition two others attended a special course on teaching Relaxation and Parentcraft group teaching for expectant mothers. All of these were residential and arranged by the Royal College of Midwives. In addition as part of continuous in-service training the District Nurse/Midwives attended monthly lectures by experienced speakers on some aspect of their work.

#### **Home Nursing Service.**

The Home Nursing Service has continued to be undertaken mainly by the District Nurse/Midwives apart from two full-time General Nurses at Bury St. Edmunds, one at Newmarket and Haverhill and Hadleigh. In addition the work at Bury St. Edmunds has continued to increase to such an extent that it has been found necessary to appoint two additional nurses on part-time duties to assist the full-time nurses.

The number of visits paid totalled 70,710, which is an increase of 2,308, on the previous year. One hundred and seventy-four sick children were nursed at home of whom 90 were under the age of five and 84 between five and fifteen years. One thousand two hundred and sixty-two persons visited were over 65 years of age. The District Nurses gave 26,251 injections during the year.

#### **Liaison Arrangements.**

Regular meetings of the local Maternity Liaison Committee have been held at Bury St. Edmunds and Cambridge and have proved to be most helpful.

Every Midwife in the County is now asked to report any case of congenital deformity occurring in her practice both at home and in hospital. The number of cases reported to the Registrar-General was 66.

#### **Incontinence Pads.**

The demand for these is increasing. At present these are supplied from a Voluntary Fund which exists in the County to help the sick poor. From this source 31 dozen Pads have been supplied. Disposal has not created any serious difficulties. They are usually burned or buried deeply.

#### **Nurses Houses.**

Two houses have been completed and occupied at Hadleigh and Icklingham.

## AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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
1964	73,880	714,661	17,537	154,532	56,242	552,788	1	6	100	7,335

The average miles run per patient was 9.6 compared with 10.1 for 1963.

### Ambulances.

The total mileage run is an increase of 2.4% on 1963. The average number of miles run per patient was 8.8 compared with 8.7 for the previous year.

### Sitting Case Cars.

The mileage figures given above include both the Council's own vehicles and those of the Hospital Car Service. They represent an increase of 15.6% on 1963. The average number of miles per patient was 9.8 compared with last year's average of 10.5. This mileage includes the conveyance of children who attended the Junior Training Centres at Bury St. Edmunds and Sudbury. The latter Centre was opened in January. The total mileage incurred in the transport of these mentally sub-normal children was 121,006 which is 21.9% of the total mileage under this heading. This mileage is re-charged to the Mental Health Services.

### Taxis.

This form of transport is used mainly for transporting school children where an Ambulance is not required. It will be seen by the statistics that its use was minimal and indeed is the lowest on record.

### Railway.

Although fewer patients were transported by railway compared with the previous year, nevertheless, this form of transport was used wherever possible. This mode of conveyance is used wherever practicable for long journeys to distant hospitals where patients have to be admitted for specialised forms of treatment not available more locally. It gives me pleasure once more to commend the helpful attitude and co-operation of the staff of the British Railways and also the staff of the London Ambulance Service, whom more often than not are involved in transferring patients at the London termini. Patients and escorts alike have paid tribute to the smooth running arrangements that have been made.

### Hospital Car Service.

The demands on this service are maintained. The role of the Hospital Car Service driver is important and his services form a valuable part in the service as a whole. There were 45 registered drivers on 31st December.

### Personnel.

In accordance with the Council's 10 Year Plan the establishment of Ambulance Driver/Attendants was increased during the year.

### Capital Building Programme.

A new Ambulance Depot (built in association with the Health Clinic) was completed at Haverhill and occupied on 16th January. Two maisonettes were also occupied by Ambulance Drivers. This was formally opened by the Permanent Under-Secretary to the Minister of Health on 10th March.



### Ambulance Control.

The Suffolk and Ipswich Fire Authority continued to man the Ambulance Control outside office hours. This arrangement has worked efficiently and well since 1st January, 1951.

### General.

In order to comply with statutory requirements, all radio-telephony equipment was replaced in June. The statistics above show the continuing demands on this service. It will be noted, however, that it has been possible to reduce further the mileage per person on that for the previous year which indicates that maximum co-ordination of journeys is being achieved. Ambulance Control continue to effect maximum vigilance with regard to all journeys to ensure that the greatest possible degree of co-ordination is achieved. This entailed day-to-day liaison with Family Doctors and hospitals alike.

The Committee approved the use of helicopter for transport of patients in extreme emergencies.

## 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 1964 was:-

Pulmonary			Non-pulmonary			Total Cases
Male	Female	Total	Male	Female	Total	
174	155	329	19	39	58	387

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-	-	-	1	-	5-	-	-	-	-
5-	-	1	-	-	15-	-	-	-	-
10-	1	1	-	-	25-	-	-	-	-
15-	-	2	-	-	45-	1	-	-	-
20-	1	3	-	-	65-	-	-	-	-
25-	1	-	-	1	75+	1	-	-	-
35-	4	2	4	-					
45-	-	1	-	3					
55-	1	-	-	3					
65-	1	-	1	-					
75+	-	1	-	1					
TOTALS	9	11	6	8	TOTALS	2	-	-	-

The total primary notifications of tuberculosis amounted to 34 (20 pulmonary, 14 non-pulmonary) as compared with 37 in 1963. The notification rates of pulmonary and non-pulmonary tuberculosis were 14 and 10 per 100,000 of the population respectively. The number of deaths represented 0.13 per cent. of all deaths.

Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five continual periods which were as follows:-



Period	Rates per 100,000			
	Incidence		Deaths	
	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary
1940-44	76	32	34	10
1945-49	83	24	26	8
1950-54	61	16	12	2
1955-59	28	7	5	0.5
1960-64	22	6	3	0.4

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 14 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 40 to 1 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.**

One hundred and seventy-five contacts were invited for examination and 171 were examined by the Consultant Chest Physician. The average number of contacts examined for each new case reported was five.

#### **After Care.**

A total of 238 domiciliary visits were made by Health Visitors who work in close liaison with the Consultant Chest Physician. Two patients were provided with extra nourishment in the form of milk.

#### **General.**

All newly notified cases are referred automatically to the Consultant Chest Physician who is employed by the East Anglian Regional Hospital Board. Two elevenths of this officer's time is allocated to and paid for by the Council.

#### **Recuperative Holidays.**

Eleven persons were sent on recuperative holidays. These consisted of one elderly man recovering from illness admitted to Hunstanton Convalescent Home, nine debilitated women to St. Michael's Convalescent Home, Clacton-on-Sea, one elderly woman to Maitland House, Frinton.

#### **Chiropody Service.**

Only one chiropodist, of an establishment of three, was employed, the two vacant posts remaining unfilled throughout the year. The number of treatments given was 3,282 of which 1,366 were carried out in the homes of patients unfit to attend clinics. New patients numbered 166 (of whom 156 were aged persons and 10 younger, disabled persons). The West Suffolk Old People's Welfare Association continued to provide a service in those areas of the county which the Council's chiropodist could not cover, and 4,747 treatments were carried out by this means, the actual cost being re-imbursed to the Association. At the end of the year applications were received for vacant posts and two, one whole-time and one part-time chiropodists were appointed to take up duty in January, 1965.

#### **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 over the period under review has been fairly heavy, and all Depots in West Suffolk have been active. During 1964 an average of 1,599 articles were out on loan every week compared with 1,220 in 1963. To meet requests during the past six months new supplies of commodes, walking frames, back rests, bed pans, air rings, mackintosh sheets and invalid chairs have been purchased. The equipment at all depots is in good order."

## 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 and there is one co-opted member. Meetings are held quarterly.

#### (b) Staff.

The County Medical Officer is responsible for the overall direction of the service and in this he is assisted by Dr. J. L. Evans, Senior Medical Officer.

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

Satisfactory co-operation in the work for the mentally disordered has continued to be maintained between the department and the East Anglian Regional Hospital Board and respective hospitals. Three members of the Council and the County Medical Officer are members of the Suffolk Mental Hospitals Management Committee.

#### (d) Duties delegated to Voluntary Associations.

In the field of Mental Health, no duties were delegated to Voluntary Associations.

#### (e) Training of Mental Health Workers.

The field work in the Mental Health Service is mainly carried out by four Mental Welfare Officers (general purpose) all of whom attend day courses, conferences and lectures at hospitals and elsewhere as and when possible. One of these officers has completed his two year course of training and has been successful in obtaining the National Certificate in Social Work.

Two additional Welfare Assistants are in the second year of the two year course and a further assistant is in his first year. When these officers have completed their training they will return to the Authority to play their part in the domiciliary Mental Health Service in the County.

### 2. Account of Work undertaken in the Community.

#### (a) Junior Training Centres.

The purpose-built Centre in Bury St. Edmunds continued to work to capacity during the year, the full number of forty-two children being on the Register. The Centre is in the charge of a Supervisor who is assisted by three Assistant Supervisors.

This Centre continued to provide a satisfactory standard of care and training within the limits of those attending, and quite apart from these considerations the attendance of the children provides welcome relief to the parents from the daily cares and responsibilities of looking after backward children. The children attending receive regular medical and dental inspections, and advice on physical education is given by the Education Committee's Adviser. Co-operation has been maintained with local branch of the National Society for Mentally Handicapped Children who generously provided additional furniture at the Bury St. Edmunds Centre. In addition the Ladies Circle at Sudbury and the East Anglian Traction Engine Club gave the necessary funds to purchase additional equipment for the Sudbury Centre.

The second purpose-built Centre at Sudbury was opened during the year and is gradually building up its numbers. This Centre is staffed by a Supervisor and two Assistant Supervisors, and appears to be more than meeting the needs of the district at the present time.

The two Speech Therapists on the staff of the Department have visited the Sudbury and Bury St. Edmunds Junior Training Centres during 1964. However, owing to pressure of other work in the Sudbury area one Speech Therapist had to cease regular visits to that Centre during the Autumn Term, but it was possible to maintain weekly visits to the Bury Centre. Five children in all have received regular attention during the year, while others were seen and assessed, and aspects of their special speech problems discussed with the staff of the Centres. The group daily speech lessons conducted by the staff are of considerable value in improving standards of articulation, but more important than this is the growth of social competence, and with it the desire and the ability to communicate verbally develops in most of these children in the favourable atmosphere of order and of encouragement implicit in the work being done in the Centres.



The question of a third Centre - possibly at Newmarket - was under active consideration at the end of the year.

