[Report 1936] / Medical Officer of Health, Cambridgeshire County Council.

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Cambridgeshire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge
for the Year 1936.

CAMBRIDGE :
St. Tibbs Press (Cambridge Chronicle, Ltd),
St. Tibbs Row.

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INDEX.

GENERAL STATISTICS.

Area (acres)	315,168
Population—Registrar-General's Estimate (1936)	147,790
Rateable Value	£903,461
Estimated Product of a Penny Rate	£3,606

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

		Total.	*Male.*	*Female.*
Live Births.	Legitimate	1688	851	837
	Illegitimate	78	52	26

(Birth Rate 11.9 per 1,000).

Still Births 55. Rate per 1,000 total births 30.2.

	Total.	*Male.*	*Female.*
Deaths	1726	843	883

(Death Rate 11.7 per 1,000).

Deaths of women in or in consequence of child-birth (Live and Still).

		Per 1000 Births.
(a) From Sepsis	1	0.55
(b) Other causes	5	2.75
Total	6	3.30

Deaths of Infants per 1,000 live births	36.8
(a) Legitimate	36.0
(b) Illegitimate	40.0

Deaths from Measles (all ages)	1
,, ,, Whooping Cough (all ages)	3
,, ,, Diarrhoea (under 2 years)	7

STAFF.

Whole-time officers of the County Council:—

R. French, B.A., M.D., D.P.H., *Medical Officer of Health and School Medical Officer.*

T. H. Harrison, M.B., Ch.B., D.P.H., *Assistant ditto.*

W. Paton Philip, M.C., M.B., D.P.H., D.M.R.E., *Tuberculosis Officer.*

J. C. G. Evered, L.D.S. (Edin.), *School Dentist.*

N. G. Clements, L.R.C.P.S., L.R.F.P.S., L.D.S. (Glas.), *ditto.*

G. G. Galpin, *Chief Clerk, and Enquiry Officer under the Mental Deficiency Acts.*

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

L. B. Cole, M.D., F.R.C.P., *Venereal Diseases Medical Officer.*

S. Riddiough, M.B., F.R.C.S., *ditto.*

L Cobbett, M.D., *Pathologist.*

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

J. C. W. Graham, M.D., *Ophthalmologist.*

J. R. C. Canney, M.D., *Obstetric Consultant.*

J. G. Runciman, M.R.C.V.S., *Veterinary Inspector.*

S. Greenburg, Ph.D., F.I.C., *Public Analyst.*

Miss A. Graham, *Superintendent of County Nursing Association and Inspector of Midwives*

PUBLIC ASSISTANCE.

Institutions.

	Medical Officer
Mill Road, Cambridge ...	A. Hanton, M.B., Ch.B.
Union Lane, Cambridge...	do.
Linton	H. M. Wilson, M.B., Ch.B.

MEDICAL RELIEF.

PANEL OF MEDICAL PRACTITIONERS.

J. J. H. Anderson, M.B., Ch.B.
W. D. V. Bolt, M.R.C.S., L.R.C.P.
E. C. Campbell, M.R.C.S., L.R.C.P.
C. R. Caffry, M.A., M.R.C.S., L.R.C.P.
A. S. Cane, M.D.
P. F. Chandler, M.R.C.S., L.R.C.P.
J. Davies, M.D.
A. W. C. Drake, M.B., Ch.B.
P. H. Dudley, M.R.C.S., L.R.C.P.
R. Ellis, M.D.
E. A. R. Ennion, L.R.C.P.
H. D. Gasteen, L.R.C.P.
A. F. Gilbert, M.R.C.S., L.R.C.P.
F. A. Grange, M.R.C.S., L.R.C.P.
E. W. Gregor, M.R.C.S., L.R.C.P.
J. A. Hart, L.M.S.S.A.
H. Hartley, M.B., Ch.B.
W. P. Hedgecock, M.B., B.S.
J. McFeeters, M.B., Ch.B.
J. York Moore, M.R.C.S., L.R.C.P.
H. C. Nickson, M.B., Ch.B.
G. F. Oakden, M.B., Ch.B.
F. E. W. Rogers, M.B., Ch.B.
G. Roper, M.A., L.M.S.S.A.
N. C. Simpson, M.D.
C. M. Stevenson, M.D.
C. W. Walker, M.B., Ch.B.
H. R. Youngman, M.A., M.B., Ch.B.

DISTRICT MEDICAL OFFICERS.

District.				*Medical Officer.*
Cambridge	No.	2	...	H. F. A. Webb, M.R.C.S., L.R.C.P.
,,	,,	3	...	A. H. White, M. B., Ch.B.
Newmarket	,,	3	...	J. D. Batt, M.R.C.S., L.R.C.P.
Royston	,,	2	...	A. D. Skyrme, M.R.C.S., L.R.C.P.
,,	,,	3	...	J. H. Moynihan, M.R.C.S., L.R.C.P.
,,	,,	5	...	R. D. Attwood, M.D.
Linton	,,	1	...	H. M. Wilson, M.R.C.S., L.R.C.P.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

The Registrar General has issued the following figures for the populations of the various parts of the County estimated for the mid-year 1936:—

Administrative County	147,790
Cambridge	76,760
Aggregate Rural Districts ...	71,030
Chesterton	30,790
Newmarket	19,010
South Cambridgeshire	21,230

There has been no alteration in the boundaries of any district during the year.

The excess of births over deaths yielded a natural increase of the population of 40, as compared with 118 in 1935 and 113 in 1934.

Whereas in the Borough of Cambridge the natural increase was 31 only, the Registrar General estimates the actual increase in the population to have been 1,360, while in the Rural Districts the actual increase was 9 and the estimated increase was 30. The discrepancy in the case of the Rural Districts is slight and may be disregarded for all practical purposes, but the difference in the case of the Borough seems to call for comment. It is difficult to know on what basis the Registrar General arrives at his estimate and one can only conclude that he deduces it from the trend of previous census figures. If the calculation of vital statistics is of any value at all, the possible error which may obviously arise owing to the necessity for this type of estimate may be regarded as evidence in favour of the taking of a census at more frequent intervals.

Birth Rate.—The following figures are based on details furnished by the Registrar General:—

	Registered. Live Births.	*Birth Rate. per 1,000 living.*
Administrative County ...	1,766	11.9
Cambridge Borough ...	823	10.7
Rural Districts	943	13.3

The birth rate for the whole area shows a fall from the 1935 level to the 1934 level. The Borough of Cambridge shows a heavy fall from 11.2 per 1,000 to 10.7 per 1,000, which is to some extent offset by a rise in the rural area from 13.0 per 1,000 to 13.3 per 1,000.

The rate for the whole country was 14.8 per 1,000 and that for the Great Towns 14.9 per 1,000.

The following figures set out the rates in the individual Rural Districts:—

Newmarket	14.5
Chesterton	14.1
South Cambridgeshire	11.0

The order of the Rural Districts is the same as that of last year, but whereas the rate in Newmarket shows only a slight fall, that in South Cambridgeshire shows a considerable fall and that in Chesterton a marked rise (1.5 per 1,000).

There were 78 illegitimate births in the Administrative County, 43 in Cambridge and 35 in the Rural Districts. The total number is 2 more than in the previous year, 5 more in the Borough and 3 less in the rural area. The rates are in the Borough 5.2, in the Rural Districts 3.7 and

in the Administrative County 4.4 per cent. of the total live births as against 4.5, 4.0 and 4.3 per cent. respectively in the previous year.

The numbers of still births and the rates per 1,000 total births are as follows:—

Borough of Cambridge	...	20 or 23.7 per 1,000
Rural Districts ...	...	35 or 35.8 per 1,000
Whole County ...	...	55 or 30.2 per 1,000

The rate for the whole County is substantially unaltered, but the rate for the Borough shows a considerable fall, and the rate for the rural area a corresponding rise, an example of the inadvisability of making deductions from small figures collected over a short period of time.

Death Rate from all Causes.—The total number of deaths credited to Cambridgeshire, after deducting those of residents in other areas which occurred in the County, was 1,726 (Cambridge 792, Rural 934) being 83 more than in 1935. The nett death rate for the whole County was 11.7 per 1,000 of the population (England and Wales 12.1). This rate is 0.5 more than in the previous year. The rates for Cambridge and the rural area were 10.3 (Great Towns 12.3) and 13.1 respectively.

The corrected death rates obtained by the application of the factor supplied by the Registrar General are as follows:—

Administrative County	...	9.8
Borough of Cambridge	...	9.5
Rural Area	...	9.9

Although this year the application of the factor does not bring the rates into such close approximation as in

1935, it does indicate that the bulk of the discrepancy between the rates in the Borough and Rural Districts is due to the age and sex distribution of the populations, rather than to any difference in the living conditions in the two areas.

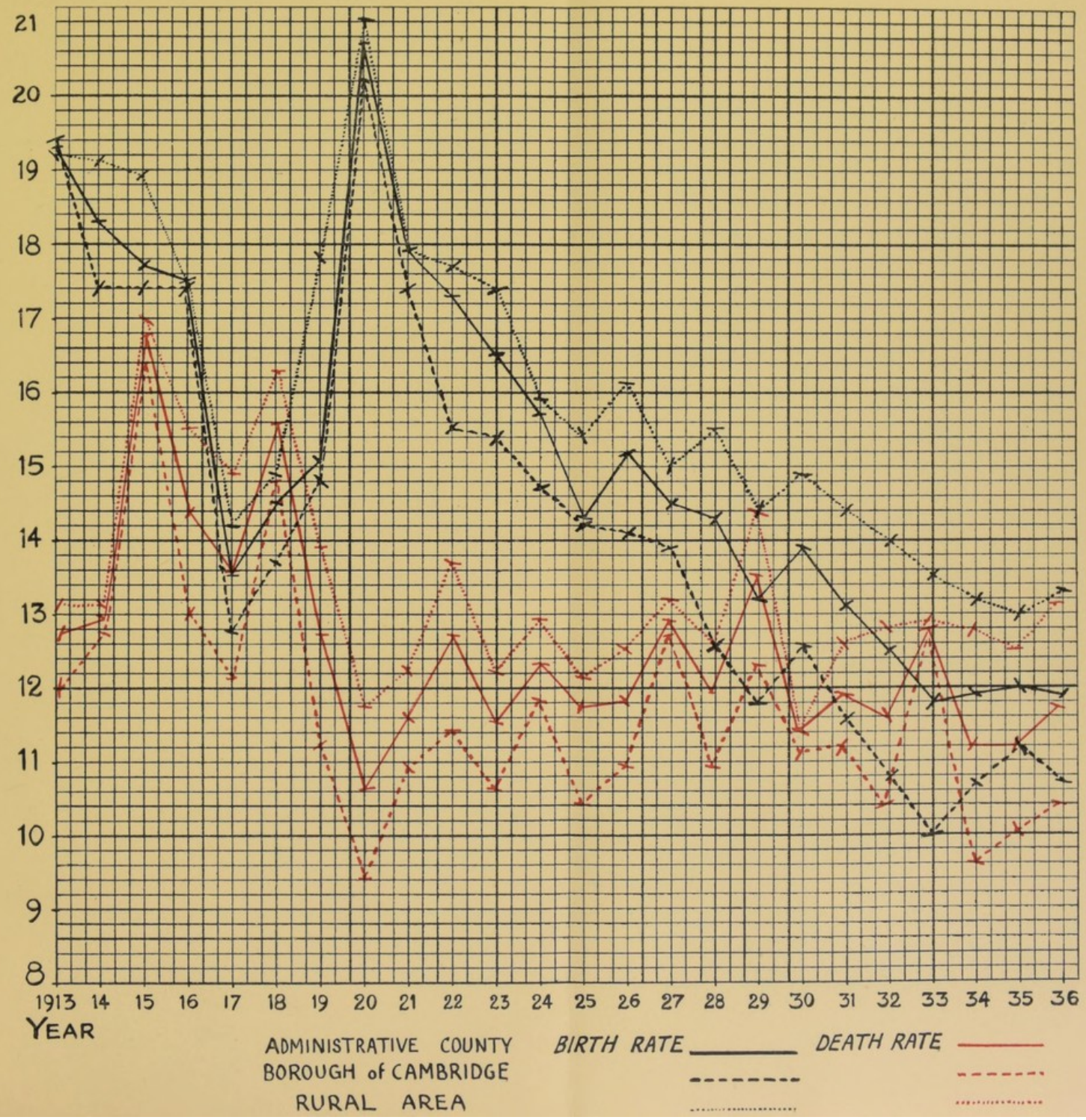
In order that the trend of the birth rates and death rates over a period of years may be better appreciated (a much more important matter than the mere comparison of individual years) an attempt has been made to portray them in graphic form and the result is appended with this report. Birth rates are shown in black and death rates in red, continuous lines representing the rates for the Administrative County, broken lines those for the Borough and dotted lines those for the Rural Districts.

