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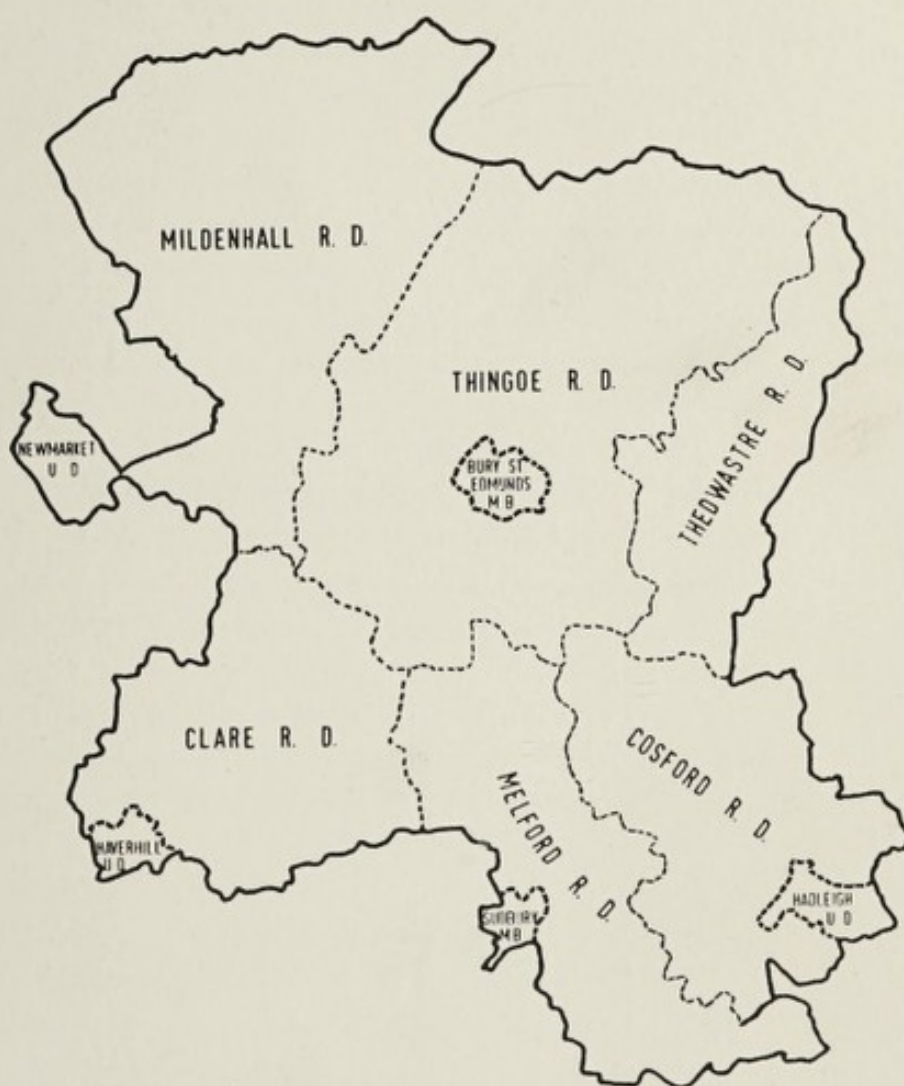
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# **WEST SUFFOLK**



ANNUAL REPORT


OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1971

D. A. McCracken, C.St.J., M.D., Ch.B., M.F.C.M., F.R.S.H.



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## WEST SUFFOLK COUNTY COUNCIL



Tel. No: Bury St. Edmunds 63141

Manor House  
Bury St. Edmunds  
6th June, 1972

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1971 on the community health of West Suffolk. The uncertainty of the "new health services" has continued and up until the time of writing this report the long awaited "White Paper" from the Government has not been produced. The recent publication of the report by the "Hunter Committee" has removed some of the uncertainty regarding the future of the Community Physician when the Medical Officer of Health disappears from the scene in 1974.

The unification and integration of the the health services in the county has made good progress and I would hope that when the new Health Services Act becomes the law of the land that this integration will be complete and have been accomplished without too much difficulty.

The population of the administrative county as estimated by the Registrar-General was 168,740 as at 30th June, 1971 as compared with 166,830 in the previous year. These estimates take into account the births, deaths, inward and outward transfers of population. The natural increase was 1,910; the birth rate 17.7 as compared with 16.0 for the country as a whole; and infant mortality was 21.0 as against 18.0 for England and Wales. General mortality was 10.5 per thousand of population after making the necessary adjustments to take into account the age and sex distribution as compared with 11.6 for England and Wales.

The provision of health centres has made no progress that merits recording except to say that the whole idea of health centres has been accepted by the Executive Council and their contractors. The conversion of Blomfield House from a health clinic to a health centre has passed the planning stage and I expect that the proposals for Woolpit, Haverhill and perhaps Hadleigh may be available very shortly. The last of the health clinics being provided by the present County Council will have been completed in advance of the creation of the new County of Suffolk. The Mildenhall clinic and ambulance station are due to be commissioned within the next month or so, whilst the design of the Hadleigh clinic is in the hands of the Architects at the present time.

I record, with regret, that no real progress has been made towards the adjustment of the fluorine content of the public water supplies throughout the county.

As this will be the last Annual Report for which I will be responsible, I would like to take this opportunity of saying thank-you for your help and support to all members of staff present and past. Much has been accomplished in the last twenty years due to the acceptance by the Council of the policies developed by the Health Committee in creating an adequate staff structure and the necessary premises, which will be a positive contribution towards the creation of an integrated health service within the new County of Suffolk.

I have the honour to be,

Your obedient Servant,

DAVID ANDREW McCracken

*County Medical Officer of Health.*

## STAFF

*County Medical Officer of Health:*

D. A. McCracken, C.St.J., M.D., Ch.B., M.F.C.M., D.P.H., F.R.S.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.

*Senior Medical Officer:*

Mrs. D. M. Walker, M.B., Ch.B.

*Medical Officers in Department:*

P. Coggin Brown M.R.C.S., L.R.C.P., D.P.H. (died 23rd April, 1972)

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

L. B. Gonzalez, M.B., Ch.B., D.P.H.

Mrs. U. E. Williams, M.D., (part-time)

*Dental Surgeons:*

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

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

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

*Director of Nursing Services:*

Miss V. M. Hird, S.R.N., S.C.M., Q.N., H.V.Cert.

*Area Nursing Officers:*

Miss A. M. Delahunty, S.R.N., S.C.M., Q.N.

