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Cambridgeshire County Council

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge,

For the Year 1927.

CAMBRIDGE :

"Cambridge Chronicle," Ltd.,

9, Market Hill.



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GENERAL STATISTICS.

Area (acres)	314,520
Population—Census, 1921	129,602
Estimated 1927 for birth-rate ...	129,530
,, ,, ,, death-rate ...	129,080
Inhabited Houses (1921)	31,790
Families or Separate Occupiers (1921)	32,882
Rateable Value	£907,942
Product of a Penny Rate	£3,285

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Births.	Legitimate	...	...	1800	928	872
	Illegitimate	...	...	83	41	42
	(Birth Rate 14.5 per 1,000).					
Deaths	...	...	...	1677	841	836
	(Death Rate 12.9 per 1,000).					
Deaths of Women in Child-birth from sepsis	...	...	...			3
" " " " other causes	...	...	...			3
Deaths of Infants per 1,000 births:						
Legitimate 52.	Illegitimate 36.	...	Total	52		
Deaths from Measles (all ages)	...	...	...			2
" " Whooping Cough (all ages)	...	...	...			10
" " Diarrhœa (under 2 years)	...	...	...			3

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 E. BILLS, *Superintendent of County Nursing Association, and Inspector of Midwives.*

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

Details were given in the Survey Report for 1925.

GENERAL PROVISION OF HEALTH SERVICES.

Details were given in the Survey Report for 1925, and it is only necessary to make special reference to hospitals, maternity homes, and hospital provision for maternity cases.

Isolation Hospitals.—There is no change to record as regards hospitals for the reception of cases of infectious disease. There are four such institutions, provided by the Cambridge Town Council, and by the Councils for the Rural Districts of Chesterton, Melbourn and Newmarket. Annual grants towards the cost of upkeep are made by the County Council except in the case of Chesterton, for which a lump

sum grant towards the original capital cost of construction was made in the first instance. The other three hospitals were inspected during the year and grants approved to the amount of £769.

The Cambridge Isolation Hospital is a permanent structure of 62 beds, accommodating several diseases at once. This hospital also accommodates, for payment, cases from the Rural Districts of Caxton, Linton and Swavesey, which have no hospital, and occasional cases from other Districts.

The Isolation Hospital at Royston serves the Melbourn Rural District in the County jointly with a Hertfordshire District. It is a small permanent structure with one ward pavilion, and can therefore only accommodate one disease at a time. On air-space it is equivalent to an 8-bed hospital, but can accommodate more on occasion.

Exning Isolation Hospital serves the Newmarket Rural District jointly with a District of West Suffolk. It is a permanent structure of four small wards, with a separate observation block of two beds. Application was made to the Ministry of Health during the year for sanction to borrow £7,400 to carry out a scheme for the erection of a ten-bed cubicle block for patients, additional accommodation for the staff (which was urgently needed), and for the introduction of a water-carriage system of sewage disposal. These proposals should remedy the deficiencies to which attention has previously been drawn.

The Chesterton Rural District is served by the small hospital at Oakington, with a temporary pavilion and a separate permanent building as a home for the nurses. Only one disease can be accommodated at the same time.

The one smallpox hospital is a temporary building provided by the Cambridge Town Council on the outskirts

of the borough. It contains 8 beds, and can be rapidly expanded. The Town Council have agreed to receive cases from the Rural Districts as far as practicable.

Maternity Homes.—The County Council are the Registration Authority under the Midwives and Maternity Homes Act, 1926, for the whole of the Administrative County. They approved and registered 7 premises as Maternity Homes, 5 in Cambridge and 2 in Chesterton Rural District, and exempted one institution from registration. One small Home in the Chesterton Rural District ceased to be used as a Maternity Home during the year, leaving 6 premises on the register. There were no fresh applications for registration. All the Homes were re-inspected and no orders were made cancelling registration. Byelaws, mainly on the lines of the Ministry's model, were made by the Council during the year, the sanction of the Ministry being obtained.

Maternity Hospital.—There is no maternity hospital in the Administrative County. The Town and County Councils pay for the maintenance of difficult cases in Addenbrooke's Hospital, and the insufficiency of the accommodation thus afforded has been commented on in previous reports. Some relief will be afforded by the opening of a ward of 8 beds at the hospital, but the Council have taken the view that the necessary accommodation can only be fully met by the provision of a maternity home in connection with the Hospital, supported by grants from the public authorities concerned, an ante-natal clinic being a most essential part of such a scheme.

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, 26 in Cambridge Borough and 127 in the rural area. Special enquiries to the number of 66 were also made from time to time as occasion arose.

All the practising midwives in the area are trained women. The following is the number who notified their intention to practise in the years specified:—

			<i>Trained.</i>	<i>Untrained.</i>	<i>Total.</i>
January, 1906	...	...	24	42	66
„ 1927	...	...	54	2	56
„ 1928	...	...	54	—	54

Of the 54 midwives who, in January, 1928, notified their intention to practise throughout the year, 13 reside in Cambridge, and 41 live in the rural area. Altogether 73 notifications were received during the calendar year 1927, some being due to holiday duty undertaken for District Nurses. With two exceptions, all the trained midwives practising regularly in the rural area are District Nurses.

The County Council gave three nursing scholarships of the value of £75 each during the year, the total number of nurse-midwives whose training has been assisted in this way since 1913 being 37. Maintenance grants to the total amount of £49 were also made during the year to three District Nursing Associations in respect of the services of the nurse-midwives in their employ. These forms of assistance serve the double purpose of providing both a midwifery and a general nursing service for the sick poor in the villages. Through the activity of the County Nursing Association, with the financial support of the County Council, the number

of rural parishes now without such provision has been reduced to 26, with a combined population of 7,700.

Apart from intention to practise and change of address, notifications received from midwives numbered 273, against 230 in 1926. They comprised medical help for mother 179, for infant 47, liability to be a source of infection 10, death of infant 8, still birth 20, laying out the dead 4, and artificial feeding 5. All cases of rise of temperature, infection, inflammation of eyes, death of mother or infant, and still-birth are the subject of enquiry. It may be noted that no death of a mother was notified in the practice of a midwife during the year, and only two cases of inflammation of the eyes of the infant, both of which were slight.

The proportion of total births in the Administrative County to which medical aid for mother or infant was summoned by midwives in circumstances of difficulty rose from 5.2 per cent. in 1919 to 9.3 per cent. in 1926, and was 12.0 per cent. in 1927. Omitting aid for infants from consideration, the number of mothers thus aided in connection with pregnancy or confinement was 179 in 1927, against 144 in 1926. Claims for payment of the doctor's fee under the provisions of the Midwives Act, 1918, were received in respect of 180 cases out of 226 in which the doctor was summoned to attend either mother or infant, as compared with 152 claims received in 1926. Where practicable, some portion of the fee is received from the patient. A grant is made by the County Council to the Surgical Aid Association for their services in assessing and collecting 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 859 births, or 95.5 per cent. of the total 899 births registered, against 96.3 per cent. in 1926. Of the total notifications, 71.5 per cent. were received from midwives, 11.9 per cent. from doctors, and 16.6 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	...	...	...	1769
Visits to Children 1—5 years	...	...	...	994
First visits to Expectant Mothers	...	...	...	79
Subsequent visits to Expectant Mothers	...	...	...	12
				<hr/>
Total	...	...	...	3633
				<hr/>

Each of the five Maternity and Child Welfare Centres (one new) 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 3,303 attendances were paid by 407 infants, and 1,557 attendances by 299 children aged one to five years, an increase on the record for the previous year. Dried milk, virol, cod liver oil and malt are supplied at the centres at a reduced rate or free, cases being investigated by the Central Aid Society and assessed within a fixed income scale.

As regards ante-natal welfare, Dr. Laird observes that very few expectant mothers attend either the Welfare Centres or at Addenbrooke's Hospital. Ante-natal visits of midwives to women who have engaged their services average three visits per case.

At the two Mothers' Welfare Centres, each held weekly, instruction is given in first aid, hygiene, children's ailments,

the health of mothers, the making of garments, etc., while instruction to girls in mothercraft is now taught in all the girls' schools.

During the year 10 maternity cases were maintained by the Town Council in beds in Addenbrooke's Hospital, and an arrangement has now been entered into with the Poor Law Guardians for the reception of maternity cases in the new block of the Infirmary.

The Town Council's scheme for dental treatment of mothers and children below school age, under the direction of the Public Dental Officer, includes expectant and nursing mothers in attendance at the Infant Welfare Centres, and aims mainly at the prevention of dental caries by instructional methods, though much actual disease still of necessity calls for treatment. During the year 64 mothers received treatment, including the provision of dentures, while 279 children were enrolled in the scheme for supervision and any necessary treatment. This is an appreciable advance on the previous year's work, some 952 attendances in all being paid. The educational opportunities afforded should be of great value.