It will be seen that the rates for the rural area are almost invariably above those for the Borough in the case of both births and deaths, the rate for the County being, of course, an average of the two.

The birth rate shows an almost continuous decline in each case since 1920, while the death rate has remained at a more constant level with periodical fluctuations. Perhaps the most striking and most important feature is the tendency of the curves for birth rate and death rate to approach each other and even at times to intersect in recent years.

The effect of the War years on both curves is well seen, together with the effect of the influenza epidemic of 1918 on the death rate and that of the return of discharged soldiers to civil life on the birth rate immediately after the War. The marked fall in the death rate after the influenza epidemic is also apparent and is presumably due to the removal of a large number of weakly individuals by that outbreak.

CAMBRIDGESHIRE BIRTH RATES AND DEATH RATES—1913-1936.



Infant Mortality.—The number of deaths under the age of one year (Cambridge 27, Rural Districts 38, total 65) was in the proportion of 36.8 per 1,000 births, a further reduction on the creditably low figure of the previous year, though not, as pointed out in 1935, so strikingly low as to be considered exceptional for the quinquennium. It is much below the rate for England and Wales as a whole, which rose somewhat from the record low figure of 57 in 1935 to 59 in 1936. The rate for the Borough of Cambridge was 32.8 per 1,000 live births (Great Towns 63) as against 42 in the previous year, while the rural rate was 40.3 as against 36 in the previous year.

The total number of deaths from congenital debility, premature birth and malformations was 45 as against 39 in the previous year, again accounting for the greater part of the mortality, while deaths from respiratory disease amounted to 9 and those from diarrhoea to 7. The last figure is almost double the number for the previous year and, though the total number is not in itself large, this seems somewhat regrettable, especially as the summer could not be described as hot and dry.

The following figures set out the differences between the mortality in the case of legitimate and illegitimate infants respectively:—

	Legitimate Mortality.		*Illegitimate Mortality.*	
	Births.	*Rate.*	*Births.*	*Rate.*
Cambridge	780	33	43	23
Rural Districts	868	38	35	57
Whole County	1,648	36	78	40

There is a much smaller difference in the mortality amongst these two classes of children than in the previous

year. The rate amongst illegitimate children in the rural area has risen somewhat, but there is fairly close approximation between the rates for the County as a whole. This is as it should be, since obviously, however undesirable illegitimate births may be in themselves, it is very desirable that the children, once born, should receive the best care possible.

Maternal Mortality.—Deaths of women assigned to pregnancy or childbirth numbered 6 (Cambridge 3, Rural Districts 3) of which only 1 was attributed to puerperal sepsis and 5 to other accidents and diseases of pregnancy or childbirth. The total number of deaths remains the same as in 1935, but the proportion due to the separate causes has altered considerably, there having been 3 deaths from sepsis in the Adminstrative County in the previous year.

The death rates per 1,000 total births (live and still) are 0.55 from puerperal sepsis and 2.75 from other accidents, a total of 3.31 from all maternal causes, the comparable figures for England and Wales being 1.34, 2.31 and 3.65. Thus the puerperal sepsis rate is very much below that for the whole country, while the rate for other accidents and diseases is somewhat above it, a complete reversal of the position in 1935. Although the rate for the whole country has not been so low for a considerable number of years, the rate for Cambridgeshire still remains a little below it, but the County's rate is unchanged from that of the previous year. However little significance may attach to the figures for any one year, it is gratifying to find the rate due to puerperal sepsis so low. It is to be hoped that it may remain so, and that the schemes of ante-natal care in force in the Borough and the Rural Districts will so far reduce the rate from other accidents and diseases that the total rate will soon show a considerable fall.

Only 10 notifications of puerperal fever and pyrexia were received, of which 2 were of puerperal fever, as against a total of 21 in 1935 and 29 in 1934. While this fall may be gratifying in some measure, it is doubtful whether it really represents the true state of affairs. The Regulations provide for the notification of all cases of fever of a certain degree and even when this fever is recognised as being due to some definite cause such as influenza or pneumonia, notification should still be made. From a knowledge of the numbers of cases in which medical practitioners are called in by nurses, it is almost certain that in some instances of this kind practitioners fail to notify formally, but there is fortunately no reason to think that cases where notification is necessary to secure some form of action are missed or in any way overlooked. It is not possible to say what proportion of the notifications received represents actual sepsis. The rate of notifications per 1,000 total births was 5.44 as against 12.91 for England and Wales. Of the total number of notifications, both cases of puerperal fever and three of the cases of puerperal pyrexia occurred in the Borough of Cambridge, while the remaining five cases occurred in the rural districts.

Infectious Disease.—The number of cases of scarlet fever notified continued the decline noted in the previous year, a total of 229 notifications having been received (Borough 145, Rural Districts 84) as against 370 in 1935. Diphtheria was again virtually absent, 8 notifications having been received (Borough 4, Rural Districts 4). There were two deaths from scarlet fever, one in Cambridge and one in the rural area, but none from diphtheria. Unfortunately the happy experience of the previous year with regard to complete absence of deaths from measles and whooping cough has not been maintained, but the number was not large, there having been only one from measles, which occurred in the rural area, and three from whooping

cough (Borough 1, Rural Districts 2). Deaths from influenza numbered 26, practically the same as in the previous year, while deaths from pneumonia declined somewhat (62 as against 75). Again the notifications of pneumonia were small in number, especially in the Borough of Cambridge (Borough 4, Rural Districts 40), but for reasons previously stated, it is impossible to make any assured statement that this is due to neglect to notify.

There were no notifications of enteric fever in the Borough of Cambridge and only two in the rural area.

Of the 229 cases of scarlet fever notified, 185, or 81 per cent., were admitted to hospital, a very slight decline on the figure of 82 per cent. for the previous year. As was the case in 1935, all the cases of diphtheria were admitted to hospital.

There has been no change in the arrangements for the immunisation of the population against diphtheria during the year, public facilities being provided in the Borough of Cambridge only. In the rural area the matter is left entirely to the initiative of individuals. A report was presented to the County Public Health Committee in 1936, drawing attention to the desirability of some public facilities in the rural area, but pointing out that some part of the responsibility for their establishment must rest with the local sanitary authorities. Copies of this report were sent to each Rural District Council, but, so far as is known, no action has resulted. No figures can be given for the number of children who may possibly have been immunised through private facilities, but it is known that in the Borough of Cambridge 719 children were immunised at the Council's Clinic. Though this is a slight fall as compared with the total of the previous year, this is understood to be due to unusual circumstances connected with the staff and it is clear that the number accepting immunisation in 1935 and 1936 is at a uniform level considerably higher than that

of the two immediately preceding years. Dr. Laird notes that the number immunised during the past five years has been 2,187.

Smallpox.—As has been the case for several years now, no case of smallpox was notified in any part of the County in 1936. The following figures set out the position as regards vaccination:—

	Cambridge.	*Rural.*	*Total.*
Births	1,002	794	1,796
Successful Vaccinations ...	211	199	410
Certificate of Insusceptibility ...	4	2	6
Statutory Declaration of Conscientious Objection	626	504	1,130
Died Unvaccinated	29	21	50
Postponed by Medical Certificate	21	8	29
Removed	43	6	49
Not found: in abeyance	68	54	122

The percentage of successful vaccinations to births was 21 in the Borough, a fall of 2 per cent. as compared with last year's figure, and 25 in the rural area, a fall of 3 per cent. on the figure for 1935. Any slight improvement there may have been in the previous year, therefore, has been more than wiped out in 1936. It is quite evident that this figure is a steadily falling one and, as was pointed out last year, it does seem useless to keep in being the present somewhat complicated machinery for the achievement of such poor results—in fact, it is probable that better results would be produced by purely voluntary methods. While no doubt the population would be vaccinated in large numbers on the occurrence of an outbreak of smallpox, the fact that the community is becoming more and more an unvaccinated one suggests the necessity for proceeding with arrangements for the isolation of small-pox to take the place of those

which will shortly cease to be available in the Borough of Cambridge.

Encephalitis Lethargica, Acute Anterior Poliomyelitis and Cerebro-Spinal Meningitis.—No outbreak of any of these diseases has occurred in the County during 1936. There were two deaths from the first named, one in the Borough and one in the rural area, but no new cases were notified. One case of poliomyelitis was notified in the Borough and one in the rural area, but there were no deaths and there were neither notifications nor deaths in connection with cerebro-spinal meningitis.

Diarrhœal Diseases.—Seven deaths from this cause occurred in children under the age of one year. The number is the same if deaths under the age of two years are considered. The rates are 3.6 per 1,000 live births for the Borough of Cambridge (Great Towns 8.2), 4.2 for the rural area and 4.0 for the whole County (England and Wales 5.9).

Ophthalmia Neonatorum.—Seven notifications were received during the year, three in the Borough of Cambridge, three in Chesterton Rural District and one in South Cambridgeshire. Admission to hospital was required in two instances in the Borough and in one each in Chesterton and South Cambridgeshire. No residual loss of sight resulted in any of the cases. The number of notifications is somewhat higher than usual so far as recent years are concerned, but it is satisfactory to note that prompt measures for the alleviation of the condition were at once applied, and that any failure of the normal prophylactic procedure there may have been was not followed by the dire consequences which might have been expected at one time.

Pulmonary Tuberculosis.—The total number of cases of pulmonary tuberculosis discovered during the year was 89 exactly the same number as in 1935. It is probable that this apparently stationary figure represents an actual decrease in incidence, since 31 of these cases were discovered otherwise than by formal notification, as against only 15 by this method in the previous year. This is the result of a renewed appeal to local registrars to submit particulars of deaths from tuberculosis, a practice which had fallen gradually into abeyance recently. There were 52 deaths from this cause, as against 64 in 1935, a satisfactory decline, though the number is still slightly above the record low figure of 49 in 1934. The remarks in the report for 1935 to the effect that the rise in the death rate for that year was not an indication of an arrest in the downward trend of mortality were therefore justified. In Cambridge Borough there were 24 deaths, the same number as in the previous year, and in the rural area there were 28, as against 40 in the previous year. The mortality rates per thousand living were .35 in the Administrative County (England and Wales .583), .31 in Cambridge and .39 in the rural area, compared with .42, .32 and .56 respectively in 1935.

