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WEST SUFFOLK



ANNUAL REPORT


OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1969

D. A. McCracken, O.St.J., M.D., D.P.H.



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WEST SUFFOLK COUNTY COUNCIL

Telephone Number:
Bury St. Edmunds 2281



Manor 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 my 18th annual report. This deals with the health and welfare services for the year ended 31st December, 1969. The population of the administrative County as estimated by the Registrar General was 163,760 as at June 1969 as compared with 159,430 in the previous year. These estimates take into account the births, deaths, inward and outward transfers of population. The estimated increase is therefore 4,330. The birth rate is 18.4 as compared with 16.3 for the country as a whole. It is a satisfactory feature of the vital statistics that the infant mortality rate is only 15.0 as compared with the national rate of 18.0. Similarly the neo-natal rate and early neo-natal mortality are reduced.

Steady progress has been made in the creation of a unified health service in the County and in particular this has been apparent in the attachment of home nurses, midwives and health visitors to general medical practice. Associated with this is the rapid development of a very close liaison with the West Suffolk Hospital medical and nursing staffs and the development of the early discharge scheme.

It will be recalled that during the autumn of 1967 the Ministry of Health indicated their intention to construct a new hospital at Bury St. Edmunds. This project is now well under way and will make the best possible use of medical and nursing facilities in the County. With the integration of the community services now going ahead at a very fast pace, a strengthening of the home nursing, health visiting and midwifery staff of the County Council will inevitably be required. Although the suspension of the expansion of development towards a completely integrated health service has been delayed (Green Paper Mark II) the planning and work for "the Bury St. Edmunds Hospital" has created a tremendous activity in the community which has been going on since 1967 because an opportunity was taken to obtain a fresh site for the hospital and a situation has arisen in which the local health authority and general practitioner staff worked in a close and harmonious relationship with the hospital staff. The new hospital will have some 543 beds, now being constructed in one phase, and it is hoped that the whole contract will be completed and a new hospital brought into commission by late 1972. Of the 543 beds, 306 will be a basic unit of general acute beds, there will be 85 obstetric beds with 20 special care baby cots, 30 paediatric beds and provision for mothers to stay with their children if necessary, and 50 geriatric beds. There will also be a unit of 50 short and medium stay psychiatric beds and a unit of 20 single rooms designed for infectious diseases. There will be six operating theatres and an intensive coronary care unit.

The accommodation to be provided in the hospital has been related to the early discharge of patients, a procedure which will involve the nursing staff of the local health authority in a much more detailed way than has hitherto been possible. The acceptable discharge of maternity patients in 48 hours has now been applied in a much wider field of general surgical treatment to the care of the home nurse. This scheme is now working satisfactorily. It did start in a very small way, has gradually increased, and has meant very close co-operation between the health visitor, home nurse, general practitioner, consultants and nursing staff of the hospital.

Members of the County Council nursing staff have become frequent visitors to the records department and to the wards; and the hospital nurses themselves have been initiated into the community type of nursing as early as they have started their course of training for the state register or the enrolled. Because of the concept of community care the nursing training department at the hospital, in conjunction with my own department, have initiated and are progressing steadily towards providing a full state registration/district nurse training scheme which has had official approval.

During the last few years a general pattern of unification of all three branches of the health service is now emerging and the welfare and social services have been strengthened by new legislation. The three factors which will have a fundamental effect on the services provided by the authority are:—

- (i) The Local Authority Social Services Act, 1970 which is in effect the full implementation of the 'Seebohm' Report which creates new social services departments of local authorities. It therefore brings to an end the administration of welfare services which I have carried out since 1952 and have, I believe, created a welfare service for West Suffolk which is comparable with the best in the country.
- (ii) The Education (Handicapped Children) Act, 1970 which puts into effect the announcement of a previous Prime Minister and legislates for the transfer of junior training centres and accommodation for severely subnormal in the community and for the education of severely subnormal children in hospital to education departments. The order for the transfer to take place has not yet been made: but this is causing considerable disquiet amongst members of the training centre staff, and it is one's hope that the representatives of the teaching profession and the teachers of the subnormal will evolve a satisfactory solution acceptable to our present staff.
- (iii) The Chronically Sick and Disabled Persons Act, 1970, which although dealing largely with welfare matters, has two important provisions having a considerable bearing on the health service. Regional hospital boards are being pressed to secure the separation of the young chronic sick from the elderly hospital accommodation and education authorities are strongly being urged to secure special educational facilities for children who suffer from the dual handicap of blindness and deafness, for those suffering from autism and for those suffering from dyslexia.

The family planning service continues to develop and the County has continued its policy of providing a service through the Family Planning Association. Most of the clinics are held in the County Council's clinics but it is anticipated that the domiciliary service will play a larger part in family planning in future years.

The provision of health centres appears now to be an acceptable development in the health services in the County and we are busily engaged, in conjunction with the executive council and the medical practitioners in planning the provision of the first health centre in the expanding town of Haverhill. Other centres will undoubtedly follow but in the meantime much work requires to be devoted to the development of a centre such as this together with the possibility of minimal care beds in association with it. Although consultations mentioned above have been going on for some time the actual planning has become more clear now that a health centre has appeared in the new town plan for Haverhill.

I again record with regret that although the County Council decided in 1962 that they would like the fluoride content of the water supplies adjusted no progress has been made by either of the water boards in carrying out this request.

I would like to thank members of the Health and Welfare department staff for their continued support in all our endeavours and to the members of the Council for the great interest they continue to take in the development of the health and welfare services in the County. Miss Janet Humm, who has been a member of the Health Department for 44 years retired after being in charge of the office administration of the nursing services since 1948, and it would be proper to record that not only did she carry out her official work but she also did a tremendous amount of voluntary work for the nursing profession, and in particular the West Suffolk County Nursing Association.

I have the honour to be,

Your obedient Servant,

DAVID ANDREW McCRACKEN

12th October, 1970.



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:

A. M. Lush, M.R.C.S., L.R.C.P., D.C.H., (R.C.P.I.), D.(Obst.) R.C.O.G., D.P.H. (from 1.1.69)

Senior Medical Officer:

Mrs. D. M. Walker, M.B., Ch.B., (from 3.3.69)

Assistant County Medical Officers of Health:

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

J. R. M. Murdoch, (from 1.1.69 to 17.9.69)

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

L. B. Gonzalez, 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.

Consultant Chest Physician (Part-time):

C. P. Hay, M.D., M.R.C.P., D.P.H. (to 31.3.69)

Dental Surgeons:

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

Mrs. S. Tribe, B.D.S., L.D.S. (to 31.7.69)

E. Ferguson, M.B.E., L.D.S.

J. Dewar, L.D.S. (Part-time) (to 31.12.69)

W. L. Norman, L.R.A.M., L.D.S., R.C.S., (Part-time)

G. T. Green, B.D.S., L.D.S., R.C.S., (from 3.11.69)

Mrs. M. Roy, L.D.S. (Part-time) (from 13.10.69)

Principal Nursing Officer:

Miss O. E. Payne, S.R.N., S.C.M., Q.N., H.V.Cert., (to 29.7.69)

Miss V. M. Hird, S.R.N., S.C.M., Q.N., H.V.Cert., (from 1.8.69)

Superintendent Health Visitor:

Miss M. Ward, S.R.N., S.C.M., H.V.Cert.

Superintendent Home Nurse/Midwife:

Miss V. M. Hird, S.R.N., S.C.M., Q.N., H.V.Cert., (to 31.7.69)

Miss A. M. Delahunty, S.R.N., S.C.M., Q.N., (from 31.10.69)

Health Educator:

Miss V. Blanchard (from 1.1.69)

Speech Therapists:

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

Miss L. Lippiard, L.C.S.T.

Mrs. J. J. B. Easdown, L.C.S.T., (Part-time) (to 31.3.69)

Food and Drugs Act:

Chief Inspector — D. Thompson

Director of Welfare Services:

T. H. Higham, B.E.M., M.I.S.W.

Assistant Director of Welfare Services:

D. M. Watkins, (from 11.8.69)

Senior Social Worker:

A. E. Biggs

Social Worker:

Mrs. K. M. Stanlev (to 30.11.69)

Mental Health/Social Welfare Officers:

E. Brown

M. R. Cooper (from 15.7.69)

F. Crossley

D. Dransfield, S.R.N., R.M.N., (from 14.7.69)

M. D. Kidd

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

J. W. Pettitt

J. M. Hart., R.M.N., R.N.M.S., (from 22.9.69)

K. Rice, (to 31.5.69)

W. J. J. Tyrrell

D. M. Watkins (to 10.8.69)

J. W. Read (from 14.7.69)

Senior Home Teacher of the Blind:

Miss N. D. Tree, A.I.S.W.

