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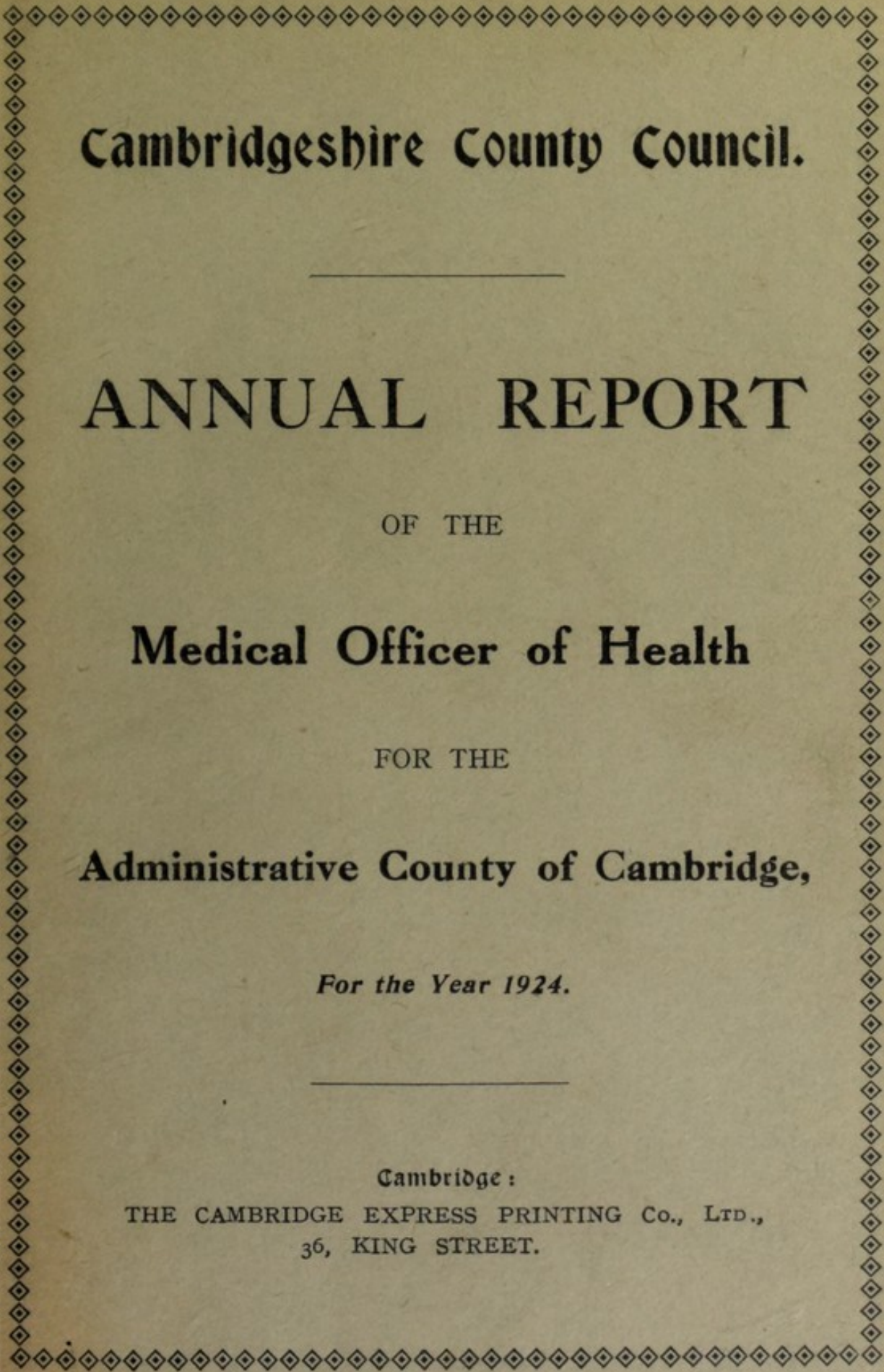
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ANNUAL REPORT

OF THE

Medical Officer of Health

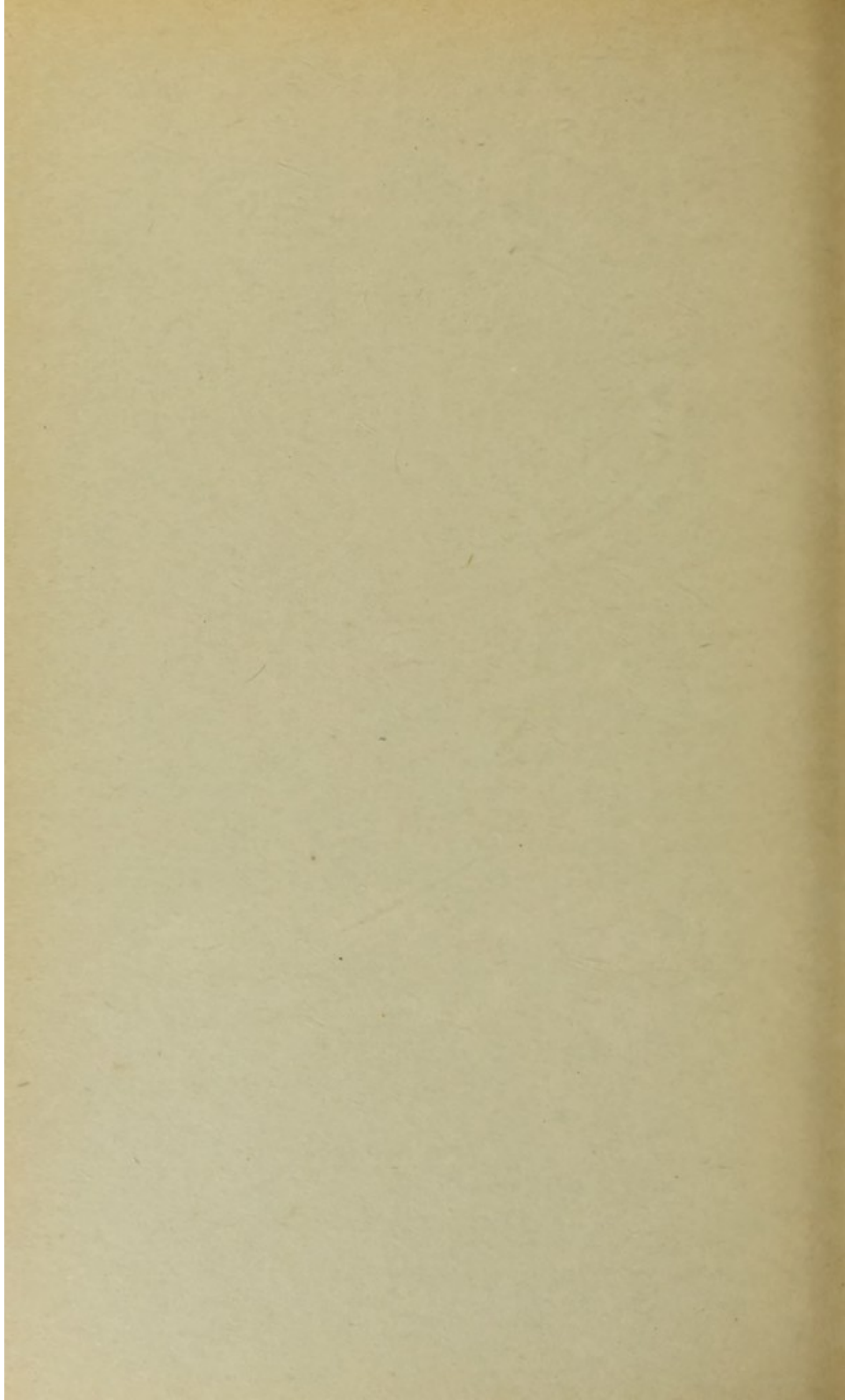
FOR THE

Administrative County of Cambridge,

For the Year 1924.

Cambridge :

THE CAMBRIDGE EXPRESS PRINTING Co., LTD.,
36, KING STREET.



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GENERAL STATISTICS.

Area (acres)	314,520
Population (1924)	130,070
Inhabited Houses (1921)	31,790
Families or Separate Occupiers (1921)	...	...	...	...	...	32,882
Rateable Value	...	...	...	...	...	£908,467
Product of a Penny Rate	...	...	...	...	...	£3,287

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Births.	Legitimate	...	...	1884	959	925
	Illegitimate	...	...	109	58	51
(Birth Rate 15.3 per 1,000).						

Deaths	...	...	...	...	1609	739	870
(Death Rate 12.4 per 1,000).							

Deaths of Women in Child-birth from sepsis	...	...	3
„ „ „ „ other causes	...	...	8

Deaths of infants per 1,000 births :

Legitimate	50.	Illegitimate	101.	...	Total	53
Deaths from Measles	...	...	...	...	...	4
„ „ Whooping Cough	...	...	...	...	...	6
„ „ Diarrhoea (under 2 years)	...	...	...	...	...	4

STAFF.

Whole time officers of the County Council :—

FRANK ROBINSON, M.D., D.P.H., *Medical Officer of Health and School Medical Officer.*

JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

W. PATON PHILIP, M.C., M.B., CH.B., *Tuberculosis Officer.*

J. C. G. EVERED, L.D.S. (EDIN.), *School Dentist.*

G. G. GALPIN, *Chief Clerk, and Enquiry Officer under the Mental Deficiency Act.*

Services in connection with the County Public Health Department are also rendered by the following :—

W. H. HARVEY, M.D., *Bacteriologist.*

L. COBBETT, M.D., F.R.C.S., *Pathologist.*

MISS BILLS, *Superintendent of County Nursing Association.*

MIDWIVES ACTS.

The County Council are the Local Supervising Authority for the Administrative County, but to facilitate the working of the Maternity and Child Welfare scheme of the Borough of Cambridge, certain powers and duties under the Midwives Act were delegated to the Town Council prior to the Midwives Act, 1918. The services of the County Council's Inspector of Midwives are utilised for inspection purposes.

During the year, 153 routine visits of inspection were paid to midwives by the Inspector, 23 in Cambridge Borough and 130 in the rural area. Special enquiries were also made from time to time as occasion arose, the number of such enquiries during the year being 47. One enquiry was made during the year into alleged unregistered practice, but no evidence of systematic practice was forthcoming, and the attendance complained of proved to have been occurred in emergency. Occasion did not arise to bring any midwife to the notice of the Board.

The administration of the Midwives Acts in this area is facilitated by the fact that almost all the practising midwives are trained women. The following is the number of women who notified their intention to practise in the years specified :—

		<i>Trained.</i>	<i>Untrained.</i>	<i>Total.</i>
January, 1906 ...	...	24	42	66
„ 1924 ...	...	47	3	50
„ 1925 ...	...	47	3	50

Of the 50 midwives who notified in January, 1925, 11 reside in Cambridge (all trained) and 39 (36 trained, 3 untrained) live in the rural area. Altogether 61 notifications were received during the calendar year, 58 from trained and 3 from untrained women, some being due to holiday duty undertaken for District Nurses. With one exception all the trained midwives practising regularly in the rural area are District Nurses.

The Ministry of Health have recently circularised Local Authorities to the effect that revision of the rules of the Central Midwives Board will require that after May 1st, 1926, candidates desiring to take the Board's examination for admission to the Roll of Midwives will need to have undergone an extended period of training in midwifery. In the case of trained nurses the training period is extended from four to six months, and from six to twelve months in the case of other women. Provision is also made for refresher courses for midwives who are actually engaged in practice.

In this County, the policy of the County Council for the rural area is not to subsidise *ad hoc* midwives, but to encourage the promotion of a midwifery service and of general sick nursing by making grants for the training of midwives who will also act as sick nurses in the employ of District Nursing Associations, and grants are made to District Nursing Associations in aid of the provision and maintenance of such nurse-midwives. There are now only 3 untrained registered

midwives practising in the whole of the County, compared with 44 when the Midwives Act, 1902, first came into operation, the number of trained women having increased during the same period from 24 to 47 by the formation of District Nursing Associations, mainly through the agency of the County Nursing Association, aided by the Council's grants. Three grants for the training of midwives were again approved by the Council during the past year. The Central Midwives Board will in future require that candidates for the examination for admission to the Roll of Registered Midwives from May 1st, 1926, shall have had an extended course of training, and it appears likely that the training scholarships granted by the County Council will need to be increased in value, although direct grants are made by the Ministry to the training institutions.