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

*Health Educator:*

Miss V. Blanchard

*Speech Therapists:*

Miss B. M. Elton, L.C.S.T. (Senior)

Mrs. J. J. B. Easdown, L.C.S.T., (from 1.3.71 - part-time)

Mrs. J. M. Rigby, L.C.S.T., (from 13.9.71 - part-time)

Mrs. R. A. Stamp, L.C.S.T., (from 13.12.71 - part-time)

*Food and Drugs Act:*

Chief Inspector - D. Thompson

*Ambulance Superintendent:*

J. F. Petch

*Chiropodists:*

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

S. Marper, M.Ch.S.

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

Mrs. C. Davies, M.Ch.S., (from 1.10.71)

Miss O. M. Phillips, M.Ch.S., (from 8.3.71 - part-time)

*Administrative Assistants:*

J. E. Richardson

Mrs. M. Wells-Gardner (to 30.5.71)

Miss D. C. Day, S.R.N.

Mrs. S. Mann (from 1.6.71)

*Senior Administrative Officer:*

E. White



## SUMMARY OF VITAL STATISTICS, 1971

Area of Administrative County .. .. .	390,917 acres
Population Census, 1931 .. .. .	106,137
Population Census, 1951 .. .. .	120,652
Population Census, 1961 .. .. .	129,969
Population Census, 1971 .. .. .	164,201
Population (mid-year Estimate, 1971) .. .. .	168,740
Rateable Value .. .. .	£5,867,659
Estimated Product of a p. Rate .. .. .	£58,827

## Live Births:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate .. .. .	1,455	1,384	2,839	
Illegitimate .. .. .	78	64	142	
	1,533	1,448	2,981	17.7

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

## Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate .. .. .	15	15	30	
Illegitimate .. .. .	—	—	—	
	15	15	30	10.0

## Total Live and Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate .. .. .	1,470	1,399	2,869
Illegitimate .. .. .	78	64	142
	1,548	1,463	3,011

## Deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
All causes .. .. .	942	852	1,794	10.5

Maternal (including abortion) .. .. . NIL

Infant (under one year):

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 10,000 related live births</i>
Legitimate .. .. .	37	23	60	21.0
Illegitimate .. .. .	—	2	2	14.0
	37	25	62	21.0

Neonatal (first four weeks):

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	24	17	41	
Illegitimate .. .. .	—	2	2	
	24	19	43	14.0

Early neonatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	21	15	36	
Illegitimate .. .. .	—	1	1	
	21	16	37	12.0

Perinatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	36	30	66	
Illegitimate .. .. .	—	1	1	
	36	31	67	22.0

## 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 ..	25,890	16.4	16.1	11.9	9.3	
Hadleigh .. ..	5,070	17.8	17.4	12.2	13.4	
Haverhill .. ..	12,470	23.6	17.7	7.4	11.5	
Newmarket ..	13,040	16.9	16.2	13.0	12.4	
Sudbury .. ..	8,280	16.8	18.5	17.1	9.6	
TOTALS .. ..	64,750	17.4	18.3	9.8	10.8	
<i>Rural Districts –</i>						
Clare .. ..	9,840	16.1	18.0	10.7	9.0	
Cosford .. ..	9,990	15.8	18.5	12.7	10.2	
Melford .. ..	20,080	18.1	17.9	10.5	11.4	
Mildenhall ..	29,420	19.7	19.9	7.7	12.0	
Thedwastre ..	10,450	13.2	14.3	12.4	11.2	
Thingoe .. ..	24,210	17.2	18.2	9.2	10.3	
TOTALS .. ..	103,990	17.4	18.3	9.8	10.8	
GRAND TOTALS ..	168,740	17.7	17.7	10.6	10.5	



## 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 .. .. .			1			1								B.3
B.4	Enteritis and other diarrhoeal diseases .. .. .														B.4
B.5	Tuberculosis of respiratory system .. .. .							2		2				4	B.5
B.6(1)	Other tuberculosis, including late effects .. .. .									1				1	B.6(1)
B.6(2)	Other tuberculosis .. .. .									1				1	B.6(2)
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 .. .. .														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		1	1		4	B.18
B.19(1)	Malignant neoplasm — Buccal cavity .. .. .	1			2		3	1	1					2	B.19(1)
B.19(2)	Malignant neoplasm — oesophagus .. .. .	1		1	1	1	4			1	1	1	2	5	B.19(2)
B.19(3)	Malignant neoplasm — stomach .. .. .	7	1	1	5	1	15	2	3	8	5	3	3	24	B.19(3)
B.19(4)	Malignant neoplasm — intestine .. .. .	12	4	4	3	6	29	3	5	8	5	3	10	34	B.19(4)
B.19(5)	Malignant neoplasm — larynx .. .. .											1		1	B.19(5)
B.19(6)	Malignant neoplasm — lung, bronchus .. .. .	21	1	10	12	5	49	3	8	16	13	3	17	60	B.19(6)
B.19(7)	Malignant neoplasm — breast .. .. .	4	1	1	2	6	14		1	4	3	1	3	12	B.19(7)
B.19(8)	Malignant neoplasm — uterus .. .. .	1	1		2		4		1	3	1	2	2	9	B.19(8)
B.19(9)	Malignant neoplasm — prostate .. .. .			1	2	3	6					1	2	3	B.19(9)
B.19(10)	Leukaemia .. .. .				2		2			4	1	1		6	B.19(10)
B.19(11)	Other malignant neoplasms .. .. .	6	5	6	8	13	38	5	10	11	10	10	9	55	B.19(11)
B.20	Benign neoplasms and neoplasms of unspecified nature .. .. .									1	2	2		5	B.20
B.21	Diabetes mellitus .. .. .	5		2	1	1	9		1	3	3	2	3	12	B.21
B.22	Avitaminoses and other nutritional deficiency .. .. .			1			1								B.22
B.46(1)	Other endocrine, nutritional and metabolic diseases .. .. .	3		1	1		5			1		1	1	3	B.46(1)
B.23	Anaemias .. .. .	1			1		2		1	1				2	B.23
B.46(2)	Other diseases of blood and blood-forming organs .. .. .	1					1							1	B.46(2)
B.46(3)	Mental disorders .. .. .								2	1			1	4	B.46(3)
B.24	Meningitis .. .. .														B.24
B.46(4)	Multiple Sclerosis .. .. .					1	1			2				2	B.46(4)
B.46(5)	Other diseases of nervous system and sense organs .. .. .	6	1	2	1	1	11	2		2	4		3	11	B.46(5)
B.25	Active rheumatic fever .. .. .								2	1	4		1	8	B.25
B.26	Chronic rheumatic heart disease .. .. .			1			1		1	6	4	1	2	14	B.26
B.27	Hypertensive disease .. .. .	1	2	2	3	1	9		1	6	4		2	14	B.27
B.28	Ischaemic heart disease .. .. .	71	20	20	56	30	197	19	30	41	54	22	48	214	B.28
B.29	Other forms of heart disease .. .. .	18	5	4	4	8	39	14	5	8	21	12	10	70	B.29
B.30	Cerebrovascular disease .. .. .	43	9	8	18	38	116	13	22	39	38	18	39	169	B.30
B.46(6)	Other diseases of the circulatory system .. .. .	11	4	6	3	24	4	1	7	5	14	7	38	62	B.46(6)
B.31	Influenza .. .. .				1		1				1			1	B.31
B.32	Pneumonia .. .. .	52	3	4	16	6	81	9	7	5	10	11	18	60	B.32
B.33(1)	Bronchitis, emphysema .. .. .	15	2	5	4	7	33	4	4	10	6	7	5	36	B.33(1)
B.33(2)	Asthma .. .. .	1			2		3			1			2	3	B.33(2)
B.46(7)	Other diseases of the respiratory system .. .. .	3	1	1	1	1	7	1	1	2	2		5	11	B.46(7)
B.34	Peptic Ulcer .. .. .			1	3		4	1		1	4		2	8	B.34
B.35	Appendicitis .. .. .														B.35
B.36	Intestinal obstruction and hernia .. .. .	1					1	1		2	2			5	B.36
B.37	Cirrhosis of liver .. .. .				1	1	2	1					1	2	B.37
B.46(8)	Other diseases of the digestive system .. .. .	2					2	1		2	3		3	9	B.46(8)
B.38	Nephritis and nephroses .. .. .											1	1	2	B.38
B.39	Hyperplasia of prostate .. .. .					1	1							2	B.39
B.46(9)	Other diseases of the genito-urinary system .. .. .	2		1	2		5	3	2	1	1	1	2	10	B.46(9)
B.40	Abortion .. .. .														B.40
B.41	Other complications of pregnancy, childbirth and puerperium .. .. .														B.41
B.46(10)	Diseases of the skin and subcutaneous tissue .. .. .	2					2								B.46(10)
B.46(11)	Diseases of the musculoskeletal system and connective tissue .. .. .	1	1			3	5	2	2	5		1		10	B.46(11)
B.42	Congenital abnormalities .. .. .	4	1	2	2	1	10		1	1	3		3	8	B.42
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions .. .. .	1	1	1		2	5			4	1	1	3	9	B.43
B.44	Other causes of perinatal mortality .. .. .	3		1	1		5		1	1	8	1	4	15	B.44
B.45	Symptoms and ill-defined conditions .. .. .					1	1	2	1	1				4	B.45
BE.47	Motor Vehicle accidents .. .. .	1	1	1	3		6	2	6	1	4	3	4	20	BE.47
BE.48	All other accidents .. .. .	3	1	3	2	1	10	5	4	2	2	3	4	20	BE.48
BE.49	Suicide and self-inflicted injuries .. .. .	1	1	1	1		4	3	3		3	1	2	12	BE.49
BE.50	All other external causes .. .. .							1				1		2	BE.50
		307	62	92	169	142	772	105	127	211	227	130	222	1,022	1,794