Tuberculosis of other Organs.—Total cases discovered during the year, whether by notifications or otherwise, numbered 36 (49 in 1935). There were 10 deaths, against 13 in 1935, of which 4 occurred in Cambridge and 6 in the rural area. The mortality rates per 1,000 living were as follows:—Administrative County .07 (.09 in 1935); Cambridge .05 (.07 in 1935); and Rural Districts .08 (.11 in 1935).

During 1936, the total deaths in the Administrative County from tuberculosis of all organs numbered 62 against 77 in 1935, of which 28 were in Cambridge (29 in 1935) and

34 in the rural area (48 in 1935). The mortality rates were .42 in the Administrative County, .36 in the Borough of Cambridge and .47 in the Rural Districts against .51, .39 and .67 respectively in the previous year.

Cancer.—There were 284 deaths attributed to cancer, against 276 in 1935, 248 in 1934, 253 in 1933 and 235 in 1932. Of these, 132 occurred in Cambridge and 152 in the rural area. Although the rise in the number of deaths is not large when comparison of 1936 and the immediately preceding year is made, it continues a well established trend, the rise since 1932 having been quite appreciable and there having been only one year (1934) in which there was a slight fall. The rates per 1,000 living were 1.92 in the Administrative County, 1.72 in Cambridge and 2.14 in the rural area, against 1.89, 1.72 and 2.06 respectively in 1935, the rate for the country as a whole being 1.63. As usual, the number of deaths from heart disease is considerably higher than the number of deaths from cancer, but apart from this, there is no other single cause of death which even approaches in magnitude the figure for cancer. There may be some comfort in the knowledge that by far the greater proportion of the deaths occurs in comparatively old age, but nevertheless 137 of the total deaths affected people below the age of 55 years and any successful effort to reduce the mortality would, even on purely utilitarian grounds, be well worth while. When the amount of suffering which might be saved in people of all ages is considered, the case is stronger still. Unfortunately, apart from certain special forms of cancer, the prevention of the disease is beyond our powers at present and the importance of early diagnosis and treatment remains paramount. Some account is given later in this report of facilities for these purposes and of educational activities which have been supported by the County Council.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory and Ambulance Facilities.—The arrangements under these heads were fully set out in the report for 1935 and there are no developments to record.

Nursing in the Home.—It was pointed out last year that at the end of 1935 there were only four villages in the rural area of the County which had no District Nurse available, but that at the time of writing arrangements had been made to extend the services of existing District Nursing Associations to them. This has now been done and the whole County is therefore covered by a series of District Nursing Associations whose activities are co-ordinated by the County Nursing Association. One District Nursing Association remains unaffiliated to the County Association (Wilbraham) and the village of Kennett is nursed by the Moulton District Nursing Association which is affiiliated to the West Suffolk County Association. In general the services of the District Nurses are only available to subscribers, but non-subscribers may avail themselves of their help on payment of a prescribed fee per visit and the destitute poor are nursed free of charge, the service being covered by a grant which the County Nursing Association receives from the County Council through the Public Assistance Committee.

Clinics, Treatment Centres and Hospitals.—There is nothing to add to the information given in the report for 1935 under these heads.

Public Assistance.—There is nothing of note to record under this head. The new male block has still not been added at the County Infirmary, but at the time of writing building is in progress and its early completion is expected.

The increase in the use made of the maternity beds at the County Infirmary continues, there having been 92 admissions to them in 1936, as against 80 in 1935 and 56 in 1934.

The following figures set out the numbers relieved in the Public Assistance Institutions of the area during the year:—

	County Infirmary.	*Chesterton.*	*Linton.*
Able-bodied	—	27	47
Not able-bodied ...	667	180	128
Insane	13	—	11
Children (under 3) ...	144	1	3
Vagrants	—	15,846	—
	824	16,054	189

There were also 39 children in the Children's Home, Ross Street, Cambridge, 49 not able-bodied persons in the Newmarket Institution and 1 in the Huntingdon Institution, as well as 6 children in the Newmarket Institution chargeable to this County.

The numbers of in-patients admitted during the year (sick only) are as follows:—

County Infirmary.	*Chesterton.*	*Linton.*	*Total.*
626	73	21	720

The figures include infants born in the County infirmary.

Sick beds occupied during the year:—

	County Infirmary.	*Chesterton.*	*Linton.*
(a) Average ...	111	39	67
(b) Highest ...	130	42	73
(c) Lowest ...	98	36	61

The number of in-patients admitted to the Institutions as a whole was 58 more than in 1935, but, as in the previous year, both Chesterton and Linton Institutions showed a fall and the County Infirmary accounted for the rise. There were 79 more admissions to the County Infirmary, 14 less to Chesterton and 7 less to Linton. Nevertheless, the average number of beds occupied at the County Infirmary was smaller (111 as against 120) and this was also the case at Chesterton (39 as against 45) and Linton (67 as against 71).

There was a further decrease in the number of casuals admitted, the number in 1936 being 15,846 as compared with 18,172 in 1935. This is only half of the number admitted in the year 1932.

All three institutions continued to be approved under Section 37 of the Mental Deficiency Act, 1913, and unfortunately at the time of writing it has again become necessary to make more use of the accommodation provided on account of pressure on the beds at the Royal Eastern Counties' Institution, Colchester.

There are no changes of note to report in the administration of Poor Law Medical Out-Relief.

The County Mental Hospital at Fulbourn continued to admit patients from both the Administrative County and from the Isle of Ely during the year. The total number of Cambridgeshire cases (Administrative County) in the Institution was 540, of which 200 were men and 340 women.

MIDWIFERY AND MATERNITY SERVICES.

Midwives Acts.—The County Council administers these Acts in the rural area of the County only, its powers being delegated in the Borough of Cambridge to the Town Council.

In January, 1936, notification of intention to practise was received from 51 midwives and in all, during 1936, 67 notifications were received. As usual, several notifications related to nurses undertaking holiday duties and to others wishing to take one or two cases only.

During the year, 135 routine visits of inspection were paid to midwives by the Superintendent of the County Nursing Association in her official capacity of Inspector of Midwives; 39 special enquiries were made by her or by the County Medical Officer of Health.

One application for a scholarship under the County Council's scheme for ensuring the training of midwives was granted during the year, the amount offered being the usual one of £75. Up to the end of 1936, the Council had given 54 such scholarships.

The County Council paid its usual grant of £15 to the Cambridgeshire Branch of the Midwives Institute, and the Institute arranged a series of lectures throughout the year which acted as a " refresher course " for the midwives of both the rural area and the Borough of Cambridge, as well as for a few from neighbouring counties. The Council also paid the customary grant to the County Nursing Association for distribution to the District Nursing Associations in respect of the midwifery services provided by them.

In the year 1936, midwives attended 673 confinements, acting as midwives only in 361 and as maternity nurses under medical direction in 312. A total of 264 notifications was received from them as against 249 in 1935, comprising medical help for mother 191, for infant 26, liability to be a source of infection 24, death of infant 3, death of mother 1, still-birth 6, laying out the dead 6 and artificial feeding 7.

The total number of notifications received shows an increase over the figure for the previous year. This increase is caused almost entirely by the larger number of requests for medical help both on behalf of the mother and on behalf of the child and, when it is considered that the total number of confinements attended by the nurses as midwives only was 59 less than in the previous year, the increase in these particular figures is even more remarkable. It continues the tendency noted in the report for 1935 and is no doubt due to two factors. The first is the operation of the Council's ante-natal scheme, through which abnormalities requiring treatment are more frequently detected, and the second is the stress which has been laid on the need for preventing maternal mortality. The latter factor may operate in two ways, first by increasing the amount of care taken by the nurses and secondly by increasing the fears of the mother, thereby interfering psychologically with the normal process of labour. In so far as the last method carries weight, it is, of course, disadvantageous, but, on the whole, it cannot be said that the tendency to the increasing use of medical aid is a bad one, somewhat costly to the Council though it may be. Theoretically the ideal would be to have both a medical man and a midwife present at all confinements, but there are some possible practical disadvantages which need not be detailed in such an arrangement, and the middle course of making the fullest use of medical aid in appropriate cases may on many grounds be considered the better one. In previous reports it has been customary to give the proportion of total births to which medical aid was summoned either for mother or infant and for purposes of comparison the figure is given here. In 1936 it was 21.8 per cent. as against 21.2 per cent. in 1935. A more relevant figure, however, would appear to be the proportion of confinements attended by midwives in which medical aid was summoned. In 1936 this was

60.1 per cent. (for mother 52.9 per cent.) as against 47.9 per cent. in 1935.

The maternal death mentioned was notified by the midwife, but actually it occurred in a doctor's practice, the midwife being in attendance as a maternity nurse only. The woman concerned was known to have heart disease previous to confinement and the cause of death was given as heart failure.

Of the three infant deaths, one occurred in a doctor's practice, the cause being cerebral hæmorrhage. Of the remaining two, one was a case of severe jaundice and the other was that of a premature child with congenital heart disease. The last child lived only six and a half hours.

Enquiries were made into five cases of inflammation of the eyes of infants. Four were described as slight (one being notified as ophthalmia neonatorum and removed to hospital, however) and the fifth was said to be fairly severe. Complete recovery without impairment of vision resulted in every case.

Nine cases occurred in which suspension of a midwife from duty was necessary. In only three of these was the suspension occasioned by a puerperal condition, but in four others it was due to infantile pemphigus, all the cases occurring in the practice of one nurse. Complete investigation was made and it was thought that a staphylococcal infection of the nurse's scalp was responsible. This was treated and the cases eventually ceased to occur. Actually it was doubtful whether the last case notified was really pemphigus. The child had one typical vesicle on the finger, but bacteriological investigation was completely negative.

The chief event of the year was the passing of the new Midwives' Act, making it obligatory on every Council with powers under the Maternity and Child Welfare Act of 1918

to see that its area was completely covered with a service of midwives. This presented no great difficulty in Cambridgeshire, as the County was already completely served by a number of District Nursing Associations affiliated to the County Nursing Association.

It soon became apparent, however, that there was likely to be considerable competition between authorities for the services of suitable nurses and that there would have to be some increases in the salaries paid. The County Council therefore felt that if it was to ask the County Nursing Association to organise the service on its behalf, some amalgamation of existing districts with a view to economy would be required.

After a great deal of discussion the thirty-nine associations in existence were cut down to thirty three and any disadvantage or difficulty in working which might result was eliminated by the provision of motor cars in suitable cases and the installation of telephones.

The Wilbraham District Nursing Association, which had never been affiliated to the County Nursing Association, remained in being and will probably continue to do the bulk of the midwifery in the villages served by it, but it was arranged that the services of the Fulbourn midwife should be available for any woman desiring to use them. Similarly in the village of Kennett, which had always been nursed by the Moulton (West Suffolk) District Nursing Association, the services of the Fordham midwife are to be used if necessary.

Scales of salary to be paid to midwives by the Nursing Association were fixed, that for a Queen's' Nurse being £208 per annum and those for state registered nurses (non-Queen's) and village nurse-midwives being £183 and £158 per annum respectively.

Maximum fees to be charged to patients were also fixed, these being 30/- for a first confinement, 25/- for a second or subsequent confinement and 15/- for the use of the services of the nurse in conjunction with those of a medical practitioner with remissions in accordance with an income scale set up by the Maternity and Child Welfare Committee and special reliefs in those cases with low incomes where no maternity benefit is received under the National Health Insurance Act.

The County Council entered into a formal agreement with the County Nursing Association to provide a service on these lines and in consideration agreed to pay them an extra grant at the rate of £750 in a full year, this sum to be reconsidered in the light of the experience gained at the end of the first year's working.

MATERNITY AND CHILD WELFARE.

The work of the County Council under this head, as in the case of the working of the Midwives Acts, is confined to the rural area.