A number of subnormal children attend - under reciprocal arrangements - Centres belonging to other Authorities, and four children from the areas of other Authorities attend the Centres in this County.

Two members of the staff attended refresher courses at Birmingham organised by the National Association for Mental Health and an increased number are expected to attend refresher courses during 1965.

(b) Adult Training Centre.

By the end of the year the building contract for the purpose-built Adult Training Centre in Hollow Road, Bury St. Edmunds had been awarded, and building operations were expected to commence early in 1965. This Centre will provide places for 40 adults in the first instance, but the building is so designed to facilitate an extension to increase the capacity to 80. Those attending will undertake simple and repetitive work for which they will receive a monetary award and we look forward to the co-operation of local firms to provide us with work-jobs suited to the mental and physical capabilities of the subnormal adults who will attend.

(c) Home Visits to the Mentally Subnormal.

The Mental Welfare Officers and the Health Visitors undertake the visitation of the mentally subnormal as and when necessary and during the course of the year 566 visits were paid.

(d) Home Visits to the Mentally Ill.

The domiciliary pre-care and after care of persons suffering from mental illness is undertaken mainly by the Mental Welfare Officers and in this service a close relationship is maintained with hospitals, family doctors, employers, relatives and friends. Social history reports were submitted to receiving hospitals and to individual psychiatrists as and when required and these were found to be useful in the early understanding of cases.

The Suffolk Branch of the British Red Cross Society runs a Social Club in Bury St. Edmunds for the mentally ill.

(e) Admissions to Hospitals.

Most mentally ill patients from this County are admitted to St. Audry's Hospital, Melton, although a few are received at Fulbourn Hospital, near Cambridge. The majority of patients are admitted to hospital informally under direct arrangements between family doctors and hospitals. However, even in many of these admissions the services of Mental Welfare Officers are sought, to deal with social problems created by the admission - to give advice, protect property, contact employers and relatives and to deal with transport to hospital. During the course of the year the Council's Mental Welfare Officers were involved in the following admissions - the figures for the previous year being shown in brackets:-

Mental Health Act - Section 25.	25	(10)
Section 26.	2	(1)
Section 29.	70	(74)
Section 60.	2	(-)
Informal	31	(43)
	<u>130</u>	<u>(128)</u>

(f) Subnormal Patients.

The following subnormal or severely subnormal patients from the County were in various hospitals on 31st December, 1964:-



	Male	Female	Total
Etloe House, Leyton .. ..	-	1	1
Harperbury Hospital .. ..	1	-	1
Jane Walker Hospital, Nayland .. ..	1	7	8
Little Plumstead Hospital .. ..	20	26	46
Monckton Hospital, Jarrow .. ..	1	-	1
Moss Side Hospital .. ..	-	1	1
Nursing Home for the Blind .. ..	1	-	1
Rampton Hospital .. ..	3	-	3
Risbridge Home, Kedington .. ..	39	38	77
Riversfield Home, St. Neots .. ..	5	3	8
Royal Eastern Counties Hospital .. ..	36	34	70
St. James' 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
	<u>108</u>	<u>124</u>	<u>232</u>

During the course of the year the following patients were admitted to hospitals for the mentally subnormal for long-term care - the figures for the previous year being shown in brackets:-

Mental Health Act - Section 26.	-	(2)
Section 29.	1	(-)
Section 60.	1	(2)
Informal	<u>6</u>	<u>(7)</u>
	<u>8</u>	<u>(11)</u>

Short-term care, for a variety of reasons, was arranged for 2 patients compared with 13 for the previous year.

As at 31st December, 1964, 23 patients were on the waiting list for admission to hospitals under the Regional Hospital Board of whom 8 were classified as urgent. This is a small reduction on the figures for the previous year.

A limited number of subnormal persons received occupation in pastime therapy in their own homes, this being provided by the Department's Handicraft Instructresses.

The following table sets out the new cases of subnormality referred to the Department in 1964, the figures for the previous year being shown in brackets.

	Male	Female	Total
Referred by General Practitioners .. ..	4 (2)	1 (-)	5 (2)
Referred by Hospitals .. ..	3 (14)	- (5)	3 (19)
Referred by Police and Courts .. ..	3 (3)	- (1)	3 (4)
Referred by other sources .. ..	<u>14 (6)</u>	<u>14 (5)</u>	<u>28 (11)</u>
	<u>24 (25)</u>	<u>15 (11)</u>	<u>39 (36)</u>
	=====	=====	=====

#### DOMESTIC HELP SERVICE

This Service still strives to meet a great need by providing a few hours domestic help each week and so keeping within their own homes many old people who otherwise would have to seek alternative accommodation. It is expected that greater calls will be made on the service in the future by mothers who having had a hospital confinement are discharged home after 48 hours. The demand for women workers by the distributive trade and light industry has markedly increased the difficulty in recruiting suitable women to work as Home Helps, but nevertheless those who are enrolled do sterling work.

At the end of 1964 the number of enrolled helpers was 589, of whom 419 were employed as compared with 588 enrolled helpers of whom 398 were working at the end of 1963. The number of households where domestic help was provided during the year was 837 compared with 834 during 1963.