Home Teachers of the Blind:

Miss M. R. Green

Miss J. de Naeyer

Junior Training Centres —

Bury St. Edmunds:

Supervisor — Miss E. E. Brown

Sudbury:

Supervisor — Mrs. L. E. Wood

Adult Training Centre —

Bury St. Edmunds:

Manager — G. T. Elliston

Handicraft Instructresses:

Miss W. Gamble

Mrs. D. M. Norden (to 13.10.69)

Mrs. F. E. Read

Mrs. N. W. Chapman (from 29.9.69)

Ambulance Superintendent:

J. F. Petch

Chiropodists:

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

S. Harper, M.Ch.S.

D. J. Chambers, A.Ch.S., (Part-time)

R. E. Shazell, M.Ch.S.

Administrative Assistants:

J. E. Richardson

Miss J. E. Humm

Mrs. M. Wells-Gardner

L. L. W. Fayes

C. Hallifax

Senior Administrative Officer:

E. White

SUMMARY OF VITAL STATISTICS, 1969

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, 1969)	163,760
Rateable Value	£5,289,560
Estimated Product of a Penny Rate	£21,616

Live Births:—

	Male	Female	Total	Rate per 1,000 Population
Legitimate	1,501	1,360	2,861	
Illegitimate	77	68	145	
	1,578	1,428	3,006	18.4

Percentage of illegitimate live births of TOTAL live births .. 5.0

Stillbirths:—

	Male	Female	Total	Rate per 1,000 Live and Stillbirths
Legitimate	19	21	40	
Illegitimate	1	—	1	
	20	21	41	13.0

Total Live and Stillbirths:—

	Male	Female	Total
Legitimate	1,520	1,381	2,901
Illegitimate	78	68	146
	1,598	1,449	3,047

Deaths:—

	Male	Female	Total	Rate per 1,000 Population
All causes	872	830	1,702	10.4

	Female	Total
Maternal (including abortion)	1	1

Infant (under one year):

	Male	Female	Total	Rate per 1,000 related live births
Legitimate	26	17	43	15.0
Illegitimate	4	1	5	34.0
	30	18	48	16.0

Neonatal (first four weeks):

	Male	Female	Total	
Legitimate	19	13	32	
Illegitimate	2	1	3	
	21	14	35	12.0

Early Neonatal:

	Male	Female	Total	
Legitimate	19	11	30	
Illegitimate	2	1	3	
	21	12	33	11.0

Perinatal:

	Male	Female	Total	Rate per 1,000 Live and Stillbirths
Legitimate	38	32	70	
Illegitimate	3	1	4	
	41	33	74	24.0

ESTIMATED POPULATION, BIRTH AND DEATH RATES

DISTRICT	ESTIMATED POPULATION	BIRTH RATES		DEATH RATES	
		Crude	Adjusted	Crude	Adjusted
<i>Borough and Urban Districts —</i>					
Bury St. Edmunds ..	25,140	18.9	18.5	12.9	9.7
Hadleigh	4,930	17.4	17.1	10.8	11.9
Haverhill	11,210	27.2	20.4	7.6	11.1
Newmarket	12,190	16.7	16.0	13.3	12.6
Sudbury	8,000	18.1	19.9	17.9	11.3
Totals	61,470	19.8	18.6	12.5	10.9
<i>Rural Districts—</i>					
Clare	10,550	15.5	17.4	10.2	9.1
Cosford	9,620	15.7	18.4	14.3	11.7
Melford	19,030	20.8	21.0	10.2	10.1
Mildenhall	30,610	18.1	19.0	6.2	9.9
Thedwastre	10,020	16.3	17.6	12.4	10.5
Thingoe	22,460	16.3	16.3	8.0	8.6
Totals	102,290	17.5	18.4	9.1	9.8
Grand Totals ..	163,760	18.4	18.6	10.4	10.3

CAUSES OF DEATHS IN ADMINISTRATIVE AREAS—URBAN AND RURAL DISTRICTS

Registrar General's Code	CAUSES OF DEATH	URBAN DISTRICTS						RURAL DISTRICTS						GRAND TOTAL FOR COUNTY	Registrar General's Code
		BURY ST. EDMUNDS	HADLEIGH	HAVERHILL	NEWMARKET	SUDBURY	TOTAL	CLARE	COSFORD	MELFORD	MILDENHALL	THEDWASTRE	THINGOE	TOTAL	
B.1	Cholera														B.1
B.2	Typhoid Fever														B.2
B.3	Bacillary dysentery and amoebiasis														B.3
B.4	Enteritis and other diarrhoeal diseases	1					1						1	1	2 B.4
B.5	Tuberculosis of respiratory system										1			1	1 B.5
B.6	Other tuberculosis, including late effects										1		1	2	2 B.6
B.7	Plague														B.7
B.8	Diphtheria														B.8
B.9	Whooping cough														B.9
B.10	Streptococcal sore throat and scarlet fever														B.10
B.11	Meningococcal infection										1			1	1 B.11
B.12	Acute poliomyelitis														B.12
B.13	Smallpox														B.13
B.14	Measles														B.14
B.15	Typhus and other rickettsioses														B.15
B.16	Malaria														B.16
B.17	Syphilis and its sequelae														B.17
B.18	All other infective and parasitic diseases	2			1		3	1						1	4 B.18
B.19(1)	Malignant neoplasm — Buccal cavity			1			1			1			2	3	4 B.19(1)
B.19(2)	Malignant neoplasm — oesophagus	2			1		3		2			1	3	7	10 B.19(2)
B.19(3)	Malignant neoplasm — stomach	1	2	2	7	2	14	3	3	5	4	2	2	19	33 B.19(3)
B.19(4)	Malignant neoplasm — intestine	5	3	3	3	1	15	1	4	5	7	3	4	24	39 B.19(4)
B.19(5)	Malignant neoplasm — larynx	1			1		2				1			1	3 B.19(5)
B.19(6)	Malignant neoplasm — lung, bronchus	15	3	2	8	3	31	8	4	14	5	5	8	44	75 B.19(6)
B.19(7)	Malignant neoplasm — breast	4		2	3	1	10	2	4	5	3	1	4	19	29 B.19(7)
B.19(8)	Malignant neoplasm — uterus	7			1	1	9	2		3	1	1	2	7	16 B.19(8)
B.19(9)	Malignant neoplasm — prostate	3		2	1		6		1	3	2	2	2	10	16 B.19(9)
B.19(10)	Leukaemia		1		2		3		1	3	2			6	9 B.19(10)
B.19(11)	Other malignant neoplasms	19	2	5	8	6	40	5	5	8	8	5	4	35	75 B.19(11)
B.20	Benign neoplasms and neoplasms of unspecified nature	2			1		3							1	4 B.20
B.21	Diabetes mellitus	2	1	2	4	2	11	2	1	3	2		1	9	20 B.21
B.22	Avitaminoses and other nutritional deficiency														B.22
B.46(pt)	Other endocrine, nutritional and metabolic diseases									2			2	4	4 B.46(pt)
B.23	Anaemias	2		1		1	4				2			2	6 B.23
B.46(pt)	Other diseases of blood and blood-forming organs														B.46(pt)
B.46(pt)	Mental disorders	1					1								1 B.46(pt)
B.24	Meningitis	1					1								1 B.24
B.46(pt)	Other diseases of nervous system and sense organs	3			1	5	9	1	2		1		2	6	15 B.46(pt)
B.25	Active rheumatic fever														B.25
B.26	Chronic rheumatic heart disease		2		1	3	6		1	5	2	2	1	11	17 B.26
B.27	Hypertensive disease	3	1	4	6	2	16	2	2	4	2	2	2	14	30 B.27
B.28	Ischaemic heart disease	66	12	19	41	38	176	23	35	32	44	28	37	199	375 B.28
B.29	Other forms of heart disease	12	4	2	2	8	28	7	5	11	6	10	14	53	81 B.29
B.30	Cerebrovascular disease	32	10	16	24	33	115	15	28	36	24	19	23	145	260 B.30
B.46(pt)	Other diseases of the circulatory system	11	1	1	6	8	27	5	4	9	3	9	34	61	61 B.46(pt)
B.31	Influenza	3		4	1	5	13	2	3	7	3		6	21	34 B.31
B.32	Pneumonia	69	2	7	10	9	97	15	11	14	24	17	23	104	201 B.32
B.33(1)	Bronchitis, emphysema	18	1	2	6	4	31	1	7	9	5	3	5	30	61 B.33(1)
B.33(2)	Asthma	2	1		1		4				1	1		2	6 B.33(2)
B.46(pt)	Other diseases of the respiratory system	2	1	1	3	2	9	1		3				4	13 B.46(pt)
B.34	Peptic ulcer	2		1	2	2	7	1			1	1		3	10 B.34
B.35	Appendicitis														B.35
B.36	Intestinal obstruction and hernia				1		1		2	1				3	4 B.36
B.37	Cirrhosis of liver	1					1	1			1			2	3 B.37
B.46(pt)	Other diseases of the digestive system	4	1		2	1	8	2	2	2			4	12	20 B.46(pt)
B.38	Nephritis and nephrosis		1	2			3		1	2			1	4	7 B.38
B.39	Hyperplasia of prostate		1		1	1	3	1			1	1		3	6 B.39
B.46(pt)	Other diseases of the genito-urinary system	1		1			2	1		1		1		3	5 B.46(pt)
B.40	Abortion														B.40
B.41	Other complications of pregnancy, childbirth and puerperium	1					1								1 B.41
B.46(pt)	Diseases of the skin and subcutaneous tissue														B.46(pt)
B.46(mem)	Diseases of the musculoskeletal system and connective tissue	1		1			2			1		1		2	4 B.46(mem)
B.42	Congenital anomalies	3		1		1	5			1	1		3	5	10 B.42
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions	6			2		8	1	2	2	1	1	1	8	16 B.43
B.44	Other causes of perinatal mortality	1			1	2	4	2		2	3	1	1	9	13 B.44
B.45	Symptoms and ill-defined conditions					2	2		1	1	1			4	6 B.45
BE.47	Motor Vehicle accidents	2	1	1	1		5		2	5	7	3	7	24	29 BE.47
BE.48	All other accidents	13	1		5		19	3	3	6	2	6	3	23	42 BE.48
BE.49	Suicide and self-inflicted injuries	1	1	2	4		8		2		1		2	5	13 BE.49
BE.50	All other external causes										3	1		4	4 BE.50
	ALL CAUSES	325	53	85	162	143	768	108	138	195	190	124	179	934	1,702

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 163,760 persons as compared with 159,430 persons in 1968. The estimated population of children under fifteen years as at 30th June was 38,100 of which 14,300 were under five.