## NATURAL AND SOCIAL CONDITIONS

**Area.**

There has been no change in the area of the Administrative County which remains at 390,917 acres.

**Population.**

The Registrar-General estimated the resident population for the mid-year to have been 168,740 persons as compared with 166,830 persons in 1970. The estimated population of children under fifteen years as at 30th June, was 42,300 of which 15,400 were under five.

The natural increase in population, that is the excess of registered live births over deaths, totalled 1,187 persons as compared with 1,241 persons in 1970.

**Mortality.**

The total number of deaths assigned to the County by the Registrar-General, after adjustment for outward and inward transferable deaths, was 1,794 (males, 942, females 852) as compared with 1,756 in 1970. The total death rate based on the mid-year estimated population was 10.5 the same as in the previous year. Deaths are classified under the 73 headings based on the International Abbreviated List (B List) of the International Classification. 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 999 of all deaths compared with 877 for 1970. Cancer was responsible for 380 deaths – an increase of 45 on the previous year. Cancer of the lung and bronchus showed a marked increase and 109 deaths were attributed to this cause compared with 69 for 1970. The number of deaths attributable to tuberculosis was 5 compared with 2 in 1970.

The adjusted death rates for 1967–71 with those for England and Wales for comparison are:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	9.7	10.7	10.3	10.4	10.5
England and Wales ..	11.2	11.9	11.8	11.7	11.6

**Live Births.**

The number of live births assigned to the County was 2,981, (1,533 males, 1,448 females); as compared with 2,997 in 1970. This was equivalent to a crude birth rate of 17.7 as compared with 18.0 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 1967–71 together with the national rates for comparison:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	18.8	18.5	18.6	18.0	17.7
England and Wales ..	17.2	16.9	16.3	16.0	16.0

**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 30 giving a rate of 10.0 per thousand related live and stillbirths as compared with 12.0 for England and Wales. The rates for the quinquennium 1967–71 together with those for the country as a whole are shown overleaf:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	12.3	13.8	13.0	8.0	10.0
England and Wales ..	14.8	14.3	13.0	13.0	12.0

#### Infant Mortality.

The number of infants who died before attaining their first birthday was 62 (37 males and 25 females) as compared with 52 in 1970. The rate per thousand related live births was 21.0 as compared with 17.0 for the previous year. The rates for 1967-71 together with those for England and Wales are as follows:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	13.7	17.8	16.0	17.0	21.0
England and Wales ..	18.3	18.3	18.0	18.0	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 1967-71 were:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	11.1	14.4	12.0	15.0	14.0
England and Wales ..	12.5	12.4	12.0	12.0	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 1971 was 12.0 compared with 14.0 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 1967-71 together with those for England and Wales:—

	1967	1968	1969	1970	1971
West Suffolk .. ..	21.2	26.3	24.0	22.0	22.0
England and Wales ..	25.4	24.7	23.4	23.5	22.0

#### Maternal Mortality.

There were no maternal deaths.



## HEALTH CENTRES

In addition to the health centre planned for Haverhill, the Council agreed in principle to the establishment of health centres at Bury St. Edmunds, Woolpit (1972/73) and Sudbury (after 1974/75).

In view of the difficulty of obtaining a suitable site in Bury St. Edmunds it was considered feasible – after consultation with the original architects – to adapt the present health clinic premises at Blomfield House, and to bring forward this project from the 1973/74 capital programme to 1972/73.

There was full consultation with representatives of the West Suffolk Executive Council and doctors concerned and it is hoped that it will come to fruition in 1972.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visitors.

With the increasing expansion of work in the community there are now 17 health visitors attached to General Medical Practitioner groups and 8 working in close liaison. Hospital liaison continues to expand. This, *inter alia* includes Paediatrics, Diabetics and Gynaecology. The paediatric liaison has also been extended to include Essex County Hospital, Colchester, and the Ipswich and East Suffolk Hospital.

Requests come from all hospitals in the region for the Health Visiting service covering all age groups.