Since 1913, some 30 training scholarships have been granted by the Council, and by this means, and by grants in aid of those Nursing Associations which have been unable to meet the whole cost of maintaining a nurse-midwife, gradual but steady progress has been made in introducing midwives into villages. Since the County Nursing Association started work in 1913, some 16 new District Associations have been created, adding 40 parishes to those in which a trained midwife is at work. Maintenance grants were made by the Council to 5 District Associations during 1924.

Out of a total of 129 rural parishes there remain 28 in which such provision has not yet been made, and, on consideration of the Ministry of Health's recent circular, drawing attention to the continued high rate of maternal mortality in childbirth, it was resolved that among other measures, the County Nursing Association be encouraged to fill in the gaps in the District Nursing system, thus completing the scheme for the provision of Nurse-Midwives in the rural parishes.

Apart from intention to practise and change of address, notifications received from midwives numbered 225, against

224 in 1923. They comprised medical help for mother 160, for infant 35, still-birth 15, laying out the dead 3, liability to be a source of infection 7, artificial feeding 3, and death of mother or child 2. Special investigations were made into any of the cases notified where the circumstances called for such enquiry. One notified case of puerperal sepsis proved not to be genuine. From enquiries into 6 notified cases of rise of temperature during the puerperium, 1 proved to be due to sepsis, 1 to influenza, and the remaining 4 to non-septic causes. Of 12 notifications of liability to be a source of infection, 6 proved to be cases of sepsis, 1 of which was admitted to Addenbrooke's Hospital. The midwife was acting as maternity nurse under the direction of a doctor in 3 of these cases, and in no case was there any serious infringement of the rules of the Central Midwives Board. Five cases of inflammation of the eyes of the infant were notified, 3 mild, and 2 severe. One was admitted to Addenbrooke's Hospital, and all made a satisfactory recovery. One death of a mother was reported from post-partum haemorrhage for which a doctor was summoned, while the 2 deaths of infants were regarded by the Coroner as due to natural causes.

The proportion of total births in the Administrative County to which medical aid was summoned by a midwife in circumstances of difficulty increased steadily from 5.2 per cent. in 1919 to 9.1 per cent. in 1923, with a further increase to 9.8 per cent. in 1924. The large increase in the proportion of women and infants for whom necessary medical assistance has been secured is thus well maintained. The number of mothers thus aided was 160, compared with 106 in 1922 and 154 in 1923. Of the 195 midwifery cases to which a doctor was summoned by a midwife to attend mother or infant, the payment of the fee by the County Council was claimed by the doctor under the provisions of the Midwives Act, 1918, in 150 cases, against 152 in 1923. All cases are considered by the Midwives Acts Committee, and, wherever

practicable, some payment is recovered from the patient. The County Council have renewed their grant to the Surgical Aid Association in recognition of assistance rendered by assessment and collection of these payments in Cambridge Borough.

MATERNITY AND CHILD WELFARE

The maternity and child welfare scheme for the Borough of Cambridge is administered by the Town Council, and that for the rural area of the County by the County Council.

Cambridge Borough.—Under the Notification of Births Act, 1907, there were notified 895 births, or 97.8 per cent. of the total 915 births registered, against 96.5 per cent. in 1923. Of the total notifications, 70 per cent. were received from midwives, 13.3 per cent. from doctors, and 16.7 per cent. from relatives.

The following is a record of the home visits paid by the two Health Visitors.

First visits to Infants	...	...	...	779
Subsequent visits to Infants	...	...	...	2338
Visits to Children 1—5 years	...	...	...	973
First visits to Expectant Mothers	...	...	...	85
Subsequent visits to Expectant Mothers	...	...	...	19
Other Cases Visited	...	...	...	4
Total				4198

Each of the three Maternity and Child Welfare Centres is in charge of a Lady Superintendent, who is a voluntary worker, assisted by other voluntary workers and by one of the Town Council's two Health Visitors. The centres are open weekly and are attended by a doctor fortnightly. During the year 2,821 attendances were paid by 373 infants, and 1,323 attendances by 257 children aged one to five years. Dried milk, virol, cod liver oil and malt are supplied at the

centres at a reduced rate or fee, cases being investigated by the Central Aid Society, and assessed within a fixed income scale.

But small use has been made by expectant mothers of facilities afforded for advice at the Infant Welfare Centres, but useful work is done at the two Mothers' Welfare Centres which hold a weekly session at which instruction in hygiene, children's ailments and clothing, etc., is given.

The Town Council's clinic for dental treatment entered upon its fourth year of work in 1924, under the direction of the Public Dental Officer. All expectant and nursing mothers who attend the Infant Welfare Centres, and children under school age, are eligible for dental treatment. During the year 67 mothers were recommended for treatment, 47 taking advantage of the treatment offered, while 20 either postponed action till after the birth of the child or definitely declined the assistance offered. The work done for the mothers included 322 extractions, 7 fillings and 128 other operations, while for 140 children 111 fillings and 31 extractions were performed. No charge is made for the treatment of children, but some charge is made to mothers, though the scheme does not aim at being self-supporting.

Under the Town Council's arrangements ante-natal cases may attend the Obstetric Department at Addenbrooke's Hospital, a fee being paid to the Hospital for consultation and report and for each subsequent attendance. The scheme also includes admission to hospital beds, and 6 women were so admitted during the year. Under a new scheme also, one private lying-in home has been approved for the reception of emergency maternity cases or those coming from unsuitable homes, a payment of 6/- per day being made by the Maternity and Child Welfare Committee. One case was thus dealt with.

Rural Districts.—During the year 1,087 notifications were received under the Notification of Births Acts, the

number of births registered as having occurred within the same period being 1,126. After deducting 23 duplicates and 43 still-births, the number of live births notified was 1,011, or 90.7 per cent. of the total registered, as compared with 94.2 per cent. in 1923, the improvement recorded for that year thus being maintained.

The proportion of notifications by medical practitioners (529) decreased to 48.7 per cent. from 53.2 per cent. in 1923, notifications by midwives (499) increasing from 41.4 to 45.9 per cent., and those by relatives (59) maintaining the same proportion, 5.4 per cent., as in 1923. Eighty-two infants were also reported for visitation purposes by Health Visitors and the Masters of Poor Law Institutions, having either come to the notice of the former during the course of their work, or being reported by the latter on their leaving the Workhouse. The interchange of complete monthly lists of registered and notified births with the Registrars continues.

As in previous years, home visitation was carried out by the staffs of the County and District Nursing Associations for advice with regard to expectant and nursing mothers, infants and young children up to school age. The importance of this branch of educational work in rural areas should be emphasised, as small scattered villages do not readily lend themselves to the administration of maternity and child welfare centres. The total home visits paid were as follows :—

		<i>Expectant Mothers.</i>	<i>Up to Infants.School Age.</i>	<i>Total.</i>
County Health Visitors		111	2981	6061
District Nurses	...	1814	6010	9312
<hr/>				
Total for 1924	...	1925	8991	15373
„ „ 1923	...	1924	9354	14305
				26289
				25583

These figures show a decrease of 363 in the total number of visits paid to infants, due to the smaller number of births during the year, and an increase of 1,068 in the total visits

paid for supervision of older children not yet at school, resulting in a nett increase of some 700 home visits.

The total number of ante-natal visits was practically identical with the record for the previous year, though the expectant mothers were fewer by 138 than in 1923, as judged from the notified live and still-births. First visits to expectant mothers numbered 498 and to infants 1,024, compared with 492 and 1,149 in 1923. As the total number of births registered, 1,126, relate to all social classes, it will be seen that the proportion coming under supervision is very high. The proportion of expectant mothers visited is lower than that of infants, but shows a steady increase from 20 per cent. of the number in all social classes in 1918 to 40 per cent. in 1923 and 44 per cent. in 1924.

Special attention has been drawn to the importance of ante-natal care of the mother, both in the home and at the Maternity and Child Welfare centres, by the issue by the Ministry of reports and circulars on maternal mortality arising from child birth. It is well known that in spite of the great saving of infant life in recent years, there has been but little reduction of mortality among mothers in confinement and among infants during the first four weeks of life. As one step towards the reduction of this mortality by securing greater care of the mother during pregnancy the County Council have approached the County Nursing Association with a view to their influence being used to secure special attention to this point at the Maternity and Child Welfare Centres and the organisation of other centres in the larger villages. The Council have no centres under their direct management, but during the year again made grants in aid to three of four voluntarily managed centres in certain rural parishes.

During the year 101 special enquiries were made into cases which might come within the Council's scheme for confinement in Addenbrooke's Hospital of cases where

difficulty is anticipated or has actually arisen, and eventually 10 mothers were maintained as in-patients at the cost of the Council. In addition, 4 hospital out-patient letters were given for mothers and 20 for children, and 18 maternity cases were nursed in their homes. Forty-three mothers were referred to the Cambridge and County Surgical Aid Association with a view to dental treatment, and for provision of spectacles and surgical appliances.

It has again proved difficult to secure suitable women to undertake the duties of home helps, but it was possible to afford this assistance to 11 mothers during the year. The Council pay a small retaining fee, and assist in payment for their services.

In view of a capital grant which was made in aid of the establishment of the Ely Diocesan Maternity Home at Cambridge, the County Council are entitled to fill two of the twelve places provided for mothers with their infants who are without the support of a father. It is customary for the mother to be admitted shortly before the birth of the child, and for a stay of some six months to be made. During 1924, the County Council maintained 1 case which was in the institution at the commencement of the year and 4 cases admitted during the year, 5 cases in all.

During the four years ending December 31st, 1924, the County Council have maintained 11 mothers with their infants in this institution, with the object of affording the infants of unmarried mothers a better start in life than is customary under such circumstances, and of cultivating in the young mothers a better idea of citizenship and of maternal responsibility. Obviously the after-care in such cases is of prime importance, and the Matron has very kindly furnished particulars of the after-career of the 10 mothers who have left the institution. One girl has since married, 1 is living in her old home with her parents, 1 is in day service living at her old home, 5 are in domestic service, the infant (except

1 still-born) being with the girl's parents or a foster parent, while 2 are in day-servants' hostels, with their infants. It is satisfactory to note that in no case has there been occasion for the mother to be readmitted to the Maternity Home, and that all the infants left the Home in good health and are believed to have remained so. Much care is exercised by the authorities of the Home in securing that as far as practicable the girls shall live under satisfactory conditions when they leave their care, and there is good reason to think that the objects aimed at in the establishment and maintenance of the Home have to a large extent been achieved up to the present.

The supply of fresh and dried milk to expectant or nursing mothers, infants and young children has continued to be one of the most popular forms of assistance given by the Council, and both demand and supply have increased during the year. Fresh applications to the number of 78 were dealt with by the Maternity and Child Welfare Committee, the supply of fresh milk being authorised to 58 families and of dried milk to 1 family, 59 fresh families being assisted in all, as compared with 47 in the previous year. In addition, 21 families remaining on the register from 1923 were supplied, the total number of families thus assisted being 80, as against 63 in 1923. It may be well to repeat here that the Committee are only empowered to assist where adequate medical grounds exist, in addition to necessitous circumstances as judged by an income scale approved by the Ministry of Health.

The Nurses who undertake health visitation duties for the Council include in their visitation children referred by the Poor Law Guardians as having been notified under the Infant Life Protection Sections of the Children Act as received for payment. During the year 38 foster children were under supervision in this way. Experience strongly suggests the need for amendment of the law so as to require that children shall only be received for gain by foster parents

who have been approved and registered by the Local Authority, on premises which have been previously inspected and approved. A further necessary amendment is to do away with dual control by transferring the powers and duties as to infant life protection, within the meaning of the Children Act, from the Poor Law Guardians to the Maternity and Child Welfare Authority, who are charged under other legislation with the duty of promoting the welfare of young children in general.