A Health and Cleanliness Exhibition arranged by the Town Council was held in the Guildhall for several days. The exhibits, many of which were lent by well-known national agencies, included matters relating to maternity and child welfare, care of the teeth, prevention of tuberculosis, clean milk production, Red Cross work, etc. In addition to the exhibits, lectures and health plays were given and films shown. Special facilities were afforded for the attendance of people from the villages on the last day, the programme for which was arranged by the County Council. This exhibition successfully achieved its object of arousing public interest in health matters. The attendance is estimated at about 7,000 persons.

Rural Districts.—The number of notifications received under the Notification of Births Acts during the year, 1,005, was 76 fewer than that recorded for the preceding year, births registered as having occurred during 1927 numbering 1,065 against 1,134 in 1926. After deducting 29 duplicates and 34 still-births, there remain 942 notified live births, or 88.4 per cent. of the total registered, as compared with 95.1 in 1926.

The tendency for the proportion of notifications (548) by midwives to increase was again observable, 54.5 per cent. of notifications being received from them, against 50 per cent. in 1926. The proportion of notifications by doctors, 417 in number, showed a corresponding decrease to 41.5 per cent., those received from relatives (40) remaining at 4 per cent. Health Visitors and Masters of Poor Law Institutions also reported for visitation purposes 35 infants under twelve months of age who came to their notice during the course of visitation of the homes or on discharge of the mother and infant from an Institution, as well as 94 children above the age of twelve months. The interchange of complete monthly lists of registered and notified births with the Registrars continues.

Under the scheme of home visitation 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 not yet at school, the total home visits paid were as follows:—

	<i>Expectant</i>		<i>Up to</i>	
	<i>Mothers.</i>	<i>Infants.</i>	<i>School Age.</i>	<i>Total.</i>
County Health Visitors	79	2510	5000	7589
District Nurses	... 2304	6261	9984	18549
<hr/>				
Total for 1927	... 2383	8771	14984	26138
„ „ 1926	... 2434	8778	15488	26700

First visits to infants showed a reduction from 1041 in 1926 to 929; the smaller number of births has to be kept in mind. In spite of the smaller number of expectant mothers the number to whom first visits were paid increased from 560 to 582. Although rather fewer total visits were paid the proportion of expectant mothers coming under supervision and advice increased from 49.4 per cent. in 1926 to 54.7 per cent. in 1927, calculated on births in all social classes. The proportion in the working classes thus assisted must therefore be much higher.

The Health Visitors undertake for the Poor Law Guardians the home visitation of children who are received by foster parents for payment, and therefore come within the provisions of the Children Act. Fifty-three children were supervised in this way during the year.

The County Council do not directly administer Maternity and Child Welfare Centres, but give financial assistance to voluntary centres established in the larger villages which are in need of such support. There are now 6 centres at work, a new one having started during the year at Histon, and a fresh centre is contemplated at Fordham. Grants were made to three of these Centres by the County Council.

The assistance given by home-helps to women during confinement in the management of their domestic affairs is undoubtedly of value as relieving them of anxiety during a trying period, but it is difficult to get women to undertake this work. The County Council pay an annual retaining fee and part of the remuneration in necessitous cases. Altogether, 13 mothers obtained the services of the home-helps during the year.

The position as regards the Maternity Hospital question is referred to under General Provision of Health Services. The Council have no such institution, but pay the maintenance charges for confinement of necessitous women

in Addenbrooke's Hospital in cases of difficulty, and 23 mothers (including cases of puerperal sepsis) were thus maintained in 1927. Some 27 maternity cases were also nursed in their homes during the year, and 57 mothers were referred to the Cambridge and District Surgical Aid Association for help regarding dental treatment, spectacles and surgical appliances; also 9 out-patient letters of recommendation for Addenbrooke's Hospital were given for children.

The Council are entitled to fill two places at the Ely Diocesan Maternity Home, Cambridge, for mothers with infants who are without the support of a father. During the year they paid the maintenance charges for 5 mothers, 3 of whom were admitted during the year.

There was some expansion in the supply of fresh and dried milk to expectant and nursing mothers, infants and young children, a form of assistance which is greatly appreciated and of undoubted value. Fifty-one fresh families were added to the list of 50 actually in receipt of milk at the beginning of the year, making a total of 101 supplied compared with 94 in the previous year. In addition to necessity, judged by an approved income scale, adequate medical grounds have to be proved before the Council are entitled to give this special form of assistance.

Members of the staff of the Public Health Department addressed meetings at the Women's Institutes and Child Welfare Centres on health matters, including maternity and child welfare, and judged at voluntarily organised baby shows in rural parishes. In return for facilities afforded for the attendance of villagers at the Town Council's Health Exhibition in Cambridge, the County Council made a financial contribution towards the cost. They also allocated £50 in the estimates for the exhibition of films in seven rural parishes. The new maternity film, "Empire Builders,"

which emphasises the importance of ante-natal care, and films on the care of the teeth, lent by the Dental Board of the United Kingdom, were shown, with short explanatory addresses to some 350 women.

A small health exhibition which was organised by Miss D. Nichols on behalf of the Cambridgeshire Federation of Women's Institutes, travelled round the County for a fortnight, staying one day each at selected villages serving small groups of three or four Women's Institutes, Maternity and Child Welfare Centres, District Nursing Associations and Mothers' Unions. The exhibits were the work of members of Women's Institutes or Maternity Centres, and their preparation thus had an educational value. They were limited to articles within the means of the working-classes, those relating to maternity and child welfare occupying a prominent place. Nutritional value, and cleanly methods relating to food, especially milk, received special attention. Personal assistance was given by members of the staffs of the County Agricultural and Public Health Committees and of the University School of Agriculture. The exhibition created much interest and was largely attended, by men as well as by women. The experiment was of value as showing that it is possible to organise at small cost a health exhibition for a scattered rural area, that voluntary help is readily obtainable through the Women's Agencies, and that the villagers do show an appreciative interest in matters relating to health.

TUBERCULOSIS.

The following figures relate to new cases of tuberculosis coming to knowledge of the Medical Officer of Health during the year, whether by notification or otherwise:—

<i>Age Periods.</i>			<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
			M.	F.	M.	F.
0	...	...	—	—	1	—
1	...	...	7	1	11	6
5	...	...	28	14	18	8
10	...	...	15	18	2	5
15	...	...	18	16	3	4
20	...	...	26	32	3	2
25	...	...	36	35	4	10
35	...	...	50	32	2	4
45	...	...	13	7	1	1
55	...	...	15	10	1	—
65 and upwards			6	7	—	—
Totals			214	172	46	40

The deaths at the respective age-periods will be found in Table 1 at the end of this report.

No action was called for during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or Section 62 of the Public Health Act, 1925.

The County Council provides supervision (but not treatment) in the homes, dispensary supervision and sanatorium accommodation for tubercular persons, whether insured or uninsured, and including ex-Service men.

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. 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:—

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
New Cases	...	...	387	315	702
Old	„	...	1079	1165	2244
			1466	1480	2946

2. Visits of Patients to Dispensary:—

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured Persons	...	...	651	367	1018
School Children	...	...	181	127	308
Other Uninsured Persons	...	...	448	149	597
			1280	643	1923

3. Visits to Homes:—

(a) *Tuberculosis Officer:*—

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	...	...	98	1291	1389
School Children	...	...	72	290	362
Other Uninsured	...	...	138	394	532
Total 1927			308	1975	2283
„ 1926			362	1721	2083

(b) *By Dispensary Nurses:*—

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	...	...	337	281	618
Uninsured	...	...	690	371	1061
Total 1927			1027	652	1679
„ 1926			1043	765	1808

(c) By General Nursing Staff:—

				<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	...	...	...	—	775	775
Uninsured	...	...	...	—	821	821
				<hr/>		
	Total	1927	...	—	1596	1596
	,,	1926	...	—	1358	1358
				<hr/>		

Grand total home visits:—

1927	...	...	...	1335	4223	5558
1926	...	...	...	1405	3844	5249
				<hr/>		

Specimens of sputum examined bacteriologically during the year at the Dispensary numbered 135, the tubercle bacillus being found in 20. X-rays examinations undertaken by the Tuberculosis Officer at the Dispensary numbered 1,151, of which 469 were for screening only and 682 for development of a film. A new apparatus was installed during the financial year at an approximate cost of £494.

Extension of the scheme of dental treatment at the Dispensary was referred to in the report for the previous year. It includes the uninsured and insured persons not in a position to receive dental treatment from their Approved Society, as well as those for whom part of the cost is paid. Altogether 55 patients received treatment during the year. Treatment includes the provision of artificial dentures, and part payment is recovered from the patient where practicable. Assistance was also given in the purchase of splints and other appliances for surgical cases of tuberculosis.

Open-air shelters are lent by the Council for both adults and children, and 6 new shelters, with bedding outfits, were purchased during the year, bringing the total acquired up to 159.