Home Help was given as follows:-

Aged 65 or over on first visit in 1964	Aged under 65 on first visit in 1964				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
706	63	1	32	35	837

### PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER NOTIFIABLE DISEASES

#### Infectious Diseases.

**Scarlet Fever.** The number of cases notified totalled 35 compared with 77 in 1963 and 50 in 1962. Nine of these cases were reported in the Melford Rural District and seven in both Haverhill Urban District and Mildenhall Rural District. Thedwastre Rural District had four cases and Clare had three. There were two cases in both Bury St. Edmunds and the Clare Rural District and Thingoe accounted for the remaining one case. There were no deaths and the disease continued to be of a mild clinical type.

**Whooping Cough.** A total of 130 cases was notified as compared with 19 in 1963 and ten in 1962. Thirty-four of these cases occurred in the Melford Rural District; thirty in the Thedwastre Rural District and 29 in the Haverhill Urban District. Nine cases were reported in the Thingoe Rural District, eight in Bury St. Edmunds and Clare Rural District accounted for six notifications. Five cases were reported in the Cosford Rural District four in Sudbury Municipal Borough, three Newmarket Urban District and the remaining two cases in Mildenhall Rural District. No cases were reported at Hadleigh. There were two infant deaths.

**Acute Poliomyelitis.** No case was reported. The last reported case was in 1961.

**Measles.** A total of 593 cases was notified, a considerable decrease on that for 1963 when there were 2,459 notifications. In 1962 there were 236 cases. There were 87 cases in Bury St. Edmunds Municipal Borough, 76 in the Thedwastre Rural District and 66 in the Clare Rural District. Thingoe Rural District accounted for 62 of the notifications, Mildenhall had 29 cases and Sudbury Municipal Borough had 28. The remaining five cases were reported in the Haverhill Urban District. There were no deaths.

**Diphtheria.** No case was reported.

**Pneumonia (Acute primary or influenzal).** The total number notified was 40 as compared with 53 in 1963 and 50 in 1962. Fourteen of these cases occurred in the Melford Rural District, eleven in the Sudbury Municipal Borough and seven in the Mildenhall Rural District. There were six cases in the Cosford Rural District and others reported in the Newmarket Urban District and one in Thedwastre Rural District. The number of deaths was three as compared with 19 in the previous year and ten for 1962.

**Dysentery (Bacillary).** Two cases were reported as compared with 11 in 1963 and three in 1962. Both cases occurred in the Bury St. Edmunds Municipal Borough.

**Acute Encephalitis Lethargica.** One case was notified in Bury St. Edmunds Municipal Borough.

**Typhoid and Paratyphoid Fevers.** No case was reported. There was one case notified in 1962.

**Erysipelas.** Two cases were reported as compared with seven in 1963 and three in 1962. They both occurred in the Melford Rural District.

**Meningococcal Infection.** No cases were notified. There was one case in 1962 and none for the previous year.

**Food Poisoning.** Twenty-seven cases were reported as compared with one for 1963 and two in 1962. Fourteen of these cases were notified in the Thedwastre Rural District; six in



the Sudbury Municipal Borough; three in the Thingoe Rural District and two cases both in the Cosford and Melford Rural Districts. The causal organism was *S. typhimurium*.

Puerperal Pyrexia. Ten cases were notified compared with two in the previous year and seven in 1962. Six cases occurred in the Haverhill Urban District, two in the Melford Rural District and one in both Sudbury Municipal Borough and Mildenhall Rural District.

Ophthalmia Neonatorum. One case was notified in the Mildenhall Rural District. There was no loss of vision.

Infective Hepatitis. Twelve cases were notified as compared with two in 1963 and six in 1962. There were ten notifications in 1961. Four cases occurred in both the Sudbury Municipal Borough and Thedwastre Rural District, three in the Melford Rural District and the remaining case in the Bury St. Edmunds Municipal Borough.

Malaria. No cases were notified.

## Statistics.

The number of persons under 16 years of age vaccinated during the year was as follows:-

	By County Staff	By General Practitioners
Smallpox		
Vaccination	-	1057
Re-Vaccination	-	128
Poliomyelitis		
Initial Course (1st year)	400	1661
Re-inforcing dose (school entry)	293	452
Whooping Cough		
Initial Course (1st year)	291	1354
Further dose (2nd year)	36	156
Diphtheria		
Initial Course (1st year)	296	1370
Further dose (2nd year)	44	160
Re-inforcing dose (school entry)	207	484
Tetanus		
Initial Course (1st year)	305	1409
Further dose (2nd year)	45	161
Re-inforcing dose (school entry)	207	482
Tuberculosis (B.C.G.)	1571	-

## HEALTH EDUCATION

Health Education continued on the lines previously reported. Maximum use has been made of publications of the Central Council for Health Education, Ministry of Health and other organisations. Posters published by both the Ministry of Health and Central Council for Health Education have been displayed in Child Welfare Centres throughout the County. These have dealt with such subjects as Safety in the Home, Dental Hygiene, Food Hygiene, Personal Hygiene and Smoking and Health. Film strips on Health topics were also shown whenever possible.

Members of the medical and nursing staff have given talks on various health matters to members of the public. The Women's Institute, the British Red Cross, Parent-Teacher Associations have received members of my staff who have given talks on topics within the frame-work of the Health and Welfare Services. The numbers attending these talks have varied but I am pleased to say that the minimum number addressed at any meeting was 17.