The natural increase in population, that is the excess of registered live births over deaths, totalled 1,304 persons as compared with 1,220 persons in 1968.

Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjustment for outward and inward transferable deaths, was 1,702 (males 872, females 830) as compared with 1,704 in 1968. The total death rate based on the mid-year estimated population was 10.4 compared with 10.7 in the previous year. Deaths are classified under the 65 headings based on the International Abbreviated List (B List) from the manual of the eighth Revision of the International Classification, plus certain additional headings under B 19 — that of cancer. 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 adjusted. These birth and death rates are shown in the table on page 7.

Heart diseases and other circulatory diseases accounted for 824 of all deaths compared with 789 for 1968. Cancer was responsible for 313 deaths — a reduction of 2 on the previous year. Cancer of the lung and bronchus showed a decrease and 75 deaths were attributed to this cause compared with 85 for 1968. The number of deaths attributable to tuberculosis was 3 compared with 6 for 1968.

The adjusted death rates for 1965–69 with those for England and Wales for comparison are:—

	1965	1966	1967	1968	1969
West Suffolk	10.2	9.7	9.7	10.7	10.3
England and Wales	11.5	11.7	11.2	11.9	11.8

Live Births.

The number of live births assigned to the County was 3,006 (1,578 males, 1,428 females); as compared with 2,924 in 1968. This was equivalent to a crude birth rate of 18.4 as compared with 18.3 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 1965–69 together with the national rates for comparison:—

	1965	1966	1967	1968	1969
West Suffolk	19.1	19.2	18.8	18.5	18.6
England and Wales	18.1	17.7	17.2	16.9	16.3

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 13.0 per thousand related live and stillbirths as compared with 13.0 for England and Wales. The rates for the quinquennium 1965–1969 together with those for the country as a whole are as follows:—

	1965	1966	1967	1968	1969
West Suffolk	15.0	10.1	12.3	13.8	13.0
England and Wales	15.8	15.3	14.8	14.3	13.0

Infant Mortality.

The number of infants who died before attaining their first birthday was 48 (30 males and 18 females) as compared with 52 in 1968. The rate per thousand related live births was 16.0 as compared with 17.8 for the previous year. The rates for 1965–1969 together with those for England and Wales are as follows:—

	1965	1966	1967	1968	1969
West Suffolk	18.3	22.5	13.7	17.8	16.0
England and Wales	19.0	18.9	18.3	18.3	18.0

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 1965–1969 were:—

	1965	1966	1967	1968	1969
West Suffolk	12.7	17.3	11.1	14.4	12.0
England and Wales	13.0	12.9	12.5	12.4	12.0

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 1969 was 11.0 compared with 12.7 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 stillbirths for 1965–1969 together with those for England and Wales:—

	1965	1966	1967	1968	1969
West Suffolk	26.8	25.5	21.2	26.3	24.0
England and Wales	26.9	26.3	25.4	24.7	23.0

Maternal Mortality.

There was one maternal death. The cause of death as certified, was "shock and haemorrhage due to spontaneous rupture of ectopic pregnancy".

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visitors.

The work of the health visitor continues to increase. She is the family visitor, demands for her service coming from all age groups, but increasingly as a result of requests from general practitioners requiring help with the growing number of aged persons in their practices. The close co-operation with the hospital regarding the care of patients to be discharged into the community, and also the problems of the families in expanding towns.

The health visitors continue to act as liaison officers to the West Suffolk General Hospital for early discharges of selected surgical cases and with the geriatric units of St. Mary's Bury St. Edmunds, Newmarket and Sudbury hospitals.

The total number of visits paid was:—

Children 0—5 years	36,430
Expectant Mothers	1,051
Other cases, including	
Home Help visits	9,222
	<u>46,703</u>

The health visitors called on 1,953 persons aged 65 and over, including 686 at the special request of a family doctor or hospital staff. They also visited 254 patients discharged from hospital of whom 215 were visited at the request of a medical practitioner or hospital consultant. Forty-two households were visited and advice offered on account of infectious diseases. Total number of cases visited was 18,308.

Training.

The health visitors are continuing to assist the Civic College, Ipswich by instructing and giving domiciliary practical experience to health visitor students as part of their training.

Post Graduate Training.

Two health visitors attended the second part of the field worker instructor course thus completing their course of training and one health visitor did a complete field work instructors course.

Establishment.

The establishment remained at 27 health visitors (excluding the Superintendent Health Visitor).

Child Health Clinics.

In addition to the four purpose-built health clinics at Bury St. Edmunds, Haverhill, Newmarket, and Sudbury, there were 27 clinics including two at R.A.F. Stations (Honington and Stradishall), at the end of the year.

The total number of children who attended was 5,501; 1,794 were under one year of age, 1,758 between one and two years of age and 1,949 between two and five years of age. There were 1,056 children on the "At Risk" Register in December.

Maternity and Nursing Homes.

There are two registered nursing homes in the county — The Planche, Thurston and Stowlangtoft Hall, Stowlangtoft — accommodating twenty-four patients and twenty patients respectively. Regular inspections were made of these nursing homes by the Principal Nursing Officer. There are no registered maternity homes.

Nurseries and Child Minders Regulation Act, 1948 (as amended by Section 60 of the Health Services and Public Health Act, 1968).

As reported last year this amendment has caused a large increase in the number of registrations of Child Minders. The number registered at the end of 1968 was 18 compared with 135 at the end of 1969.

The number of nurseries has also risen considerably, and playgroups are becoming very popular both as a means of occupying the pre-school child and also preparing him for his entry to school at five years.

The numbers of registered premises and persons at the end of the year were as follows:—

	REGISTERED PREMISES			REGISTERED PERSONS
	Factory	Other	TOTAL	
Number of premises or persons registered at end of year ..	1	41	42	135
Number of children permitted	8	973	957	376

Relaxation and Mothercraft Classes.

Classes are now established at Bury St. Edmunds, Brandon, Hadleigh, Haverhill, Mildenhall, Nayland, Newmarket, Sudbury and Kedington. Attendance at these classes is continuing to increase. The number of mothers who attended was:—

Hospital booked	325
Domiciliary booked	<u>188</u>
TOTAL	<u>513</u>

Total number of attendances 3,360.

Family Planning.

As reported last year, the powers and duties under the National Health Service (Family Planning) Act, 1967 have been further implemented. This service has been continued throughout the County by the Family Planning Association who have the use of the health clinics free of charge. A yearly grant of £300 has been made to the Association and notices are inserted in the press giving particulars of the clinics. Extra sessions are started as and when staff are available.

Clinics are held as follows:—

Clinic	Frequency	Number of New Cases	Total Number of Attendances
Bury St. Edmunds	Every Wednesday morning)	299	1,522
	Every Tuesday morning)		
Haverhill	Every Monday evening)	93	726
	1st Wednesday morning)		
Newmarket	1st and 3rd Wednesday mornings)	99	836
	Every Wednesday evening)		
Sudbury	1st and 3rd Thursday mornings)	82	562
	2nd and 4th Thursday evenings)		
		<u>573</u>	<u>3,646</u>

Dental Care.

Mr. S. H. Pollard, the Principal School Dental Officer, reports as follows:—

'During the year it was noticed that the small number of expectant mothers who applied to the clinics did so because they were unable to obtain dental treatment through the National Health Service. The increase in population has not been accompanied by any increase in the number of general dental practitioners. It is therefore likely that there will be a greater demand on the local authority service in the future.

There has been an increase in the number of pre-school children attending for inspection before treatment is needed. Early inspection affords a useful opportunity to advise parents on diet and oral hygiene. It also means that if treatment becomes necessary later on the child is already familiar with the surroundings. This makes things much easier for both patient and operator'.