Care and After-Care.—The Cambridgeshire Tuberculosis

After-Care Association concerns itself with adult cases, and is advised by the Tuberculosis Officer. An annual grant of £100 is made by the County Council, mainly with a view to securing an adequate food supply, while funds are also received from Friendly Societies to supplement the earnings of tubercular insured persons who are only capable of undertaking partial employment. During the year the Association were able to make grants to 30 patients, 20 of whom were at work at the end of the year and no longer in need of financial aid. In addition to patients who have been in sanatorium, early cases who are being treated at home receive assistance. Dr. Philip points out that the success of a tuberculosis scheme depends mainly on the opportunity to adjust working hours and conditions, and to remedy faulty home conditions, matters which have received due attention from the Association.

In addition to the foregoing, the Public Health Committee have given direct assistance during the year by supplying 32 tubercular children not in attendance at school with milk, while the Education Committee provide children of the pre-tubercular type, who are attending school, with malt and cod liver oil.

Sanatorium Accommodation.—The County Council provide this form of treatment for adults, insured or uninsured, and for children. Preferential accommodation is found for ex-Service men, for whom the Treasury accept full responsibility. Patients treated during the year were as follows:—

		<i>In Sanat.</i>		<i>Total</i>
		<i>Jan. 1st,</i>	<i>Admitted.</i>	<i>Treated.</i>
		1927.		
Ex-Service Men ...	...	8	12	20
Adult Male Civilians ...	...	40	43	83
Adult Females ...	...	23	54	77
Children ...	...	40	58	98
Total ...		111	167	278

The County Council do not themselves manage a sanatorium, but pay for the maintenance of their patients in existing institutions. The men are almost all accommodated at the Papworth Tuberculosis Colony, where also some women and children are admitted. The total of 79 reserved beds is now made up as follows:—

Papworth Tuberculosis Colony. Beds reserved for men, 30. All stages of pulmonary tuberculosis; also surgical cases.

Bramblewood, Holt. Beds for women, 14. Pulmonary cases, excluding advanced cases.

Oak Bank, Kent. Beds for children, 18. Early pulmonary cases.

Ipswich. Beds for children, 5.

Children's Sanatorium, Holt. Beds for children, 12. Early pulmonary cases.

Smaller numbers of pulmonary cases are sent, without reservation of beds, to other institutions, while unreserved accommodation is obtained for surgical cases at Addenbrooke's Hospital, Cambridge, mainly for operative treatment, and at Lord Mayor Treloar's Hospital, Alton, for conservative treatment.

Some difficulty was experienced during the year in deciding to which County area certain patients belonged for whom sanatorium treatment was requested. The Council have resolved to ask neighbouring Counties to concur in a working arrangement under which the County in which the patient ordinarily and permanently resides shall be the authority responsible for providing institutional accommodation, the County in which a person first applies for advice or assistance being ordinarily deemed to be the County of residence.

The following figures show the immediate results

obtained among patients whose institutional treatment terminated during the year. Five observation cases are not included.

				No		
				<i>Material</i>	<i>Died</i>	
				<i>Improve-</i>	<i>in Sana-</i>	
				<i>Quiescent.</i>	<i>ment.</i>	<i>torium.</i>
				<i>Improved.</i>		
Pulmonary:						
No. T.B. in sputum	67	11	2	—		
T.B. in sputum:						
Early	12	6	1	—		
Middle	—	6	5	8		
Late	—	—	1	6		
Non-Pulmonary:						
Bones and joints ...	11	3	2	—		
Abdominal	—	2	1	1		
Other organs	—	—	—	—		
Peripheral glands ...	1	20	1	1		

Summarising the above as regards the pulmonary cases, the condition on discharge of those apparently in the earlier or middle stages at the time of admission was that 79 were in a quiescent state, 23 others showed improvement and 8 showed no material improvement, while 8 died in the institution. Of those admitted in an advanced stage, 6 died and one showed no material improvement; they were admitted for isolation till the termination of the illness.

VENEREAL DISEASES.

The County Council's scheme for combating venereal diseases 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 British Social Hygiene Council. The scheme appears to be generally adequate to the needs of the area.

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. Facilities are afforded for irrigation of cases of gonorrhœa between clinic days, and are mainly taken advantage of by male patients.

The work done at the treatment centre during 1927 is summarised in the following tables:—

TABLE I.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under treatment on			
January 1st, 1927 ...	89	46	135
Old cases readmitted ...	15	22	37
New patients during 1927	148	49	197
Total under treatment ...	252	117	369
Left without completing			
treatment	87	33	120
Completed treatment but			
not final tests	27	10	37
Completed treatment and			
tests	44	18	62
Transferred to other			
Treatment Centres ...	14	5	19
Under treatment at end			
of year	68	40	108

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Out-patient attendances:			
(a) On clinic days ...	1065	765	1830
(b) On intermediate days ...	3601	62	3663
(c) Total ...	4666	827	5493
Aggregate " in-patient days " ..	339	607	946

TABLE II.

	<i>Cambs.</i>	<i>Other. Counties.</i>	<i>Total 1927.</i>	<i>Total 1926.</i>
New out-patients during 1927 (for first time) ...	139	58	197	192
*Total out-patient attendances ...	4888	605	5493	3753
Aggregate in-patient days ...	753	193	946	905
Doses of salvarsan substitutes ...	648	306	954	980

TABLE III.

CAMBRIDGESHIRE PATIENTS.

	1927.	1926.	<i>Increase or Decrease per cent.</i>
New out-patients ...	139	148	—6
*Total out-patient attendances ...	4888	3136	+ 56
Aggregate in-patient days	753	786	—4

*These figures include 3,663 intermediate attendances for irrigation, etc., paid by Cambridgeshire patients.

Since the treatment centre was first opened in 1917 it has been attended by 3,078 patients, who have made 18,785 attendances on clinic days. Of these 1,322 were Cambridgeshire residents, who attended 12,221 times on the days on which the medical officers were in attendance. These figures do not include intermediate attendances for irrigation, which in 1927 alone numbered 3,663, all paid by Cambridgeshire patients. These daily attendances are again practically double those of the previous year, a very satisfactory feature, but unfortunately they are almost entirely confined to males. The services of an Almoner might prove of value in remedying this defect.

Whereas new patients and attendances increased in numbers each year from 1924 to 1926, the Cambridgeshire figures for last year show a slight decrease of 6 per cent. in new patients, while, on the other hand, the attendances made by them showed an increase of 56 per cent., intermediate attendances being taken into account.

There are 8 medical practitioners in the area approved for the free supply of arseno-benzol compounds for the treatment of syphilis, but the great bulk of this special form of treatment is carried out by the medical staff of the Treatment Centre.

Laboratory Diagnosis.—Under the Council's scheme specimens are examined free of charge to medical practitioners by pathologists holding University posts. During the year 316 specimens were tested by the Wassermann reaction for syphilis, and 315 were submitted for bacteriological examination, as against 346 and 341 specimens respectively in 1926. Of these, 374 specimens were sent from the treatment centre and 257 by private practitioners. The total number of specimens examined since the scheme was first instituted in 1917 is 3,821 for

the Wassermann reaction and 3,194 for bacteriological examination.

Propaganda.—The County Council have now for eleven years undertaken propaganda work through the agency of the Cambridgeshire Branch of the British Social Hygiene Council, to which body they make an annual grant for the work actually carried out for the Council. The report of the Branch Executive Committee for 1927 showed that during the autumn the customary educational campaign was carried out, consisting of one week devoted to lectures and film displays in five villages in the rural area, and of meetings held during three days in Cambridge. Both films and lecturer were again supplied by the British Social Hygiene Council and met as usual with a very favourable reception.

In the five villages visited the film "Whatsoever a Man Soweth" was exhibited, followed by "The Public Health Twins," or by "Venereal Diseases, a Lecture for Men," shown to male members of the audiences alone. Altogether about 770 people attended, and the audiences were representative and appreciative, a considerable amount of literature being sold. As usual, letters of appreciation and gratitude were afterwards received.

In Cambridge a different programme was followed, the films shown, "The Gift of Life" and "Youth and Life," being designed to convey a wider biological knowledge of the fundamental facts of life, which are essential as a basis of understanding of the conduct of a healthy existence. Three meetings were on each day attended by about 200 women, a good part of the audiences being made up of adolescent middle-class girls and young married women, a type not often seen at such meetings before. The separate meetings for men were each attended by an audience of

about 100, and while, unfortunately, the attendance of townsmen was not good, many undergraduates attended who clearly came to hear and to learn. Advantage was taken by the audiences of the opportunity for asking questions, and a useful discussion followed the lecture and film.

BLIND PERSONS ACT.

The County Council are the Local Authority specifically charged with promoting the welfare of the blind under this Act. The duty of keeping the register of cases is carried out for them by the Eastern Counties' Association for the Blind, and the number now on the register is 190 (Cambridge 100, rural area 90), 20 names having been added during the year.