Health Visiting staff as in previous years gave pre-nursing training courses at the Silver Jubilee School, Bury St. Edmunds and the High School, Sudbury. Lectures on Preventive and Social Medicine were given by the County Medical Officer of Health to Student Nurses at the West Suffolk General Hospital. A short course of First Aid was given to volunteer members of the council staff.

The report of the Cohen Committee was carefully considered and as a result it was agreed that a full-time Health Educator should be appointed. Provision was to be made for this first appointment in 1965 and I hope, therefore, to be able to report on this next year. This addition to the staff will act as the leader for Health Education. My staff who have coped so adequately over the years will, of course, continue to give talks and lectures throughout the County. It is anticipated that the Health Educator will be able to keep the staff up to date on techniques, visual aids and generally organise the whole field of Health Education which as I have indicated time and again in my reports over the years is growing in importance. The preventive aspect of our work cannot be over-emphasised.

The various talks that are given through the medium of television and radio and the various articles that appear in the public press, as I have said so often before, are complementary to the work of the Department. The public is kept alive to the importance of personal hygiene and the preventive aspects of medicine.

## 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 1964. 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	
80	79	1	69	-	11	-

### 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	103
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 .. ..	15	-	3	18
<i>Pasteurised:</i> .. ..				
Phosphatase .. ..	347	-	-	347
Methylene Blue .. ..	293	6	48	347
<i>Sterilised:</i>				
Turbidity .. ..	11	-	-	11

Appropriate action was taken where the results were unsatisfactory.

#### **Sale of Infected Milk:**

Samples were taken from 19 tuberculin-tested herds for biological tests. One failure was recorded due to streptococci which might point to mastitis in the herd. The producer was cautioned.

#### **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, 14,110 children had milk, representing about 78.3 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 ..	246	1	1	248
Methylene Blue Test ..	204	6	38	248
<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 622 samples of which 41 were found to be adulterated or not up to standard.

Of the 23 samples of milk reported as below standard, 4 contained added water.

An informal sample was taken after the milk had been delivered to a pasteurisers premises and found to contain "added water". As soon as the Analysts report was received, follow up samples were taken at the farm just prior to its collection by the retailer. These samples were found to contain "added water" also. Proceedings were instituted and the farming company were fined £6 and £4 costs.

A sample taken informally at a pasteurisers plant consisted of a mixture of a number of farmers milk and was found to contain "added water". Every effort was made to trace the source of this water but this proved abortive. Further tests showed no signs of "added water".

The Public Analyst reported adversely on an informal sample taken on delivery to a pasteuriser. This sample contained 0.03 international units of penicillin per millilitre. Follow-up samples taken six days later at the farm showed only half the quantity of penicillin present in one churn. The farmer and the Milk Marketing Board were notified.

Of the remainder of the samples of milk taken a number were found to be deficient in fat. Further tests on follow-up samples proved satisfactory and no action was taken.

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

A sample of cheese labelled as "Double Creme" contained only 30% fat whereas, in the Analyst's opinion, it should contain at least 65% fat. Proceedings were instituted against the importers, who pleaded guilty. Fines totalling £15 and £3.18s. costs were imposed.

A sample of cheese and celery spread was found to be partly decomposed and unfit for consumption. As only a small portion of the pack was affected, the fault was pointed out to the retailer at the time of sampling.

A complaint about the type of meat delivered to School Canteens was investigated and found to be justified. The butcher concerned had delivered a mixture of chuck steak, shin and brisket under the description chuck steak and had charged the price for the better quality meat. Proceedings were instituted and a fine of £30 imposed.

A sample of Milk Chocolate Meringue Fingers were found to contain 10% full cream solids instead of 12%. Further samples submitted to the Analyst were found to be genuine.

It was found on analysis that a sample of mushroom cream soup contained 2.6% of fat of which 1% was butter. The Analyst expressed an opinion that such a product should contain at least 2.5% butter fat. Further samples were submitted to check these findings but were found to be genuine.

A sample of Fruit Salad was found to have its ingredients stated in the wrong order. With composite articles of this nature the ingredients must be stated in order of predominance by weight but, the weight of pineapple in the sample was less than the apricots or peaches though it appeared in the list as exceeding both the last mentioned fruits. In addition, colouring matter was found in the cherries, this was not disclosed on the label. The packers at first maintained that the Code of Practice laid down by the Fruit and Vegetable Canners' Association permitted variations in the filling but when it was pointed out that the Labelling of Food Order imposed a statutory obligation to declare the ingredients in a particular order, they agreed to alter their label and to declare the added colouring matter.

Tablets containing a number of vitamins and many minerals were sampled. The amount of Vitamin A was 25% deficient of that claimed and Vitamin C was 20% below that claimed. The makers of these tablets were traced and they said that the mixing of these vitamins with minerals, especially iron and copper, oxidised the two vitamins causing these losses. It is well known that certain minerals will render certain vitamins unstable and the analyst expressed surprise that the manufacturers had not taken this into account when making the tablets. The Chief Sampling Officer expressed concern that a firm specialising in the manufacture of pharmaceutical products did not appear to be more cautious when such tablets are requested by wholesale dealers. The manufacturers have taken the advice of their own consultant and have omitted the copper and iron from further supplies. The original supplies of tablets have been withdrawn by the wholesalers from all retailers.