Dental Services for Expectant and Nursing Mothers and children under 5 years as at December, 1969.

<i>Attendances and Treatment</i>	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for treatment during year—		
First visit	35	5
Subsequent visits	65	1
Total visits	100	6
Number of additional courses of treatment other than the first course commenced during year	1	—
Treatment provided during the year—		
Number of fillings	44	3
Teeth filled	40	3
Teeth extracted	3	1
General Anaesthetic given	2	—
Emergency visits by patients	1	—
Patients X-Rayed	—	—
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	—	1
Teeth otherwise conserved	92	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Number of courses of treatment completed during the year	29	3

Prosthetics

Patients supplied with F.U. or F.L. (first time)	—
Patients supplied with other dentures	—
Number of dentures supplied	—

Anaesthetics

General Anaesthetics administered by dental officers	—
--	---

Inspections

Number of patients given first inspections during year	73	7
Number of patients in (Attendances and Treatment) and (Inspection) who required treatment	28	7
Number of patients in (Prosthetics) and (Sessions) who were offered treatment	28	7

Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients—	
For treatment	18
For health education	1

Speech Therapy.

There have been two full-time speech therapists working throughout the year. One was responsible for work in the southern part of the county which includes Hadleigh, Sudbury, Long Melford, Clare and Haverhill, while the second therapist worked in the northern area incorporating Bury St. Edmunds, Newmarket, Brandon, Mildenhall and Woolpit.

A total of 41 pre-school children have been under surveillance, a proportion of whom have required regular help, and have either attended at clinics weekly or been seen in their homes. Two were discharged during the year before reaching school age.

Care of Unmarried Mothers and Children.

The satisfactory arrangements with the St. Edmundsbury and Ipswich Diocesan Board for Moral and Social Welfare have been continued. Thirty-three cases were referred to the Board and reports were received from the Moral Welfare Worker. The Council accepted financial responsibility for the maintenance of 14 unmarried mothers in suitable homes. In addition grant of £300 was paid to the Board.

Care of Premature Infants.

A total of 152 premature births was recorded. Of the 19 infants born at home, 14 were nursed entirely at home and all survived the first month. All the five transferred to hospital survived. Of the 133 born in hospital, 119 survived the first month.

Prevention of Break-up of Families.

Six-monthly meetings of the three area case committees, augmented where necessary by ad hoc committees, were held. During the year the problems of 44 families were considered and of this number 20 cases were referred for the first time. The names of 5 families were removed as being no longer in need of review.

Ascertainment and Training of Young Children with Impaired Hearing.

The arrangements for the ascertainment and training of pre-school children with impaired hearing were continued. Attendance at an appropriate course for ascertainment is arranged for any health visitor newly appointed who is not already trained in this work. One health visitor is giving specialised help at the partially hearing unit attached to Westgate County Primary School, Bury St. Edmunds.

Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 53 voluntary distribution centres with 65 for the previous 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 ..	2896	563	792	12234
Newmarket	1195	119	255	3432
Haverhill	1793	113	400	3801
Sudbury	702	141	325	4967
TOTAL	6586	936	1772	24434
VOLUNTARY	9434	766	663	19626
TOTAL ISSUES	16020	1702	2435	44060
TOTAL ISSUES (1968) ..	20039	1777	2276	40510

I would like to express once again my appreciation of the work done by these voluntary centres.

The uptake of food generally is being reduced. This applies particularly to national dried milk.

Other Welfare Foods.

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the child welfare centres and health visitors. The following issues were made:—

	1969	1968
Baby Cereal	1,532 packets	1,638 packets
Vitamin preparations—		
Vitamin C	12,092 bottles	12,400 bottles
Vitamin A and D (Liquid)	3,875 bottles	3,858 bottles
Vitamin B (Solid) ..	6,095 tins	5,291 tins
Pharmaceutical Products—		
Tablets for Nursing Mothers	129 tins	110 tins

In addition to these commodities, toothbrushes for children were available and 3,253 (2,919) were issued.

Cash receipts for all the above items amounted to £1,936 (£1,804). Health visitors continued to issue concessionary vouchers for proprietary foods.

MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the County during the year was 99. The number of cases attended was:—

Domiciliary Midwives	770
Hospital Midwives	1,948
Total	2,718

In addition there were 292 births at the U.S. Army Air Corps Hospital at Lakenheath.

Domiciliary confinements have again decreased but this is the national trend and reflects better selection of patients for admission to hospital. The number of maternity patients discharged early from hospital to the care of the domiciliary midwife has increased to 1,236 patients but to offset this the scheme commenced as a trial in 1968 whereby domiciliary midwives go into hospital to deliver their patients who are admitted for delivery and short stay is expanding.

The scheme commenced with the West Suffolk General Hospital and Sudbury general practitioner unit has proved to be popular with patients, hospital and domiciliary midwives and negotiations are now taking place to extend this to Newmarket general practitioner unit.

Phenylketonuria.

The testing of all babies for this disease continues. It is now recommended that the Guthrie test started in this County in 1968 in conjunction with the West Suffolk Hospital Management Committee should be used universally and the blood tests sent to a regional centre for processing. The centre for this area is the Ida Darwin Hospital, Fulbourn, Cambridge.

Congenital Malformations.

The notifications of all cases of congenital malformations have continued and have shown a decrease this year. Thirty-five being reported, as compared with fifty-six in 1968.

Sterilised Maternity Outfits.

992 packs costing 18/- each for domiciliary confinements and 308 packs at 7/1d. for patients discharged early from hospital or suffering from complications of midwifery, were supplied free:

Midwifery Training.

The second period midwifery training continues in conjunction with the West Suffolk General Hospital, the total training involves 6 consecutive months the students spending the first three months in hospital and the second three months delivering, and nursing mothers and babies in their homes under the supervision of a training midwife. Ten student midwives succeeded in passing the examination of the Central Midwives Board and are now qualified midwives.

Refresher Courses.

Five midwives attended statutory refresher courses and three attended preparation for parent-hood courses. Additional lectures have been given to midwives and home nurses at their monthly meetings.

Housing for Nurses.

Bungalows at Thurlow and Glemsford and a house in Bradfield St. George have been completed and occupied.

Disposable Equipment.

This is now recognised as essential equipment. It is costly but time saving and the use of sterile disposable equipment enables the nurse to give that efficient professional care for which she has been trained and the patient has the right to expect.

Establishment.

The district nursing establishment has been increased to a total of 67 home nurses, midwives and auxiliaries, (excluding Superintendent Home Nurse/Midwife).

Incontinence Pads.

The use of these disposable under-pads continues to increase. The number of chronic sick people cared for at home is still rising and many more people are nursed at home during their terminal illness. It is for this type of patient and the severely physically handicapped that disposable draw sheets are such a comfort. These are also of assistance to the relatives who are helping to care for them, many of whom are elderly. Without this aid a number of people could not be nursed at home. 13,500 pads were distributed compared with 10,000 for the previous year.

Hospital Discharges.

The planned early discharge scheme has continued to expand and now includes the patients of one ophthalmic surgeon, this latest pilot scheme was started in order to assist the surgeon in the reduction of a long waiting list of patients requiring cataract operations. This scheme has been so successful that the waiting list has been reduced by 65%.

These schemes have established a new concept of community care but they have also fostered a closer integration of community and hospital staff and it is envisaged will form the foundation of the future health programme for this County taking into consideration the new hospital and future closer integration of services.

Home Nursing Service.

The total number of patients nursed was 4,109 of whom 1,918 were 65 years and over. The number of home nursing visits paid throughout the County totalled 88,427. 28,852 injections were given, 396 children were nursed at home, of whom 168 were under the age of 5 and 171 between 5 and 15 years.

The arrangements for student nurses from the West Suffolk General Hospital to spend a day with the home nurses, health visitors and midwives continues and has been extended to students who are training to be child care officers.

There is a growing demand for all nursing and allied professions to obtain for their students experience of the community health services. This widening of the students' horizon is good but it is an added responsibility for staff whose primary duty is to serve the best interests of the patient.

Training.

In accordance with the national recommendation we are endeavouring to train those members of our nursing personnel who are not district trained. The training is run jointly with Norfolk County Council and comprises a three month training period incorporating both theory and practical work - Norfolk County Council giving the theoretical instruction.

The first group of four district nurses were all successful in obtaining the National certificate in District Training.

Integrated Training.

The integrated nurse training scheme run in co-operation with the West Suffolk Hospital Management Committee at the West Suffolk General Hospital started in May, 1969. At the end of this training, which is spread over three consecutive years, the nurse will qualify as a state registered nurse with district training. This new training should ensure that the nurse of the future has a wider concept of total patient care.

Auxiliary In-Service Training.

As part of the progressive use of nursing auxiliaries to undertake, under the jurisdiction of a trained nurse, tasks requiring a lesser degree of nursing skill, an in-service training course for auxiliary nurses is being arranged by the Principal Nursing Officer.

Refresher Courses.

In order to fulfil our obligation as a training authority for the integrated and post certificate district nurse training three home nurses undertook practical work instructor courses.