The other executive functions of the County Council are delegated to the Cambridgeshire Society for the Blind who receive an annual grant of £500 from the Council, the use of which is restricted to administrative purposes. The Society employ two Home Visitors, one for Cambridge and one for the rural area, who visit regularly all blind persons on the register. Altogether 2,878 home visits were paid by them during the year, 1,592 in Cambridge and 1,286 in the rural area. To some the Home Workers give lessons in Braille or in handicrafts, while they assist others to obtain pensions and pay out to them money due from Pensions Societies. There are now 60 blind persons in receipt of old age blind pensions, 46 receiving old age pensions and 20 with pensions from other sources, leaving 64 without this means of support.

There are 15 blind home workers recognised by the Ministry of Health, and 10 second grade home workers. The official visitors assist them with both the educational and business side of their handicraft, and it is satisfactory

to record that the sales of goods at the Society's Depot in Emmanuel Street, Cambridge, have shown a good increase during the year. Sales were also effected at Flower Shows and at a sale on private premises. The Society are, however, anxious to do more business in order to keep the blind workers better employed, and it is greatly hoped that the public will keep their Depot in mind.

Much is done by kindly disposed private persons for promoting Social gatherings to brighten the lives of blind persons, but there are many who are in poor circumstances who require a little extra assistance in various ways from time to time. Funds available from official sources are not available for these purposes and it is essential that the subscription and donation list should be enlarged to meet such needs, as the funds hitherto received from private sources have been very limited. Some relief is hoped for from an arrangement recently entered into with the National Institute for the Blind regarding local collections, in order to avoid the overlapping which has existed in the past.

The problem of the unemployable blind has been the subject of conference between the Society and the County Council, and was still under consideration at the end of the year.

MENTAL DEFICIENCY ACT.

During the year 31 cases newly notified under the provisions of the Mental Deficiency Act were reported upon to the Committee. Of these, 17 were notified as "neglected" (11 by the Cambridgeshire Voluntary Association, 3 by the Poor Law Guardians, 2 by Police, and 1 privately), and 14 by the Borough and County Education Committees.

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

Certified Institutions on petition	...	...	3
" " on Order of Court	...	...	1
Guardianship Order on petition	...	...	2
Certified Institution or Guardianship on petition	...	...	3
Statutory supervision	...	...	5
Referred for voluntary supervision	...	...	10
Not subject to be dealt with	...	...	7
			—
			31
			—

Of the 9 defectives requiring admission to certified institutions or Guardianship, 6 were admitted in 1927, 1 in 1928, and 2 are awaiting presentation of petition. Two defectives were also admitted in 1927 regarding whom instructions had been given in the previous year. The number therefore actually admitted to certified institutions during the calendar year 1927 was 8. During this period 3 defectives died, 1 was discharged from a Certified Institution, one defective was allowed out on leave of absence and one Order lapsed.

Since 1913, when the Council first began to administer the Act, 101 defectives have been placed under statutory supervision, undertaken mainly by the Voluntary Association, 150 have been sent to Institutions, and 10 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, 113 cases who were being maintained in institutions (includes 7 on licence and 2 in State institutions), 6 under Guardianship, and 74 under statutory

supervision in their homes, making a total of 193 under the control of the Local Authority.

In addition to these defectives subject to be dealt with under the Act, there are ascertained by the Local Authority 2 defectives whom they are assisting to maintain in institutions under their permissive powers, and 155 who are under voluntary supervision in their homes. These figures do not include high-grade defective children of school age who are still under the control of the Local Education Authorities.

The County Council have no institution of their own, but pay for the maintenance of defectives where it is possible to gain admission for them. This is a very difficult task owing to the great shortage of accommodation, Cambridgeshire cases being scattered at present among 23 institutions, including approved Poor Law Institutions for those defectives whose age and mental grade render them suitable for reception into that type of institution. The largest number of defectives from this area is received into the Royal Eastern Counties' Institution at Colchester, where the scheme of extension approved by the Council in conjunction with the Essex and West Suffolk Councils will add 34 places to those available for this County. This accommodation is urgently needed, and until the provision is completed the Council can only discharge its statutory responsibilities under conditions of great difficulty.

The arrangement continues by which the Cambridgeshire Voluntary Association, in return for an annual grant, assists the Council in its duties in various ways, of which the chief are the statutory supervision of defectives in their homes, the ascertainment of defectives, and notification of those who appear subject to be dealt with under the Mental Deficiency Acts. The County Council's Enquiry Officer also acts as Petitioning Officer.

The Mental Deficiency Act, 1927, amends the Act of 1913 in the light of fourteen years' experience of the working of its provisions. The definitions of the different grades of defect are altered so as to substitute the existence of defect before the age of eighteen for the more indefinite phrase "birth or an early age." The fact that defect is not necessarily congenital but may be acquired by illness or injury is recognised, and this will especially enable cases of defect following encephalitis lethargica ("sleepy sickness") to be dealt with. The Act also extends the "neglect" definition as grounds for certified institution or guardianship to defectives in need of care or training which their relatives cannot provide for them in their homes. An important point for County Authorities is that the provision of suitable training or occupation for defectives, whether under supervision in their homes, under statutory guardianship or in certified institutions, is now added definitely to their powers and duties, except where the Board of Control are satisfied that there are adequate reasons for not making such provision. The Board have recently, by circular, drawn special attention to this matter, and have asked for proposals to be submitted.

SCHOOLS.

Reference in this report is confined to infectious disease and general sanitary conditions. Notifications by Teachers of infectious disease, or suspected cases, among school children are enquired into in the homes by the School Nurses, 2,173 home visits being paid with this in view during the year, and on the results of these enquiries the exclusion procedure was mainly based. The visits also afforded the opportunity for advice as to precautions for prevention of spread of infection and of the development of complications dangerous to life. Diphtheria was only

notified from two schools, and the great majority of the infectious outbreaks were of those diseases of childhood which are not notifiable to the Local Sanitary Authority. Except for influenza, which occasioned a good deal of school closure early in the year, closure was limited to 10 schools, the exclusion procedure advocated by the Ministry of Health and the Board of Education being mainly followed.

Among structural improvements of a sanitary character effected by the Education Committee during the year may be specially mentioned those at Stetchworth Council School, where the lighting has been much improved, a piped water supply introduced and the offices converted to the water carriage system. At Dullingham and Westley Waterless water has also been piped on to the school premises, while the type of sanitary convenience has been improved at Gamlingay. At Lode also, instructions for improved means for ventilation have been given.

INSPECTION AND SUPERVISION OF FOOD.

In 1926 the Ministry of Health granted producers' licences to two firms for the production of certified milk on three separate premises, one in Cambridge and two in Chesterton Rural District. In 1927 a licence was granted by the County Council to one applicant in Chesterton Rural District to produce and distribute Grade A milk. A licence to sell pasturised milk was also granted to a firm in that District.

One of the principal objects of the Milk and Dairies Order of 1926 is the attainment of a high standard of cleanliness in milk production at all stages, greater stress being laid on cleanly methods than upon the structure of buildings. The Local Sanitary Authority is responsible for the general administration, except as regards the health

and inspection of cattle, for which the County Council are the executive authority. In furtherance of these objects the following action was taken during the year.

In Cambridge 36 samples of certified milk and 3 of ordinary milk were submitted for bacteriological examination, the latter being limited because of the large number taken in the Clean Milk Competition. Two of the ordinary milk samples reached Certified milk standard. Thirteen producers and 12 retailers entered for the Clean Milk Competition, a monthly sample from each competitor being submitted for examination for bacterial content, keeping quality, sediment and fat content. In Dr. Laird's opinion the competition proved very valuable and served a good purpose from which the public should benefit.

In the County Education area the first Clean Milk Competition was held over a period of six months under the auspices of the Agricultural Education Committee. This was mainly designed to show producers and their employees that milk of high hygienic and nutritive quality, which will keep well, can be produced without expensive plant and buildings, and to assist in the production of cleaner milk by advice as to improvement in methods. Twenty-one herds containing 596 cows were entered for the competition and six surprise samples were taken from each. Awards were made on the basis of the bacteriological and chemical content of the milk, its keeping quality, its cleanliness, and the inspection of the premises, equipment and method of production. Altogether 134 samples were taken, and of these it is gratifying to report that 48 per cent. were up to the standard of "Certified milk," and 68 per cent. up to the standard of "Grade A" milk. In his report the judge made the following encouraging observation:—"On every farm it was evident that success depended on efficient milkers supported by the willing co-operation of the owner

in providing reasonable working facilities. I was particularly interested to notice that on three farms the milkers were by no means young, as one has often heard it stated that it is almost impossible to train old milkers along the lines of modern clean milk production. It is therefore a matter for congratulation that even the oldest of Cambs. farm hands are willing and even anxious to show their efficiency." I am indebted to a report by Mr. Leslie, the County Agricultural Adviser, for the information regarding this Competition, which promises hopefully for the future.