In conclusion, it is a pleasure to record the receipt of a letter from the Minister of Health, following upon a report by one of his Medical Inspectors, recording appreciation of the good work which was being carried out under the maternity and child welfare scheme in the area.

VENEREAL DISEASES

There has been no change of importance in the County Council's scheme for combating venereal diseases, which includes arrangements for pathological diagnosis, treatment at the centre conducted at Addenbrooke's Hospital, Cambridge, the supply of special drugs to medical practitioners experienced in their use, and propaganda work undertaken by the Cambridgeshire Branch of the National Council for Combating Venereal Disease.

Treatment Centre.—The constituent Authorities for the treatment centre at Addenbrooke's Hospital are the Cambridgeshire, Isle of Ely, and Huntingdonshire County Councils, but patients are dealt with from other areas also. Any person is entitled to receive treatment free of charge, and can obtain particulars as to hours of attendance by application to the County or District Medical Officers of Health. Afternoon and evening clinics are held weekly for both sexes, at separate hours, and six beds are reserved for in-patient treatment.

The work done at the treatment centre during 1924 is summarised in the following tables :—

TABLE I.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under treatment on			
January 1st, 1924 ...	71	44	115
New patients during 1924	94	66	160
Total under treatment ...	165	110	275
Venereal Disease ...	153	93	246
Not Venereal Disease ...	12	17	29
Left without completing			
treatment	21	11	32
Completed treatment but			
not final tests	15	11	26
Completed treatment and			
tests	53	29	82
Transferred to other			
Treatment Centres ...	2	3	5
Under treatment at end			
of year	60	40	100
*Total out-patient attendances :			
(a) On clinic days ...	1195	680	1875
(b) On intermediate			
days	636	18	654
Aggregate " in-patient			
days "	403	989	1392

TABLE II.

	<i>Other Cambs. Counties.</i>	<i>Total 1924.</i>	<i>Total 1923.</i>
New out-patients during 1924 ...	106	54	160
*Total out-patient attendances ...	1180	695	1875
Aggregate in-patient days ...	683	709	1392
Doses of salvarsan substitutes ...	565	489	1054

TABLE III.

CAMBRIDGESHIRE PATIENTS.

	1924.	1923.	<i>Increase or Decrease per cent.</i>
New out-patients ...	106	72	+47
*Total out-patient attend- ances ...	1180	787	+50
Aggregate in-patient days...	683	294	+132

*The figures as to out-patient attendances in these tables relate to clinic days only, and do not include 654 intermediate attendances for irrigation, etc., paid by Cambridgeshire patients.

Since the treatment centre was first opened in 1917 it has been attended by 1,502 patients, who have made 13,080 attendances on clinic days. Of these, 920 were Cambridgeshire residents, who attended 8,433 times on the days on which the medical officers were in attendance. These figures do not include intermediate attendances for irrigation, numbering 654 in 1924, all paid by Cambridgeshire patients.

The work of the centre steadily increased from the initial year 1917, to a maximum in 1920, after which there was

a marked decrease in new patients from 317 in 1920 to 138 in 1923, with a corresponding fall in total attendances made on clinic days from 2,924 to 1,466. This decrease was reversed in 1924, when new out-patients rose to 160, who made 1,875 attendances on clinic days.

This increase of work in 1924 was due to Cambridgeshire patients, the only increase as regards patients from other counties being in respect to in-patient days. New Cambridgeshire patients increased from 72 in 1923 to 106 in 1924, their clinic-day attendances increasing also from 787 to 1,180, while intermediate attendances for irrigation treatment also increased from 399 to 654. There is no obvious reason for supposing that the recovery in the Country generally from the exacerbation of venereal disease which followed the War should suddenly be interrupted in Cambridgeshire, adjoining Counties being unaffected, and a possible explanation of the larger number of patients presenting themselves for treatment is an increased knowledge of the subject and of the facilities for treatment, resulting from the more active propaganda carried out latterly in this County.

It is well known that a weak point in treatment schemes for these diseases is the failure of many patients to complete their course of treatment. The year's record shows some improvement in this respect, which is, however, confined to patients attending from other Counties, who paid an average of 11.1 visits each, as against 10.6 in 1923, Cambridgeshire patients attending on an average 11.1 times against 11.0 in 1923, or 14.7 times against 16.4 if intermediate attendances be included.

Laboratory Diagnosis.—Under the Council's scheme specimens are examined free of charge to medical practitioners, by pathologists holding University posts. During the year 362 specimens were tested by the Wassermann reaction for syphilis, and 242 were submitted for bacteriological examination, as against 316 and 338 specimens respectively in 1923.

These specimens are mainly sent from the treatment centre, but also by private practitioners. The total number of specimens examined since the scheme was first instituted in 1917 is 2,836 for the Wassermann reaction, and 2,285 for bacteriological examination.

Propaganda.—The County Council have now for eight years undertaken propaganda work through the agency of the Cambridgeshire Branch of the "National Council for Combating Venereal Disease, now known as the British Social Hygiene Council, to which body they make an annual grant. Encouraged by the experience of the previous year, the Executive Committee of the Branch arranged for a further series of film displays and lectures in Cambridge and the Rural Districts in November, 1924. The films were obtained from the headquarters of the National Council, and were selected by the Committee at a special exhibition arranged with that object. The introductory lectures were given by Mr. C. M. Kohan, a lecturer on the staff of the National Council. Six exhibitions were given in Cambridge, attended by 1,700 people, followed by five exhibitions in large villages, attended by 1,050 people, while a final exhibition was subsequently given at the Duxford aerodrome to an audience numbering about 300, a total of 3,050 people thus attending the whole series.

The films were exhibited with two principal objects, the education of adolescents in the facts of life, with aid to parents in instructing their children, and the demonstration of the dangers of venereal disease and the possibilities of cure. Persons under 16 years were not admitted, but a satisfactory feature was the attendance of many young men and women and the good demand for literature.

The usual policy of the National Council has been acted upon from year to year, to aim at the prevention of venereal disease by raising the moral standard as well as to impart information regarding the dangerous consequences of these

diseases, a policy which has the approval and financial support of the Ministry of Health. Much appreciation of the campaign generally was expressed by Chairmen who presided at the lectures, including clergymen, magistrates and medical practitioners, and the Public Health and Housing Committee have by unanimous resolution expressed their approval of the propaganda work carried out by the Cambridgeshire Branch.

METHODS OF CONTROL OF TUBERCULOSIS.

The County Council provides supervision (but not treatment) in the homes, dispensary treatment and sanatorium accommodation for tubercular persons, whether insured or uninsured, and including ex-Service men. All matters relating to the treatment of tuberculosis, including the selection of cases for sanatorium treatment and the management of the Tuberculosis Dispensary are dealt with by a special Tuberculosis Sub-Committee of the Public Health Committee.

Dispensary and Homes.—The Tuberculosis Dispensary at 1, Camden Place, Regent Street, Cambridge, serves the whole County area. The specialist staff consists of the Tuberculosis Officer, Dr. W. Paton Philip, and two Tuberculosis Nurses. In addition to consultations at the Dispensary the homes of the patients are visited periodically for supervision and advice. Consultations are undertaken by the Tuberculosis Officer in respect of ex-Service men, and reports are furnished with regard to them to the Ministry of Pensions. The volume of work undertaken at or in connection with the Dispensary during the year is indicated by the following figures :—

1. Cases examined or treated were as follows :—

					1923.	1924.
New Cases	...	...	...	...	625	815
Old	„	...	...	...	1618	1801
					<hr/>	<hr/>
					2243	2616
					<hr/>	<hr/>

2. Visits of Patients to Dispensary :—

					1923.	1924.
Insured Persons	...	...	...	...	868	759
School Children	...	...	...	...	962	722
Other Uninsured Persons	...	...	...	...	143	155
					<hr/>	<hr/>
					1973	1636
					<hr/>	<hr/>

3. Visits to Homes :—

(a) By Tuberculosis Officer :—

				Borough.	Rural.	Total.
Insured	...	...	...	52	1498	1550
School Children	...	...	...	46	287	333
Other Uninsured	...	...	...	68	180	248
				<hr/>	<hr/>	<hr/>
Total 1924	...	...	...	166	1965	2131
„ 1923	...	...	...	224	2816	3040
				<hr/>	<hr/>	<hr/>

(b) By Dispensary Nurses :—

				Borough.	Rural.	Total.
Insured	...	...	...	347	218	565
Uninsured	...	...	...	948	360	1308
				<hr/>	<hr/>	<hr/>
Total 1924	...	...	...	1295	578	1873
„ 1923	...	...	...	1439	902	2341
				<hr/>	<hr/>	<hr/>

(c) *By General Nursing Staff :—*

				<i>Borough.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	—	610	610
Uninsured	—	691	691
				<hr/>		
Total 1924	—	1301	1301
„ 1923	—	1181	1181
				<hr/>		

Grand Total home visits :—

1924	...	...	...	1461	3844	5305
1923	...	...	...	1663	4899	6562

As aids to diagnosis, bacteriological and X-ray work are carried out by the Dispensary staff. Specimens of sputum examined bacteriologically during the year numbered 109 (136 in 1923), the tubercle bacillus being found in 22 specimens. Since the installation of the X-rays plant at the end of 1923, this branch of diagnosis has been greatly developed, 822 cases having been X-rayed in 1924. Of these, 610 were screened only, while a plate was also developed in 212 cases.

A start was made during the year with the provision of dental treatment for patients coming under Dispensary supervision. The County School Dentist has attended at the Dispensary on Saturday mornings for extraction work, and financial assistance has also been given towards the provision of artificial dentures.

Six additional open-air shelters, with bedding outfits, were purchased, bringing the number acquired up to 141. An alteration in the design has proved a success, and permits of two children being accommodated in one shelter.

After-Care.—Arising out of a circular letter from the Ministry of Health, special consideration has been given to

the subject of after-care, and a special report was presented relating to the care of tubercular persons at home as well as after sanatorium treatment, which received the consideration of a Special Sub-Committee. General after-care comes within the scope of the Tuberculosis Officer, both officially and as medical adviser to the Cambridgeshire After-Care Association, and much assistance has been given as regards general supervision of home conditions, advice and assistance in connection with employment, and applications to various agencies for assistance as regards food, etc. It was felt, however, that probably the best method would be to work through the After-Care Association, and a conference was arranged with representatives of that body.

It was eventually resolved to ask the After-Care Association whether they can undertake both pre- and post-sanatorium care of adults, and can reconstitute their Association to that end, the County Council making a grant and receiving representation on the Executive Committee. This matter is at present under consideration by the Association. The provision of additional nourishment for tubercular children was reserved to the County Council, who placed a sum on their estimates since approved by the Ministry of Health, for this purpose.

Sanatorium Accommodation.—The provision made by the County Council for civilian patients is for both insured and uninsured persons, including children. Preferential accommodation is found for ex-Service men, for whom the Treasury accept full responsibility. The following table shows that in addition to 32 ex-Service men, 87 insured persons (50 men, 37 women), 41 uninsured adults (7 men, 34 women), and 64 children were admitted to Sanatoria during the year, making a total of 224 admissions—32 Ex-Service and 192 Civilian.

In Sanat. Admitted Discharged. Total
Jan. 1st, Treated.
 1924.

Men :

Ex-Service ...	32	32	52	64
Insured Civilians	33	50	36	83
Uninsured ...	3	7	3	10

Women :

Insured ...	10	37	26	47
Uninsured ...	13	34	38	47

Children ...	40	64	59	104
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Total 1924	131	224	†214	355
„ 1923	133	211	*190	344

* Includes 19 deaths.

† „ 18 „

Including patients in institutions at the beginning of the year, the total number under sanatorium treatment in 1924 was 355, against 344 in 1923.