A sample of a Chinese food described as "Chicken Chow Mein" contained 13% of meat. The Analyst considered this to be on the low side but stated that he was not certain what could be expected in a foreign dish. Enquiries were made to ascertain whether the article purchased would be acceptable in China, without success.

A sample of a soft drink in a plastic container which is frequently frozen by shopkeepers and sold as a "lollie" was submitted to the Analyst. It was found to contain 60 parts per million benzoic acid, which though permitted in a soft drink, is not permitted in an iced lollie. The matter was taken up with the manufacturer, but they were not prepared to co-operate.

#### **Bread and Flour Regulations, 1963.**

These regulations lay down methods for sampling flour on millers premises and, in consequence, routine sampling of flour was commenced. Three flour mills were visited during the last part of the year and in each case the flour sampled was found to contain too little chalk. The quantity of chalk which all flour other than wholemeal or wheat malt flour should contain must fall between 235 and 390 milligrams per 100 grammes of flour. Deficiencies of 14.9%, 40.5% and 51% were found. In each case the miller was cautioned. Commenting on these results, the Chief Sampling Officer considers that they are appalling having regard to the fact that the method of sampling laid down is based on a mixture of six consecutive samples taken at intervals of ten minutes and is a method agreed by the millers as a satisfactory one.



Objection was raised by the millers to the sampling of small packs of flour on retailers premises on the grounds that the variation in the amounts of added chalk in individual bags of retail size could be very large and were not a fair indication of the bulk of flour being manufactured.

#### Sampling for pesticide residues.

Samples of fresh fruit and vegetables were submitted to the Analyst for detection of pesticide residues. All were found to be free from contamination.

Details of samples taken were as follows:-

	Number Taken	Number Adulterated
Angelica	1	
Biscuits	2	
Bread	1	
Butter	13	
Cake decorations	1	
Cereal products	1	
Cheese and Cheese products	14	4
Coffee and Coffee products	4	
Condensed milk	2	
Cream	7	
Currants	1	
Dessicated Coconut	2	
Drugs	20	1
Fats	1	
Fish paste	3	
Fish products	3	
Flavourings	1	
Flour and Flour products	8	3
Flour confectionery	4	1
Fruit fresh	11	
Fruit, tinned and fruit products	24	2
Glace Cherries	4	
Ground Almonds	1	
Herbs	1	
Lard	1	
Margarine	3	
Marzipan	4	
Meat products	9	4
Milk	277	13
Milk (Channel Island)	138	10
Milk (Condensed)	1	
Mincemeat	2	
Pectin	1	
Pie Filling	1	
Preserves	15	
Puddings	4	1
Sausages	4	
Seasonings	1	
Soft drinks	7	1
Soup	4	1
Suet	2	
Sugar confectionery	10	
Sweeteners	1	
Vegetables and Vegetable products	4	
Vinegar	2	
Yogurt	1	
	622	41

## SOCIAL WELFARE

### Social Welfare Officers.

The work of the Department under this heading is carried out by four general purpose Social Welfare Officers, a Welfare Officer for the Blind and two Handicraft Instructresses. The increase of one in the staff of Social Welfare Officers arose from the return to service of a Welfare Assistant following the completion of his course of study for the National Certificate in Social Work which he was successful in obtaining. Two further Welfare Assistants are in their second year of the two-year course and another Welfare Assistant is in his first year.

The following visits were paid by the field staff of the Department and every effort has been made to provide a helpful service to the persons in the various categories:-

(a) Aged .. .. .	2,455
(b) Blind and Partially Sighted ..	1,961
(c) Deaf and Hard of Hearing ..	62
(d) Disabled (other than (b) or (c) ..	1,883
(e) Others .. .. .	1,134
	<u>7,495</u>

### Welfare of the Physically Handicapped.

(a) Statistics: As at 31st December, 1964, the number on the Registers were as shown in the following tables. It should be noted that 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 completing these figures:-

(a) Blind .. .. .	280
(b) Partially Sighted .. ..	96
(c) Deaf with Speech .. ..	13
(d) Deaf without Speech ..	25
(e) Hard of Hearing .. ..	24
(f) Generally Handicapped ..	366
	<u>804</u>

The age groups are as follows:-

	0 - 15	16 - 64	65 and over	Total
Blind ..	6	64	210	280
Partially Sighted ..	4	31	61	96
Deaf with Speech ..	-	11	2	13
Deaf without Speech ..	-	21	4	25
Hard of Hearing ..	5	12	7	24
Generally Handicapped ..	4	227	135	366
<b>Totals</b>	<b>19</b>	<b>366</b>	<b>419</b>	<b>804</b>

The numbers on the Register show an increase of 73 over those for last year and this is no doubt due to the fact that the services we can give to the handicapped are becoming more widely known.



(b) **General Classes:** Of the 366 classified as Generally Handicapped the detailed disabilities were:-

Amputations .. .. .	28
Arthritis and rheumatism .. .. .	79
Congenital malformations and deformities .. .. .	19
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 .. .. .	59
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 .. .. .	34
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. .. .. .	113
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases .. .. .	14
Tuberculosis (respiratory) .. .. .	6
Tuberculosis (non-respiratory) .. .. .	5
Diseases and injuries not specified above .. .. .	9
	<hr/> 366 <hr/>

(c) **Adaptation of Premises:** In order to enable handicapped persons to manage their lives more easily a considerable number of grants were made during the year for certain works of adaptation in and around their homes. The grants covered the cost of concreting drives, the provision of ramps, bath safety rails, supports on staircases, special toilet seats, pulleys etc.