For the detection of tubercular milk, samples were taken from producers, 14 by the Cambridge Town Council and 32 by the County Council. The samples were submitted for examination, including the biological test, to the Cambridge University Institute of Animal Pathology; in none was the tubercle bacillus detected, though the County Council's samples were taken from premises where cows had previously been slaughtered under the Tuberculosis Order. In addition to the foregoing the County Veterinary Inspector examined a herd of cows in consequence of a report from the London County Council that evidence of tuberculosis had been found in a sample of milk delivered in their area from this farm. Altogether 23 cows were examined, 23 milk samples taken, and one cow slaughtered for tuberculous udder under the provisions of the Tuberculosis Order.

In Chesterton Rural District it is noted that the dairymen are improving in their methods and gradually acquiring better and more up to date utensils. One new cowshed on modern lines has been erected during the year.

Meat.—There is no public abattoir within the County area. The reports generally contain reference to improvements effected in connection with slaughterhouses, and to the inclusion of the use of the humane killer in the district

bye-laws. In Cambridge, where 3,103 inspections of slaughterhouses were made, 73 cwt. of beef and pork and 4 cwt. of fish and fruit were condemned. Dr. Laird states that all butchers' shops are provided with glazed fronts and that a great improvement has been made in refrigerating chambers, the up-to-date automatic electric refrigerator rapidly displacing the old type of ice-box.

In Newmarket Rural District Dr. Morgan notes a general improvement in the upkeep of slaughterhouses. Of 30 butchers' shops, 24 have glass fronts; improvements have been made to premises and a greater tendency to realise the need for a reasonable standard of cleanliness and protection of meat from contamination is observed.

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 181 (192 in 1926), of which 151 were taken formally and 30 informally. The samples were:—Fresh milk 93, butter 20, margarine 13, lard 13, cheese 4, cocoa 5, rice 4, sugar 7, and smaller numbers of other articles.

Of the 181 samples analysed, 3, or 1.6 per cent., proved not to be genuine, compared with 1,558 samples analysed during the ten years 1916-25, of which 85, or 5.5 per cent., were non-genuine. Of the 93 samples of fresh milk, 91 were taken formally. The particulars as regards the three adulterated milk samples are as follows:—

1. Deficient 5 per cent. in fat. No proceedings taken.
2. Added water, 4 per cent. Proceedings resulted in conviction and a fine of £2 and 15/- costs.

3. Deficient 5 per cent. in fat. An informal sample.

One sample of cocoa was damp and mouldy and unfit for use.

Cambridge Borough.—Samples taken for analysis numbered 258 (259 in 1926), comprising 252 informal and 6 formal samples. The principal items were:—Milk 141, cream 8, fish-paste 7, butter 6, coffee essence 6. Of the 90 other articles sampled, the number of samples in no case exceeded four. The percentage of non-genuine samples, 6 in number, was 2.3.

Of the 6 samples reported not to be genuine, 2 were milk, an informal sample 33 per cent. deficient in fat being subsequently followed by a formal sample which showed a 15 per cent. deficiency. Legal proceedings resulted in conviction without a penalty.

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 0.20 and 0.35 per cent. in 2 samples of butter.

In Cambridge Borough one sample of gelatine and 3 of coffee essence showed the presence of boric acid.

WATER SUPPLIES.

The chief activity in the provision of water supplies is again reported from the Newmarket Rural District. At Fordham the third of five public wells proposed was bored into the chalk to a depth of 95 feet, and a similar well 80 ft. 6 in deep has been bored at Bottisham where the private supplies were of an unsatisfactory character. A public enquiry was held by the Ministry on an application for sanction for a loan for duplication of the pumping plant at the Cheveley and Wood-Ditton Waterworks, sinking an additional borehole, and extending the main to the village

of Ashley. This scheme has received the sanction of the Ministry and is being proceeded with.

The Linton Rural District Council have had the question of the supply of their area generally under consideration. In Chesterton Rural District improvements have been effected to the public supplies at Madingley and Waterbeach, and are proposed for Harston and Longstanton.

DRAINAGE, SEWAGE AND REFUSE DISPOSAL.

Outside the Cambridge sewerage system, pail closets or privies are general in the rural parishes, only the larger houses as a rule having water closets. In Chesterton Rural District the pit privies have been reduced to about 12 per cent., while in the Newmarket Rural District privy pits constitute 56.4 per cent. and pail closets 20.5 per cent. of the total sanitary conveniences. The reports for the different districts show that conversion of privies into pail closets is proceeding at varying rates of rapidity.

The only systems of public scavenging noted are in the Chesterton Rural District where a scheme for the cleansing of earth closets in the parish of Waterbeach is working satisfactorily and schemes for the collection of refuse at Grantchester and Histon are now in operation. The observations of the Medical Officers of Health point to the need for the development of schemes in other Districts, especially in the larger villages.

There are few sewers in the villages, apart from the road drains for surface water which are apt to be used, improperly, for this purpose. In Chesterton Rural District the difficult question of a better method of disposal of sewage from the Histon Factory has again been under consideration, but a satisfactory solution has not yet been

arrived at. Dr. Morgan gives details of the sewerage system for the village of Sawston, where a flushing tank fed by a windmill pump was constructed at the head of the sewer in 1926. Improvement has been effected by this means in lengths of sewer where silt accumulated owing to inadequate falls. Extra flushing by means of handpumps was also resorted to.

HOUSING OF THE WORKING CLASSES.

In the whole area of the Administrative County 813 new houses were built during the year, 286 in Cambridge and 527 in the Rural Districts. Of these 685 were erected with State assistance under the Housing Acts, of which 120 were erected by the Local Authority in Cambridge, and 321 in the Rural Districts, while 244 were built by other bodies or persons with the aid of the State subsidy, 86 in Cambridge and 158 in the Rural Districts. The remaining 126 were erected by unassisted private enterprise.

The total number of houses inspected for defects under the Public Health or Housing Acts was 3,078, of which 1,491 were in Cambridge and 1,587 in the Rural Districts. Houses inspected under the Housing Consolidated Regulations numbered 1,765 (Cambridge 814, Rural Districts 951). Of the houses inspected, 87 were recorded as unfit for human habitation, 26 in Cambridge and 61 in the Rural Districts, while 1,123 (Cambridge 858, Rural 265) were regarded as not in all respects reasonably fit for habitation.

As regards repair work, a good deal was accomplished by informal intimation to owners, this resulting in the remedy of defects in 977 houses, of which 765 were in Cambridge and 212 in the Rural Districts. Statutory notices were served for repair of 17 houses only (Cambridge 13, Rural 4). These were rendered fit by the owners,

except one in Cambridge remedied by the Local Authority in default of the owners. Under the Public Health Acts, notices requiring the remedy of defects were served with respect to 51 houses (4 Cambridge, 47 Rural). In consequence, defects were remedied by the owners in 40 houses (Cambridge 4, Rural 36). In 2 instances, in Linton Rural District, the Local Authority acted in default of the owner.

Greater use was made of powers of closure than of recent years, 59 houses being represented and 39 Closure Orders being made. Thirteen of these Orders were determined, the dwellings having been rendered fit, 6 Demolition Orders were made and one house was demolished during the year.

In Cambridge, from 1920 to 1927, a total of 1,368 houses have been erected, 691 by the Local Authority and 677 by others. In addition, 232 houses are in course of erection by the Local Authority and plans for 70 more have been prepared. The number of applicants for Corporation houses tends to increase. Of houses erected in 1927 with the aid of the State subsidy 22 were built by the Cambridge Housing Society for urgent cases of overcrowding or insanitary conditions, where the tenant cannot afford the rentals of Corporation houses.

In Chesterton Rural District a further 101 houses were completed during the year, making a total of 268 houses built by the Local Authority since May, 1924, in addition to 100 built under the Act of 1919. Half of the tenants were previously living under conditions of overcrowding. Since 1924 also, 297 houses have been built by private enterprise with the aid of the State subsidy, and a further 28 are being erected. Although the applications have fallen since the reduction of the subsidy, more houses have been

built by private persons than by the Local Authority during this period, a result apparently mainly due to inviting enquiries and freely giving verbal information and advice through the District Council's officers.

In Caxton and Arrington Rural District 20 houses were built by the District Council and 8 by private persons with the aid of the subsidy. Four of these were in connection with the Papworth Village Settlement. Dr. Dudley observes that more and more cottages are becoming uninhabitable owing to the heavy cost of repairs compared with the low rents obtainable.

In Linton Rural District 84 houses were erected during the year, all but 6 with State assistance, 46 by the Local Authority and 32 by private persons. In addition, 28 were in course of construction and the District Council proposed to erect 14 more houses early in 1928. Improved plans were adopted at the beginning of the year. Two houses were being reconditioned under the Housing (Rural Workers) Act.

In Newmarket Rural District, of 142 houses built during the year 131 were aided by the subsidy, 116 being built by the District Council and 15 by private persons. The Council's scheme for 200 houses has been reduced to 152, comprising 132 two-storied cottages and 20 bungalows, all built in pairs and all containing three bedrooms. Including 66 houses built under the 1919 Act, the District Council have now erected 218 houses. Twenty-six are in course of erection by private persons, 15 with the aid of the subsidy.