Attachment of Public Health Nursing Staff to General Practitioner Surgeries.

There is no doubt the attachment of health visitors, midwives and nurses to general practitioner surgeries has proved to be a satisfactory method of working. The great disadvantage remains the additional mileage entailed as a result of attachment.

In view of the progress so far made I hope during the near future to be able to offer attachment of public health nursing staff to interested general practitioners living in the more difficult geographical areas.

AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway		Air	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1965	79,809	785,342	16,846	165,744	62,854	613,176	19	199	90	6,223	—	—
1966	92,435	878,182	14,731	156,479	77,618	716,842	28	390	57	4,231	1	240
1967	109,094	1,029,316	17,405	166,345	91,578	858,168	56	498	54	4,095	1	210
1968	117,856	1,146,463	18,406	164,471	99,362	977,692	29	260	59	4,040	—	—
1969	122,923	1,156,707	19,961	173,125	102,896	978,138	29	373	35	4,581	2	490

The average miles per patient was 10.4 compared with 9.5 for 1968. The total mileage for all patients in this service shows a relatively small increase of 0.9% on the previous year.

Ambulances.

The total mileage shows an increase of 5.3% on 1968. The average number of miles per patient was 8.7 compared with 8.9 for the previous year.

Sitting Case Cars.

The above mileage includes both the Council's own vehicles and that of the Hospital Car Service. A mileage of 178,138 is a very small increase of 0.05% on the previous year. The average number of miles per patient was 9.5 compared with 9.8 for 1968. This mileage includes the conveyance of trainees attending junior training centres at Bury St. Edmunds and Sudbury and the adult training centre at Bury St. Edmunds. This type of transport accounted for 362,990 miles or 37% of the total mileage under this head. This is recharged to the mental health service. In addition, this head includes transport of patients to day hospitals at Bury St. Edmunds and Sudbury.

Taxis.

This form of transport is restricted to the conveyance of school children when an ambulance is not required. It will be seen the number is the same, although the mileage given is an increase on the previous year.

Railway.

The number of patients actually transported is less than the previous year; but the mileage is increased. This indicates that we have been asked to take patients further away than previously. Where practicable the railway is used for long journeys. It is restricted to patients who have to be admitted for specialised forms of treatment which are not available locally. It gives me pleasure once again to pay tribute to the staff of both British Railways and the London Ambulance Service who assist our patients.

Hospital Car Service.

This service continues to play a very important role. There were 40 registered car drivers on 31st December. I cannot speak too highly of the men and women who give of their time to this service.

Capital Programme.

In the review of the "ten-year programme" provision was made for the building of ambulance stations and associated accommodation for ambulancemen at Mildenhall and Hadleigh in 1970/7 and 1972/73 respectively.

General.

The figures in the table at the beginning of this section of the report show that the demands on the ambulance service continue to increase. As I remarked last year, the introduction of an early discharge scheme at the West Suffolk General Hospital with its consequent quicker turnover of beds increases the call on the ambulance service; and this has been met. I reported last year that ambulance station supervisors had been appointed and during the year under review, which is the first year of there being such, their addition to the staff structure of the ambulance service has proved to be an unqualified success. Periodic meetings with my senior staff take place and there is now a general sense of participation at all levels in the operation of the ambulance service.

It was possible to send various members of the ambulance staff to "Millar" type training courses at Danbury Palace, Essex. I am pleased to say that all the 6 men who attended this course during 1969 passed. It is now a requirement of the Ambulance Advisory Committee, set up by the Department of Health and Social Security, that all ambulancemen should attend these courses — the cost of which is partially recouped from the Local Government Training Board — for the issue of a "proficiency certificate". In due course all ambulancemen of the authority will attend this type of training as vacancies become available.

PREVENTION OF ILLNESS CARE AND AFTER CARE

Tuberculosis.

The arrangements for the supervision of tuberculosis patients continues. The number of notified cases of tuberculosis on the register at the end of 1969 was:—

		Male	Female	Total
Pulmonary	.. ..	58	36	94
Non-Pulmonary	.. ..	4	8	12
Total Cases		<u>62</u>	<u>44</u>	<u>106</u>

Particulars of the 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.
0-15	—	—	—	—	0-15	—	—	—	—
20-	1	1	—	—	20-	—	—	—	—
25-	—	1	—	—	25-	—	—	—	—
35-	—	2	—	—	35-	—	—	—	—
45-	4	—	—	—	45-	—	—	1	—
55-	—	2	—	—	55-	—	—	1	—
65-	2	1	—	—	65-	1	—	—	—
75+	—	—	—	—	75+	—	—	—	—
TOTALS	7	7	—	—	TOTALS	1	—	2	—

The total primary notifications of tuberculosis amounted to 14 (all pulmonary) as compared with 16 (15 pulmonary and 1 non-pulmonary) in 1968.

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

RATES PER 100,000

Period	Incidence		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
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
1965-69	11.3	2.3	0.2	0.2

Examination of Contacts.

One hundred and sixty seven contacts were invited for examination and 158 attended and were examined by the Consultant Chest Physician. The average number of contacts examined for each new case reported was 5.1. In addition 99 were skin tested, 34 being Heaf positive, 65 being Heaf negative.

After Care.

A total of 73 domiciliary visits were made by health visitors who continued to work in close liaison with the Consultant Chest Physician.

Recuperative Holidays.

Twenty persons consisting of nine debilitated women, three 'tired mothers', three middle-aged couples suffering from chronic illness, and two children from problem families were sent for recuperative holidays. Nine were admitted to St. Michael's Convalescent Home, Clacton-on-Sea, three to the W.R.V.S. Holiday Home, Felixstowe, six to The Hunstanton Convalescent Home, and the children to a house in the country under the care of the W.R.V.S.

Chiropody Service.

The County Council chiropodists treated 1,892 patients during the year, compared with 1,941 in 1968. The total number of treatments given was 8,783, compared with 8,624 in 1968. All but 44 of the patients were aged persons (men of 65 and over; women of 60 and over).

Clinics were held at 33 centres in the County and the chiropodists continued to visit Homes for the Aged, both private and authority maintained, and groups of old people's dwellings. They gave 3,114 domiciliary treatments to household patients. Inevitably, they lost much time in travelling, especially in the scattered rural areas.

The service continues to be widely appreciated.

Medical Loan Depots.

The British Red Cross Society maintain Medical Loan Depots on behalf of the County Council. The annual grant of £350 towards the maintenance of the 39 depots was continued. The depots continued to be widely used and much appreciated.

MENTAL HEALTH SERVICES

The service has remained unchanged, and we have continued to enjoy good co-operation from the hospitals for the mentally ill and mentally subnormal.

The mental health field work is undertaken by twelve general purpose social welfare officers all of whom are designated as mental welfare officers. One welfare officer and a welfare assistant are on Certificate in Social Work courses and it is anticipated that another officer will be seconded next year. We co-operate with Ipswich Civic College by accepting their social work students for varying periods so that they may gain practical experience of the mental health functions of a local health authority.

Junior Training Centres.

The centres at Bury St. Edmunds and Sudbury for mentally handicapped children continue to function well and they appear to be meeting both the needs of the children and the wishes of their parents. The staff of both centres maintain close co-operation with the parents and helpful contact has continued with the National Society for Mentally Handicapped Children at Bury St. Edmunds and Sudbury. Annual refresher courses are organised by the National Association for Mental Health and staff from both centres attend in order to keep up to date with current trends in training.

Adult Training Centre.

The Adult Training Centre and sheltered Workshop at Bury St. Edmunds completed a satisfactory year which saw the completion of the extension for an additional forty trainees. Expansion in the work field continued and a wide range of work-jobs was undertaken. The increasing overall competence of trainees was evident and in some instances their improvement was remarkable. The range of work-jobs includes making apple boxes, wooden pallets, undertaking light engineering, assembly work, firework tubes, making seed boxes, constructing fencing panels, making concrete blocks, finishing off aircraft passenger overnight bags, drilling rods for advertising signs and covering books for the County Library. There is thus a welcome diversity of work for the whole range of low, medium and high grade handicapped adults and the pride many trainees take in their accomplishments is noteworthy.

The staff devote considerable time and effort to social training which forms an important part of the centre's programme. The mid-day meal is prepared in the centre kitchen by a Cook/Instructor assisted by some of the trainees who are allocated to kitchen duty on a rota basis.

Home Visitation.

The visitation of mentally subnormal persons and patients who are mentally ill is mainly undertaken by the mental welfare officers. Health visitors also carry out some visits. The total visits paid during the year was 1,556.

The mental welfare staff maintain a close liaison with general medical practitioners, hospitals, relatives, employees and friends and thus provide as much support as possible for persons who are suffering from mental disability.

A social club for the mentally ill, known as the "Friday Club", is organised in Bury St. Edmunds by the British Red Cross Society and is held in their premises. The mental welfare officers continued to take an active part in the weekly meetings of this club. The Council makes a grant to the Society towards the expenses of the Club and assists in transport. The Newmarket Club continued to meet at the Health Clinic although the numbers attending have been disappointing.