Health Visitors visited 1,933 persons 65 and over including 851 at the special request of the family doctor or hospital staff. They also visited 367 patients on discharge from hospital of whom 318 were visited at the specific request of family doctors or hospital consultants. Fifty-three households were visited for infectious diseases. Total number of cases visited was 19,306.

### Training.

Instruction of hospital staff by health visitors in community work continues. Two students in training at North West Polytechnic College spent two weeks in the county obtaining rural experience. Some sixty student nurses from West Suffolk General Hospital accompanied health visitors for observation visits as part of general nurses training curriculum.

### Post Graduate Training.

One health visitor attended a Practical Fieldwork Instructors course. Two health visitors attended refresher courses, and four attended Ipswich for a course on child development. Two health visitors attended a study day in London on diabetes, organised by the Queens Institute of District Nursing.

### Child Health Clinics.

In addition to the four purpose-built health clinics at Bury St. Edmunds, Haverhill, Newmarket and Sudbury, there are in the more rural districts twenty-eight part-time clinics held in rented premises. One new clinic was opened at Barnham R.A.F. Camp, and that at Chedburgh was closed in June. The total number of children who attended was 5,851; 1,937 were under one year of age, 1,912 between 1 and 2 and 2,002 between 2 and 5 years of age. There were 1,410 children recorded on the 'At Risk' Register.

### Maternity and Nursing Homes.

A new nursing home with a bed complement of 23 was opened at Eastcotts, Calford Green, Haverhill, bringing the total of registered nursing homes in the county to four. The accommodation at The Hall, Mildenhall, has been increased to accept 15 patients. The Planche, Thurston and Stowlangtoft Hall, Stowlangtoft take 24 and 20 patients respectively. The nursing homes are inspected regularly by the Director of Nursing Services. There are no registered maternity homes in the county.

### 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 continues to increase. The number of mothers who attended was:—

Hospital booked	523
Domiciliary booked	<u>177</u>
TOTAL	700

### Family Planning.

The Family Planning Association continued to act as the Council's agent in giving this service. The Council adopted the National Family Planning Association Agency Scheme No. 5, which includes all residents of West Suffolk and gives free supplies to medical cases only, but free consultation to all patients from 1st April, 1971. Payment is made to the Family Planning Association on a standard per capita non profit basis. As was anticipated there was a steady increase in the number of people using the service.

### Clinic Attendance:—

	<i>Bury St. Edmunds</i>	<i>Haverhill</i>	<i>Newmarket</i>	<i>Sudbury</i>	<i>TOTAL</i>
New Patients .. ..	298	103	124	100	625
Total Number of Patients..	869	328	393	353	1,943
Total Attendances ..	2,299	855	978	682	4,814

In response to a request from the residents of Great Cornard arrangements are being made for clinics to be held there, to begin in the new year.

The possibility of providing a domiciliary service for families living in the more remote areas was under consideration at the end of the year.

### Dental Care.

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

"In spite of a continuing shortage of staff the number of pre-school children and expectant and nursing mothers inspected and treated is substantially the same as during the previous year. There was a slight reduction in the proportion of children inspected who were found to require treatment. While this may point to a small improvement in dental health, there is no room for complacency. Much remains to be done to raise the general standard of oral hygiene.

It is to be hoped that in the proposed reorganisation of the health services the needs of these young children will not be overlooked."

### Dental Services for Expectant and Nursing Mothers and Children under 5 years as at December 1971.

<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 .. ..	68	12
Subsequent visits .. ..	95	15
Total visits .. ..	<u>163</u>	<u>27</u>
Number of additional courses of treatment other than the first course commenced during year		
Treatment provided during the year —		
Number of fillings .. ..	98	21
Teeth filled .. ..	82	19
Teeth extracted .. ..	13	1
General Anaesthetic given .. ..	8	—
Emergency visits by patients .. ..	6	2
Patients X-rayed .. ..	—	1
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis) ..	1	1
Teeth otherwise conserved .. ..	115	—
Teeth root filled .. ..	—	—
Inlays .. ..	—	—
Crowns .. ..	—	—
Number of courses of treatment completed during this year .. ..	54	8



*Attendances and Treatment (contd.)**Children  
0-4 (incl.)**Expectant and Nursing  
Mothers**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

1

*Inspections*

Number of patients given first inspections during  
 year .. ..  
 Number of patients in (Attendance and Treatment)  
 and (Inspection) who required treatment .. ..  
 Number of patients in (Prosthetics) and (Sessions)  
 who were offered treatment .. ..  
 Number of patients inspected .. ..

105  
8  
43  
8  
43  
8  
22  
2

*Sessions.*

Number of dental officer sessions (i.e. equivalent  
 complete half days) devoted to maternity and  
 child welfare patients -

For treatment .. ..  
 For health education .. ..

32

-

*Speech Therapy.*

Although the establishment of speech therapists had been increased from two to three one only was in post for the first three months of the year. However, it was possible to recruit. A part-time officer was recruited in April and a second part-time speech therapist took up duties in September. A third part-time officer started work in December. It has been possible to cover those areas previously neglected.

During the year a total number of 2,389 children were under the care of the speech therapists. Of this number 68 were discharged, because they had left the area, or a satisfactory speech standard had been achieved.

The considerable improvement in the staffing of the speech therapy service is now beginning to bear fruit and it is anticipated that the service will be reasonably available to the whole area in 1972.

*Early Hospital Discharges.*

During 1971 the liaison scheme for early discharges from West Suffolk General Hospital have been expanded to include Paediatrics and Diabetes, two health visitors specialising in these fields. As well as with the West Suffolk General Hospital "paediatric liaison" has now been established with Essex County Hospital, Colchester, and Ipswich and East Suffolk Hospital. Eleven health visitors are participating in liaison schemes throughout the county.

*Community Psychiatric Service.*

In 1971 interchange of staff between the new temporary Psychiatric Unit (Alexandra House) at West Suffolk General Hospital and the health department has been developed. One health visitor spending one month in the unit and one member of the hospital staff in the community. It was decided by the Hospital Management Committee, following discussions, to appoint a liaison officer for the psychiatric unit and the community services, as from 1.1.72. Prior to this date the sister appointed spent two months with the departments gaining knowledge of all fields. Two health visitors continue to act as liaison officers.

*Attachment of Nurses to General Medical Practitioner Groups.*

All areas of the county now have some degree of liaison with General Practitioner Groups.

Seventy-five per cent are well established and now considered an essential part of the patient care team and proven to be of benefit to patients and give "job satisfaction" to staff.

In 15% it can only be described as partial but experience proves that this eventually promotes a more permanent and beneficial arrangement.

#### Care of Premature Infants.

The number of premature live infants born during the year was 156. Thirteen of these babies were born at home and of these, twelve were nursed entirely there and all survived the first month of life. The one baby born at home and subsequently transferred to hospital did not survive.