In Melbourn Rural District, of 37 houses erected during the year 33 were built with the aid of the subsidy, 28 by the District Council and 5 by private persons. Four are in course of erection by the District Council and further building is contemplated in three parishes.

In Swavesey Rural District the 10 houses built during the year were all erected by the District Council with State assistance.

The Housing (Rural Workers) Act of 1926 was designed to assist in improving housing conditions for agricultural labourers and other rural workers by grants or loans for the reconditioning of old houses or for converting other buildings into dwellings. The Ministry of Health have declared all the Local Sanitary Authorities in the area to be Local Authorities for purposes of the Act. Few applications appear to have been made, and the only action recorded in the reports as having been taken during the year is the reconditioning and provision of additional accommodation in connection with two cottages in the Linton Rural District.

Under the Small Dwellings Acquisition Act, loans to the total amount of £4,650 were sanctioned by the County Council for the construction or acquisition of 15 houses during the year.

Housing of County Council's Employees.—Houses for the police were completed during the year at Castle Camps and Longstanton and the question of sites for houses at Soham, Fen Ditton and Balsham was considered. A site has been acquired at Wood-Ditton. Towards the scheme of 11 houses, those at Cherryhinton, Burwell, Trumpington, Isleham, Castle Camps, Longstanton, Wicken and Sawston have now been completed, and a house at Harston is under construction.

Plans for a house for the Head Teacher of Burwell Central School were submitted, but it was subsequently resolved to purchase an existing house. It was resolved to build at Papworth Everard, and a site is under consideration.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

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 1927. The inclusion of Duxford Aerodrome accounts for the higher figure in the first column.

		<i>For</i> <i>Birth Rate.</i>	<i>For</i> <i>Death Rate.</i>
Administrative County	...	129530	129080
Cambridge Borough	...	58680	58680
Aggregate Rural Districts	...	70850	70400
Chesterton	...	24780	24780
Caxton and Arrington	...	7086	7086
Linton	...	9793	9343
Melbourn	...	7958	7958
Newmarket	...	18680	18680
Swavesey	...	2553	2553

The excess of births over deaths during 1927 yields a natural increase of the population for the year of 206, compared with 442 in 1926.

Birth Rate.—The statistics for 1927, based on figures furnished by the Registrar-General, are as follows:—

	<i>Registered</i> <i>Births.</i>	<i>Birth Rate</i> <i>per 1,000 living.</i>
Administrative County	1883	14.5
Cambridge Borough	818	13.9
Rural Districts	1065	15.0

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'. Rural. Total.</i>				<i>Boro'. Rural. Total.</i>			
<i>County.</i>				<i>County.</i>			
1914 ...	996	1393	2389	... 17.4	19.1	18.3	
1926 ...	830	1134	1964	... 14.1	16.1	15.2	
1927 ...	818	1065	1883	... 13.9	15.0	14.5	

The birth rate for Cambridge, 13.9 per 1,000, was, as usual, much below that for the Great Towns (17.1). The rates for the Cambridgeshire Rural Districts, from highest to lowest, were:—Swavesey 17.2 (44 births), Linton 15.8 (155), Newmarket 15.5 (290), Chesterton 15.1 (374), Caxton 13.5 (96), and Melbourn 13.3 (106). Following on War fluctuations, the decline in the birth rate has been progressive since 1920.

There were 83 illegitimate births in the Administrative County, 37 in Cambridge, 46 in the Rural Districts, compared with 38 in Cambridge, 51 in the Rural Districts, and 89 total in 1926. Calculated as a percentage of total births, the proportion of illegitimate births was 4.5 in Cambridge, 4.3 in the rural area, and 4.4 in the Administrative County, against 4.6, 4.5 and 4.5 per cent. respectively in 1926, and an average rate of 4.8 for the three pre-War years 1911-1913.

The proportion of still-births notified to total births notified, was as follows:—

Borough of Cambridge	25	still-births,	or 2.9	per cent.
Rural Area	34	„ „	3.5	„ „
Whole County	59	„ „	3.2	„ „

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 12.9 per 1,000 (12.3 for England and Wales). This rate was 1.1 per 1,000 higher than the 1926 rate for the County (11.8) and 0.5 above the average (12.4) for the preceding ten years. The rates for Cambridge and the rural areas were 12.7 and 13.2 respectively, the death rate for Cambridge being 0.4 above that for the Great Towns (12.3).

The total deaths in the whole County numbered 1,677 (Cambridge 749, Rural 928), being 155 more than in 1926. The marked increase in mortality on the previous year was practically accounted for by the serious influenza outbreak, which was as usual accompanied by greater loss of life attributed to respiratory diseases generally. On the other hand, deaths from cancer were appreciably fewer than usual, and there was a reduction in mortality among infants from debility at birth.

Infant Mortality.—The number of deaths under one year, 97 (Cambridge 44, Rural Districts 53), was in the proportion approximately of 52 deaths per 1,000 births (England and Wales 69). The corresponding approximate rate for Cambridge was 55 per 1,000 births, as usual much below the rate for the Great Towns (71), while the rural rate fell to 50. The annual average rate (56) for the Administrative County for the ten years 1918-27 represents a saving of 39 lives per 1,000 births, when compared with the annual average (86) for the ten pre-War years 1904-1913. Deaths in the congenital debility group, which are much influenced by ante-natal care, numbered 56 against 68 in the previous year.

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	781	55	37	27
Rural Districts ...	1019	50	46	43
Whole County ...	1800	52	83	36

The actual numbers of deaths of illegitimate infants were 1 in Cambridge and 2 in the Rural Districts, a total of 3 in the Administrative County among 83 illegitimate infants born (Cambridge 37, Rural District 46). This is an exceptionally low death rate among illegitimate infants, the average rate for the previous five years 1922-26 having been 83 per 1,000 illegitimate births, compared with 52 per 1,000 legitimate births.

Maternal Mortality.—Deaths of mothers in connection with child-birth numbered 6, all in the Rural Districts. Of these, 3 were attributed to puerperal sepsis and 3 to other accidents and diseases of pregnancy and child-birth. The totals for the Administrative County in 1926 were sepsis 2, other accidents 5, total 7.

Notifications of puerperal sepsis numbered 4, all from the Rural Districts. The 3 deaths registered from this cause corresponded with the annual average of 3 for the preceding ten years.

The mortality rate for maternal deaths from causes other than sepsis was equivalent to 1.6 per 1,000 births, against an average of 2.5 for the previous ten years 1917-26, but the figures are small and vary from year to year.

Under the Puerperal Pyrexia Regulations, 1926, notifications of 27 cases were received, 10 in Cambridge and 17 in the rural area. Arrangements have been made by

the Maternity and Child Welfare Authorities, the Town and County Councils, for bacteriological examination, expert clinical opinion, hospital treatment and nursing. In the rural area three consultations were arranged for.

Infectious Disease.—Prevalence of the commoner notifiable infectious disease showed little change from the previous year, though there was some increase in the mortality from diphtheria. The great feature was the prevalence of and heavy mortality from influenza, to which 116 deaths were attributed.

Small-pox.—No cases were notified during the year. In spite of the prevalence of small-pox in England and Wales, the proportion of infants vaccinated in Cambridge fell to less than 31 per cent., and there is good reason to believe that conditions are similar in the rural area. Much anxiety is caused by the spread of infection through the vagrant population, and there is constant interchange of information between County Authorities with a view to keeping track of infected casuals, information being passed on to the District Medical Officers of Health.

Chicken-pox is compulsorily notifiable in the Caxton, Newmarket and Melbourn Rural Districts, and apart from this, cases notified through the Public Elementary Schools are always made the subject of enquiry, a medical opinion being obtained at the outset of any outbreak, in order to exclude the possibility of small-pox.

Scarlet Fever.—Notifications received during the year numbered 265, compared with 260 in 1926. Of these, 152 were from Cambridge, and 113 from the Rural Districts, where the greatest prevalence was in the Newmarket Rural District, though prevalence was lower than of recent years, and the cases were consistently of a mild type. The Dick test has not been resorted to.

Altogether 188 cases, 71 per cent. of those notified, were removed to various isolation hospitals. Two deaths were registered in Cambridge as due to scarlet fever during the year. For the past 20 years the average case mortality from this cause for the Administrative County has been but slightly higher than one per cent.

Diphtheria.—Notifications numbered 104, against 100 in 1926. Of these, 84 were from Cambridge and 20 from the Rural Districts. There were 8 deaths, all in Cambridge. On the Cambridge figures the fatality rate, based on the number of notified cases, works out at an average of 14.0 per cent. of deaths during the past 22 years, against 9.7 per cent. in 1927.

Altogether, 98 cases, or 94 per cent. of those notified, were isolated in hospitals. Bacteriological diagnosis is in general use throughout the County, both by the Local Sanitary Authorities and the respective Education Authorities. The Schick test has not been employed. Antitoxin is provided by the Local Sanitary Authorities.