So far as District Council house property is concerned the usual practice is for the local Council to undertake the actual work of adaptation, following approval by the County Council and for the latter to meet the actual cost. In private houses the County Council engages the services of appropriate local firms.

(d) **Aids:** An increased number of aids were provided on loan to registered physically handicapped persons. These covered a wide range, but the need for walking frames created the heaviest demand.

(e) **Handicraft and Social Centres:** Centres are organised by the Handicraft Instructresses at Sudbury and Newmarket, and further Centres which the Instructresses attend and support, are run by voluntary organisations (particularly the British Red Cross Society) or private persons at Hadleigh and Bury St. Edmunds, with several others at the planning stage. At most Centres the Blind and the Physically Handicapped attend together and combine extremely well in these group gatherings. These Centres provide, not only the opportunity to receive handicraft instruction, but also bring the pleasures of social intercourse, outings and parties. In these activities the club members are encouraged to take an active part in the planning.

A pastime therapy service is also provided to the physically handicapped in their own homes - instruction is given, materials supplied, and help provided with sales, both privately and at Shows and other organised sales efforts. The yearly sales of completed articles amount to £1,550 and this figure will increase with the continued development of the service.

Handicraft classes are held at some of the Homes for the Aged, but the response from the old folk in terms of keenness and enthusiasm is a little disappointing as it is very often short-lived, although there is sufficient interest to justify the service.

(f) **Car Badges:** A small number of Car Badges were provided during the year to severely handicapped persons for display in their vehicles. These badges are issued for the purpose of facilitating the parking of vehicles, but they do not confer any rights as such in the matter of parking concessions.

(g) Deaf and Hard of Hearing: The registered number of persons in these categories remained fairly static during the year.

In the main the services to the Deaf and Hard of Hearing are undertaken by the Suffolk Mission to the Deaf with which the Council maintains the closest contact and supports financially.

In the report last year mention was made of the fact that the Mission was proposing to extend and develop its services in the County by purchasing premises in Bury St. Edmunds for office, social and other purposes and by appointing a Welfare Officer in this Borough to serve West Suffolk and to assist the Superintendent Missioner who operates from Ipswich. These proposals came to fruition during the year and as a result the Council's grant to the Mission has been substantially increased.

(h) Blind and Partially Sighted: Excluding transfers from other areas and re-certifications some 43 new blind and 21 partially sighted persons were Registered during the year.

The cause of defective vision of persons registered as blind or partially sighted and of those who received treatment were as set out below.

(i) Number of cases registered during the year with recommendations as follows:-	Primary cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	5	4	-	29
(b) Treatment (medical, surgical or hospital supervision)	16	2	-	8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	2	-	7

There were no new cases of ophthalmia neonatorum or retrolental fibroplasia.

Handicraft instruction to the Blind and Partially Sighted is provided by the Handicraft Instructresses, and the Welfare Officer for the Blind undertakes the welfare and advisory service as well as teaching Braille, Moon and typewriting to suitable persons. Several blind persons were taught to read Moon, and two were taught to type.

The Council's Welfare Officer for the Blind also acts as Honorary Secretary to the West Suffolk Voluntary Association for the Blind. This body plays a most valuable role in the provision of services to supplement those provided by the Council. In particular they make cash and grants in kind for the provision of extra comforts and additional nourishment, arrange parties and organise holidays and outings.

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

(a) Residential Accommodation: Accommodation under the National Assistance Act is provided in Homes directly administered by the Council and also in establishments maintained by voluntary organisations.

At the end of the year the following beds were occupied:-

St. Mary's Hospital, Bury St. Edmunds	..	..	26
Bristol House, Felixstowe	..	..	42
The Glanely Rest, Exning, Newmarket	..	..	54
North Court, Bury St. Edmunds	..	..	56
Place Court, Haverhill	..	..	43
South Court, Bury St. Edmunds	..	..	41
Red House, Sudbury	..	..	16
Manson House, Bury St. Edmunds	..	..	2
"Cloncurry", Felixstowe	..	..	2
Homes for Epileptics	..	..	4
Maintained in other Local Authorities' Homes	..	..	7
Other Voluntary Homes	..	..	13
			<u>306</u>



Of this number 39 persons were registered blind or partially sighted and many had physical handicaps of varying degrees of severity. In common with all other Authorities we are conscious of the progressive lowering of the physical and mental standards of persons admitted to Residential Accommodation. People are also being admitted to Homes at a greater age than previously and for these reasons it is essential for a high ratio of staff to residents to be employed - including night staff.

A newly built Home at Hadleigh will accommodate 48 persons and will be completed in the early part of 1965. With this addition it will be possible to transfer all the existing residents from the Part III Department of St. Mary's Hospital and then to finally terminate the arrangements with the East Anglian Regional Hospital Board. A further new Home at Sudbury for 52 residents will become available in about two years time.

The Council has arranged the protection of moveable property whenever necessary, under the provisions of Section 48 of the National Assistance Act 1948.