One hundred and twenty four of the 143 premature babies born in hospital also survived the first month

#### Developmental Clinics.

A developmental clinic started in November at the Sudbury Health Clinic. This type of clinic is for all children under 4 years and facilitates the early detection of any defects not possible in a busy child health clinic. It is hoped that this type of clinic will be extended to other areas as medical staff become trained in developmental paediatrics. I am happy to report that full co-operation has been enjoyed with consultants and general medical practitioners.

#### Ascertainment and Training of Young Children with Impaired Hearing.

Every effort continued to test the hearing of all children, between the ages of 6 and 9 months. The health visitor attached to the Partially Hearing Unit at Westgate County Primary School, Bury St. Edmunds, gives specialised help to the children attending there.

#### Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 43 voluntary distribution centres compared with 51 for the previous year.

The following issues were made:—

CENTRES	COMMODITY				
	National Dried Milk Packets	Cod Liver Oil Bottles	Vitamin A & D Tablets Packets	Orange Juice Bottles	Vitamin A, D & C Drops Bottles
MAIN					
Bury St. Edmunds	1,986	351	663	14,591	1,251
Newmarket	1,130	50	319	6,280	787
Haverhill	1,382	50	453	6,838	513
Sudbury	388	86	221	7,077	702
TOTAL	4,886	537	1,656	34,786	3,253
VOLUNTARY	4,507	451	497	16,677	499
TOTAL ISSUES	9,395	988	2,153	51,463	3,752
TOTAL ISSUES (1970)	12,393	1,636	2,736	48,267	—

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

The uptake of national dried milk further decreased, although it is pleasing to note an increase in the sale of Vitamin tablets and orange juice. An additional commodity (Vitamin A, D and C drops) was introduced in April — to replace cod liver oil and orange juice ultimately.



### 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:—

	1971	1970
Baby Cereal .. .. .	59 packets	1,203 packets
Vitamin preparations—		
Vitamin C .. .. .	11,546 bottles	11,492 bottles
Vitamin A and D (Liquid) .. .. .	2,401 bottles	3,815 bottles
Vitamin B (Solid) .. .. .	9,643 tins	7,516 tins
Pharmaceutical Products—		
Tablets for Nursing Mothers .. .. .	95 boxes	106 boxes

The manufacturers supplying Baby Cereal ceased production of this particular brand, and no replacement was considered necessary.

As a result of the introduction of Vitamin A, D and C drops as a national welfare food the stocks of proprietary vitamin A and D liquid were run down.

In addition to these commodities, toothbrushes for children were available and 4,383 (3,375) were issued.

Cash receipts for all the above items amounted to £2,272 (£2,183). 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 83, the number of cases attended was:—

Domiciliary midwives	537
Hospital	<u>2,135</u>
Total	<u>2,672</u>

In addition there were 281 births at the U.S.A. Army Air Corps Hospital at Lakenheath.

Domiciliary confinements continue to decrease, and the number of elected short stay patients in the Maternity Unit has risen correspondingly. This trend has not lessened the work of the domiciliary midwives who now have many more antenatal visits to pay for the purpose of social assessment. There has also been an increase in the number of midwives delivering their booked 48 hour cases in the West Suffolk General Hospital, St. Leonard's Hospital and the Newmarket General Hospital, working towards the national trend of 100% hospital confinement in the future.

### Phenylketonuria.

All babies are tested for this disease, the processing of the tests are done regionally, at the Ida Darwin Hospital, Fulbourn, Cambridge. All results were satisfactory.

### Congenital Malformations.

All children found at birth to have congenital malformations continue to be notified. A total of 51 were reported, compared with 53 in the previous year.

### Sterilised Maternity Outfits.

Seven hundred and fifty six packs for domiciliary confinements and 648 packs for patients discharged early from hospital were supplied free. The total cost was £1,170.

### **Midwifery Training.**

The second period Midwifery Training continues in conjunction with the West Suffolk General Hospital. All aspects of community care of the mother and her child, whether delivered at home or in hospital, now forms an integral part of our domiciliary training. Seven students were successful and are now qualified midwives.

### **Midwifery Refresher Courses.**

Six of our trained midwives attended statutory courses approved by the Central Midwives Board. Two of our midwives attended courses in "Teaching in Preparation for Mothercraft".

### **Home Nursing Service.**

The number of patients nursed at home has increased. The policy of the early discharge of elected surgical patients is working very successfully and makes for a very close liaison between the hospital staff and our own nursing service. Many terminal cases were nursed in their own homes. Ripple beds and hoists and other aids to help in the nursing care have been provided when necessary.

### **Incontinence Pads.**

The care of the aged and the chronic sick is a very important part of the district nurses work. The provision of incontinence pants and pads is a great benefit to patients, families and nurses. The use of these facilities enables more patients to be cared for in the comfort of their own homes.

### **Post Graduate Training.**

Three of our trained district nurses attended a course for Practical Work Instructors.

## **OTHER NURSING MATTERS**

### **Training.**

The Integrated Training given jointly with the West Suffolk General Hospital, combining district training together with training for State Registration, is now in its third year. In addition those members of our own staff not district trained are being trained. The candidates will enter for the national examination in January 1972.

### **Reciprocal Study Days.**

The West Suffolk General Hospital has again extended invitations to the nursing and health visiting staff to study sessions, and we have reciprocated by inviting hospital staff to lecture and film sessions. It is felt that these sessions are proving to be very advantageous in paving the way towards integration.

### **Other Educational Activities.**

A Geriatric liaison health visitor, took part in a Geriatric Study Day at the King's Fund together with members of the Hospital Geriatric team and its Chief Nursing Officer. The same team also took part in the Health Visitor Statutory Refresher Course held at Norwich. A member of the administrative staff has taken part in Clinical Teacher courses at the Ipswich Civic College and at a statutory health visitors course. All administrators take part in hospital tuition on relevant subjects.

### **Housing.**

A bungalow was completed at Tostock. The Committee decided that in future houses for nurses should be rented where possible, but to make provision for the purchase, if necessary, of up to one house each year.



### Overseas Visitors.

At the request of the Department of Health and Social Security, the following two students, sponsored by the World Health Organisation, spent time with the Local Health Authority, studying community care.

Miss Patricia P. Brestin, B.S.N., M.N.Ed., M.P.H., Sc.D., Assistant Research Professor, University of Pittsburgh.

Mrs. D. Hauseman, B.Sc., Associate Professor, University of Evansville, U.S.A.

Others were:—

Miss R. Calvert, Chief Nursing Officer, County Fermanagh, N. Ireland.

Miss Worster, Chief Nursing Officer, Oxfordshire County Council.

Miss Gilbertson, Oxford City Council.

all of whom visited in connection with our liaison with the hospital.

## AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway		Air	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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
1970	148,477	1,263,858	22,269	179,518	120,068	1,079,012	69	448	91	4,880	—	—
1971	139,587	1,349,512	20,101	179,734	119,265	1,164,773	168	1,140	53	3,865	—	—

The average miles per patient was 9.7 compared with 8.5 for 1970. The total mileage of all patients in this area showed an increase of 6.1% on that of the previous year.