Enteric Fever.—Eleven notifications were received in 1927, three from Cambridge and 8 from the Rural Districts. Four of the cases in the Newmarket Rural area were diagnosed as paratyphoid. No deaths occurred. The number of notified cases in the Administrative County during the past ten years has only slightly exceeded an average of 7 per annum, 8 deaths occurring throughout that period.

Diarrhoeal Diseases.—Two deaths among children under two years of age occurred in Cambridge and one in the rural area, making a total of 3 deaths. The death rates per 1,000 births were 1.5 for the Administrative County (England and Wales 6.3), 2.4 for Cambridge (Great Towns 8.3), and 0.9 for the rural area. As for some years past,

the local rates for these preventible diseases were thus very much below those for the country generally.

The mortality from this cause has averaged approximately 3 deaths per 1,000 births during the past ten years, comparing very favourably with an average of 8.8 for the six years ending 1915. This forms a useful index of the benefit derived by the mothers from educational schemes which have been a feature of recent years.

Whooping Cough.—The number of deaths recorded was 10, of which 5 were in Cambridge and 5 in the Rural Districts. The mortality rate for the Administrative County was 0.08 per 1,000, that for England and Wales being 0.09. Nursing facilities are provided under the Maternity and Child Welfare schemes.

Measles.—Two deaths occurred, both in the rural area. The mortality rate for the Administrative County was 0.01 per 1,000 (England and Wales 0.09). For this disease also, nursing facilities are provided.

Acute Poliomyelitis (Infantile Paralysis).—Three notifications were received, all in Cambridge. No cases were removed to hospital. Two deaths were attributed to poliomyelitis, one in Cambridge and one in the rural area.

Cerebro-spinal Meningitis.—One notification was received in Cambridge and one death from meningo-coccal meningitis was recorded. Consultant opinion and serum treatment are provided by the County Council under the Public Health (Cerebro-Spinal Fever) Regulations, 1918.

Encephalitis Lethargica.—Seven notifications were received, 1 from Cambridge and 6 from the rural area. Two were treated in hospital. Three deaths were recorded in the rural area, making a total of 29 deaths and 57 notifications since this disease became notifiable in 1919.

Ophthalmia Neonatorum.—Six notifications received comprised 2 from Cambridge and 4 from the rural area. None of these cases are stated to have been admitted to hospital, and no loss of vision is recorded. Infants for whom midwives sought medical aid under the provisions of the Midwives Acts also made a satisfactory recovery.

Pneumonia.—Deaths from this cause numbered 70, compared with 56 in 1926. Of these, 31 occurred in Cambridge and 39 in the rural area. The mortality rate for Cambridge was 0.28 per 1,000 living, for the rural area 0.66, and for the whole County 0.54 per 1,000.

The number of notifications of acute primary pneumonia and acute influenzal pneumonia received in Cambridge was 17, and in the rural area 47, a total of 64 for the Administrative County.

Cancer.—There were 186 deaths attributed to cancer, against 225 in 1926. Of these, 81 occurred in Cambridge and 105 in the rural area. The proportion of recorded deaths per 1,000 living was 1.44 in the Administrative County (1.75 in 1926), 1.38 in Cambridge (1.51 in 1926), and 1.49 in the rural area (1.95 in 1926). This reduction in mortality on the previous year's rates, which may be temporary only, is an unusual feature, as mortality attributed to cancer has increased materially during the present century, though with fluctuations. The mortality rate, which in the year 1900 was 1.00 per 1,000, reached 1.75 in 1926. The proportion of deaths as based on total population, regardless of age distribution, is constantly higher in the rural area than in Cambridge.

Influenza.—Deaths attributed to this cause in the Administrative County rose from 29 in 1926 to 116 in 1927 (Cambridge 56, Rural Districts 60), yielding mortality rates of 0.89, 0.95 and 0.85 per 1,000 respectively (England and

Wales 0.57, Great Towns 0.49). Excluding the mortality of the great epidemic of 1918-19 from consideration, the loss of life was much in excess of the annual average of 36 deaths for the 20 years 1907-1926. The serious outbreak in the early part of the year no doubt accounted largely for the marked increase in deaths from respiratory diseases generally, and for the rise in the general death rate.

Pulmonary Tuberculosis.—The total number of pulmonary cases coming to knowledge during the year, whether by notification or otherwise, was 386.

The number of deaths registered from this cause was 108, against 95 in 1926. In Cambridge Borough there were 52 deaths, compared with 49 in 1926, the number of deaths registered in the rural area being 56, against 46 in the previous year. The mortality rates per 1,000 living were:—Administrative County 0.83 (0.73 in 1926), Cambridge Borough 0.88 (0.83 in 1926), and Rural Districts 0.79 (0.66 in 1926).

Mortality was thus somewhat higher than in 1926, and may have been influenced by the influenza outbreak. Deaths during the eight years 1919-1927 have averaged 94 per annum, compared with 112 during the five pre-War years 1910-14.

Tuberculosis of Other Organs.—Total cases coming to knowledge during the year, whether by notification or otherwise, numbered 86. The deaths numbered 23, against 15 in 1925. Of these, 7 occurred in Cambridge and 16 in the Rural Districts. The mortality rates per 1,000 living were as follows:—Administrative County 0.18 (0.12 in 1926), Cambridge 0.12 (0.14 in 1926), and Rural Districts 0.22 (0.10 in 1926). Deaths under this heading averaged 34 per annum from 1919-1914, 25 per annum from 1915-1918, and 22 per annum from 1919-1927.

The total deaths in the Administrative County from tuberculosis of all organs numbered 131, of which 59 were recorded in Cambridge and 72 in the Rural Districts. These yield mortality rates of 1.01, 1.00, and 1.02 per 1,000. A comparison of the average number of deaths from tuberculosis of all organs during each of the eight years ending 1927 with the eight years 1906-1913 immediately before the War shows an annual saving of 32 lives.

FRANK ROBINSON,

Medical Officer of Health.

County Hall,
Cambridge.

TABLE II.

VITAL STATISTICS OF COUNTY FOR 1927 AND PREVIOUS FIVE YEARS.

		<i>Births Nett.</i>		<i>Deaths Nett.</i>			
				<i>Under 1 year.</i>		<i>All ages.</i>	
				<i>Rate per</i>			
				<i>1000</i>			
	<i>Population.</i>	<i>No.</i>	<i>Rate.</i>	<i>No.</i>	<i>births.</i>	<i>No.</i>	<i>Rate.</i>
1922	129591	2125	16.4	127	59	1641	12.7
1923	*BR 129770	2140	16.5	110	51	1489	11.5
	†DR 129516						
1924	*BR 130070	1993	15.3	105	53	1609	12.4
	†DR 129800						
1925	*BR 129810	1944	14.3	99	51	1514	11.7
	†DR 129290						
1926	*BR 129020	1964	15.2	104	53	1522	11.8
	†DR 128470						
1927	*BR 129530	1883	14.5	97	52	1677	12.9
	†DR 129080						

*BR indicates population for calculating Birth Rate.

†DR " " " " Death Rate.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1927.