The total number of births notified from that area was 880, being 52 more than in the previous year. After deducting 18 duplicates and 24 still births, there remain 838 notified live births (790 in 1935) or 87.7 per cent. of the total live births registered as having occurred in 1936, as against 85.9 per cent. in 1935. The proportion has shown some slight tendency to rise during the past three years.

Midwives notified 579 births or 65.8 per cent. of the total, a small increase on the figure for 1935. No doubt many of these were cases in which the midwife attended as a maternity nurse, however. Forty-five children under

the age of one year came to the notice of Health Visitors and Masters of Public Assistance Institutions in the course of their duties and were added to the list of children to be visited by Health Visitors, besides those placed there as a result of formal notification. Forty-six children over the age of one year were similarly discovered. The usual exchange of information between the Public Health Department and Registrars of Births took place throughout the year.

The following figures give some account of visits paid by Health Visitors during the year:—

	Expectant Mothers.	*Infants.*	*Up to School Age.*	*Total.*
County Health Visitors	—	533	883	1416
District Nurses ...	4324	7074	12901	24299
Total for 1936 ...	4324	7607	13784	25715
Total for 1935 ...	3725	8037	14598	26360

The number of first visits to infants was 871 or 92.4 per cent. of those born alive. This is a rise of 5.5 per cent. over the figure for 1935 when an inexplicable fall took place as compared with the previous year. Actually the 1936 figure is .7 per cent. above that of 1934. First visits to expectant mothers numbered 706, that is to say 74.9 per cent. of all expectant mothers were supervised in this way as against 70.3 per cent. in 1935 and 68.2 per cent. in 1934. The increase in this figure gives increasing scope for action by the County Council in respect of adverse conditions found, reports on the findings being sent to the County Medical Officer through the Superintendent of the County Nursing Association.

The work under the provisions of the Children and Young Persons Act of 1932 with relation to boarded out children under the age of 9 has continued on the usual lines, quarterly visits being paid in most cases and the

first report on the home being furnished as a result of a personal visit by the Superintendent of the County Nursing Association. The number of instances of failure to comply with the provisions of the Act seems to be slowly decreasing, presumably because knowledge about them is gradually spreading in the villages. There were 3 cases of failure to notify intention to receive a child and 5 of failure to notify removal of a child (9 and 4 respectively in 1935) as well as one case of failure to notify change of address. Actually it is only in cases of failure to notify reception that ignorance can justifiably be pleaded as an excuse, as a leaflet explaining the provisions of the Act is issued to all registered foster-mothers.

The customary interchange of information between the Public Health Department and various voluntary bodies on this matter has taken place.

The following details give some account of the extent of this branch of the work:—

Infant Protection Visitors at end of year ...	38
Homes inspected before or soon after reception	38
Approved	34
Not approved	4
New Cases	57
Total number supervised	179
Children removed from Register	63
Left Administrative area with foster-mother ...	13
Returned to relatives	18
Returned to a Home	13
Removed to County Infirmary	2
Attained the age of 9 years	11
Adopted	4
Transferred to other foster-mothers	2
Died	Nil.
Remaining on Register at end of year	116
Orders of Court made under Section 57	Nil.

The number of children supervised has increased by 5, the smallest increase which has occurred since 1933 and it may be that the position is approaching saturation point. The number of suitable women willing to act as foster-mothers is not great and it is important to keep up a reasonably high standard in the matter of approval. In particular it may be pointed out that the standards of overcrowding set up under the Housing Act of 1935 are not necessarily those to be adopted in the selection of homes for this purpose. These standards are an admitted minimum and have to be accepted when already found to exist in connection with family life, but this is no reason why the creation of such conditions should be encouraged in the absence of absolute necessity.

The use made of the service of Home Helps at confinement has remained at much the same level during the past three years. The number of women aided by the County Council in this matter in 1936 was 36, as against 34 in 1935 and 32 in 1934. Actually, though it has not been found necessary to refuse the service in any particular case, its working has not been easy, owing to the difficulty of finding suitable women to act as home helps. It has been found necessary to make increasing use of odd women for individual cases rather than to rely on the formation of a panel of regular helps. The operation of the Widows and Orphans Pensions Scheme is in some measure responsible for this, women who at one time would have been glad to secure this form of work now having no need to do so.

During 1936, 55 women were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy and parturition. These included the usual categories of cases of difficult labour and ante-natal and post-natal conditions, some of the last group being cases of puerperal pyrexia and sepsis. The total number

represents an increase of 8 as compared with the figure for the previous year, and is 3 higher than the number for 1933 which was mentioned in the report of 1935 as seeming to have been a peak year. Calculated as the number of admissions per 1,000 confinements, the figure is 58.3, a very considerable rise over the almost constant proportion of just over 49 per 1,000 which has ruled in each of the previous three years. It is probable that just as it has effected a rise in the number of cases in which medical aid is summoned by midwives, the Council's scheme for ante-natal and post-natal examination bears some responsibility for this increase. Cases of normal confinement admitted to the County Infirmary numbered 92, this figure continuing the steady rise which has been noted in previous years. Actually it is 12 more than the number admitted in 1935, half of the increase being attributable to the Borough of Cambridge and half to the rural area (61 cases from the Borough as against 55 in 1935, and 31 cases from the rural area as against 25 in 1935). Here again the ante-natal scheme plays a part, a number of cases having been admitted as a result of a report from the medical practitioner conducting the examination to the effect that the home conditions were unsuitable for confinement.

The Council has continued to assume responsibility for certain cases admitted to the Ely Diocesan Home, Bateman Street, Cambridge. One such case was in the Home at the beginning of the year and three were admitted during the year. The physical benefits resulting from this work, in addition to its moral value, have previously been discussed and its worth as a contribution to the prevention of infant mortality and morbidity should be realised.

The County Council's consultant obstetric surgeon undertook 2 consultations with private practitioners in the homes of the patients against 6 in 1935. Both consultations were arranged under the Puerperal Pyrexia Regulations.

It was thought that the use of this service would increase as a result of the ante-natal scheme, but actually the reverse is the case, for there were 11 consultations in 1934, so that it is evident from the figures that there has been a steady decline since that year. This contrasts with the increased use, already mentioned, which has been made of ordinary medical aid services and of hospital beds and which may or may not be connected with the operation of the ante-natal scheme. It is possible that insufficient use is being made of the consultant service and that an increase in the number of calls made upon it might result in fewer hospital admissions, with a consequent saving both of pressure on hospital beds and of expenditure. Just previous to the time of writing, a circular letter has been addressed to the practitioners in the rural area, drawing their attention to the existence of the service and reminding them of its availability in all appropriate cases.

The arrangements for ante-natal and post-natal examination of midwives' cases by general practitioners have operated throughout the year, having been inaugurated as was stated in the 1935 report, on July 1st, 1935. There can be no room for doubt that they have worked extremely well and, owing to the arrangement under which midwives can send medical aid forms in respect of defects discovered either at the time of discovery or at the onset of labour, as may be appropriate, there has been no difficulty in seeing that proper treatment follows diagnosis.

Some practitioners have stated that they do not feel able to diagnose disproportion between the foetal head and the pelvis so early as the thirty-second week of pregnancy and, to meet this objection, the midwives have been instructed to postpone the application for the second examination until the thirty-sixth week unless there appears to be some reason why it should be carried out earlier.

The following represents the number of examinations carried out during the year 1936:—

Examinations at the 16th week	232
Examinations at the 32nd—36th week ...	239
Post-natal examinations	142
Total ...	613

Although the figures for ante-natal examination correspond so closely, it does not follow that the same numbers of women actually had each two ante-natal examinations. As a matter of fact 316 women were examined ante-natally, a proportion of 34 per cent. of the total confinements. This figure is quoted in order that comparison may be made with the figure in the report for 1935 when the proportion was 36 per cent., so it would seem that the prophecy made then that there would be an increase in the proportion in 1936 has not been fulfilled. Actually, however, this figure is of very little value and the percentage which should be worked out is that representing the proportion of ante-natal examinations to confinements attended by nurses in their capacity of midwives, since it is only to this class of case that the scheme applies. In 1936 there were 361 such confinements and the percentage of women attended by midwives only who were examined ante-natally was therefore 88, a highly satisfactory figure.

On the same basis, the percentage of midwives' cases examined post-natally was 39, which bears out the opinion expressed in the report for 1935 that the number of women willing to avail themselves of this form of examination is comparatively small. This is a great pity, as minor abnormalities discovered and rectified soon after confinement may thereby be prevented from causing much future suffering and disability, and subsequent confinements may

be made safer. It has been noted that in a few cases the post-natal examination has been postponed for an unreasonably long time after delivery and no doubt this may be taken as another indication of the reluctance of some women to undergo it.

The findings on ante-natal and post-natal examinations may be summarised as follows:—

Ante-natal examinations at or about the 16th week.

(1)	(2)	(3)	(4)	(5)
To be delivered by Midwife.	*Transferred to care of Doctor.*	*Referred to Hospital.*	*Consultant's opinion obtained.*	*Institutional delivery desirable.*
215	3	10	2	7

Ante-natal examinations between 32nd and 36th weeks.

To be delivered by Midwife.	*Transferred to care of Doctor.*	*Referred to Hospital.*	*Consultant's opinion obtained.*	*Institutional delivery desirable.*
214	13	6	2	7

Post-natal examinations.

(1)	(2)	(3)	(4)
Cases taken a normal course.	*Treatment required.*	*Arrangements made for treatment.*	*Reference to Hospital desirable.*
111	71	52	12

As last year, the proportion of cases likely to take an abnormal course is comparatively small, but their detection is nevertheless of great value.

The proportion of cases requiring treatment after post-natal examination is unduly high, because all women requiring dental treatment are included.

Individual cases are sometimes included in more than one column, so that the total obtained by adding the columns together does not necessarily equal the total number of examinations.

Four cases of ophthalmia neonatorum were notified during the year. Admission to hospital was required in one case only and all cases made a complete recovery. Owing to the prophylactic measures now universally practised, not only is the occurrence of this condition rare, but the cases discovered seldom develop the severe symptoms which often characterised it in the past. Most important of all is the fact that blindness hardly ever results from it, with a consequent saving in expenditure both on special education and on financial relief.

Relief nurses were supplied by the County Nursing Association in 59 cases during 1936 and 18 mothers were referred to the Cambridge and District Surgical Aid Association for assistance for dental treatment, spectacles and surgical appliances. Thirty-eight letters of introduction to Addenbrooke's Hospital were given, 5 of which were for ante-natal or post-natal advice and 33 for children.

As was the case during 1935 and the preceding years, the supply of milk to expectant and nursing mothers and to young children was conditional on the existence of both financial and medical grounds up to the end of the year under review. At the time of writing, however, further consideration has been given to the matter by the Maternity and Child Welfare Committee and a supply of milk in the absence of actual ill-health in approved cases has been made possible. Other modifications have also been made in the scheme, but as their institution and working properly belong

to the year 1937, it is not proposed to discuss them here. There can be no question that the power to give milk before the development of illness or undernourishment will be of great value, and the carrying into effect of the policy will accord with those principles of prevention which the work of local authorities is presumed to embody. At the beginning of the year, 21 families were in receipt of milk under the scheme. Thirty-eight were added during the year, making a total of 59 supplied, as against 78 in 1935.

Orthopaedic treatment has been carried out on much the same lines as in previous years, the main clinic being at Addenbrooke's Hospital and subsidiary clinics established by the British Red Cross Society, but making use of the services of the orthopaedic surgeon and orthopaedic sister at Addenbrooke's Hospital, being in existence at Newmarket and Ely. A certain number of patients from parts of Cambridgeshire adjacent to these clinics attend there. During 1936, 362 clinic visits were made by children under five years, 25 of the cases being new and 80 being old. The staff of the clinics paid 44 visits to children of this age in their own homes. Ten letters of introduction to the orthopaedic clinic at Addenbrooke's Hospital were given in respect of children under school age from the County Public Health Department.