#### Ambulances.

The total mileage shows an increase of 0.1% only on 1970. The average miles per patient however was 8.9 compared with 8.1 for the previous year.

#### Sitting Case Cars.

This mileage includes both the Council's own vehicles and that of the Hospital Car Service. The mileage of 1,164,773 is an increase of 7.9% on that of the previous year. This meant an average of 9.7 miles per patient compared with 8.9 for the previous year. Mileage incurred in taking trainees to Training Centres was 314,828 or 20% of the total mileage for sitting case cars. This is a decrease on the previous year since the ambulance service ceased to be responsible for conveying trainees to the former Junior Training Centres from April when these Centres were taken over by the Education Department.

#### Taxis.

This form of transport is used for the conveyance of school children when an ambulance is not required. As remarked last year, the numbers transported in this way showed an increase and this increase has been maintained.

#### Railway.

Rather less use of this type of conveyance was used than in the previous year. Where practicable railway is used to convey patients who have to be admitted for specialised form of treatment not available more locally. Again I would like to express appreciation to the staff of British Rail and the London Ambulance Service who are involved with most of the patients conveyed by railway.

#### Hospital Car Service.

Due mainly to the functioning of Day Hospitals the use of the Hospital Car Service showed a marked increase. The service continues to form a very important ancillary to the main service. There were 53 registered cars on 31st December. I wish to pay tribute to the men and women who operate this service.



### Training.

This year saw the completion of a programme of training for all ambulancemen. All attended courses at the Ambulance Training Centre run by the Essex County Council in Essex.

I am pleased to report that Mr. C. K. Parrott, an ambulanceman at Sudbury, succeeded in obtaining the Training Instructors Certificate of the Department of Health and Social Security. Mr. Parrott has been appointed Training Officer. Meetings between ambulance station supervisors and members of headquarters staff continued. They have proved invaluable.

### 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 1971 was:—

	Male	Female	Total
Pulmonary .. .. .	70	45	115
Non-Pulmonary .. .. .	5	9	14
Total Cases .. .. .	75	54	129

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—	—	—	—	—	20—	—	—	—	—
25—	—	—	—	1	25—	—	—	—	—
35—	1	2	—	—	35—	—	—	—	—
45—	2	—	—	—	45—	1	—	—	—
55—	3	1	—	—	55—	1	1	—	—
65—	—	—	—	1	65—	1	—	1	—
75+	—	—	1	—	75+	—	—	—	—
TOTALS	6	3	1	2	TOTALS	3	1	1	—

The total primary notifications of tuberculosis amounted to 12 (7 pulmonary, 5 non-pulmonary) as compared with 15 pulmonary in 1970.

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

#### RATES PER 100,000

Period	Incidence		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1947-51	84	19	22	7
1952-56	37	11	10	1
1957-61	26	5	3	1
1962-66	19	6	4	0.6
1967-71	8.2	1.0	1.4	1.1

Clinics were held at three times a week, and the patients were divided into three groups, the first group being for the elderly not being included.

and to be placed in the *Country Market Order of Travel* by J. A. MacLeod.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS

[illegible][illegible]



## 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 .. .. .	—	(—)	1,260	(1,392)
re-vaccination .. .. .	—	(—)	230	(215)
Poliomyelitis				
basic course (1st year) .. .. .	686	(585)	1,767	(1,548)
re-inforcing dose (school entry) .. .. .	386	(326)	1,733	(1,717)
Whooping Cough				
basic course (1st year) .. .. .	674	(579)	1,772	(1,555)
Diphtheria				
basic course (1st year) .. .. .	685	(581)	1,795	(1,577)
re-inforcing dose (school entry) .. .. .	385	(338)	1,404	(1,737)
Tetanus				
basic course (1st year) .. .. .	685	(581)	1,922	(1,734)
re-inforcing dose (school entry) .. .. .	385	(338)	1,999	(2,316)
Tuberculosis (B.C.G.) .. .. .	1,846	(1,378)	—	(—)
Measles .. .. .	470	(471)	1,617	(2,216)
Rubella .. .. .	—	(—)	39	(8)

## Health Education.

In 1971 the major development in Health Education has been the organisation of a number of study days, primarily for the influential groups of headteachers and staff, health visitors, district nurses, midwives and social workers.

On a more personal level one morning was devoted to “Keeping Healthy” and intended for school leavers entering local government service.

The first study day “The Medical Awareness of Teachers” held at the Conference Centre, was intended for headteachers or delegate members of staff, with the object of helping teachers to recognise and manage the varying health problems which daily confront them in schools. The response became overwhelming and it was found necessary, because of lack of space and infringement of fire regulations that numbers, regrettably, had to be limited to 60. Delegates welcomed by the County Medical Officer of Health, Dr. D. A. McCracken, were introduced by him to the first speaker whose subject was “Early Detection of Educationally Retarding Defects”. Two films produced and devised by Dr. Mary Sheridan in collaboration with Dr. Neil O’Doughty of the Middlesex Hospital, illustrated the talk, and the Stycar Hearing apparatus demonstrated and exhibited. A consultant paediatrician spoke on “The Management of Special Children”, of particular interest to many of those present who had children in their schools suffering from asthma, diabetes, epilepsy and heart diseases. The discussion which followed was very lively and obviously could have continued much longer, had not time run out and the guest speaker from London, to talk on Dental Health Education in schools, already arrived. The teaching of dental health to all ages, and suitable visual aids for them, were demonstrated and exhibited. An appropriate film for a teacher audience was shown to illustrate how one primary school had integrated dental health education into other school subjects – Mathematics, English, Art, Music and Movement, and Social Studies.

During the afternoon a talk on the “Prevention and Control of Infectious Diseases in Schools” was illustrated with coloured slides. These showed a variety of common childhood complaints – measles, chicken pox, scarlet fever, common skin infections; scabies, impetigo, verruca; and pointed out their distinguishing features, later development, and the necessary action to be taken. Charts giving incubation and exclusion periods with action to be taken were distributed. This most welcome topic, provoked considerable discussion, and it was obvious that the opportunity to ask about problems of this kind was very much appreciated by all. Finally “Accidents That Do Count” and immediate first aid for school accidents concluded the day. A film and demonstration on Artificial Resuscitation, was followed by the opportunity for individual practise on a model resuscitane.

This day proved most rewarding and fruitful. A member of Her Majesty’s Inspectors of School attended, and commented most favourably upon the programme. Many requests were received from participants, and those who had asked to attend, for it to be repeated.

It is hoped to arrange this annually so that all present serving teachers have an opportunity to attend, and eventually will cater for new staff taking up appointments in the county.