The County Council pay for the maintenance of their patients in existing institutions, almost all the accommodation for men being obtained by arrangement with the Cambridge-shire Tuberculosis Colony at Papworth Everard, where, also, some women and children are admitted. Vacancies for women and children are mainly secured in institutions outside the County. In all, 30 beds are reserved at Papworth Colony, 14 at Bramblewood Sanatorium, 16 at Oak Bank, 12 at the Holt Sanatorium for Children, and 5 at Ipswich Sanatorium, a total of 77 beds, but patients are sent to other institutions as occasion arises, including Wyton Sanatorium, Hunts. The institutions to which new cases were sent in 1924 were as follows :—

<i>Male</i>					
	<i>Ex-Service.</i>	<i>Civilians.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
Cambs. T. Colony	25	53	24	2	104
Bramblewood ...	—	—	35	—	35
Holt (Children's)	—	—	—	10	10
Wyton ...	—	—	6	9	15
Ipswich ...	—	—	—	10	10
Addenbrooke's Hospital ...	5	3	5	11	24
Kelling ...	1	1	—	—	2
Oak Bank ...	—	—	—	16	16
Treloar's ...	—	—	—	5	5
Ventnor ...	—	—	1	—	1
St. Bartholomew's	1	—	—	—	1
Heatherwood ...	—	—	—	1	1
	32	57	71	64	224

On the instructions of the Council a report was furnished by the Tuberculosis Officer in June, 1924, on the results of sanatorium treatment during the two years ending March, 1924. This period is too short for reliable conclusions, but the report, which deals with 502 pulmonary cases, 340 adult and 162 children, shows that, excluding advanced cases sent to sanatorium for isolation purposes and without expectation of recovery, a high proportion of discharged patients were at work when last heard of, and the number of deaths was, so far, small. The average period of stay in sanatorium in months was as follows :—

	<i>Men.</i>		<i>Women.</i>	
	<i>Discharged.</i>	<i>Still in Sanatorium.</i>	<i>Discharged.</i>	<i>Still in Sanatorium.</i>
Early Cases	9	15	4	6
Moderately Advanced	11.5	12	5.5	5
Advanced and Acute ...	9	16.5	6.5	7

		<i>Children.</i>	
		<i>Pulmonary.</i>	<i>Surgical.</i>
Discharged	...	8	10
Still in Sanatorium		7.5	9

The following very briefly summarises the results as regards survival and working capacity.

Group 1. Early case group.

Adults treated 102. Excluding those still in sanatorium, out of 49 males and 45 females discharged, 45 and 42 respectively are at work. The number of return cases in this group is limited to three and no deaths are recorded.

Group 2. Moderately advanced cases dealt with on grounds of infection and possibility of arrest.

Excluding those still in sanatorium, of 74 male adults discharged, 52 (or two-thirds) are at work, and of 34 female adults discharged, 26 are at work. Four males and 4 females have died since discharge, and there have been 3 return cases.

Group 3. Advanced gravely infectious cases isolated on grounds of public safety, the object being to remove the patient permanently from contact with the public until the termination of the illness.

The number of deaths in this group of 96 male and female adults is therefore necessarily high, 38 having died in sanatorium and 16 after their return home. There are still 19 patients isolated in sanatorium, while 15 others have returned home, of whom 4 are able to work. There has been one return case in this group.

Children.

Of 130 children so far discharged, out of 162 treated, 121 are recorded as at school or at work. Deaths and return cases are limited to 2 each.

MENTAL DEFICIENCY ACT.

Special reports presented during the year included 21 cases newly notified under the provisions of the Mental Deficiency Act. Of these, 7 were notified as "neglected" (3 by the Cambridgeshire Voluntary Association, 1 by the Borough Police, 2 by the Cambridge Poor Law Guardians, and 1 privately), 6 by the Borough and County Education Committees, 1 by the Voluntary Association, 1 by the Borough Police, 2 by the Linton Guardians, 2 by the Cambridge Poor Law Guardians and Board of Control, 1 by Addenbrooke's Hospital, and 1 privately.

The instructions given regarding the foregoing new cases were as follows:—

Certified Institutions on petition	10
Certified Institution under permissive powers	1
Statutory supervision	2
Referred for voluntary supervision	1
Sent to Institution by relatives	1
Referred to Relieving Officer for Mental Hospital	1
Referred back to Poor Law Guardians ...	1
No immediate action required—adjourned ...	3
Not subject to be dealt with	1
	—
	21
	—

Of the 10 defectives in respect of whom petitions for certified institutions were ordered to be presented, 7 were admitted in 1924, 1 in 1925, a medical certificate was not obtainable in one case and the other is awaiting presentation of petition. One defective was also admitted in 1924 regarding whom instructions had been given in the previous year. In addition, of 3 defectives notified in previous years and reconsidered in 1924, 2 were admitted under order to certified

institutions in 1924 and 1 in 1925. The number, therefore, actually admitted to certified institutions during the calendar year 1924 was 10. During this period 3 defectives died, 2 were transferred from certified institutions to a Mental hospital, and 1 was allowed out on leave of absence.

Since 1913, when the Council first began to administer the Act, 277 persons had been brought to their notice by the end of 1924. Of these, 70 have been placed under statutory supervision undertaken by the Voluntary Association, 123 have been sent to Institutions, and 6 have been placed under Guardianship. Allowing for deaths, discharge to homes and transfer to mental hospitals and other institutions, there remained at the end of the year under review, 94 cases who were being maintained in institutions (includes 3 on licence and 2 in State institutions), 2 under Guardianship, and 62 under statutory supervision in their homes, making a total of 158 under the control of the Local Authority.

The defectives under Order are being maintained in institutions in various parts of the country, the largest number (49) being in the Royal Eastern Counties' Institution, Colchester, which has been of the greatest service to this County, which is within the area normally served by the Institution. In spite, however, of the extension carried out at Colchester a few years ago, it is becoming increasingly difficult to obtain accommodation for defective persons of all grades, either there or elsewhere. The Colchester institution has a deservedly high reputation in East Anglia, contains an excellently managed industrial training section, and is reasonably accessible from Cambridgeshire. For these reasons especially, representatives of the Statutory Committee have conferred with those from Essex and East and West Suffolk regarding a scheme for extension of the Royal Eastern Counties' Institution, which will afford accommodation for the reception of detention cases from these areas for some

years to come. Plans and general terms of payment and management are to be submitted.

During the year the Board of Control issued in Circular No. 642 a revised definition of the circumstances in which a defective person may be regarded as urgently in need of control under the Mental Deficiency Act. The principal feature is the prominence given to the care of the young, defective children now being regarded as urgency cases (a) who are under seven years of age, or who are over that age and have been notified by Local Education Authorities, for whom home care, training or control is inadequate, and (b) those in Poor Law Institutions not specially approved, or in Mental Hospitals, where the accommodation is unsuitable and the means of training inadequate. Also young men, who have either no homes or bad homes, or whose parents cannot control them, or who are in danger of corruption, are to be regarded as urgently in need of official action, as was the case with young women heretofore.

It may be appropriate to mention here that at the instance of the Visitors of the Fulbourn Mental Hospital the Statutory Committee resolved to the effect " that children who are able to be dealt with under the Mental Deficiency Act should be dealt with by the Statutory Committee appointed under that Act " in preference to accommodating them in a Mental Hospital, as is done at times in cases of defect of low grade.

The financial grant to the Cambridgeshire Voluntary Association was continued during the year, the Association assisting the Council by undertaking supervision of defective persons in their homes, by providing escorts to institutions, and assistance in finding places of safety. They also assist in ascertainment, and by reporting to the Statutory Committee when defectives appear subject to be dealt with under the provisions of the Mental Deficiency Act.

BLIND PERSONS ACT, 1920.

The County Council are the registration authority under the Act, and the duty of keeping the register of cases is carried out for them by the Eastern Counties' Association for the Blind. During the year just ended, 35 additional names have been placed on the register, 11 resident in Cambridge and 24 in the rural area, where some remote cases have been discovered. The total number now recorded is 170 (males 84, females 86), including 3 in blind schools, 3 in mental institutions, and 2 in training institutions.

The further duties of the Council, apart from the responsibilities of the Education Committees in the area, are entrusted to the Cambridgeshire Society for the Blind, grants being made by the Council in respect of services rendered. The principal functions of the Society are to promote the social welfare of the blind generally, to make applications for pensions for those who are eligible, and for grants from Poor Law Guardians in necessitous cases, and to secure work for the blind in their homes, supplying them with materials and disposing of the finished articles as advantageously as possible.

In a scattered rural County, the chief work of such a Society is in the homes, and in pursuance of this 2,771 visits were paid during the year by the two Home Workers, 1,624 in Cambridge and 1,147 in the villages. It is satisfactory to note that the latter figure shows a considerable increase in activity in the rural area, which is obviously the more difficult problem.

The annual report of the Society indicates that its principal work is to keep blind people employed and self-supporting as far as possible. Among types of work undertaken are instanced Braille copying, massage, music for concerts and dances, raffia work, etc., while 14 home workers are said to be receiving augmentation of their earnings for piano-tuning, basket making, chair caning, rush seating, rug making, machine

and hand knitting, crochet, and instruction in piano playing. It may be hoped that the public will take note of these occupations, and put work in the way of the blind persons thus aided. Orders can be sent to the *Depôt* of the Society, at 5, Emmanuel Street, Cambridge, where also articles are on sale and where a workroom has recently been started. Financial assistance will also be welcomed by the Hon. Treasurer, Mr. Alfred Hyde, Rustat House, Cambridge.

ISOLATION HOSPITALS.

The Borough of Cambridge and the Chesterton, Melbourn and Newmarket Rural Districts, each have their own isolation hospital. Cases from the Caxton, Linton and Swavesey Rural Districts, which have no isolation hospital, as well as from certain of the other districts when their beds are fully occupied, are admitted for payment to the Cambridge Isolation Hospital, which has accommodation for 62 patients. The financial position still stands in the way of steps being taken for remedying the deficiency in the Rural Districts by a combined scheme.

The four isolation hospitals were inspected during the year and annual grants, amounting to a total of £822, were approved by the County Council for payment.

The Exning Isolation Hospital serves the Newmarket Rural District jointly with the Moulton Rural District of West Suffolk. During 1923 plans were before the Joint Hospital Committee for extension with the object of remedying the inadequate accommodation for the resident staff, some of whom are occupying the observation block which is therefore unable to be used for its proper purpose. As no definite step has yet been taken the County Council recently resolved to ask the Newmarket Rural District Council to press on with this scheme, and also with the conversion of the sanitary arrangements into a water-carriage system of drainage, a matter which has been under consideration by the Joint

Hospital Committee during the year. The provision of a suitable room for the Thresh disinfecter and extension of the laundry arrangements might also be considered with great advantage.

The County Council have also resolved that the attention of the Melbourn Rural District Council be called to the condition of the road leading to the Isolation Hospital at Royston, which serves the Melbourn Rural District jointly with the Ashwell Rural District of Hertfordshire.

There is one small-pox hospital in the County, a temporary structure, provided by the Cambridge Town Council. All the Rural Districts have entered into agreements with the Town Council for the reception of their cases if circumstances permit.

SCHOOLS.

The work of the School Medical Service in the Cambridge-shire elementary education area is dealt with fully in the Annual Report to the Education Committee.

Scarlet fever, measles, whooping-cough, chicken pox, and mumps were the diseases which principally caused interruption of educational work at different periods of the year. The total number of home visits paid by School Nurses for enquiry and advice in connection with infectious and contagious disease generally was 1,248.

The School Medical Staff paid 25 special visits to schools in the rural area for enquiry into infectious and contagious disease, principally for scarlet fever, and the School Medical Officer certified for closure of 46 schools. The diminished prevalence of diphtheria during recent years is emphasised by the fact that during the year it was only necessary to take 66 swabs for bacteriological diagnosis, and only two schools were closed for this disease, making six closures only in four years.

The Annual Report to the County Education Committee contains notes on the hygienic condition of school premises,

on which about 250 special reports have been furnished by the School Medical Officer in the 16 years during which the School Medical Service has been in existence. In the Annual Report special attention is drawn to lack of proper washing arrangements in a number of schools, an insanitary type of closet in others, insufficient provision for ventilation, especially in the summer months, and unsatisfactory heating arrangements. In a number of schools the lack of proper washing arrangements render a high standard of personal cleanliness impracticable, and this is particularly unfortunate where many long-distance children stay to dinner. In others, the old insanitary privy pit still exists, and where pails are substituted they are often not emptied as frequently as they should be. Ventilation in the older schools is admittedly a difficult problem, and the worst defect is probably lack of provision for a free flush of air in the summer months. In many schools, also, the inadequate heating arrangements result in very low temperatures frequently being recorded in the winter months, naturally resulting in closing of the windows to the exclusion of fresh air.