Infant Welfare Centres.—Two new infant welfare centres were established during the year, namely at Harston and Girton, making with the ten already in existence twelve in all. In addition the centre at Trumpington, now situated in the Borough of Cambridge, has continued to cater for the needs of children living in Grantchester. The usual grants have been made by the County Council through the County Nursing Association and there has been no change in the method of apportionment.

Unfortunately, in the premises at Harston, a further addition has been made to the number of centres in the County where a separate consulting room does not exist. It is understood that there are other premises in the village where this undesirable state of affairs could be obviated, but that they have been offered to the Infant Welfare Committee at a prohibitive rate. In view of the fact that the attendances at this centre are likely to be small, it has not been thought advisable to press for a change at present. Although the change at Bottisham, one of the two centres mentioned in last year's report as having this unsatisfactory arrangement, did not take place in 1936, it is understood that this centre is about to be moved to the Halley Stewart Clinic at the new Bottisham Junior School, where a separate consulting room will be available and where the facilities will be all that could be desired in a rural infant welfare centre.

The work of the centres during 1936 is shown by the following figures:—

	Under one year.	*One to five.*
Number of children attending at end of year	169	567
Attended for first time ...	193	68
Total attendances	1298	3967

All these figures show increases as compared with those for the previous year.

Of the total notified births, 21.9 per cent. attended infant welfare centres for the first time in 1936 as compared with 21.6 per cent. in 1935, 18.6 per cent in 1934 and 17 per cent. in 1933.

The work of individual centres is set out for the financial year ended March 31st, 1937, in the table hereunder:—

	Children on Register.	*Number of Sessions.*	*Doctor Attended.*	*Educational Sessions.*
Bottisham ...	39	11	10	5
Burwell ...	53	11	11	5
Cottenham ...	53	14	9	4
Fordham ...	52	12	12	7
Girton ...	27	12	7	—
Great Shelford	88	22	22	4
Harston ...	39	14	7	5
Histon ...	119	24	12	6
Linton ...	42	12	10	6
Sawston ...	128	25	18	10
Soham ...	57	19	11	3
Trumpington ...	30	12	12	—
Waterbeach ...	72	12	12	1

The number of children on the Register, 799, represents an increase of 2 as compared with the number in 1935-36. Probably the number at Trumpington, however, represents Borough children in the main.

The number of centres providing dental treatment and the arrangements for ante-natal advice at the centres are unchanged. At Sawston the Health Visitor continues to examine expectant mothers in a cottage formerly occupied by her.

The ante-natal clinic at Addenbrooke's Hospital is held each Friday at 11.30 a.m., but is not subsidised by the County Council. It has proved useful in those cases examined under the Council's domiciliary scheme in which the doctor has indicated that a consultant's opinion should be obtained, or that reference to hospital is desirable.

Cambridge Borough.—Eighteen midwives gave notice of their intention to practise during the year. There were notified 996 births and registered 1,000, the percentage of total births notified therefore being 99.9, the highest figure since 1921 when it was 100. Sixty-five per cent. of the notifications were received from midwives. Twenty-seven per cent. of the births occurred in Nursing Homes and Hospitals. Medical help was required by the mother in 12.8 per cent. of confinements attended by midwives.

The following is a record of the home visits paid by the Health Visitors:—

First visits to Infants	783
Subsequent visits to Infants	3039
Visits to Children 1—5 years	3642
First visits to Expectant Mothers	147
Subsequent visits to Expectant Mothers ...	293
Visits under Children's Act	141
Other cases	227
Total ...	8272

There are six Infant Welfare Centres in the Borough. During the year 6,541 attendances were made by 609 infants under the age of one year, and 2,194 attendances were made by 558 children between the ages of one and five years. First attendances numbered 636 (433 under the age of one year and 203 between the ages of one and five years).

The ante-natal clinic was attended by 153 women as against 147 in 1935. Of these 120 attended for the first time. Eight women attended for post-natal examination only. The number of women examined under the ante-natal scheme by general practitioners was 120 as against 135 in 1935.

Thirty-seven cases were maintained by the Town Council in Addenbrooke's Hospital and fifty-four in the County Infirmary. Forty-eight home helps were provided, which continues the increase in the use made of this service noted last year.

The dental treatment of mothers and children continued during the year, 141 mothers being inspected and treated and 464 children being enrolled under the Maternity and Child Welfare Dental Scheme. A total of 1,096 attendances was made of which 554 were made by children.

Registration of Nursing Homes.—The arrangements for this work remained as detailed in the report for 1935. The number of nursing homes in the Borough remained at its old figure and satisfactory reports on their working were received from the Medical Officer of Health.

The three nursing homes in the rural area, namely at Foxton, Melbourn and Willingham continued their work. All were inspected during the year and were found satisfactory for the type of work undertaken.

ISOLATION HOSPITALS.

The three isolation hospitals, namely those managed by the Borough of Cambridge, the Chesterton Rural District and the Newmarket Rural District, remained unchanged as to the extent of their accommodation during the year.

The Borough Hospital and the Newmarket Hospital were both inspected and, on receipt of the customary reports, the Public Health Committee recommended the payment of the usual grants in respect of them.

In spite of the fact stated in the report for 1935 that at the time of writing a conference of local authorities had approved a draft scheme, which had been recommended to the County Council by the Public Health Committee for adoption, the Council does not even yet find itself in a position to submit a scheme to the Ministry of Health.

Before giving final approval to the Chesterton Rural District's proposal to build an extension to their hospital at Oakington, the Ministry of Health informed the County Council that they would await the submission of the County Council's scheme. On consideration of the letter containing this information the Council decided to reverse their previous decision approving of the Chesterton proposals and asked the Public Health Committee to prepare a scheme embodying one hospital for the Borough of Cambridge and the Rural Districts of Chesterton and South Cambridgeshire. This was duly done and in the middle of 1937 the matter is still under consideration, in spite of the fact that notice has been received from the Ministry of Health that if the County Council fails to submit a scheme they will themselves prepare one.

The Borough Small Pox Hospital remains in existence and could still receive cases, but its demolition is only a matter of time, and concrete plans for a substitute are being delayed pending a decision as to the general question of isolation hospital provision.

TUBERCULOSIS.

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

Age Periods.	*Pulmonary.*		*Non-Pulmonary.*	
	M.	*F.*	*M.*	*F.*
0	—	—	1	—
1	—	—	1	1
5	—	—	3	4
10	2	1	3	1
15	4	3	5	3
20	6	7	1	3
25	12	12	3	3
35	12	10	3	—
45	4	4	—	—
55	6	2	—	—
65 and upwards	3	1	1	—
	49	40	21	15

Of the foregoing in 37 cases information was derived through channels other than formal notification, a somewhat startlingly large number. As has been said earlier in the report, some of this is due to the reminder sent out to local registrars during the year, but, though this is true, six of the non-notified cases were " transferable deaths " received from the Registrar General (that is the deaths had occurred in other areas and probably the diagnosis was not made while the patients were still in this County) and thirteen were " transfer cases," that is they had already been notified in other areas and probably the practitioners concerned had not felt it necessary to notify again. There is therefore no reason to assume that the high figure represents wilful neglect to notify. The ratio of non-notified deaths to total deaths is about one to three.

The numbers of cases remaining on the Registers of Notification kept by the District Medical Officers of Health

on December 31st, 1936, after deducting deaths, recoveries, removals, etc., were as follows:—

	Male.	*Female.*	*Total.*
Pulmonary	326	195	521
Non-Pulmonary ...	156	176	332
	482	371	853

The total number is a slight decline on the number shown at the end of 1935, though, as was the case that year, the number of non-pulmonary cases shows an increase. This is a little difficult to explain, as the number of new cases of this form coming to light during the year has been smaller, but the probable reason is that non-pulmonary disease is not so fatal as the pulmonary type and that this fact, coupled with a necessary caution as to their removal as having recovered, results in the cases remaining on the register for a longer average period than do the pulmonary cases. Every effort is made by means of co-operation between the District Medical Officers of Health and the County Health Department, working on information supplied by the Tuberculosis Officer, to ensure that the registrars give as accurate a picture as possible of the number of cases of tuberculosis in the County.

Table I. at the end of this report classifies the deaths from tuberculosis under their respective age periods.

No legal action under the Public Health (Prevention of Tuberculosis) Regulations of 1925 (prevention of the handling of milk by infectious persons) or under Section 62 of the Public Health Act of 1925 (compulsory removal to hospital) was taken during the year.

Dispensary and Homes.—The steady work of the Tuberculosis Dispensary at 1, Camden Place, continued throughout 1936 and there have been no changes in staff. Dr. Paton Philip is responsible for the clinical tuberculosis work in the whole administrative County and is assisted by one whole-time Tuberculosis Nurse. In addition the District Nurses carry out a large part of the visitation in both the Borough and the rural area. The following figures give some account of the work:—

1. Cases examined or treated at the Dispensary:—

	Borough.	*Rural.*	*Total.*
New Cases	373	315	688
Old ,, ...	261	279	540
	634	594	1228

2. Visits by patients to Dispensary:—

	Borough.	*Rural.*	*Total.*
Insured Persons ...	601	372	973
School Children ...	140	186	326
Other Uninsured Persons	373	252	625
	1114	810	1924

3. Visits to Homes:—

(a) By Tuberculosis Officer:—

	Borough.	*Rural.*	*Total.*
Insured Persons ...	83	294	377
School Children ...	157	217	374
Other Uninsured Persons	88	341	429
Total 1936 ...	328	852	1180
,, 1935 ...	368	754	1122

(b) By Dispensary Nurse:—

	Borough.	*Rural.*	*Total.*
Insured	232	320	552
Uninsured	170	402	572
Total 1936 ...	402	722	1124
,, 1935 ...	493	724	1217

(c) By General Nursing Staff:—

	Borough.	*Rural.*	*Total.*
Insured	158	343	501
Uninsured	110	405	515
Total 1936 ...	268	748	1016
,, 1935 ...	—	767	767

Grand total home visits:—

	Borough.	*Rural.*	*Total.*
1936 ...	998	2322	3320
1935 ...	861	2245	3106

The Tuberculosis Officer undertook 569 personal consultations with medical practitioners during the year and 1702 by correspondence or otherwise.

Of the 688 new cases examined, 117 were contacts of whom 3 proved to be infected. This proportion has fallen in each of the last two years. Of the remaining 571 new patients who were examined on account of symptoms, 86 were found to be suffering from tuberculosis and 485 from other conditions. During the year, 37 names were removed from the dispensary register as having recovered, 55 as having died and 30 as not requiring further assistance for one reason or another, a total of 122. In addition 607 names were removed as non-tuberculous, the bulk of this

figure being made up of the 485 new cases mentioned above as suffering from conditions other than tuberculosis. At the end of the year, 568 names remained on the dispensary register as against 589 at the end of 1935, 150 having at some time or other had tubercle bacilli present in the sputum.

Specimens of sputum examined at or in connection with the Dispensary numbered 322 as against 394 in the previous year, tubercle bacilli being found in 59 specimens. The Tuberculosis Officer carried out 2,202 X-ray examinations as against 1,964 in the previous year, 2,012 being cases where films were taken and 190 requiring screen examination only. Once again this work shows a definite increase. Its importance was stressed in the report for 1935 and may be emphasised again, even at the risk of repetition. Not only is it of extreme value in making an accurate diagnosis, but without its control the satisfactory carrying out of treatment by artificial pneumothorax is next to impossible.