Admission to Hospitals.

St. Audry's Hospital, Melton, near Woodbridge is the receiving hospital for most of the mentally ill patients from West Suffolk, although a few are admitted to Fulbourn Hospital near Cambridge. Many patients are admitted to hospital informally under arrangements made by their family doctors and in these situations the help of the mental welfare officers is often sought. There are frequently social problems associated with the admission, or movable property to protect and in these situations the mental welfare officers can be especially helpful. Increasingly mental welfare officers are called on to deal with problems associated with admission and they have been able to give valuable help in rehabilitation.

The mental welfare officers were directly involved in the following admissions to hospitals for the mentally ill:—

Mental Health Act — Section 25	18
— Section 26	—
— Section 29	53
— Section 60	—
Informal	68
	<u>139</u>

On 31st December, the following establishments were accommodating mentally subnormal patients from West Suffolk as indicated:—

	Male	Female	Total
Etloe House, Leyton	—	1	1
Fulbourn Hospital Cambridgeshire	1	—	1
Harperbury Hospital, Hertfordshire	1	—	1
Ida Darwin Hospital, Fulbourn, Cambridgeshire ..	14	5	19
Jane Walker Hospital, Nayland	—	10	10
Blanfrecha Grange, Monmouthshire	1	—	1
Little Plumstead Hospital, Norwich	21	26	47
Moss Side Hospital, Liverpool	—	1	1
Nazareth House, Oxford	—	1	1
Nursing Home for the Blind, London	1	—	1
Rampton Hospital, Retford	4	—	4
Risbridge Home, Kedington	41	39	80
Royal Eastern Counties Hospital, Colchester ..	31	30	61
St. Audry's Hospital, Melton	4	2	6
St. James Hospital, Saffron Walden	—	1	1
St. Joseph's Home, Sudbury	—	5	5
St. Mary's Convent, Roehampton	—	2	2
Stoke Park Colony, Stapleton	1	4	5
South Side Home, London	—	1	1

The number of patients admitted for long-term care to hospitals for the mentally subnormal was:—

Mental Health Act — Section 26	2 (—)
— Section 29	— (—)
— Section 60	1 (1)
— Section 65	— (1)
Informal	4 (6)

() = previous year.

Close co-operation has been maintained with the staff of the Ida Darwin Hospital at Fulbourn where most of the younger patients are now admitted and we have continued to be grateful to the Consultant Psychiatrist there for his help in seeing patients at the request of either their own doctors or County Council staff.

At 31st December there were 23 patients on the waiting list for admission to hospitals for the mentally subnormal and of these 10 were urgent. Short-term care was provided in hospitals for 28 patients, an increase of 11 over the previous year. A number of mentally subnormal persons receive pastime therapy at home from the Council's Handicraft Instructresses.

A total of 28 new referrals were received during the year compared with 34 in 1968;

DOMESTIC HELP SERVICE

Throughout the year the task of meeting the ever growing demand for this service has become somewhat more onerous. As is reflected in the figures below the difficulty in recruiting home helps has now become apparent. This is in part due to the counter attractions of light industry with regular hours and paid holidays.

During the autumn a series of talks with appropriate films was given in Bury St. Edmunds. Besides the instruction given on such subjects as 'Safety in the Home', 'Hygiene in the Kitchen' and 'Aids for the Elderly' much benefit was gained through meeting the home helps personally. A very much better understanding has grown up from these contacts, and it is planned to have similar courses in other parts of the County in 1970.

At the end of the year the number of enrolled helpers was 627 of whom 498 were employed as compared with 791 enrolled helpers of whom 503 were working at the end of 1968. The number of households where domestic help was provided was 1,073 compared with 1,028 during 1968. Home help was given as follows:—

AGED 65 OR OVER ON FIRST VISIT IN 1969	AGED UNDER 65 ON FIRST VISIT IN 1969				TOTAL
	Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
903	61	2	30	77	1,073

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Infectious Diseases.

The following final notifications have been received from the District Medical Officers of Health:—

NOTIFIABLE DISEASE	COUNTY DISTRICT											TOTAL	
	BURY ST. EDMUNDS M.B.	HADLEIGH U.D.	HAVERHILL U.D.	NEWMARKET U.D.	SUDBURY M.B.	CLARE R.D.	COSFORD R.D.	MELFORD R.D.	MILDENHALL R.D.	THEDWASTRE R.D.	THINGOE R.D.	1969	1968
Scarlet Fever	1	—	—	2	11	28	6	48	11	—	1	108	90
Whooping Cough	—	8	5	2	—	4	3	9	—	—	—	31	75
Measles	113	14	3	11	232	69	11	403	84	70	74	1,084	846
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	87
Dysentery—Bacillary	1	—	—	1	1	4	—	20	—	—	—	27	2
Ac Encephalitis Lethargica	2	—	—	—	—	—	—	—	—	—	—	2	1
Typhoid and Paratyphoid Forms	—	—	—	1	—	1	—	—	—	—	—	2	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	4	—	—	1	1	—	—	—	1	—	1	8	4
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	1
Infective Hepatitis	2	—	—	5	5	2	—	5	1	—	1	21	—
Ac Meningitis	1	—	1	—	—	—	—	—	1	—	—	3	—

Vaccination.

The number of persons under 16 years of age vaccinated was as follows — the figures for the previous year being shown in brackets:—

	<i>By County Staff</i>		<i>By General Practitioners</i>	
Smallpox—				
vaccination	(—)	1,305	(1,608)
re-vaccination	(—)	158	(212)
Poliomyelitis				
basic course (1st year)	501 (498)	1,152	(1,800)
re-inforcing dose (school entry)	223 (303)	1,475	(1,439)
Whooping Cough				
basic course (1st year)	458 (395)	1,199	(1,789)
Diphtheria				
basic course (1st year)	459 (404)	1,213	(1,824)
re-inforcing dose (school entry)	314 (295)	1,469	(1,441)
Tetanus				
basic course (1st year)	459 (404)	1,313	(1,975)
re-inforcing dose (school entry)	314 (296)	1,895	(1,792)
Tuberculosis (B.C.G.)	1,378 (1,111)	—	(—)
Measles	219 (234)	1,051	(1,513)

During the year consultations with the West Suffolk Executive Council and the Local Medical Committee were concluded for the programming of appointments for vaccination and immunization on the County Council's computer.

The scheme was scheduled to begin with the programming of all notification of birth records from 1st January, 1970.

HEALTH EDUCATION

During the year health education sessions numbered 242 with an estimated attendance of 13,400.

Sections of the community participating in these included:—

1. Infant, Junior, Secondary and Grammar School pupils.
2. Voluntary Youth Groups — Scouts, Guides, Red Cross, Clubs.
3. Adults — Teachers', Police, Firemen, Women's Groups.
4. Mentally Handicapped.
5. The Elderly.

A great variety of topics have been covered in the fields of Personal, Community, Environmental, and World Health, and this has been due to the development of the audio-visual aids library, and to the co-operation in giving talks, from all personnel concerned with the Prevention of Ill Health and the Community and Social problems which ill health produce.

PERSONNEL TAKING PART IN HEALTH EDUCATION				
Health Visitors .. .. .	..	..	..	36
Medical Officers of Health .. .. .	..	..	..	25
Hospital Staff				
Chiropodists .. .. .	..	..	3)	
Consultants .. .. .	..	..	2)	
Dietitians .. .. .	..	..	3)	12
Domestic Superintendent .. .. .	..	..	1)	
Physiotherapists .. .. .	..	..	3)	
Midwives (not including routine Mothercraft) .. .. .	..	..	..	10
Social Workers .. .. .	..	..	..	10
Public Health Inspectors .. .. .	..	..	..	8
General Practitioners .. .. .	..	..	..	7
Probation Officers .. .. .	..	..	..	6
British Red Cross Society .. .. .	..	..	..	3
Borough Engineers .. .. .	..	..	..	2
Chiropodists .. .. .	..	..	..	2
Dental Officers .. .. .	..	..	..	2
Water Boards .. .. .	..	..	..	2
Swimming Pool Supervisor .. .. .	..	..	..	1
Others .. .. .	..	..	..	17

Emphasis throughout these talks and discussions is always on the contribution individuals can make towards increasing and promoting their own health, and in so doing improving that of the community as a whole.

Visual Aids.

Visual aids play an important part in increasing awareness to hazards to health and providing motivation for ways of overcoming them. The health education section has been fortunate this year in being able to add a number of new items.

There was some need for class teaching aids and demonstration materials, which was partially relieved for the purchasing of:—

FLANNEL GRAPHS	MODELS	WALL CHARTS
Dental Health	Jaws and Teeth	Organs of Respiration
Food Hygiene	Lumbar Vertebrae	Organs of Circulation
Infectious Diseases		Organs of Digestion
		Organs of Sense

Apart from usefulness as individual aids, these also form the basis for exhibitions. Pegboard units have been added to the Marler-Haley display stands, together with a selection of leaflet dispensers. Small exhibitions were held at schools for parent evenings, and at Hardwick Manor, Bury St. Edmunds, for the Whit Monday Fete. It is hoped to arrange more ambitious public exhibitions as suitable exhibits are obtained.