The County Council, being particularly impressed with the conditions reported during the County Architect's survey of certain Non-Provided Schools, have requested the Board of Education to carry out a survey of the Non-Provided Schools within the elementary education area.

CONTROL OF FOOD SUPPLIES.

The District reports contain the customary references to the inspection of regulated premises such as slaughterhouses, milk premises and bakehouses. In Cambridge, where there is no public abattoir, 3,112 visits were paid to the 22 private slaughterhouses. The new byelaws came into force during the year, and the effect of clauses designed to promote humane methods of killing is set out in Dr. Laird's report.

In Cambridge, about 97 cwt. of beef and pork, 47 cwt. of vegetables, and smaller quantities of other foods were condemned as unsound. In none of the Rural reports is the seizure and condemnation of unsound food recorded.

Writing of slaughterhouses in the Newmarket Rural District, Dr. Morgan reports that the construction of several of the 24 slaughterhouses is such that it is almost an impossibility to clean the walls down properly. In 13 instances the walls are constructed of wood, clunch or claybats, or have these materials as part of their construction. The attention of the occupiers in 10 instances had to be called to the need for greater cleanliness and more frequent removal of refuse. Two unsatisfactory slaughterhouses were replaced by better premises, and three unsatisfactory cowsheds were replaced by other premises, while improvements were effected to others. Improvements to cowsheds are also recorded for the Chesterton Rural District.

The Cambridge report gives details of the results of bacteriological examinations of milk taken under the Milk and Dairies Amendment Act, 1922. Dr. Laird reports that all 38 samples of "certified" milk conform to a high standard of cleanliness, and were well within the Ministry of Health's standard. On the other hand, all the 36 samples of ordinary milk showed a high bacterial content and evidence of manurial pollution. Dr. Laird, however, considers that there has been marked improvement, and that the Cambridge milk supply will compare favourably with any other. The cost of production would necessarily be increased by the additional labour required for thorough cleansing of the animals before milking, and difficulty is experienced by employers in finding men willing to work at this trade.

The County Council resolved to delegate their powers in respect of graded milks under the Milk (Special Designations) Order, 1922, to the Agricultural Committee, and that the powers in relation to the Borough of Cambridge should be

exercised by the Town Council. One application was received by the County Council during the year, but was subsequently withdrawn.

SALE OF FOOD AND DRUGS ACTS.

Rural Area.—In this area the Acts continue to be administered by the County Police. The total number of samples taken and reported upon by the Public Analyst was 203 (185 in 1923), of which 147 were taken formally and 56 informally. The samples were :—Fresh milk 65, condensed milk 8, butter 29, margarine 20, lard 17, cocoa 11, tea 8, coffee 2, sugar 7, sago 4, tapioca 3, baking powder 7, vinegar 2, rice 5, dripping 3, cream 3, cheese 2, and 1 each of 7 other articles.

Of the 203 samples analysed, 7, or 3.4 per cent., proved not to be genuine, compared with 1,466 samples analysed during the ten years 1914–23, of which 81, or 5.5 per cent., were non-genuine. Of the 65 samples of fresh milk, 63 were taken formally, and included 6 of the 7 samples reported not to be genuine. The particulars as regards these 6 milk samples are as follows :—

1. Deficient 13 per cent. in fat. Vendor prosecuted, convicted, and fined £2.

2, 3 and 4. Deficient in fat 58, 30 and 13 per cent. respectively. The same vendor in all three cases. Proceedings in respect of the 58 per cent. deficiency were dismissed, as appeal to the cow samples at vendor's request yielded deficiencies of 30 and 13 per cent.

5. Deficient 10 per cent. in fat. Proceedings taken, but case dismissed.

6. Deficient 16 per cent. in fat. Proceedings taken, but case dismissed.

The seventh non-genuine sample was of sago, which proved to be all tapioca. No proceedings were taken, as it was considered that there was no intention to defraud.

Cambridge Borough.—Samples taken for analysis numbered 257 (265 in 1923), comprising 213 informal and 44 formal samples. The principal items were:—Milk 168, condensed milk 6, dried milk 1, butter 4, cream 6, sago 5, margarine 4, lard 4, and dripping 4. Of the 55 other articles sampled, the number of samples in no case exceeded four.

The percentage of non-genuine samples, 7 in number, was 2.7, compared with 22.5, 7.8, 8.4, 9.7, 9.7, 6.4, 2.3, 6.8, 8.2, 4.0, and 10.6 for the successive years from 1913 to 1923.

For purposes of economy in administration, all the 138 informal samples were centrifugalised, and the 5 samples found to be below the 3 per cent. fat standard were followed up by formal samples. These check samples were reported genuine on analysis. Proceedings were taken in respect of the one formal sample which showed a 43 per cent. deficiency of milk fat, but resulted in dismissal, *Hunt. v. Richardson* being cited.

Twelve samples of milk were taken in course of delivery.

In addition to non-genuine milk samples, one sample of cream analysed proved to contain preservatives, and a warning letter was sent.

Use of Preservatives.—In both urban and rural areas the Public Analyst examines for preservatives all samples taken under the Sale of Food and Drugs Acts which are likely to contain them. In the rural area boric acid was found to the extent of 0.30 to 0.50 per cent. in 11 samples of butter, and in quantities varying from 0.35 to 0.50 per cent. in 14 samples of margarine. A trace of boric acid was also found in one sample of beef paste and one of fish paste.

In Cambridge Borough no preservatives were found in any of the 33 samples of milk examined. One sample of cream was found to contain 0.4 per cent. of boric acid, and an apology was received from the vendor.

WATER SUPPLY.

The chief activity is recorded from the Newmarket Rural District, where 83 of 103 water samples taken for analysis were reported to be polluted. In Soham, where about 100 houses were supplied from 56 polluted wells, 55 have been connected with the public water main, and notices have been served on owners of the remaining houses to provide a proper supply. Of 1,129 structurally separated dwellings occupied in Soham at the date of the last Census, 860 are now supplied from the mains, which are being extended to the outlying portions of the parish.

The supply to Fordham, where wells are relied upon, was adversely reported upon some years ago, and 13 of 22 samples analysed in 1924, including a public well, were found to be polluted. The Soham waterworks are near Fordham, and could furnish a supply to that parish. At Bottisham, the question of a public water supply has been revived, 12 samples taken from different wells at the North end of the village all affording evidence of pollution. In this parish also, the supply was adversely commented upon before the War. At Reach, a public well was bored into the Lower Greensand during the year, to a total depth of 160 feet.

A further enquiry was held by the Ministry of Health into the scheme for supply of the parishes of Dullingham, Westley Waterless, Burrough Green and Brinkley, and sanction has been obtained for the work to be proceeded with. In this scheme, water will be pumped from the Chalk to a water tower, and distributed by gravity.

In Linton Rural District a new public well has been bored at Linton into the Chalk to a total depth of 105 feet, and tube-lined to a depth of 50 feet. In Chesterton Rural District, consideration has been given to the provision of a new public well at Milton, which it is expected will shortly be proceeded with.

DRAINAGE, SEWAGE AND REFUSE DISPOSAL.

The Medical Officer of Health for the Newmarket Rural District has furnished a special report on drainage and sewerage at Soham, where the drains are mainly old, and constructed of brick culverts, unglazed pipes and brick tiles, discharging unpurified effluent into watercourses. Numerous complaints have been received regarding nuisance arising from the defective condition of these drains and regarding the effluent. Also, in the majority of the houses in this parish, the closets are of the insanitary privy pit type. Dr. Morgan arrives at the sound conclusion that the only satisfactory course is to provide a proper system of sewerage, and that, short of this, conversion of the privy pits into pail closets, with a public scavenging scheme, is called for.

In this parish also a tender for the provision of a public urinal has been accepted, urban powers having been granted for this purpose by the Ministry of Health. At Cheveley, some 350 yards of glazed pipe drain have been laid to remedy nuisance from an open ditch.

In Chesterton Rural District investigation has been made into complaints of the pollution of the Newton Brook by effluent from the sewage works at the Duxford Aerodrome, but no definite decision has yet been arrived at.

In Linton Rural District it is reported that 176 feet of 6 inch drain have been laid at Balsham.

The Medical Officer of Health for Caxton Rural District states that over 30 per cent. of the houses now have pail closets. It is evident that an unduly large proportion of privy pits still exist, and the process of conversion could be speeded up with much advantage.

HOUSING OF THE WORKING CLASSES.

In the whole area of the Administrative County 288 new houses were built during the year, 150 in Cambridge and 138 in the Rural Districts. Of these, 173 were erected with State assistance under the Housing Acts, of which 68 were erected by the Local Authority in Cambridge, and 8 in the Rural Districts, while 97 were built by other bodies or persons with the aid of State subsidy, 82 in Cambridge and 15 in the Rural Districts. The remaining 115 were erected by unassisted private enterprise.

The total number of houses inspected for defects under the Public Health or Housing Acts was 2,836, of which 1,176 were in Cambridge and 1,660 in the Rural Districts. Houses inspected under the Housing (Inspection of District) Regulations, 1910, numbered 1,506 (Cambridge 567, Rural Districts 939). Of the houses inspected, 100 were recorded as unfit for human habitation, 56 in Cambridge and 44 in the Rural Districts, while 1,036 (Cambridge 814, Rural 222) were regarded as not in all respects reasonably fit for habitation.

As usual, the greater part of repair work was achieved by informal intimation to owners under the Housing, Town Planning Act, 1919, this resulting in the remedy of defects in 1,052 houses, of which 721 were in Cambridge, and 331 in the Rural Districts. Statutory notices were served for repair of 90 houses (Cambridge 13, Rural 77), of which 72 were rendered fit by the owners (Cambridge 5, Rural 67), and 2 in Cambridge by the Local Authority in default of the owners. Similarly under the Public Health Acts, notices requiring the remedy of defects were served with respect to 100 houses (18 Cambridge, 82 Rural). In consequence, defects were remedied by the owners in 87 houses (Cambridge 17, Rural 70).

The figures furnished regarding closure and demolition of houses unfit for habitation again show the limitation of such action by the lack of other suitable accommodation.

Only 4 representations for Closing Orders were made in Cambridge and 11 in the Rural Districts, 14 such Orders being actually made (Cambridge 4, Rural 10). In two cases only were the Orders determined owing to the houses being rendered fit for habitation, while 2 houses in the rural area were demolished.

Dr. Laird writes that the year was marked by the search for new building materials and methods from the point of view of rapidity of construction, cheapness and the absorption of unemployed labour. In his view, the urgent demand for accommodation calls for serious consideration of any method which would afford rapid provision, though it seems to be generally acknowledged that substitutes for brick are hardly likely to be cheap. Many of the 1,324 applicants for Corporation houses have been waiting for years. In Dr. Laird's view, the satisfaction of their needs by rapid construction should only be undertaken as an addition to, and not in substitution for, the building of houses of a permanent character.

The reports on the Caxton and Newmarket Rural Districts urge the needs of their inhabitants, and the following may be quoted from Dr. Macfadyen's report on the Melbourn Rural District :—" It seems to me, however, quite impossible to ignore the need of houses. Some houses have only one room up and one down, and it seems impossible for people to get married and set up a home of their own. The needs of the District would be met to some extent by the provision of 90 new houses, and I earnestly suggest to the Council that a programme of building for the next few years should be laid down and systematically carried out."