Some change in the arrangements for this last form of treatment has occurred during 1936. Before this year the actual work of induction and refill was carried out at Addenbrooke's Hospital, the X-ray control being maintained through the use of the apparatus at the Tuberculosis Dispensary. In the early part of 1936, however, it was decided that the whole of the refill work should be done at the Dispensary, and the Senior Physician at the Hospital, who had previously treated the Council's patients, agreed to continue to do so under the new arrangements, being paid a fixed annual sum for his services in this respect. Inductions are not done at the Dispensary as usually a brief period of in-patient treatment is required for them. The arrangements were to be subject to review at the end of the financial year, but they have worked extremely well and have now been confirmed as part of the Council's

normal activities in connection with the prevention and treatment of tuberculosis. Towards the end of 1936, it was decided to treat a number of cases from the neighbouring County of the Isle of Ely, a certain sum per attendance being paid by the County Council of that area, varying in amount according as the X-ray examination required takes the form of a film or of screening only. The total number of patients receiving this form of treatment during the year was 13, including those treated at Addenbrooke's Hospital in the early months, the actual number of refills being 246.

Artificial pneumothorax is one of the most striking advances which has been made in the treatment of tuberculosis and has developed considerably in recent years, though it is now by no means new. When used in suitable cases it is usually very successful, having the effect of shortening the period of institutional treatment required and even of obviating it altogether in some instances. Unfortunately the proportion of suitable cases is comparatively low, although it has increased recently owing to the development of successful intra-thoracic manipulations.

Twenty cases received dental treatment at the dispensary under the scheme established for tuberculous patients, as against twenty-one in 1935. Of these, sixteen were new cases compared with fourteen in 1935.

Care and After-Care.—The Cambridgeshire Tuberculosis After-Care Association maintained its activities in 1936 and the usual favourable circumstances operated to secure co-ordination of its efforts with those of the County Council and its officers, the Tuberculosis Officer acting as Honorary Medical Adviser and his clerk, Miss Amey, as Honorary Secretary. The grant paid by the County Council was increased to £100 in the financial year 1936-37 and in addition the Association received subscriptions from certain

Friendly Societies and from a number of private individuals. The two customary activities of the provision of extra nourishment for adults and the supplementing of wages of part-time workers were undertaken.

During the year 29 cases were assisted, 13 men and 16 women. Twenty-two of these were insured under the National Health Insurance Act. Of the total number 16 were doing full-time or part-time work at the end of the year, 3 had died and 10 were still under treatment.

The care of children, which does not form part of the work of the After-Care Association, was undertaken as usual by the County Council. Milk was supplied to 18 tuberculous or pre-tuberculous children during the year and a certain number of pre-tuberculous children received cod-liver oil and malt in school through the Education Committee.

Sanatorium Accommodation.—Thirty beds continued to be reserved at the Papworth Village Settlement and in addition to the admissions there, some of which were to the new surgical block, cases went to Bramblewood Sanatorium, Brompton Hospital, Frimley, Ventnor and Haslemere.

Surgical cases have been treated at Addenbrooke's Hospital, the Shropshire Orthopædic Hospital, the Wingfield Hospital and the Hospital of St. Nicholas, Pyrford.

The following figures indicate the extent of sanatorium treatment during 1936—

	In Sanatoria Jan. 1st, 1936.	*Admitted Since.*	*Total Treated.*
Adult Males	46	31	77
Adult Females ...	16	26	42
Children	9	9	18
	71	66	137

Thus 66 new patients were admitted as compared with 64 in the previous year. In contrast with the previous year, the number of admissions of men fell by about 25 per cent., while the number of admissions of women and children each rose by about 50 per cent.

The number of pulmonary cases receiving surgical treatment was 10, the figure comprising 6 cases of thoracoplasty, 3 of phrenicectomy and 1 of thoracoscopy.

The following figures indicate the immediate results of sanatorium treatment (observation cases excluded) in patients discharged during the year:—

Pulmonary.	*Quiescent.*	*Not Quiescent.*	*Died in Sanatorium.*
No T.B. in Sputum ..	7	—	—
T.B. in Sputum:			
Early	13	—	—
Middle	10	6	4
Late	1	—	5
Non-Pulmonary:			
Bones and Joints ...	13	—	—
Abdominal	2	2	—
Other Organs	1	—	—
Peripheral Glands ...	4	—	—

These results follow the usual lines, but once again the extremely favourable outcome of treatment in early cases with tubercle bacilli in their sputum, cases in which there can be no doubt as to the diagnosis, may be emphasised.

From the foregoing it will be seen that the Council has an extremely comprehensive scheme for the treatment of tuberculosis, facilities being available for every form of diagnostic investigation and treatment without stint. The account of the work suggests that the facilities are being

fully used and that the Tuberculosis Officer, who is an acknowledged expert as a radiologist, is pursuing his attack on the disease with his customary vigour. In particular the steady increase in the number of X-ray examinations, the maintenance of the figure for new patients examined and the increase in the number of home visits to patients both by the Tuberculosis Officer and by the nursing staff may be noted. The last item is worthy of special comment, for it is by a knowledge of home conditions with appropriate advice as to the conduct of the patient's daily life, and of that of his immediate contacts, that much preventive work may be accomplished. All this work, coupled with improved housing, better nutrition of the people and, it may be hoped, the eventual elimination of tubercle from the milk supply, whether by pasteurisation or otherwise, makes the view that tuberculosis may be reduced to a negligible quantity within the lifetime of some of us a not unduly optimistic one.

VENEREAL DISEASES.

Addenbrooke's Hospital has continued to provide facilities for the treatment of these conditions, which have been maintained jointly by the County Councils of Cambridgeshire, the Isle of Ely and Huntingdonshire. Drugs have been supplied to practitioners experienced in their use for the treatment of patients privately and the Cambridgeshire Branch of the British Social Hygiene Council has again undertaken propaganda work.

Tables I., II. and III., hereunder, give details of the work of the clinic, the first two relating to all patients treated and the last dealing with the Administrative County of Cambridge only.

TABLE I.

	Male.	*Female.*	*Total.*
Under treatment on January 1st, 1936	127	68	195
Old cases re-admitted	27	14	41
" First time " patients during 1936	163	86	249
Total under treatment ...	335	178	513
Left without completing treatment	77	25	102
Completed treatment but not final tests	15	8	23
Completed treatment and tests	123	59	182
Transferred to other Treatment Centres	24	12	36
Under treatment at end of year	96	74	170
Out-patient attendances:			
(a) On Clinic days	1791	922	2713
(b) On intermediate days ...	5100	695	5795
(c) Total	6891	1617	8508
Aggregate " In-patient days "	572	613	1185

TABLE II.

	Cambs.	*Other Counties.*	*Total 1936.*	*Total 1935.*
New out-patients during 1936 (first time)	172	77	249	257
Total out-patient attendances (including intermediates) ...	7188	1320	8508	8391
Aggregate " In-patient days ...	775	410	1185	1453

TABLE III.

Cambridgeshire Patients.

	1936.	*1935.*	*Increase or decrease per cent.*
Aggregate "In-Total out-patient attendances (including intermediates) ..	7188	6847	+ 5
Aggregate "In-patient days"	775	896	– 14

Both the figures for new cases from Cambridgeshire and the total attendances show increases. Perhaps the most disappointing feature of the increase is the fact that, whereas in 1935 there were only 20 new cases of syphilis, in 1936 there were 34 such cases. Like the figure for 1934, this figure interrupts what had appeared to be a steady decline in the number of new cases of syphilis, and it remains to be seen whether there is really a decline or whether the appearance of such a state of affairs was merely due to failure to average figures over sufficiently long terms of years. New gonorrhea patients, on the other hand, were only 69, as against 102 in the previous year (108 from all areas as against 131) but it is doubtful whether this figure is really ground for content, since it may do no more than indicate a relapse into the tendency to neglect treatment for the condition, on the mistaken view that it is a trivial one. The ratio of new gonorrhea patients to new syphilis patients (all areas) was 2.5 to 1, a fall as compared with the figure of the previous year and probably a good deal lower than it ought to be, though still an improvement on the figure of 1.6 to 1 recorded in 1934. Twenty-two women sought treatment for gonorrhea as against 25 in the previous year, the ratio of female to male being 1 to 3.9, not a

great improvement on the figure for the previous year and, in so far as it may be due merely to a falling off in the number of men rather than an increase in the number of women, no special cause for satisfaction.

Ninety-seven patients attended who were found not to be suffering from venereal disease and this may be taken as the most hopeful figure of all, since it was only 80 in the previous year. In 1936, this figure represented 39 per cent. of the total new cases, 9 per cent. more than the figure for 1935 and 4 per cent. more than the previous highest figure recorded in 1934. As previously stated, this figure is of value as indicating the disposition to seek treatment at an early stage of the disease.

Laboratory Diagnosis.—No change in the arrangements occurred during 1936. Including specimens sent from the clinic (816) the number of specimens tested by the Wasserman reaction was 494 and the number examined bacteriologically was 513, as against 483 and 521 respectively in the previous year.

Propaganda Work.—The Cambridgeshire Branch of the British Hygiene Council again undertook the organisation of lectures accompanied by the display of a cinematograph film in both the Borough of Cambridge and in certain villages in the County during the year.

The film " Trial for Marriage " preceded by an address given by Dr. I. Feldman was shown in the largest picture house in the Borough. A full house and extremely attentive audience was secured, many people having to be turned away for lack of accommodation.

The campaign in the villages actually took place in 1937 as it was thought that the early spring would be a more convenient time for people living in the country than in the winter. As it properly belongs to 1936, however, and as the old policy is to be re-adopted in 1937, some account

of it will be given here. The four villages dealt with were Isleham, Over, Great Shelford and Sawston, the film " Trial for Marriage " being shown in each case, preceded by a lecture given by a member of the central staff of the British Social Hygiene Council. An audience of 200 was obtained at Sawston (the highest number) and of 50 at Over (the lowest number). In both of the other cases 100 members of the public attended.

It is difficult to say that education is required more in one branch of public health matters than in another, but there can be no doubt that a changed attitude with regard to venereal disease on the part of many people would go a considerable distance to wipe out the conditions. The venereal diseases are essentially preventable—more so in many ways than most other infectious diseases. A high moral outlook is doubtless necessary and may in itself go some distance to prevent them, but neither a false sense of shame on the part of those who suffer, nor a sense of outraged virtue on the part of those who do not, is really conducive to the application of vigorous measures of prevention, not necessarily of that direct nature to which many people, perhaps rightly, take exception.

CANCER.

No local authority in the County has provided any special facilities for the diagnosis or treatment of cancer.

Apart from the activities of general practitioners, Addenbrooke's Hospital is the main centre where work in connection with the disease is done. Patients referred there by their medical attendants can obtain a consultant opinion as to diagnosis, and modern surgical or radiological forms of treatment.

The hospital is neither a national nor regional radium centre, but it does possess a supply of radium which can be used in appropriate cases.

The nearest national centre is at Norwich.

In addition to the facilities at Addenbrooke's Hospital, the County Infirmary and, to a less extent, the other Public Assistance Institutions, give valuable help in the nursing of inoperable cases of cancer, and full reciprocity between these institutions and the hospital is always maintained.

For some years past it has been the custom of the Council to ask the Rural Community Council to arrange lectures to men on cancer in the villages of the rural area and the Federation of Women's Institutes to arrange lectures to women, the sum of £50 being provided in the estimates for the purpose. In 1936, however, it was felt that all the villages in the County had been covered so far as women were concerned. It was therefore decided to discontinue the lectures on cancer to women and to use the money provided for lectures on nutrition.