A "Mini" slide/filmstrip projector and table top screen were bought. These, because of their simplicity and portability, have been extensively used, and members of staff, otherwise deterred by complex machinery, have quickly learnt to operate them resulting in a fuller use of the slide/filmstrip library.

One clinic is now equipped with its own projector and basic filmstrip library. These are regularly used by the Health Visitor and Midwife to illustrate their mothercraft classes, and health education talks. The saving in transit damage to the machine and time in transporting is thus considerably lessened.

Teaching aids lose impact if obviously out-of-date and in order to keep these attractive, older black and white filmstrips are gradually being replaced by modern colour ones. Recent additions include "Bronchitis", "Learning Through Play", "Your First Baby" parts 1,2 and 3.

The acquisition of a Vorgeslender camera made it possible to produce coloured slides of local interest, and on subjects for which visual aids were not otherwise available.

Photographs concerning aspects of the health services in the county were taken, and three of these reproduced in the West Suffolk County Council Health and Social Services Handbook.

The first set of slides, prepared in conjunction with Dr. J. Platts, Chest Physician, and the West Suffolk General Hospital, entitled "The Prevention of Tuberculosis" have been enthusiastically received by teachers and students alike. It is hoped that Dr. Platts will make a tape-recording of her accompanying notes, and the complete set then circulated to schools prior to the routine B.C.G. vaccination carried out by the school health service.

A series of "Non-Touch Technique" for in-service training of student nurses and district nurse training has been requested, and it is hoped to arrange these in the near future.

"Aids for the Elderly" is always a popular talk and exhibition, but invariably presents considerable difficulties regarding transport. A series of photographs or slides, illustrating the aids available for home use, is also anticipated.

With the purchase of a tape-recorder, another range in health education teaching aids was made available. The Royal College of General Practitioners produce teaching tapes and slides on all aspects of preventive medicine. This enables speakers of national and international repute to be heard by many, who otherwise would not have this opportunity. Apart from the use made of these by general practitioners in schools and adult education they have been particularly useful for in-service training for probation officers, social workers, head teachers and staff on the subject of Drug Dependence.

It is satisfying to see that equipment is becoming more frequently used, and indeed, on several occasions we have been most grateful to the education department, the youth service, and to head teachers for their most generous co-operation in lending projectors for outside use, whenever this has been necessary.

BOOKINGS FOR AUDIO-VISUAL AIDS EQUIPMENT	
EQUIPMENT	NO. OF TIMES USED
Bell and Howell Sound Projector	130
Screens	96
"Mini" Slide/Filmstrip Projector	38
Aldis	15
Leity	9
Tape Recorder	26
Days on which equipment not available because of prior bookings	7

The film library has been considerably enlarged by the addition of colour/sound films:—

1. Your Skin
2. Your Feet
3. Smoking and You
4. Why Bother? (Dental Health)
5. Most Precious Gift (Food and Kitchen Hygiene)
6. Quarter of a Million Teenagers (Venereal Disease)

These have all been frequently used to illustrate talks at Women's Clubs, Youth Centres and Schools, and head teachers are now beginning to utilize these films in their school health programmes — during domestic science classes, courses in personal grooming, and end-of-term discussion groups.

Schools.

Six week courses in health education were undertaken at infant and junior schools, and a full year's course was organized for two secondary schools. Health education has now been incorporated into the syllabus at these schools. Apart from complete courses arranged, six secondary schools held short end-of-term courses of three to five days duration; eleven secondary/grammar schools had single talks on "The Dangers of Drug Abuse", and six junior schools had a film show, demonstration and practise of artificial resuscitation.

Posters and leaflets are distributed. Loans of models, charts and flannel graphs, to introduce, or follow up television programmes, have been arranged — transport being organised through the education department or by school staff.

Adult Education.

A newly designed poster to discourage smoking was circulated, for display on Public Notice Boards, to all Rural and Urban District Councils, to the Police, to Secondary and Primary Schools, and through the Executive Council to general practitioners. This was followed later in the year by a similar campaign to promote vaccination against Measles.

Health Clinics in Newmarket, Sudbury, Haverhill and Bury St. Edmunds have each had poster/leaflet displays on:— Home Safety, Prevention of Colds, Care of the Feet, Poisoning from Berries, Smoking, Litter, Nutrition and Obesity, Care of Milk and Milk Bottles, Vaccination against Measles, Home Improvements, Fluoridation and Noise Abatement. Each Clinic has been supplied with a leaflet dispenser in the main hall, and wherever possible in the chiropody and dental departments, which are also maintained with relevant information.

Teachers, Police, Members of the Fire and Ambulance Services attended a demonstration and film show on Artificial Resuscitation and Cardiac Massage, and afterwards participated by practising these skills on models loaned by the Vickers Medical Group.

Health Visitors, Midwives, and Children's Officers attended a series of three films on Modern Methods of Family Planning, held at Blomfield House, Bury St. Edmunds.

A short experimental six week course for Home Helps was arranged at Bury St. Edmunds, and resulting from this further courses are planned for Home Helps in Newmarket, Sudbury, Hadleigh and Haverhill.

One of this year's most successful ventures has been the introduction of a simple handout leaflet, distributed through the library service, called "Information". The aims of this are:—

1. To keep the public informed on current matters appertaining to health.
2. To warn of seasonal hazards.
3. To encourage habits conducive to good health.

Two editions of this leaflet have been circulated and public comment has been most favourable.

The appointment of Mr. A. L. Reynolds as Technical Assistant from 28th July, 1969 to 31st December, 1969, helped considerably, to keep pace with the increasing demand for health education from all sections of the community.

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 of Health, by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, 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	
45	43	2	41	1	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 premises for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	150
Dealers' (Pasteurisers) Licences	2
Dealers' (Untreated) Licences	3

The following tests were made:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Untreated:				
Methylene Blue ..	4	—	—	4
Pasteurised				
Phosphatase ..	293	1	—	294
Methylene Blue ..	272	5	17	294
Sterilised:				
Turbidity ..	8	—	—	8
Ultra Heat Treated	9	—	—	9

Appropriate action was taken where the results were unsatisfactory.

Sale of Infected Milk.

Six samples were taken from sellers of untreated milk for biological tests. No failures were recorded.

Milk in Schools.

On a day in the autumn in maintained schools 12,416 took milk out of the 14,052 children present — some 88.3%. Of the 1,287 children in other schools 1,008 (or 78.3%) took milk.

The following samples were taken:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Pasteurised Milk:				
Phosphatase Test	91	—	—	91
Methylene Blue Test	85	4	1	90

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

Milk.

A considerable number of complaints were received about foreign bodies in milk. Glass was the commonest object whilst cement, an earwig and a clothes peg were also found. It was felt necessary to take proceedings in one case where 24 pieces of glass were present; a fine of £30 and £10 costs was imposed.

No cases of added water were found but a deficiency in fat in one sample probably arose through a failure to agitate the milk in a bulk tank. The particular dairy was suffering from a strike of its operators and was using unskilled labour.

Other Foods.

An article sold as a low fat spread, made from fats similar to those used in the manufacture of margarine had a water content of over 50%. The food bore a statement that it was unsuitable for cooking or frying. The analyst was of the opinion that the article was margarine with an excessive amount of water. The manufacturers would not accept this view and contended that it was not margarine within the description laid down in the Standards Order.

A consumer complained that a foreign body was present in a soft drink. The Analyst confirmed that mould was present; Proceedings were instituted and the bottler was fined £10 and £4 14s. Od. costs.

A purchaser of some sausages found fibrous material similar to tape in one of them. Proceedings resulted in a fine of £20 and £5 5s. Od. costs.

A child was served with an ice cream in which a live beetle was found. Again proceedings were instituted and resulted in a fine of £15.

A steak and kidney pie contained a piece of metal which embedded itself in the consumer's gum. Action taken resulted in the maker being fined £15.

Pork brawn found to contain only 50% meat instead of the required 60% led to court action and a fine of £10 and £5 5s. Od. costs.

Foreign bodies in food were brought to the notice of the Department in much larger numbers than heretofore. All were investigated and the sellers and packers notified.

A number of foodstuffs bore labels which did not comply with the Labelling Order. The makers of these products were contacted and in the majority of cases agreed to amend their labels.

Samples Taken.