In November the Public Health and Housing Committee considered a resolution by the County Council " that the Public Health and Housing Committee be asked to consider and report whether a comprehensive housing scheme for the whole County is practicable," and resolved to arrange for a

conference with the District Councils. For this conference, which was held in January, 1925, the Clerk of the Council prepared a summary of action past and proposed obtained from the District Councils, together with other information bearing on the subject (appended to this report). From this it will be seen that the estimate of requirements formed from the survey under the 1919 Act was 586 houses for Cambridge and 1,099 for the Rural Districts, a total of 1,685. Since then, 1,542 houses have been built or commenced, 654 by the Local Authorities (Cambridge 378, Rural Districts 276) and 888 by private persons, of which 184 (Cambridge 108, Rural Districts 76) were aided by subsidy, and 704 (Cambridge 252, Rural Districts 452) were not. The present estimate of requirements by the Rural District Councils is from 854 to 884 houses, say 860. The intention of the Cambridge Town Council is to proceed by frequent small contracts, and tenders were then being obtained for 30 concrete houses. The enquiry and conference disclosed a general intention to proceed with housing schemes in the Rural Districts, with one or two possible exceptions. A point which attracts attention in the summary of replies is the small number of agricultural workers who are occupying houses built by the Rural District Councils.

The conference served a very useful purpose in affording an opportunity for the exchange of experience and of views between the Local Authorities, and one difficulty which emerged was that of making it clear to would-be owners of houses the assistance which could be given by the Local Authorities, and the conditions attached under the Housing Acts. The conference generally approved the principle that private persons should be given every advantage which the Acts offer, and it was agreed that the County Council should place a simple statement of the provisions of the Acts relating to such assistance at the disposal of the District Councils for the information of the public.

Housing of County Council's employees.—The housing of Head Teachers, police and roadmen has been reported upon in detail from time to time since 1914.

The question of housing of the police was under consideration at all meetings of the Standing Joint Committee during 1924, when progress was made with regard to the acquisition of sites, and tenders for the erection of certain houses were accepted. The present proposal, as set out in a statement made by this Committee in response to a request from the County Council, is to build 11 houses at an estimated cost (including sites) of £7,700, this figure representing the capital commitments of their present programme.

A joint report, furnished in 1919, by the late Education Secretary, the County Architect, and the County Medical Officer of Health, showed that as regards Provided Schools 32 houses had been provided for Head Teachers, while 18 were without houses, and 5 of the 32 appeared to be unsuitable. As regards Non-Provided Schools, 73 (including 9 unsuitable) had houses provided and 12 had not. The total need at that date was estimated at 23 houses for Head Teachers of Council Schools and 21 for Non-Provided Schools. The Council decided to deal with the Provided Schools, but eventually, owing mainly to financial stringency, the programme was limited to the erection of 6 houses, at a rate of one each year. Up to the present, one house has been built at Foxton, and one is in process of erection at Cottenham.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

Population.—Statistics relating to the enumeration of the population of the Administrative County made during the Census of 1921 were given in some detail in last year's report. They showed an increase of population during the ten years since the Census of 1911 to the number of 1,280 for the Administrative County, the population of Cambridge

showing an increase of 3,452, while a decrease of 2,172 was recorded for the total population of the Rural Districts. The only Rural District which showed an increase was Chesterton. The percentage variations from the 1911 census were increases of 1.0 and 6.2 per cent. for the Administrative County and Cambridge respectively, and a decrease of 3.0 per cent. for the rural area.

The whole of the increase in this County was due to excess of births over deaths, the emigration (which includes War deaths outside the Country) being in excess of immigration. While the population gained 6,346 persons by natural increase (Cambridge 3,045, Rural Districts 3,301), it lost 5,066 persons by migration, which added 407 to the Cambridge population, but deducted 5,473 from the rural population.

The following figures are furnished by the Registrar-General as representing the populations to be used for calculation of birth and death rates for the year 1924 :—

		<i>For</i> <i>Birth Rate.</i>	<i>For</i> <i>Death Rate.</i>
Administrative County...	...	130070	129800
Cambridge Borough ...	...	59120	59120
Aggregate Rural Districts	...	70950	70680
Chesterton ...	...	24180	24180
Caxton and Arrington	...	7362	7362
Linton ...	...	9780	9510
Melbourn ...	...	8118	8118
Newmarket...	...	19020	19020
Swavesey ...	...	2490	2490

The excess of births over deaths during 1924 yields a natural increase of the population for the year of 384, compared with 651 in 1923, there having been 147 fewer births and 120 more deaths than in that year.

Birth Rate.—The statistics for 1924, based on figures furnished by the Registrar-General are as follows :—

		<i>Registered Births.</i>	<i>Birth Rate per 1,000 living.</i>
Administrative County ...		1993	15.3
Cambridge Borough ...		867	14.7
Rural Districts ...		1126	15.9

The birth rate for the whole County fell steadily from 23.1 in 1901 to 18.3 in 1914. During the War it dropped to its lowest level, 13.5 in 1917, rose after demobilisation to 20.7 in 1920, and has since fallen to 15.3 in 1924. The rate for 1924 was 3.0 per 1,000 below the pre-War rate of 1914, 1.6 below the average annual rate for the ten years 1914-23 in spite of the low rates during the War, and 7.8 below the 1901 rate (23.1). In other words, for every 100 births per 1,000 persons living in 1901, there were only 66 births in 1924. The following figures show the reduction as compared with 1914 in both urban and rural areas.

<i>Number of Births.</i>				<i>Birth Rate.</i>			
	<i>Boro.'</i>	<i>Rural.</i>	<i>Total.</i>		<i>Boro.'</i>	<i>Rural.</i>	<i>Total.</i>
1914 ...	996	1393	2389	...	17.4	19.1	18.3
1923 ...	909	1231	2140	...	15.4	17.4	16.5
1924 ...	867	1126	1993	...	14.7	15.9	15.3

The birth rate for Cambridge, 14.7 per 1,000, was, as usual, much below that for the Great Towns (19.4), and for England and Wales (18.8). The rates for the Cambridgeshire Rural Districts, from highest to lowest, were:—Swavesey 20.0 (50 births), Newmarket 17.9 (340), Linton 16.7 (163), Melbourn 15.4 (125), Chesterton 14.3 (347), Caxton 13.7 (101). The relative positions of these Districts vary greatly from year to year. No figure is furnished by the Registrar-General for Rural England and Wales, with which these rates can be compared.

The serious decline in the birth rate is naturally reflected in the reduced size of families. From information given by the Registrar-General in the Census returns, the average number of persons per family in the whole Administrative

County, including Cambridge, fell from 4.03 in 1911 to 3.76 in 1921, a decline of as much as 6.7 per cent. in 10 years. As the birth rate is still seriously on the decline, it may be roughly assumed that the average family is now more than 9 per cent. smaller than in 1911. The number of persons per family is smallest in Swavesey Rural District (3.62) and largest in Newmarket Rural District (3.94), Cambridge standing midway with an average of 3.74 persons. The average size of family is appreciably smaller in the Rural Districts than in 1911; a similar comparison cannot be made for Cambridge owing to the alteration in the boundaries between the two Censuses.

There were 109 *illegitimate* births in the Administrative County, 50 in Cambridge, 59 in the Rural Districts, compared with 53 in Cambridge, 60 in the Rural Districts, and 113 total in 1923. Calculated as a percentage of total births, the proportion of illegitimate births was 5.8 in Cambridge, 5.2 in the rural area, and 5.5 in the Administrative County, against 5.8, 4.9, and 5.3 per cent. respectively in 1923.

The proportion borne by illegitimate to total births rose during the War from 4.5 per cent. in 1913 to 8.7 per cent. in 1919, and fell with the cessation of War conditions to 5.9 in 1920, remaining since at a slightly lower level. It is still, however, above the pre-War rate. In some years the illegitimate rate is higher in Cambridge and in others in the rural area; for the past two years the Cambridge rate has been the higher. Some diminution may be looked for with improved housing conditions.

The proportion of *still-births* notified to total births notified were as follows :—

Borough of Cambridge 33 still-births, or 3.6 per cent.				
Rural Area	43	„	„	3.9 „
Whole County	76	„	„	3.8 „

These figures show a decrease for Cambridge and an increase for the Rural Districts on the proportion of still-births which occurred in the previous year, the percentage in 1923 having been 3.8 for Cambridge, 3.4 for the rural area, and 3.6 for the Administrative County.

Death Rate from all Causes.—After allowing for deaths occurring away from the usual place of residence, the nett death rate for the whole County was 12.4 per 1,000 (12.2 for England and Wales). This rate was 0.9 per 1,000 higher than the 1923 rate for the County (11.5), and 0.8 below the average for the preceding ten years. The rates for Cambridge and the rural areas were 11.8 and 12.9 respectively, the death rate for Cambridge being 0.5 below that for the Great Towns (12.3).

The total deaths in the whole County numbered 1,609 (Cambridge 699, Rural 910), being 120 more than in 1923. The chief increases were in influenza, cancer, heart disease, bronchitis and pneumonia, and nephritis, the outstanding decreases being in cerebral haemorrhage, arteriosclerosis, and diarrhoea.

Infant Mortality.—The number of deaths under one year, 105 (Cambridge 46, Rural Districts 59), was in the proportion approximately of 53 deaths per 1,000 *births* (England and Wales 75). The corresponding approximate rate for Cambridge was 53, much below 80 for the Great Towns, and that for the rural area was 52 per 1,000 births, slightly lower than the Cambridge rate. The rate for the Administrative County represents a saving of 10 lives per 1,000 births, when compared with the annual average (63) for the preceding 10 years 1914-1923, and a saving of 33 lives per 1,000 births when compared with the annual average (86) for the ten years 1904-1913.

The only change of note was an increase in deaths from pneumonia. Deaths from congenital debility, malformation, and premature birth, which should be influenced by ante-natal

care, were practically stationery, numbering 29 per 1,000 births, compared with annual averages of 29 and 28 for the five years 1914-18 and 1919-23 respectively.

The mortality during the year among illegitimate infants, compared with that among the legitimate, is shown by the following statement of deaths (approximate) per 1,000 births :—

	<i>Legitimate.</i>		<i>Illegitimate.</i>	
	<i>Mortality.</i>		<i>Mortality</i>	
	<i>Births.</i>	<i>Rate.</i>	<i>Births.</i>	<i>Rate.</i>
Cambridge Borough	817	48	50	140
Rural Districts ...	1067	52	59	68
Whole County ...	1884	50	109	101

The actual numbers of deaths of illegitimate infants were 7 in Cambridge Borough and 4 in the Rural Districts, a total of 11 in the Administrative County among 109 illegitimate infants born (Cambridge 50, Rural Districts 59). These figures are small, and vary in the Borough and Rural Districts from year to year. As a more reliable basis of comparison the following figures are therefore given, showing the respective mortality rates among 10,628 legitimate and 638 illegitimate infants born in the Administrative County during the five years 1920-1924.

Infant Deaths per 1,000 *births*, 1920-24.

	<i>Legitimate.</i>	<i>Illegitimate.</i>
Cambridge Borough ...	50	74
Rural Districts...	52	87
Whole County ...	51	81

It will be seen that during this period of five years mortality among illegitimate infants in the Administrative County as a whole exceeded that among legitimate infants by more than 50 per cent., the excess being greater in the rural area than in Cambridge, possibly owing to there being fewer agencies interested in the welfare of the unmarried mother. The number of unmarried mothers admitted to the Ely

Diocesan Maternity Home at Cambridge is probably too small to make a material reduction in the death rate among illegitimate infants, though the work of the Home is undoubtedly of great value to the individual cases admitted.

It has been pointed out before in these reports that the form in which statistics are available does not permit of comparison of the local illegitimate mortality with that of the pre-War period, and that, although the present rate is very much below that of 1918-19 there may have been exceptional reasons for excessive mortality at the termination of the War. This Administrative County does, however, compare very favourably in this respect with England and Wales, in which the illegitimate mortality is practically double that of legitimate infants.

Maternal Mortality.—Deaths of mothers in connection with child-birth numbered 11, of which 3 (Cambridge 2, Rural Districts 1) were due to puerperal sepsis and 8 (Cambridge 6, Rural Districts 2) to other accidents and diseases of pregnancy and child-birth. The totals for the Administrative County were identical with those for 1923.

Notifications of puerperal sepsis numbered 8, of which 5 were from Cambridge and 3 from the Rural Districts. The 3 deaths registered from this cause were identical in number with the annual average for the preceding ten years.