(b) Temporary Accommodation: Temporary Accommodation under Section 21 of the National Assistance Act is provided, in three purpose-built units sited in the grounds of South Court, Bury St. Edmunds. On several occasions it seemed impossible to avoid these units being brought into use, but admissions were avoided due to the intensive efforts made by this Department's staff and to the excellent co-operation extended by the District Councils' staff, Children's Department, N.S.P.C.C. Inspector, National Assistance Board and private individuals. Acceptance of families into these units might seem a simple solution to an urgent problem, but the subsequent rehabilitation of such families and arranging their discharge to proper housing accommodation is a very different matter and in the past has been found to be a lengthy and difficult operation, with the final results proving only moderately successful.

(c) Registered Homes: As at 31st December, 1964, the number of Homes registered with the Local Authority, under the National Assistance Act 1948 and the Mental Health Act 1959, was as follows:-

- 7 Homes accommodating 128 Aged Persons
- 1 Home accommodating 17 Disabled Persons
- 2 Homes accommodating 22 Mentally Disordered Persons

(d) General Welfare to the Aged: The Council's Social Welfare Officers provide an advisory service to the aged in their own homes. Each officer has a visiting list of old people who are known to require supervision and visits are paid as and when considered desirable.

(e) Special Housing for the Aged: It is generally accepted that all old people who are physically and mentally able to do so, should continue to reside in the community in independent fashion as long as possible rather than seek the communal life of Homes for the Aged. With this in mind various District Councils in this County have developed special housing schemes for the elderly, usually consisting of flats or small bungalows with a Warden in charge, and certain communal facilities are provided. The Council is much in favour of accommodation of this kind for old people, and in all approved schemes, particularly where the special welfare facilities measure up to the required standard, a grant is made to the housing authority and this is related to the cost of the provision of these facilities.

(f) Voluntary Organisations: One of the most useful services to assist old people to remain in their own homes as long as possible is the Meals on Wheels Scheme. In this County the actual organisation of all such schemes is extremely well undertaken by the Women's Voluntary Services and the yearly figure of meals supplied now being in the region of 33,000. The Council is of course vitally concerned with this service and in co-operation with the District Councils makes financial grants towards the cost of each scheme. This sharing of financial responsibility is usually arranged on the basis of the District Council helping with the provision of kitchen accommodation and equipment, and paying a proportion of the deficiency on each meal, with the Council meeting the balance of the deficiency and being responsible for reimbursing most of the transport costs incurred in the delivery of meals to the recipients.

The West Suffolk Old Peoples Welfare Committee provides most useful services to the aged - clubs, emergency fuel, handicraft exhibitions, holidays, social gatherings etc., and in this way substantially supplements the services of the statutory body.

Close co-operation is maintained with this organisation and an Annual grant is made by the Council to enable the voluntary Committee to continue and expand its work.

TABLE I  
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	0.08
1964	139,450	9	11	20	0.06	0.08	0.14	6	8	14	0.04	0.06	0.10



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	—	—	—	—	—	—
1964	139,450	2	—	2	0.01	—	0.01	—	—	—	—	—	—

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
1964	2	1,490	0.13



TABLE II

The following table shows the amount of the interest on the bonds of the United States Government, as a percentage of the principal, for the years 1900 to 1950.

Year	Amount of Interest	Percentage of Principal	Year	Amount of Interest	Percentage of Principal
1900	1,000,000,000	4.0	1925	1,000,000,000	4.0
1901	1,000,000,000	4.0	1926	1,000,000,000	4.0
1902	1,000,000,000	4.0	1927	1,000,000,000	4.0
1903	1,000,000,000	4.0	1928	1,000,000,000	4.0
1904	1,000,000,000	4.0	1929	1,000,000,000	4.0
1905	1,000,000,000	4.0	1930	1,000,000,000	4.0
1906	1,000,000,000	4.0	1931	1,000,000,000	4.0
1907	1,000,000,000	4.0	1932	1,000,000,000	4.0
1908	1,000,000,000	4.0	1933	1,000,000,000	4.0
1909	1,000,000,000	4.0	1934	1,000,000,000	4.0
1910	1,000,000,000	4.0	1935	1,000,000,000	4.0
1911	1,000,000,000	4.0	1936	1,000,000,000	4.0
1912	1,000,000,000	4.0	1937	1,000,000,000	4.0
1913	1,000,000,000	4.0	1938	1,000,000,000	4.0
1914	1,000,000,000	4.0	1939	1,000,000,000	4.0
1915	1,000,000,000	4.0	1940	1,000,000,000	4.0
1916	1,000,000,000	4.0	1941	1,000,000,000	4.0
1917	1,000,000,000	4.0	1942	1,000,000,000	4.0
1918	1,000,000,000	4.0	1943	1,000,000,000	4.0
1919	1,000,000,000	4.0	1944	1,000,000,000	4.0
1920	1,000,000,000	4.0	1945	1,000,000,000	4.0
1921	1,000,000,000	4.0	1946	1,000,000,000	4.0
1922	1,000,000,000	4.0	1947	1,000,000,000	4.0
1923	1,000,000,000	4.0	1948	1,000,000,000	4.0
1924	1,000,000,000	4.0	1949	1,000,000,000	4.0
1925	1,000,000,000	4.0	1950	1,000,000,000	4.0