As more and more health visitors, midwives, and social workers are becoming involved with individual health education projects, but have had little training or experience of teaching, it was decided to arrange a morning during which they could receive expert tuition on the use of visual aids, films, filmstrips, projectors, and also benefit from professional advice on "The Art of Teaching".

Two experienced projectionists from a local firm gave practical demonstrations and personal tuition on the use and operation of both automatic and manual threading Bell and Howell projectors, and spoke in general terms on the care and maintenance of equipment.

Two films followed – "Facts about Film" and "Facts about Projection", both of which were very worthwhile, illustrating as they did causes of faults in film and how to avoid them; how to prevent film damage, treatment of new film, cleaning and checking machines before and after use. With this additional information, much hitherto unconscious damage to films and projectors should be avoided.

Following individual practice and supervision using both kinds of machine, an illustrated demonstration/lecture on "Teaching Methods and Classroom Techniques" was given by an education lecturer.

Methods of teaching and learning, creating and sustaining students interest, common pitfalls in teaching, correct use of blackboard and coloured chalks, positioning of visual aids, the importance of preparation, planning, presentation of lessons together with some valuable guidelines for maintaining class control, were some of the aspects covered.

Practical examples of poor teaching – 'talking to the blackboard' – exhibiting demonstration models whilst standing in front of them – gaining class interest – and losing it by sudden and dramatic inaudible whispers – proved most entertaining for the audience, but illustrated admirably well some essential do's and don'ts.

Many audio-visual aids and apparatus were shown and demonstrated – magnetic blackboards, overhead projectors, etc., and the correct choice of purposeful and appropriate aids for each teaching situation, stressed.

The morning concluded with the film "A Class of Your Own" which dealt clearly and logically with a variety of teaching methods and the role of the teacher throughout.

This particular lecture was received most enthusiastically, and favourably commented upon by those attending, who were most anxious that more talks of similar nature be planned.

Another Study Morning for young entrants to local government service, entitled "Your Health Matters" was arranged at Blomfield House, and circularised to two local councils and throughout the County Council.

The course covered aspects of preventing ill health, promoting good health and in particular being aware of the hazards which frequently occur with a changed life pattern, as in this case, leaving school and starting work. Topics included dangers of smoking, over and incorrect eating, consequences of lack of exercise and fresh air, prevention of common ailments, the National Health Insurance Scheme and mental health aspect of "Getting on with People".

Response was most disappointing, a number of Chief Officers being unwilling to release staff, themselves not equating good health with less absenteeism and fewer staff problems.

As management services realised the value of this course and considered it a vital part of staff training, the programme was later incorporated into general Induction.

A new demand on the health education service has been the commencement of the Integrated nurses Course.

With a professional course of this nature, it is in the interests of all concerned that the training given should be of the highest quality and therefore reasonable to expect visual aids to be of a high standard containing current information. As the subjects are essentially specialised and medical teaching aids cannot be supplied from standard health education material – to meet this need is costly, and make heavy demands on limited financial resources. Films from the section are also booked by hospital sister tutors for nurse training, and student nurses frequently request material and help for their individual assignments.

The visit during the week 12th–16th July, of the General Dental Council's mobile trailer was another new venture. Equipped with back projector, film loops, illuminated quiz panels, coloured slides and models, this toured three primary schools in the Bury St. Edmunds area.



Preparatory classroom lessons were given to all groups beforehand, and quizzes completed after the visit to the caravan. Altogether 1,444 children visited the exhibition, and took leaflets home to parents.

A rather surprising discovery during the course of the week was that very many children, did not, in fact, possess a toothbrush. This was slightly alleviated by acquiring supplies from a local health clinic, all of which were sold by the next day, and a further supply sent at a later date.

#### Visual Aids.

The production of leaflets, undertaken to fulfil an immediate and urgent need for quantitative dissemination of knowledge on a variety of health topics, has received a number of adverse criticisms as to their presentation. These draft copies somewhat hurriedly produced, without the aid of an artist, are gradually being revised and it is hoped to produce the final copies in a more professional manner with the co-operation of the Council's printing section.

Distribution of leaflets had widened and now all the hospitals and general practitioners in the area request large supplies for circulation throughout the waiting rooms.

New leaflets prepared this year were:—

Chronic Bronchitis  
Avoiding Influenza this Winter  
Hypothermia  
Home Safety for the Elderly  
Simple Recipes for Nutritious Meals (Series 1—4)  
Safeguarding Your Eyes  
Common Foot Complaints  
Straight Ahead for a Strong Painless Back  
Down with Drowning

	1971	1970
Number of leaflets distributed	92,570	12,500
Number of posters distributed	6,570	1,045

Because of the expensive nature of equipment required, only a few items could be added to the audio-visual aids library.

Recurring requests for teaching aids on artificial resuscitation, and sex education directed expenditure into satisfying these demands, and two 16mm films were purchased.

"Breath of Life" and "Girl to Woman".

An additional Bell and Howell projector was another urgent priority, and subsequently acquired.

The only new filmstrip bought was "Improved Injection Technique" for use in the Integrated Nurses Course.

Bookings for visual aids have increased from 682 items to 862.

One hundred and four more health education sessions were held than the previous year bringing the total number to 328, and attendances increased by 2,732, bringing the total audience to 13,497.

#### Establishment.

This has remained at two but an additional post of assistant health education officer is to be added from 1st April, 1972.

## 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:—

NUMBER OF SAMPLES TAKEN	PHOSPHATASE TEST		METHYLENE BLUE TEST			FAILED BOTH TESTS
	Passed	Failed	Passed	Failed	Not Tested	
42	42	—	39	1	2	—

**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	170
Dealers' (Pasteurised) Licences	1
Dealers' (Untreated) Licences	1

The following tests were made:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Untreated:				
Methylene Blue	7	2	—	9
Pasteurised:				
Phosphatase	274	1	—	275
Methylene Blue	237	17	21	275
Sterilised:				
Turbidity	2	—	—	2
Ultra Heat Treated	7	—	—	7

Appropriate action was taken where the results were unsatisfactory.

**Sale of Infected Milk.**

Eleven samples were taken from sellers of untreated milk for biological tests. All were free from infection.

**Milk in Schools.**

On a day in September in maintained schools 6,371 took milk out of the 7,006 children present — some 99%. Of the 266 children in other schools 250 (94%) took milk.



The following samples were taken:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Pasteurised Milk:				
Phosphatase Test .. ..	64	2	—	66
Methylene Blue Test .. ..	59	2	5	66

As from 1st September new regulations (The Provision of Milk and Meals [Amendment No. 2] Reg. No. 1971) limited the duty of the Local Education Authority to provide free school milk only to the following classes of pupils in maintained schools:—

- (a) Pupils in special schools;
- (b) Pupils in other maintained schools up to the end of the summer term next after they attain the age of seven; and
- (c) Other pupils in primary schools and junior pupils in all-age and middle schools where a school medical officer certifies that the pupil's health requires that he should be provided with milk at school.