During the ten years 1914-1923 the maternal deaths from other causes than sepsis totalled 20 in Cambridge, 41 in the rural districts and 61 in the Administrative County. The mortality rate from this cause was 4.0 per 1,000 *births* in 1924, against an average rate of 2.8 per 1,000 during the preceding ten years. The numbers, however, are small, and show considerable variation from year to year.

Infectious Disease.—The record of mortality from the commoner infectious diseases was again a distinctly favourable one, with the exception of influenza, mortality from which was much above the average. Mortality from the other commoner

infectious diseases of childhood was low, and there were no deaths from enteric fever. It is worthy of note that there were only 4 deaths from diarrhoea among infants. Deaths from pneumonia showed an increase on the previous year. The deaths from tuberculosis were slightly above the average of recent years.

Small-pox.—No case of small-pox occurred, but notice was again received of contacts from ship-board, which were kept under observation. The information given in the Cambridge report shows that only 34.71 per cent. of infants were vaccinated in the old Borough during the first half of 1924, a low rate, though a slight improvement on the previous year. As a precautionary measure information was circulated to the District Medical Officers of Health regarding contacts of small-pox cases which occurred in an adjoining County, and close touch was kept with a large circus from which a case had been notified elsewhere. Fortunately no cases developed in this County.

Chicken-pox is compulsorily notifiable in the Newmarket and Melbourn Rural Districts, and apart from this, cases notified through the Public Elementary Schools are always made the subject of enquiry.

Scarlet Fever.—Incidence of this disease was light, until the fourth quarter of the year, when the number of notifications received much exceeded those of the previous fourth quarter. Notifications received during the year numbered 247, compared with 141 in 1923. Of these, 96 were from Cambridge and 151 from the Rural Districts, where the greatest prevalence was in the Newmarket, Chesterton and Melbourn Districts, with 80, 39 and 21 notified cases respectively. In Newmarket Rural District difficulty of control was experienced owing to the mild type, cases only coming to light when desquamating. The District Council have since circulated printed leaflets drawing attention of householders to the symptoms, also to their responsibilities and to the penalties attached to default.

Altogether, 178 cases, or 72 per cent. of those notified, were removed to various isolation hospitals. Mortality from scarlet fever was again very low, being limited to one death, which occurred in the Newmarket Rural District. From figures given in the Cambridge report, it is calculated that the average case mortality for the past 21 years has not exceeded 1 per cent. of notified cases, the corresponding proportion for the whole Administrative County for the past 10 years being 1.3 per cent.

Diphtheria.—Notifications received showed a lower prevalence than in the previous year, numbering 72 against 104 in 1923. Of these, 51 were from Cambridge and 21 from the Rural Districts, the largest number being 12 from the Newmarket Rural District. There were 7 deaths, of which 6 were in Cambridge and 1 in the Rural Districts, yielding a mortality rate of 0.05 per 1,000 living for the Administrative County, rather below that for England and Wales (0.06). The mortality rate, based on the population, was reduced in Cambridge from 0.18 to 0.11 per 1,000, but was still higher than that for Great Towns (0.08). The corresponding rate for the Rural Area did not exceed 0.01 per 1,000. On the Cambridge figures the fatality rate based on the number of notified cases works out at an average of 15.8 per cent. of deaths during the past 21 years, the corresponding rate for 1924 being 11.7 per cent. The deaths in the whole Administrative County during the previous 10 years constitute a fatality rate of 9.4 per 100 notified cases.

Altogether, 60 cases, or 83 per cent. of those notified, were isolated in hospitals.

As showing the value of bacteriological diagnosis, Dr. Laird records that in one school class, four out of twenty-six girls were ascertained by examination of swabs to be carriers of infection. A note on swabs taken from the Rural Schools will be found in the section of this report dealing with Schools. In Newmarket Rural District 6 of the 12 notified cases

occurred in 4 families in one parish, and probably arose from two undiscovered cases. Prompt measures resulted in limiting an outbreak which looked as though it might assume serious proportions. In Chesterton Rural District, infection was limited to the first household in each parish in which it occurred.

Enteric Fever.—For many years the annual number of notifications has been small, not averaging more than 7 in the ten years ending 1924. Last year 9 notifications were received (Cambridge 7, Rural Districts 2). There were no deaths from this cause. Of the Cambridge cases, 3 were notified as paratyphoid, and of these 2 were contracted elsewhere, and the third was a doubtful case. In one of the 4 cases diagnosed as enteric the illness was contracted elsewhere, while two other cases in one house followed the illness of a visitor. No definite source of infection was detected in the one case notified in Swavesey Rural District.

Diarrhoeal Diseases.—Three deaths among children under two years of age occurred in Cambridge and one in the rural area, making a total of 4, against an average of 9 per annum during the previous ten years. The death rates per 1,000 births were 2.0 for the Administrative County (England and Wales 7.3), 3.5 for Cambridge (Great Towns 9.2) and 0.9 for the rural area. The local rates for these preventible diseases were thus, as usual, much below those for the country generally.

Recent years have shown a marked improvement in the mortality from this form of infection, which formerly was very heavy in years in which there was low rainfall and high temperature in the third quarter. A useful comparison is that between the two years of severe drought, 1911 and 1921. In 1911, there were 66 infant deaths from this cause, a rate of 25 per 1,000 births, whereas in 1921, the diarrhoeal deaths among infants did not exceed 11, a mortality rate of 4.8 per 1,000 births. This improvement may in great measure

be attributed to education of mothers in proper methods of infant feeding, and greater regard to cleanliness.

Whooping Cough.—The number of deaths recorded was 6, the same number as in 1923. All occurred in the Rural Districts, the mortality for which was 0.08 per 1,000. The mortality rate for the Administrative County was 0.05 per 1,000, that for England and Wales being 0.10. Nursing facilities are provided under the Maternity and Child Welfare schemes.

Measles.—The year was again one of low mortality, 4 deaths occurring, all in the Rural Districts. The mortality rates for the rural area and for the Administrative County respectively were 0.06 and 0.04 per 1,000 (England and Wales 0.12). For this disease also, nursing facilities are provided.

Acute Poliomyelitis (Infantile Paralysis).—Three notifications were received, 1 from Cambridge and 2 from the Rural Districts. No deaths were recorded.

Cerebro-Spinal Meningitis.—One case, which terminated fatally, was notified in the rural area, but there is reason to think that it may have been due to other causes. Under the Public Health (Cerebro-Spinal Fever) Regulations, 1918, consultant opinion and serum treatment are provided by the County Council.

Erysipelas.—The total number of notifications received was 43 (Cambridge 26, Rural Districts 17).

Encephalitis Lethargica.—Nine cases were notified, 6 from Cambridge and 3 from the Rural Districts. Five deaths were recorded, 3 from Cambridge and 2 from Newmarket Rural District.

Since this disease first became notifiable in 1919, 30 cases have been notified, 17 from Cambridge and 13 from the Rural Districts. Of the rural cases, 3 were under 16 years of age and all resulted in recovery, while 10 were aged 16, of whom 7 died. Mental or physical after effects have remained in

two of these cases, one over and one under 16 years. Of the Cambridge cases, 15 were aged 16 and upwards and 2 were under 16 years. Nine deaths resulted, all the fatal cases being aged 16 or over.

Ophthalmia Neonatorum.—Five notifications were received, 2 from Cambridge and 3 from the Rural Districts.

Pulmonary Tuberculosis.—The total number of notifications received (Form A) was 296, or 2.28 per 1,000 of the population, compared with 247 (1.91 per 1,000) in 1923. After deducting duplicates, the number of notifications received for the first time was 291 (2.24 per 1,000), against 235 (1.81 per 1,000) in 1923. There was, therefore, an increase in notifications following the reduction recorded for 1923. In addition, 65 new cases came to knowledge otherwise than by notification on forms A or B under the Public Health (Tuberculosis) Regulations, 1912.

The number of deaths registered from this cause was 94, against 89 in 1923. In Cambridge Borough there were 46 deaths, compared with 47 in 1923, the number of deaths registered in the rural area being 48, compared with 42 in the previous year. The mortality rates per 1,000 living were :—Administrative County 0.72 (0.69 in 1923), Cambridge Borough 0.78 (0.79 in 1923), and Rural Districts 0.68 (0.59 in 1923).

Mortality attributed to pulmonary tuberculosis was thus slightly higher for the County as a whole than in the previous year, an increase in the rural area rather more than counterbalancing a decrease in Cambridge. The average mortality from this cause rose from 112 per annum for the five pre-War years 1910-14 to 135 per annum during the four War years 1915-18, and then fell to an average of 92 deaths per annum during the six post-War years 1919-24.

Tuberculosis of Other Organs.—There were 138 notifications received, compared with 74 in 1923, yielding a notification rate of 1.00 per 1,000. After deducting two

duplicate notifications the number of notifications received for the first time was 136, yielding an almost identical primary notification rate. In addition, 3 new cases came to knowledge otherwise than by notification on Form A or B under the Public Health (Tuberculosis) Regulations of 1912. The deaths numbered 25, compared with 22 in 1923. Of these, 9 occurred in Cambridge and 16 in the Rural Districts. The mortality rates per 1,000 living were as follows:—Administrative County 0.19 (0.17 in 1923), Cambridge 0.15 (0.13 in 1923), and Rural Districts 0.22 (0.19 in 1923).

Deaths under this heading averaged 34 per annum from 1910-1914, 25 per annum from 1915-1918, and 25 per annum from 1919-1924.

The total deaths in the Administrative County from tuberculosis of all organs numbered 119, of which 55 were recorded in Cambridge and 64 in the Rural Districts. These yield mortality rates of 0.92, 0.93 and 0.90 per 1,000. Comparing the six years since the War with the six years immediately preceding it, the average number of lives lost from tuberculosis of all organs in each post-War year was 117, as compared with 145 for the pre-War years, an annual saving of some 28 lives.

Pneumonia.—Mortality from this cause was somewhat higher than that recorded in the previous year, 64 deaths being returned, compared with 52 in 1923. Of these, 31 occurred in Cambridge and 33 in the rural area (28 and 24 in 1923). The mortality rate for Cambridge was 0.52 per 1,000 living, for the rural area 0.47, and for the whole County 0.49 per 1,000. The increased mortality attributed to this cause is probably associated with the higher death rate recorded for influenza.

The number of notifications of acute primary pneumonia and acute influenzal pneumonia received in Cambridge was 24, and in the rural area 24, a total of 48 for the Administrative County.

Cancer.—There were 226 deaths attributed to cancer, against 207 in 1923. Of these, 92 occurred in Cambridge and 134 in the rural area. The proportion of recorded deaths per 1,000 living was 1.74 in the Administrative County (1.59 in 1923), 1.56 in Cambridge (1.66 in 1923), and 1.89 in the rural area (1.54 in 1923). During the present century mortality recorded in this County as due to cancer rose gradually, with some fluctuations, to a rate of 1.71 per 1,000 in 1917. It then fell to 1.37 in 1920, and has since risen to 1.61 in 1922, 1.59 in 1923, and a maximum of 1.74 in 1924. The increased mortality attributed to this cause which has been recorded for England and Wales generally of recent years, is thus fully experienced in this County. It may be noted that the proportion of deaths in the Rural Districts is constantly in excess of that recorded for Cambridge.

Influenza.—Deaths attributed to this cause in the Administrative County rose from 23 in 1923 to 63 in 1924 (Cambridge 26, Rural Districts 37), yielding mortality rates of 0.48, 0.44 and 0.52 per 1,000 respectively. The mortality rates were below those for England and Wales (0.49) and for the Great Towns (0.45). Excluding the pandemic years 1918-19 from consideration, the loss of life was greatly in excess of the annual average of 35 deaths for the 17 years 1907-1923. Four-fifths of the deaths occurred at ages above 45 years, the excessive mortality in earlier life, which was a feature of the pandemic of 1918-19, having disappeared.

FRANK ROBINSON,

County Medical Officer of Health.

County Hall,

Cambridge.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1924.