Lectures on cancer were given to men by Dr. Howard Whittle in four villages during 1936, namely Bassingbourn, Coton, Elsworth and Whittlesford. They were, as usual, arranged by the Rural Community Council on behalf of the County Council

No issue of literature or other forms of propaganda are undertaken by the County Council.

BLIND PERSONS ACT.

The Cambridgeshire Society for the Blind has continued to act for the County Council in respect of most of the provisions of this Act. In the financial year 1936-37 the Council's grant to the Society was £1,085, but for the next five year period this has been increased to an annual sum of £1,220.

At the end of 1936 there were 233 names on the register, of which 103 were those of blind persons in the Borough of Cambridge and 130 those of blind persons in the rural area. The corresponding figure for the end of 1935

was 227 and, during 1936, 19 new names were added to the register and 13 were removed owing to death or departure to another area. On March 31st, 1937, there were also 27 cases on the observation list.

The age distribution of the cases remaining on the register at the end of 1936 was as follows:—

	0-5.	*5-16.*	*Over 16.*	*Total.*
Borough	—	1	102	103
Rural	—	2	128	130
	—	3	230	233

For the eighth year in succession no cases of blindness in children under the age of 5 have been recorded and, though it may be too much to hope that no cases will ever occur in the future, since there are certain cases of congenital blindness which can neither be foreseen nor prevented, it is clear that the practice of prophylactic measures is likely to keep the number down to a minimum.

The percentage distribution of cases of blindness at 31st of March, 1937, was as follows:—

Over 50	82 per cent.
Between 21 and 50 ...	16 per cent.
Under 21	2 per cent.

These figures show an increase of 3 per cent in the highest group, and decreases of 2 per cent. and 1 per cent. respectively in the lower groups as compared with the corresponding figures at the same date in 1936.

On 31st March, 1937, 197 persons were described as unemployable as against 190 on the corresponding date in the previous year. Of the remainder of blind persons over the age of 16 there were 13 employed as Home Workers and 18 employed elsewhere. None were employed in

workshops for the blind, but two were registered as trainable, one being already under training and the other awaiting training.

The Home Teachers paid a total of 3,057 visits during the year ended December 31st, 1936, of which 1,577 were in the Borough and 1,480 in the rural area.

The Society submits to the Council figures as to the work done at the end of each quarter.

MENTAL DEFICIENCY ACTS.

During the year, 35 cases newly notified under the provisions of the Mental Deficiency Acts were reported upon to the Committee. Of these, 5 were notified by the County Education Committee, 6 by the Borough Education Committee, 2 by the Police, 6 through the Public Assistance Committee, 12 by the Cambridgeshire Voluntary Association for Mental Welfare, 1 by the London County Council and 3 privately.

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

Petition for Certified Institution ...	11
Petition for Guardianship	1
Statutory Supervision	10
Voluntary Supervision	6
Not subject to be dealt with ...	2
No action called for	4
Admitted to Public Assistance Institution	1

Seven of the new cases requiring admission to an institution were admitted in 1936 and also one other previously approved. The number therefore actually admitted to institutions during the calendar year 1936 was 8. Leave of absence was granted in four new cases, with a view to eventual discharge or guardianship if successful, the total thus on trial at the end of the year being 21.

Since 1913 when the Council first began to administer the Acts, 161 defectives have been placed under statutory supervision, 219 have been sent to institutions and 18 have been placed under guardianship. Allowing for deaths, discharge to homes and transfer to other institutions, there remained at the end of the year under review 143 cases who were under Order for maintenance in institutions and 14 under guardianship, while 92 were under statutory supervision in their homes, making a total of 249 under the control of the Local Authority. Of the 143 patients in institutions under Order, 21 were allowed out on licence, the net number actually in institutions being 122, of whom 3 were maintained in State Institutions for violent defectives by the Central Authority. There were also 64 defectives in receipt of Poor Relief (14 in institutions and 50 domiciliary) with regard to whom no such action has yet been taken, making a total of 313 defectives subject to be dealt with. In addition there are ascertained by the Local Authority 239 defectives under voluntary supervision in their homes, 16 maintained by relatives or others in institutions and one defective whom the Local Authority are assisting to maintain in an institution under their permissive powers, any of whom may at any time become subject to be dealt with.

Excluding high grade defective children, ages 7 to 16 years, this brings the number of known defectives to 569, equivalent to 4.1 per 1,000 of the census population.

As in previous years, the Cambridgeshire Voluntary Association for Mental Welfare has continued to give valued help in the home visitation of cases under both statutory and voluntary supervision, the making of enquiries and the work of ascertainment, receiving a grant from the County Council for its services. A separate grant is paid by the Council in respect of the Occupation Centre, which

is managed by the Voluntary Association and provides some training and occupation for ineducable children and young adults.

In 1936, 160 home visits for supervision and advice were paid to mentally defective persons referred to the Association by the Council under the Mental Deficiency Acts, 152 visits to children referred by the County and Borough Education Committees and 211 visits to non-statutory cases, a total of 523 visits. The average daily attendance at the Occupation Centre at the end of the year was 16 to 17 as against 12.5 in 1935.

There is no special development in the work in connection with mental deficiency to record during the year, but the demand for institutional accommodation continued and the new beds provided at the Royal Eastern Counties Institution, Colchester, were almost exhausted by the end of 1936. Actually at the time of writing the Council has two more than its allotted number of cases at Colchester and, apart from vacancies caused by the release of patients on licence and death, it is unlikely that any further beds can be secured there. This means that unless and until more beds are provided, accommodation will have to be sought at odd institutions in the country as a whole, a matter of very great difficulty, particularly in the case of really undesirable patients when accommodation is most urgently needed.

HEALTH EDUCATION.

No outstanding development in regard to education on matters of health has taken place during 1936. The steady work of the Health Visitors in the homes of the people has continued and the usual lectures at Sawston Village College on Mothercraft have been given by a member of the central staff of the County Nursing Association.

The Dental Board of the United Kingdom again sent lecturers to give addresses to children on the care of the teeth, part of the expenses being defrayed by the County Education Committee. As in the previous year, the lecturers spent a fortnight in the area.

Lectures on Cancer were arranged for men by theRural Community Council on the County Council's behalf and were given by Dr. Whittle in four villages, namely Whittlesford, Bassingbourn, Coton and Elsworth. Similarly, lectures on the same subject to women were arranged by the Federation of Women's Institutes and given by Dr Canney in seven vilages—Quy, Grantchester, Bottisham, Girton, Babraham, Coton and Melbourn.

Towards the end of 1936, it was felt that the County had been covered so far as lectures on cancer to women were concerned and that it might be better to divert the money which had been made available by the County Council for this purpose to the organisation of lectures on nutrition. The Council resolved that this should be done and ten lectures on nutrition were accordingly given in the early part of 1937.

The Rural Community Council continued its own educational activities on the same lines as in the previous year, a short course of lectures being given in one village of the County, namely Willingham. The subjects of the individual lectures remained as in the previous year and were as under:—

"The Body, its Friends and its Enemies."
"What the Body needs and Why."
"The Gateway to the Body." (Care of the Teeth).
"Only a Cold." (Importance of Prevention and Cure).
"Rheumatism."

In addition to its work on behalf of the County Council, the Federation of Women's Institutes organised a " Keep Fit "Exhibition in the Guildhall, Cambridge, which lasted for three days and which was visited not only by residents in the Borough but also by many people from the rural area. The County Council made a grant of £5 towards the expenses.

As has been said elsewhere in the report the Cambridgeshire Branch of the British Social Hygiene Council continued its valuable educational activities in connection with the problem of venereal disease.

SCHOOLS.

Nothing can be added to the remarks made last year with regard to the sanitary condition of schools. While it is not all that could be desired, the difficulties have to be recognised and continuous efforts are being made to improve the state of individual schools. In addition, the development of the Village College system is adding to the number of really modern schools in the area, the latest to be put into use being that at Bottisham, where regular work began at the beginning of 1937.

The following table shows the number of schools from which notifications of infectious diseases were received through Head Teachers during the year:—

Diphtheria	1
Scarlet Fever	20
Measles	52
German Measles	40
Whooping Cough	31
Chicken Pox	29
Mumps	15

Diphtheria has continued to be a comparatively rare disease and the incidence of scarlet fever is somewhat less than that of the previous year. Measles appears to have

been unduly prevalent, but the issue is confused by the widespread epidemic of German measles which occurred during the year. There is no doubt that many of the notifications of measles were actually in respect of cases of German measles, since the entirely separate nature of the two conditions is even now not generally recognised, owing of course, to the unfortunate similarity of the names.

The usual close co-operation between the School Medical Department and the Medical Officer of Health to the Local Sanitary Authorities has been maintained during the year in respect of the compulsorily notifiable diseases and every effort has been made to act upon the notifications received from Head Teachers in respect of those diseases not notifiable to the Sanitary Authority. This involves a great deal of work and it must be admitted that the whole system is largely one of " make-believe " and that it is productive of very little in the way of tangible results. Just as the system of school closure fell into disrepute, so now it seems doubtful whether the present elaborate scheme of exclusion of suspects, contacts and active sufferers really achieves much. Not only so, but on some occasions it may operate in exactly the opposite direction to that intended, in that, by bringing those excluded from school into more frequent contact with children of under school age, it spreads the diseases to those very children to whom they are most dangerous. The fact is that the public has the control of infectious disease largely in its own hands and, if it will not co-operate in the taking of common sense precautions, no amount of activity on the part of the Medical Officer of Health or School Medical Officer will suffice to compensate for its carelessness. In any case the whole question of periods of infectivity and incubation periods requires thorough investigation and overhaul, since it is certain that the majority of infectious diseases are not infectious for anything like the periods commonly stated, and it is

probable that incubation periods do not vary within such wide limits as is generally supposed. A great deal of the loss of time due to lengthy exclusion is therefore probably avoidable.

No schools were closed either at the instance of the School Medical Officer or the Medical Officer of Health in 1936.

One good result of the present system of supervision is that the School Nurses visit the homes of children suffering from infectious disease in all known cases where a doctor is not in attendance. Consequently, appropriate advice as to treatment is given, resulting in prevention both of complications and of fatality in many instances. One thousand, three hundred and five such visits were paid during the year.

SUPERVISION OF THE MILK SUPPLY.

Specially Designated Milk ("Graded Milk").—The following licences for the production and distribution of graded milks were mentioned by the District Medical Officers of Health as being in operation in 1936.

Cambridge Borough.

Tuberculin Tested Milk	3
Accredited Milk (Bottling and Sale) ...	1
Pasteurised Milk (Production and Sale)	1

Chesterton Rural District.

Tuberculin Tested Milk	6

Newmarket Rural District.

Pasteurised Milk (supplementary licence for sale of)	1

On June 1st, 1936, the old Special Designations Order of 1923 was revoked and a new Special Designations Order came into force. This fixed the number of designations as four, namely Tuberculin Tested, Accredited, Tuberculin

Tested (Pasteurised) and Pasteurised, with the proviso that tuberculin tested milk bottled on the farm may be called Tuberculin Tested (Certified). The old designations " Certified " and Tuberculin Tested (Grade A) are merged in the one designation Tuberculin Tested and the designation " Grade A " is replaced by Accredited. Special licences are not issued for the production of Tuberculin Tested (Pasteurised), the producer having to obtain licences for both Tuberculin Tested and Pasteurised Milk, but the bacteriological standard of Tuberculin Tested (Pasteurised) is higher than that of Pasteurised. In the case of Tuberculin Tested and Accredited Milk a test depending on the decolourisation of methylene blue is subsituted for the old bacterial count, the requirement as to coliform bacilli being retained, but in the case of Pasteurised milk the bacterial count remains the basis of approval. The County Council is the authority responsible for the licensing of the production of Tuberculin Tested and Accredited milk and the Sanitary Authorities are responsible for licensing the bottling of both these grades, the pasteurisation of milk and the bottling of the product.