Milk is also supplied to pupils in direct grant and independent schools up to the summer term next after they attain the age of seven.

In addition milk may be sold to pupils in maintained schools, but the cost of milk provided must be wholly defrayed by the pupils or their parents. This milk is excluded from controls relating to the retail price of milk, and authorities are thus required to decide the charge to be made. Teaching staff may not be required to undertake any duties in connection with the sale of milk.

As a result of the above the numbers taking up school milk were considerably reduced.

#### Milk.

In one case a pasteuriser complained that milk being received from a farmer was of poor quality. This was investigated and found to be justified. Following further samples, the farmer, who would not accept that all was not well with the milk, ceased the sale of milk altogether within a week of the investigation. No further action was taken.

In another case it was complained that milk had a peculiar flavour and this was confirmed by complaints from a wide area of East Anglia. As the dairy in question bulk their milk there was little chance of finding the source of the trouble and, therefore, no further action could be taken.

A purchaser of "long life" milk complained that a carton she had purchased was sour. The Analyst proved that the acidity was high and that the milk was unfit for consumption. A further sample from the same consignment was taken, that was satisfactory. It was possible that the milk complained of had been opened and kept without refrigeration and, therefore possibly the fault was in storage rather than processing. No further action was taken.

#### Other Foods.

The public maintained its vigilance with regard to foreign bodies in food stuffs and a number of cases were reported.

A purchaser of a sliced loaf found a piece of paper embedded in one slice. Proceedings against the baker resulted in a fine of £10 and £6 costs.

A complaint from a consumer that a steak and kidney pie contained hairs was also found to be true. Proceedings resulted in a fine of £25 and £6 costs.



The labelling of foodstuffs was questioned in a number of cases. Low calorie orange drinks had the words "low calorie" in small type compared with the rest of the description. A tin labelled "shrimps" should have been called "shrimps in brine". An imported "whey cheese" was not labelled in the manner prescribed in the Cheese Regulations. A claim that a meat product gave a "meal in a moment" and then went on to instruct the purchaser to heat it for 20 minutes was thought to be misleading. Whilst the packers would not accept this interpretation they finally agreed to omit these words and leave the words "Ready meal" as sufficient. Labels on soft drinks were not insufficiently contrasting colours and packers of almond paste failed to disclose their name and address.

Foods made of two or more ingredients must bear a label specifying each ingredient in order of the proportion in which they were used, the ingredient used in the greatest proportion appearing first. A sample of a milk product claimed more full cream than skim milk powder. The Analyst found the reverse. The packers admitted their error and submitted new labels with the ingredients in the correct order.

A packer of cream soup claimed that his product "contains fresh cream". Upon analysis the amount of cream found was only just above the minimum required in a cream soup. The stress laid on the fact that it contained fresh cream was objected to. The packers would not accept this criticism but said they were withdrawing the product as it was found uneconomic to produce.

A slimming product labelled in a number of places as "turkey sandwich biscuits" was found to contain no turkey. From correspondence with the manufacturers it was found that this fault had been pointed out by another Local Authority some months previously and that action had been taken to correct all future packs. Unfortunately it was difficult to alter those that had left the factory as their whereabouts was unknown. This particular consignment had been in the retailers hands before the fault came to light and, in these circumstances, it seemed unwise to take further action.

A caution was given to the manufacturers of whipping cream who had stated that it contained "40% butter fat", which was found to be 38.3% fat. This apparently was due to a breakdown of a mechanical agitator at the plant. Another sample of cream was 2% deficient in fat and the labelling was not in accordance with the Cream Regulations. The letters of any description applied to cream must be of uniform size and colour. Accordingly the packers were notified of these faults and they took steps to check their quality and modify the lettering on the cartons.

A high protein food found in a health food shop claimed to contain 25mg per 100 grams of Vitamin C; the Analyst found only 17mg per 100 grams. Enquiries showed that this food was a very slow seller and the retailer had held it in stock for over a year. The loss in vitamin content could have been caused by this storage so a caution was given to the retailer.

The packers were cautioned when it was found that a tin of stewed steak in gravy contained only 68% meat instead of the 75% required. From investigations made it was obvious that the fault was attributable to the filling process.

An article sold as a chocolate and nut spread had, in the Analyst's opinion, less cocoa butter than was necessary to justify using the word "chocolate". Although the makers contested this they have withdrawn this article from sale.

A sample of low fat milk was found to contain a small excess of moisture. The packers expressed their concern because the quality suffers as the moisture increases. The packers agreed to redouble their efforts to ensure that the quality was maintained.

A complaint from a consumer that a tin of stewed steak contained an excessive amount of gristle was accepted by the packers. Although it appeared to be an isolated case, the firm was cautioned.

A confectionery product advertised as a slimming product had, attached, a lengthy list of vitamins and minerals. The iron content was found to be only 25% of the amount claimed. The seller had purchased the article from a sweet manufacturer as part of a consignment originally intended for South Africa. No warranty was given with the product. The article was advertised in a national newspaper but only very little sold. The seller withdrew all his stock and arranged for the manufacturers to take it back. A caution was given to the seller.

Samples of imported drugs were submitted for analysis and the Folic Acid tablets were found to be outside the B.P. requirements in respect of the free amines. The doctors who intended to use these drugs have now decided not to do so.



A purchaser of some "frying steak" from a market stall was not satisfied with her purchase. A casual examination showed it to be more fit for stewing than frying. This opinion was confirmed later by a butcher. The seller admitted this should not have been sold as frying steak and reimbursed the customer. The butcher was cautioned.

#### Samples Taken.

Article	No. Taken	Correct	Incorrect
Alcoholic Drinks	13	13	—
Baby foods	2	2	—
Bread	5	—	5
Cereals	2	2	—
Cheese	15	14	1
Coffee	5	5	—
Condensed Milk	1	1	—
Cream	3	2	1
Dried Fruit	1	1	—
Drugs	8	7	1
Fats	7	7	—
Fish products	16	14	2
Flavourings	1	1	—
Flour confectionery	2	1	1
Flour	1	1	—
Fruit products	9	7	2
Health Foods	2	—	2
Ice Cream	2	2	—
Jellies	2	2	—
Meat products	40	33	7
Milk	138	129	9
Milk (Channel Island)	76	76	—
Milk products	12	10	2
Pepper	1	1	—
Preserves	17	17	—
Puddings	6	6	—
Saccharin	1	1	—
Salt	1	1	—
Sauces	8	8	—
Slimming products	1	—	1
Soft Drinks	15	11	4
Soup	2	1	1
Sugar	1	—	1
Sugar confectionery	10	10	—
Vegetables	2	1	1
Vegetable products	2	2	—
Vinegar	1	1	—
	431	390	41