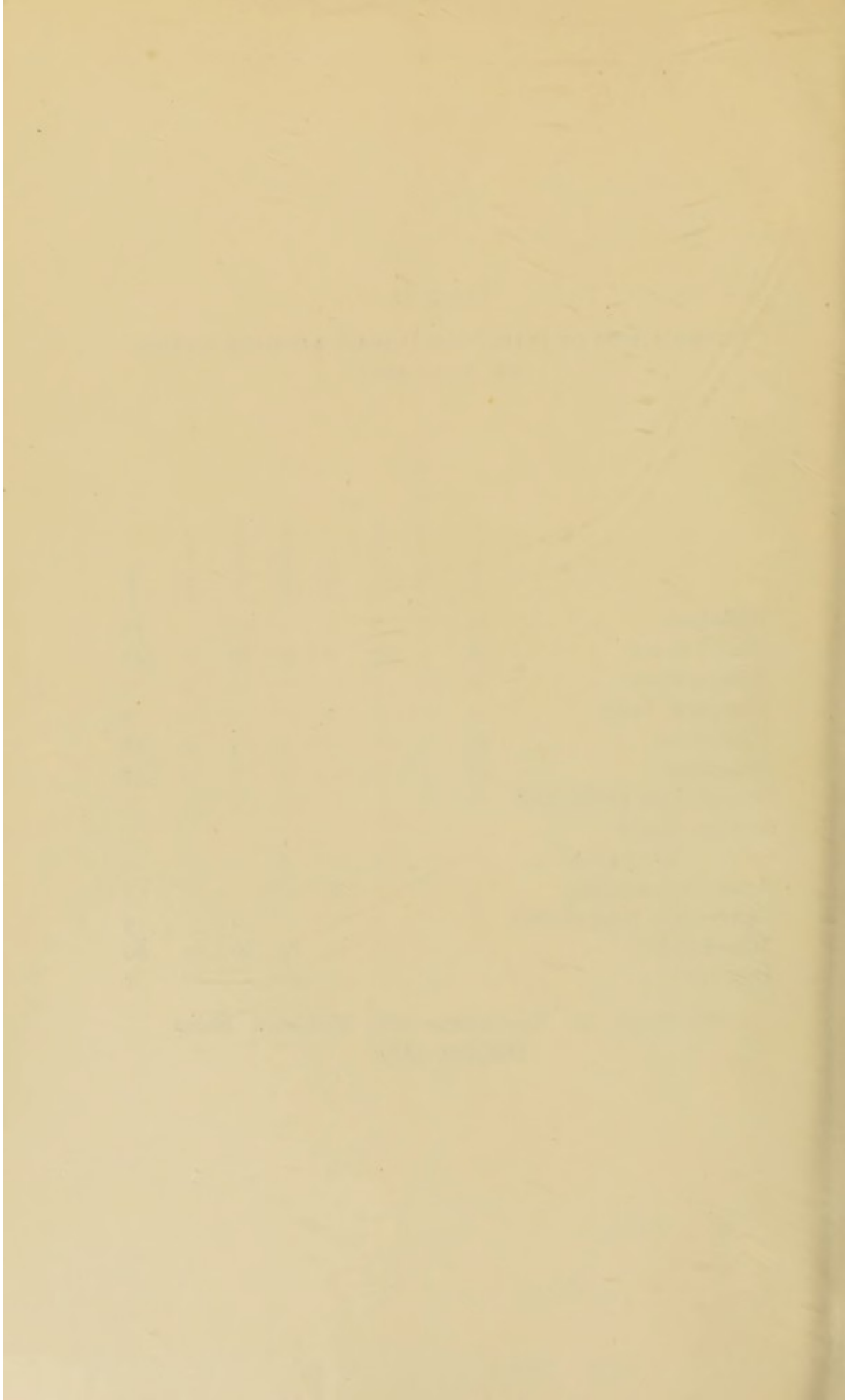
CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
		All	0—	1—	2—	5—	15—	25—	45—	65—	75—	All	0—	1—	2—	5—	15—	25—	45—	65—	75—
		Ages.										Ages.									
ALL CAUSES	M	317	27	4	4	6	11	26	84	70	85	422	37	5	7	6	14	29	84	103	137
	F	382	19	5	8	8	15	39	83	82	123	488	22	6	7	6	11	46	102	99	189
1 Enteric fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Small-pox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	M	—	—	—	—	—	—	—	—	—	—	3	1	—	2	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
4 Scarlet fever	M	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	6	3	2	1	—	—	—	—	—	—
6 Diphtheria	M	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	3	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
7 Influenza	M	11	1	—	—	—	1	1	2	3	3	21	—	1	—	—	—	—	6	7	7
	F	15	—	—	—	—	—	2	6	4	3	16	—	—	—	—	—	—	—	—	—
8 Encephalitis lethargica	M	3	—	—	—	—	—	1	2	—	—	1	—	—	—	—	—	2	2	5	4
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Meningococcal meningitis	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 Tuberculosis of respiratory system	M	23	—	—	—	1	3	9	9	1	—	18	—	—	—	1	2	10	5	—	—
	F	23	—	1	—	—	5	10	6	1	—	30	—	—	—	1	3	17	7	2	—
11 Other tuberculous diseases	M	4	1	1	1	1	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—
	F	12	1	—	2	2	—	2	1	—	4	6	—	1	—	—	4	1	—	1	—
12 Cancer, malignant disease	M	38	—	—	—	—	2	18	12	12	6	68	—	—	—	—	2	2	22	18	24
	F	54	—	—	—	—	—	7	20	17	10	66	—	—	—	—	—	3	34	12	17
13 Rheumatic fever	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14 Diabetes	M	5	—	—	—	—	—	—	4	1	—	10	—	—	—	1	3	1	3	1	—
	F	3	—	—	—	—	—	—	—	2	1	8	—	—	—	—	—	—	4	3	1
15 Cerebral haemorrhage, &c.	M	17	—	—	—	—	1	4	6	6	30	—	—	—	—	—	—	7	9	14	—
	F	25	—	—	—	—	1	1	5	9	9	47	—	—	—	—	—	1	8	13	25
16 Heart disease	M	43	—	—	—	1	2	11	13	15	50	—	—	—	—	—	—	2	10	18	20
	F	46	—	—	—	2	3	11	10	20	74	—	—	—	—	—	—	4	20	21	29
17 Arterio-sclerosis	M	7	—	—	—	—	—	—	4	3	12	—	—	—	—	—	—	—	—	3	9
	F	10	—	—	—	—	—	3	4	3	16	—	—	—	—	—	—	—	—	5	11
18 Bronchitis	M	20	—	1	—	—	—	2	8	9	34	4	—	—	—	—	—	1	2	10	17
	F	25	2	1	—	—	2	—	7	13	48	—	—	—	—	—	—	—	3	11	33
19 Pneumonia (all forms)	M	14	3	2	—	—	2	3	2	2	13	4	2	—	—	1	—	2	2	2	1
	F	17	5	2	3	1	—	2	1	3	20	2	2	1	—	—	—	4	—	4	7
20 Other respiratory diseases	M	3	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	1	—	—
	F	5	—	—	—	—	—	3	1	1	7	—	—	—	—	—	—	3	3	—	—
21 Ulcer of stomach or duodenum	M	4	—	—	—	—	—	—	3	1	3	—	—	—	—	—	—	—	1	2	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Diarrhoea, &c.	M	2	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
	F	3	—	1	—	—	—	1	1	—	2	—	—	1	—	—	—	—	—	—	2
23 Appendicitis and typhlitis	M	5	—	—	1	—	1	1	1	—	1	3	—	—	—	—	—	—	—	1	—
	F	1	—	—	1	—	—	—	—	—	4	—	—	—	—	—	1	1	1	—	—
24 Cirrhosis of liver	M	1	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1	1
25 Acute and chronic nephritis	M	11	—	—	—	—	—	1	4	3	3	11	—	—	—	—	—	—	—	—	—
	F	15	1	—	—	—	—	1	5	4	4	13	—	—	—	—	—	1	4	2	4
26 Puerperal sepsis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—
27 Other accidents and diseases of pregnancy and parturition	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	3	3	—	—	—	2	—	—	—	—	—	2	—	—	—
28 Congenital debility and malformation, premature birth	M	15	15	—	—	—	—	—	—	—	—	26	25	—	—	1	—	—	—	—	—
	F	5	4	—	—	1	—	—	—	—	—	12	12	—	—	—	—	—	—	—	—
29 Suicide	M	7	—	—	—	—	—	2	4	1	—	6	—	—	—	—	—	1	2	1	2
	F	1	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—	1	—	1	1
30 Other deaths from violence	M	12	—	—	1	—	3	2	4	1	1	13	—	—	—	—	—	—	—	1	1
	F	5	1	—	—	—	—	—	4	—	—	8	—	1	3	2	2	2	1	1	1
31 Other defined diseases	M	69	5	—	—	2	1	1	11	13	36	85	2	—	1	1	4	4	16	23	34
	F	103	5	—	2	1	3	5	13	22	52	92	3	—	1	—	—	7	13	12	56
32 Causes ill-defined or unknown	M	1	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	2	2	—
	F	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	1	1	—



TABLE II.
NOTIFICATIONS OF INFECTIOUS DISEASE RECEIVED DURING
THE YEAR 1924.

			Cambridge.	Caxton and Arrington.	Chesterton.	Linton.	Melbourn.	Newmarket.	Swavesey.	Total.
Diphtheria	...	...	51	3	6	—	—	12	—	72
Scarlet Fever	...	...	96	5	39	6	21	80	—	247
Enteric Fever	...	...	7	—	1	—	—	—	1	9
Puerperal Fever	...	...	4	—	1	2	—	—	—	7
Pneumonia	...	...	24	4	11	—	5	3	1	48
Erysipelas	...	...	25	1	6	—	1	7	2	42
Encephalitis Lethargica			6	1	1	—	—	1	—	9
Cerebro-Spinal Meningitis	...	...	—	—	—	—	1	—	—	1
Acute Poliomyelitis	...	...	1	—	1	1	—	—	—	3
Ophthalmia Neonatorum			2	—	1	—	—	2	—	5
*Chicken Pox	...	...	—	—	—	—	14	66	—	80
Dysentery	...	...	—	—	—	1	—	—	—	1

*Notifiable in Newmarket and Melbourn Rural
Districts only.



HOUSING—Replies from District Councils, January, 1925.

	Caxton and Arrington R.D.C.	Chesterton.	Linton.	Melbourn.	Newmarket.	Swavesey.	Cambridge T.C.
1. How many houses were estimated to be required as a result of the survey made under the 1919 Act?	150	292	* 166	198	240	53	586
2. How many houses have since been erected or commenced							
(a) by the Rural District Council.	14	100	30	56	66	10	378
(b) by private persons							
(i) with a subsidy.	7	54	4	6	2	3	108
(ii) without a subsidy.	40	213	40	36	100	23	252
3. How many houses are estimated now to be required?	136	300	50—80	106	262	The Council does not consider that there is need for further building.	—
4. What are the present proposals of the Council as to building houses?	4 houses are being erected at Gamlingay.	To build 100 houses in next 2 years, and encourage building by private persons.	Building at early date. Number not yet decided.	Now being considered by a Committee.	No definite proposals.		Small Contracts frequently. Tenders for 30 concrete houses. Acquire further sites.
5. (b) How many occupiers are there of houses provided by the Rural District Council?	14	100	50	56	66	10	251
(b) How many of those occupiers are members of the working classes (as defined in the Schedule to the 1903 Act)?	14	50	35	48	34	—	
(c) How many of these working class occupiers are engaged in agriculture?	10	15	14	12	8	1	Nil.
(d) What rents are charged for Council houses?	7/- and rates Gamlingay. 5/- and rates other Parishes.	£20 and rates. A few £17 and a few over £20.	4/2 p.w. under 1909 Act. 9/-, 7/-, 5/6 under 1919 Act.	51 at 5/6 p.w. 1 " 5/3 " 4 " 6/- "	7/- 6/9 & 5/9 p.w.	8/6 8/- & 7/6 p.w.	From 7/6 to 13/- p.w. and rates.
6. How many houses are there now occupied which are unfit for human habitation?	4	About 100.	100	72	148	No closing orders have been made.	30