				Number Taken	Number Adulterated
Beverages ..	..	..	..	1	—
Biscuits ..	..	..	..	1	—
Breakfast Cereals ..	..	..	..	1	1
Cheese ..	..	..	..	3	1
Coffee ..	..	..	..	4	1
Curry Powder ..	..	..	..	1	—
Dried Milk ..	..	..	..	1	—
Fats ..	..	..	..	20	1
Flour ..	..	..	..	3	3
Flour Products ..	..	..	..	16	3
Flour Confectionery ..	..	..	..	1	—
Fruit Concentrate ..	..	..	..	2	—
Fruit (canned) ..	..	..	..	2	1
Fruit Juice ..	..	..	..	1	—
Fruit Products ..	..	..	..	12	2
Ground Almonds ..	..	..	..	3	—
Honey ..	..	..	..	1	—
Ice Cream ..	..	..	..	1	1
Jellies ..	..	..	..	1	1
Mayonnaise ..	..	..	..	1	—
Meat Products ..	..	..	..	35	5
Milk ..	..	..	..	173	12
Milk (Channel Island) ..	..	..	..	89	—
Milk Powder ..	..	..	..	2	—
Milk Products ..	..	..	..	12	—
Mince-meat ..	..	..	..	1	—
Oils ..	..	..	..	6	—
Pies ..	..	..	..	1	—
Preserves ..	..	..	..	7	—
Puddings ..	..	..	..	1	1
Rice ..	..	..	..	1	—
Savoury Spreads ..	..	..	..	1	—
Sugar Confectionery ..	..	..	..	14	4
Sugar ..	..	..	..	1	—
Soft Drinks ..	..	..	..	21	3
Soups ..	..	..	..	1	—
Syrups ..	..	..	..	1	1
Tea ..	..	..	..	1	—
Vegetables (tinned) ..	..	..	..	1	—
Vegetable Products ..	..	..	..	16	2
Vinegar ..	..	..	..	6	—
Wines ..	..	..	..	1	—
TOTAL ..				468	43

SOCIAL WELFARE

The Director of Welfare Services is responsible to the County Medical Officer of Health for the day to day administration of the social welfare services. The field work is carried out by a Senior Social Worker, nine general purpose Social Welfare Officers and a Woman Social Worker who deals mainly with family problems. One Welfare Officer and a Welfare Assistant are on the first year of training having been seconded to Social Work Training courses. Another Welfare Assistant is undergoing in-service training in the department and is likely to be seconded to a Social Work Training Course next year. All officers attend day courses, conferences and discussions whenever possible. There is close association with Ipswich Civic College, and students from the College are received for practical experience.

Services to the blind are provided by a Senior Home Teacher and two home teachers. The home teachers hold the Certificate of the College of Teachers of the Blind.

Pastime therapy is provided for the handicapped by three full-time instructresses who provide a domiciliary craft service. They take work materials to handicapped persons, give instruction in a variety of crafts, arrange the sale of most of the completed articles and organise clubs for the handicapped.

During the year 12,683 visits were paid to the aged and handicapped as follows:—

2,944 to aged; 2,715 to blind and partially sighted; 106 to deaf and hard of hearing; 3,551 to the disabled (other than the aged and deaf); and 3,367 to other persons included in home visitation.

There are 1,216 persons on the Council's register for the handicapped, as follows:—

	0—15	16—64	65 and over	TOTAL
Blind	3	64	204	271
Partially Sighted ..	3	32	97	132
Deaf with Speech ..	—	10	2	12
Deaf without Speech	15	31	10	56
Hard of Hearing ..	—	17	23	40
Generally Handicapped	6	317	382	705
	27	471	718	1,216

General Classes.

The disabilities of the 705 people classified as generally handicapped are:—

Amputations	57
Arthritis and rheumatism	194
Congenital malformations and deformities	27
Disease of the digestive and genito-urinary system of the heart of circulatory system; of the respiratory system (other than tuberculosis) and of the skin	77
Injuries to 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	69
Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	217
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	16
Tuberculosis (respiratory)	6
Tuberculosis (non-respiratory)	9
Diseases and injuries not specified above	33

The policy of the Council to help handicapped people live in their own homes with the assistance of adaptations and aids has been expanded. This has applied to council houses and private dwellings. In a limited number of cases monetary grants are made to housing authorities to provide special housing accommodation. Aids such as elbow crutches, special chairs, toilet seats, bath rails, hoists, walking frames are provided on long term loan in increasing numbers.

Handicraft and social centres for the handicapped have continued in Bury St. Edmunds, Newmarket, Sudbury and Lavenham. The Lavenham Centre is a combined venture of the Council and voluntary bodies and the membership includes several blind and partially sighted persons. As well as providing social activity the opportunity is taken at some of the centres to give a limited amount of instruction in handicrafts. Most of the craft instruction is given in the homes of the aged and the handicapped but the disposal of completed articles remains an increasing problem because of the larger quantity being produced. The handicraft instructresses also give some help and instruction to residents in homes for the elderly but there is not a great deal of enthusiasm amongst the residents for this type of pastime.

Deaf and Hard of Hearing.

The Suffolk Mission to the Deaf and Dumb which receives financial support from the Council provides the main specialist services to the adult deaf and hard of hearing. The Mission administers its own premises in Bury St. Edmunds and is a well staffed and administered organisation. The Council have representatives on the Committee of Management and there is thus a close association.

Blind and Partially Sighted.

During the year, exclusive of transfers from other areas, 37 blind and 35 partially sighted persons were added to the register as follows:—

(i) Number of cases registered during the year with recommendations as follows:—	PRIMARY CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	2	2	—	38
(b) Treatment (medical, surgical, or hospital supervision)	7	3	—	20
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	7	2	—	21

Visits by the home teachers have continued on a regular basis and the close association with the West Suffolk Voluntary Association for the Blind has continued.

Welfare of the Aged.

The number of residential accommodation places occupied as at 31st December, was 390, and was distributed as follows:—

Angel Court, Hadleigh	45	Manson House, Bury St. Edmunds ..	3
Bristol House, Felixstowe ..	43	"Cloncurry", Felixstowe	2
Hazell Court, Sudbury	51	Home for Epileptics	4
North Court, Bury St. Edmunds ..	55	The Martins, Bury St. Edmunds ..	—
Place Court, Haverhill	44	Other Voluntary Homes	21
South Court, Bury St. Edmunds ..	45	Sue Ryder Home, Cavendish	5
The Glanely Rest, Exning	53	Maintained in other local authorities' homes	9
The Red House, Sudbury	10		

The frailty of many admitted to homes has continued to impose a considerable strain on the staff. Nevertheless, it has been possible to maintain the staff of the homes at a satisfactory level. The scheme for the provision of short-term care to enable relatives to take a holiday continued and this most useful service is much appreciated by those relatives who have the care and responsibility of elderly people.

The building of the new home for the elderly at Shakers Lane, Bury St. Edmunds was started during the year. It has a complement of 57 beds and will be called Davers Court.

Three bungalows in the grounds of South Court, Bury St. Edmunds are provided as temporary accommodation for evicted or homeless families. During the latter part of the year the demand for temporary accommodation was unceasing with consequent pressure on all staff concerned with this service. Efforts, made in co-operation with all other social agencies, to avoid admitting families to temporary accommodation, had, of necessity, to be increased. The purchase of 5, Southgate Green, Bury St. Edmunds was completed for the purpose of eventually providing a further three flats for temporary accommodation.

As reported on page 14 of this report regular meetings are held at different parts of the County to discuss, and attempt to produce solutions, to the difficulties which arise with families who are often threatened with eviction. The calls on the council to guarantee rents to the housing authorities so that the tenancy may be preserved have increased considerably. Wherever the rent guarantee is given a welfare officer undertakes work with the family. This work, which is inevitably time consuming, has been very successful in helping many families improve their living standards.

Registered Homes in the County.

There are 10 registered homes accommodating 200 persons in total, and these are visited regularly.

Special Housing for the Aged.

Housing authorities have, over the years, been encouraged to develop special housing schemes, where there is a warden, for elderly people. In these schemes welfare features are provided — and the Council makes annual grants to the housing authorities to cover the cost of these special features. These schemes, enable old people to remain in the community longer than would normally be possible, and are rapidly increasing in number.

The total grants amount to some £27,000.

General Welfare of the Aged.

All social welfare officers of the department have a "mixed" case load including elderly people who are known to be "at risk" and who need some supervision. Home visits are paid as and when considered desirable. Persons who are on the waiting list for admission to residential accommodation are also regularly visited and if there are signs of deterioration their admission is arranged, if possible, or their priority classification adjusted.

Voluntary Organisations.

The many voluntary organisations in the County gave a considerable amount of help and support in dealing with the numerous problems associated with the aged and handicapped. For example the Women's Royal Voluntary Service organised twelve meals on wheels schemes throughout the County and these provided some 37,000 hot meals. Generally the meals were provided twice weekly and the schemes were supported financially by district councils as well as by the Council. A new scheme was inaugurated during the year at Great Cornard.

West Suffolk Old People's Welfare Association continued to provide excellent supporting services. This organisation undertakes many types of service, particularly in the development of clubs and the organisation of holiday schemes. There are some 80 clubs organised by the Association in the various villages and towns and the Council contributes to the Association's work by an annual grant. In addition grants are made to individual clubs when there is financial need.

The day centres for elderly people previously held at Walsham-le-Willows, and which was a pilot scheme, was transferred to the Community Centre, Howard Estate, Bury St. Edmunds. The Council has plans for the development of purpose-built day centres during the new few years.

Members of the staff of the department gave talks to representatives of voluntary organisations on various aspects of their work. These talks help to publicise the services which are available for the aged and handicapped and to encourage their wider use.