AGGREGATE OF URBAN DISTRICTS.														AGGREGATE OF RURAL DISTRICTS.													
CAUSES OF DEATH				All Ages.										All Ages.													
	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—						
ALL CAUSES	M 381 F 368	27 17	7 6	6 4	6 10	16 16	35 19	85 88	86 71	113 137	460 468	34 19	4 4	6 4	10 5	12 19	37 39	102 86	89 106	166 186				
1 Enteric fever	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —					
2 Small-pox	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —					
3 Measles	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 —	2 —	— —	— —	— —	— —	— —	— —	— —					
4 Scarlet fever	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —					
5 Whooping cough	M F	2 4	— 2	— 1	— 1	— —	— —	— —	— —	— —	3 2	1 2	— —	2 —	— —	— —	— —	— —	— —					
6 Diphtheria	M F	2 1	— 1	— —	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —					
7 Influenza	M F	31 25	1 —	— —	1 —	— —	4 —	5 —	8 3	11 14	30 30	1 —	1 —	— —	1 —	— —	2 —	9 2	9 16	7 9				
8 Encephalitis lethargica	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 —	— —	— —	1 —	— —	— —	— —	— —	— —					
9 Meningococcal meningitis	M F	1 1	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —					
10 Tuberculosis of respiratory system	M F	24 28	— —	— —	1 —	— —	1 —	10 9	9 8	2 —	24 32	— —	— —	— —	3 10	9 15	9 3	9 1	— —	3 2				
11 Other tuberculous diseases	M F	4 3	— —	— —	1 —	— —	1 —	2 —	— —	— —	11 5	3 1	— —	— —	1 —	2 —	18 13	13 14	— —					
12 Cancer, malignant disease	M F	32 49	— —	— —	— —	— —	1 —	10 23	15 13	6 9	48 57	— —	— —	— —	— —	1 —	4 —	19 22	22 12					
13 Rheumatic fever	M F	1 —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —					
14 Diabetes	M F	4 7	— —	— —	— —	— —	1 —	2 —	1 —	— —	7 6	— —	— —	— —	— —	— —	2 —	3 —	— —					
15 Cerebral hæmorrhage, &c.	M F	20 18	— —	— —	— —	— —	— —	6 5	2 —	11 7	26 25	— —	— —	— —	— —	1 —	2 —	9 5	14 16					
16 Heart disease	M F	47 55	— —	— —	— —	2 —	2 —	9 9	17 18	17 25	70 70	— —	— —	— —	— —	— —	2 —	19 30	34 34					
17 Arterio-sclerosis	M F	24 10	— —	— —	— —	1 —	1 —	9 —	4 —	4 —	26 23	— —	— —	— —	— —	— —	4 —	3 —	19 16					
18 Bronchitis	M F	32 36	1 2	2 3	— —	— —	— —	3 —	13 7	13 20	30 39	1 —	— —	— —	— —	— —	6 —	7 —	26 —					
19 Pneumonia (all forms)	M F	18 13	4 1	3 2	— —	1 —	1 —	3 5	2 3	4 —	18 21	3 3	— —	1 —	2 —	— —	4 —	4 —	1 —					
20 Other respiratory diseases	M F	5 4	— —	— —	— —	— —	— —	2 —	3 —	1 —	10 5	— —	— —	— —	— —	1 —	6 —	2 —	2 —					
21 Ulcer of stomach or duodenum	M F	10 3	— —	— —	— —	— —	— —	2 —	1 —	1 —	4 2	— —	— —	— —	— —	— —	— —	— —	— —					
22 Diarrhœa, &c.	M F	— 3	— 2	— —	— —	— —	— —	— —	— —	1 —	4 —	— —	2 —	— —	— —	— —	— —	— —	— —					
23 Appendicitis and typhlitis	M F	1 3	— —	— —	— —	— —	— —	1 —	1 —	1 —	3 —	— —	— —	— —	— —	— —	— —	— —	— —					
24 Cirrhosis of liver	M F	3 1	— —	— —	— —	— —	— —	2 —	1 —	— —	2 —	— —	— —	— —	— —	— —	— —	2 —	— —					
25 Acute and chronic nephritis	M F	6 5	— —	— —	— —	— —	— —	2 —	2 —	1 —	12 10	— —	— —	— —	— —	1 —	5 —	1 —	5 —					
26 Puerperal sepsis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 —	— —	— —	— —	1 —	2 —	— —	— —	— —					
27 Other accidents and diseases of pregnancy and parturition	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 —	— —	— —	— —	— —	3 —	— —	— —	— —					
28 Congenital debility and malformation, premature birth	M F	15 11	15 11	— —	— —	— —	— —	— —	— —	— —	17 13	17 11	— —	— —	— —	1 —	— —	1 —	— —					
29 Suicide	M F	9 3	— —	— —	— —	— —	2 —	2 —	4 —	— —	4 —	— —	— —	— —	— —	1 —	3 —	— —	— —					
30 Other deaths from violence	M F	11 8	— —	— —	— —	— —	6 —	3 —	1 —	— —	5 —	— —	— —	— —	— —	2 —	2 —	1 —	— —					
31 Other defined diseases	M F	74 72	4 —	1 —	— —	2 —	3 —	5 —	14 10	9 8	35 48	85 104	4 2	2 —	— —	4 —	5 —	9 14	45 55					
32 Causes ill-defined or unknown	M F	3 1	— —	— —	— —	— —	— —	— —	1 —	— —	2 —	— —	— —	— —	— —	— —	1 —	— —	— —					

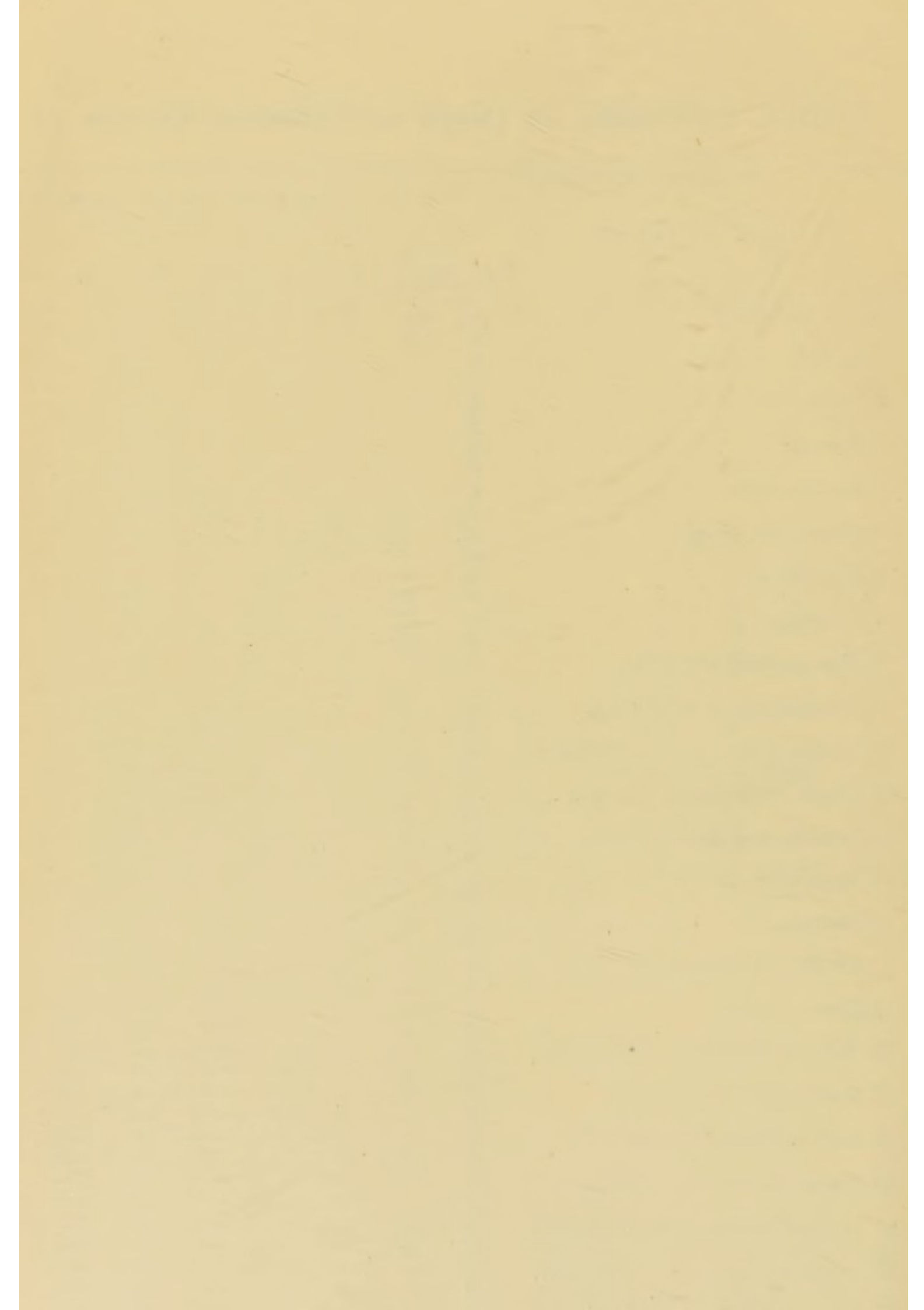


TABLE III.

NOTIFICATIONS OF INFECTIOUS DISEASE RECEIVED DURING THE
YEAR 1927.

	Cambridge.	Caxton and Arrington.	Chesterton.	Linton.	Melbourn.	Newmarket.	Swavesey.	Total.	Admitted to Hospital.	Died.
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	84	4	6	4	2	4	—	104	98	8
Scarlet Fever...	152	7	29	21	10	44	2	265	181	2
Enteric Fever	3	1	2	—	—	4	—	11	3	—
Puerperal Fever	—	1	2	—	—	1	—	4	4	3
Puerperal										
Pyrexia	10	—	11	—	2	4	—	27	5	—
Pneumonia ...	17	4	20	—	—	22	1	64	—	70
Erysipelas ...	6	1	7	1	—	5	—	20	—	1
Encephalitis										
Lethargica	1	—	—	—	—	5	1	7	2	3
Cerebro-Spinal										
Meningitis	1	—	—	—	—	—	—	1	—	*2
Acute										
Poliomyelitis	3	—	—	—	—	—	—	3	—	2
Ophthalmia										
Neonatorum	2	2	1	—	1	—	—	6	—	—
Malaria	—	—	1	—	—	1	—	2	—	—
Tuberculosis:										
Pulmonary	—	—	—	—	—	—	—	358	—	108
Non-Pulmonary	—	—	—	—	—	—	—	85	—	23

* Meningo-coccal Meningitis