At the end of 1936, there were in force 4 licences for the production of Tuberculin Tested milk and 146 licences for the production of Accredited milk.

The arrangements for the payment of a bonus out of the pool created by the Milk Marketing Board continued during the year, but, following the rush of applications for licences of the previous year, the number of such applications was necessarily smaller in 1936. Actually 29 applications for licences to produce Accredited milk were received and 4 for the production of Tuberculin Tested milk. None were refused. There were, however, 8 suspensions of licences granted in previous years, owing to failure on the part of the producer to comply with the conditions.

Bacteriological Examination for Estimation of Cleanliness.—This was again undertaken by all the Sanitary Authorities of the area except the Chesterton Rural District Council.

In Cambridge, 55 samples of graded milk (Certified 12, Tuberculin Tested 13, Accredited 7 and Pasteurised 23) were examined bacteriologically. All except two samples of Tuberculin Tested, one of Accredited and two of Pasteurised reached the required standard. Forty-two samples of " ordinary " milk were also examined for cleanliness in Cambridge. Twenty-nine reached the Accredited standard and sixteen reached a particularly high standard of cleanliness (bacillus coli absent in one tenth of a c.c. and bacterial count under 50,000). These results are very similar to those of the previous year.

In Newmarket Rural District, 30 samples were examined and 15 reached Accredited standard. This proportion does not differ materially from that of the previous year.

In South Cambridgeshire, 43 samples were examined. Of these 21 were taken at the request of the Ministry of Health from two producers holding licences for the production of Tuberculin Tested Milk and all but two reached the required standard. Of the remaining 22, eleven reached Accredited standard, again a similar proportion to that of 1935.

The value of the above examinations does not, of course, consist in the mere ascertainment of good and bad producers. Its real worth lies in the education of the bad producers which follows the findings, and it is known that definite improvement has followed the demonstration of the results of the examination and suggestions for their rectification in some instances.

Milk Sampling for Tuberculosis.—The arrangements detailed in the report for 1935 have continued. It is not proposed to go into detail concerning them again, but unfortunately it must be said that all the disadvantages in connection with them have continued to be evident in 1936.

Between November 26th, 1935, and November 21st, 1936, reports were received on 137 samples of milk submitted for examination for tubercle bacilli, 90 by the Borough of Cambridge and 47 by the County Council. Of the samples taken in the Borough, however, only 35 were produced in Cambridge. Four were produced in other counties, so that 51 were produced in the rural area of Cambridgeshire, making, with the samples taken on behalf of the County Council, a total of 98 samples from the rural districts. Thirteen samples were found to contain tubercle bacilli, of which ten were submitted by the Borough of Cambridge and three by the County Council. Three only of the Borough positive samples were actually produced there, the remaining seven being produced in the rural area of Cambridgeshire. All three of the positive samples submitted by the County Council were produced in the rural area.

In no instance among the thirteen positive samples was the veterinary surgeon able to indicate the animal responsible for the infection without further sampling, though in two cases he was able to require suspension of the sale of milk from certain cows pending the result of the examination of samples. It should be pointed out, however, that there is no way of ensuring that this suspension is maintained and the good faith of the producer is the sole safeguard in the matter. In one of these cases of suspension, the suspected cow gave a positive result and was slaughtered and in the other case a positive result was obtained, but the cow had been sold fat for slaughter in

the meantime. (Six weeks must usually elapse between the taking of a sample for biological examination and the receipt of the result). In the herd where the cow was detected and slaughtered, a positive sample was obtained from each of three groups of cows besides that containing the slaughtered animal. Further sampling from individual cows in the three groups resulted in the detection of one positive cow which was slaughtered, but the cows responsible in the other two groups were never detected.

In three of the remaining eleven cases, not only was the veterinary surgeon unable to detect the offending cow at once, but further sampling proved negative and no cow was ever detected as being responsible for the infection of the original sample. In one of these instances, five cows had been sold fat for slaughter between the taking of the original sample and the veterinary surgeon's visit, so that it is possible that the offending animal was one of these.

In two further cases, the samples taken from one group of cows in each herd proved positive, showing that the original positive result was probably well founded, but on further sampling of the milk of individual cows in each group no positive result was obtained and again the offending animal remained undetected.

In three instances, samples from a group in each herd proved positive and samples from individual cows in the groups were also found positive (in one case microscopically), but in only two cases, including that where the bacilli were found microscopically, was the cow actually slaughtered under the Tuberculosis Order. In the other it was said to have died from other causes.

In one case, a sample of milk from an individual cow was found positive on biological examination, but the animal was not slaughtered under the Tuberculosis Order, as it

had been sold between the veterinary surgeon's visit and the receipt of the result of the examination, though it was said to have been slaughtered since.

In one case a sample of milk from an individual cow was found positive microscopically and the cow was slaughtered. (The period of time elapsing between the taking of a sample and the receipt of a positive microscopical result is a matter of a day or two only).

In the one remaining case, no tuberculous animal was detected, but, as the original sample had been taken from a herd which was at the time under observation of the veterinary surgeon, and as a cow was slaughtered in consequence between the taking of the sample and the receipt of the result of its examination, it is probable that the source of infection was, in fact, eliminated.

The legitimate conclusion from all this appears to be that in six out of thirteen cases, no tangible result followed the investigations of the veterinary surgeon and that in only five of the remaining seven instances did the investigation result in the death of the cow, while even in one of these cases the death did not take place as a result of slaughter under the Tuberculosis Order. In another case out of the five where death resulted, although a cow was slaughtered, there was evidence of further infection in the herd, the precise source of which was never detected. In only one case (the last but one in the list) was the slaughter of the cow in any sense immediate.

Thus it is clear that the present method of control is achieving only very partial success in the prevention of the dissemination of tuberculous infection to the public through the milk supply, and the only effective remedies would appear to be the elimination of tuberculosis from the herds of the country on a large scale, a matter involving great expense and a considerable lapse of time, or the effective

pasteurisation of the milk before it is put on sale. Not only would the last method achieve the object mentioned, but, if properly performed, it would also prevent the spread of disease introduced into the milk from human sources, of which the devastating epidemic of typhoid fever at Bournemouth in the late summer of 1936 is the most outstanding recent example.

In the report for 1935, some figures were published showing how alarmingly the proportion of tuberculous samples to samples examined in the Borough of Cambridge had increased of recent years and these figures are repeated here with the addition for those for the year 1936.

Year.	*No. of Samples.*	*Per cent. positive.*
1932	45	4.4
1933	42	7.1
1934	40	12.5
1935	83	15.6
1936	85	12.9

Although the figure for 1936 suggests that the rapid rise in the incidence of positive samples is not going to continue, in that a definite fall has occurred in comparison with the figure of the previous year, the proportion is still higher than that of the year 1934 and is the second highest since the year 1927 when the figures were first recorded.

UNSOUND FOOD.

The inspection of slaughterhouses and other premises for unsound food is the duty of local sanitary authorities.

In the Borough of Cambridge 129 parts of bovine animals and 180 parts of swine were condemned on account of tuberculosis, and 70 parts of bovine animals and 35 parts of swine for conditions other than tuberculosis. One whole carcase of a moribund sheep was condemned

and the total weight of meat so dealt with during 1936 was just under 20 tons. In addition quantities of such articles as tinned ham, haddock, herrings, cod fillets, cod roes, halibut, shrimps, cherries and melons were condemned.

In Chesterton Rural District 30 parts of bovine carcases, 56 parts of swine and 7 parts of sheep were condemned. A prosecution against one butcher for breaches of the Public Health Act and the Public Health (Meat) Regulations of 1924 was instituted and fines of £10 and £2 with costs in addition were inflicted.

In Newmarket Rural District 6 parts of bovine animals and 15 of swine were condemned on account of tuberculosis, and 2 bovine parts, 4 parts of sheep and 3 parts of swine for conditions other than tuberculosis.

In South Cambridgeshire 29 whole carcases (bovine 2, sheep 1 and swine 26) were voluntarily surrendered and destroyed while 113 parts of animals were so treated.

SALE OF FOOD AND DRUGS ACTS ADULTERATION.

Rural Area.—The County Council administers these Acts in the Rural Area through the Local Government and General Purposes Committee.

The total number of samples taken and reported on by the Public Analyst during the year was 226 (217 in 1935) of which 138 were taken formally and 89 informally. The samples included 78 of milk and 16 of butter. Of the 226 samples taken, 30 proved to be not genuine, all but 3 having been formally taken. Of the 78 milk samples (72 in 1935), 3 were informally taken. Four of the milk samples were " appeal to the cow " samples and all of these were taken formally. Nineteen were deficient in fat in quantities varying from 2 per cent. to 25 per cent. and 2 contained added water each to the extent of 7.54 per cent. (freezing point test).

In all cases where the milk was below standard the attention of the vendor was drawn to the state of affairs and in some cases of deficiency in fat he was advised to consult the Organiser of Agricultural Education. No prosecution was undertaken in respect of the samples which showed added water.

Cambridge Borough.—Samples submitted to the Public Analyst totalled 301, of which 12, or 3.9 per cent. were found not to be genuine. The samples included 122 of milk of which 49 were taken formally. Four samples (2 informal) were reported deficient in fat in amounts varying from 3 per cent. to 11 per cent. In addition one of the four samples contained 50 parts per million of formaldehyde which had been used as a preservative. The retailer was prosecuted and fined £5 with 10/6 costs.

WATER SUPPLY.

The Rural District Councils have continued to give a great deal of attention to this matter during 1936 and, wherever possible, the County Council has favourably considered applications for grants under Section 57 of the Local Gevernment Act of 1929.

In the Chesterton Rural District steps have been taken to remedy all the unsatisfactory supplies mentioned in the report for the year 1935. A scheme for the supply of Boxworth from the East Hunts. Water Company's mains by meter has been put in hand, though not actually completed by the end of 1936. The cost is to be £1010. towards which the Ministry of Health, County Council and Rural District Council have each made a grant of £100.

A piped supply has been provided at Milton by the extension of the Cambridge Water Company's main at a cost of £2355 and seventy seven premises have been connected. Arrangements have been made to extend the Cambridge Company's mains to Oakington at a cost of

£1365, the Ministry of Health, County Council and District Council each making a grant of £100. Similarly Little Wilbraham is to be supplied by the same Company at a charge of 6d. per 1000 gallons, the company to be paid £12 per annum to cover the cost of extending their main to the parish boundary and 1660 yards of 3-inch main to be laid in the parish at a cost of £762.

A local scheme at Over came into operation during 1936, the water being pumped from a gravel well 17 feet deep and being subsequently subjected to filtration and chlorination. The scheme cost £6533 and 177 premises have been connected.

The scheme mentioned in the report for 1935 as being projected for Harston was completed and came into operation in 1936, water being pumped from an 8 inch bore 164 feet deep. Its cost was £2061 and eighty three premises have been connected.

Little Shelford and Stapleford are being supplied by the Cambridge Water Company under annual guarantee of £99-10s. and £93 respectively. Five hydrants have been fixed and 52 premises connected in the former Parish and nine hydrants have been fixed and 35 premises connected in the latter.

In addition to these undertakings a new well 20 feet in diameter and 22 feet deep is to be sunk at Cottenham, a piped supply has been provided at Fen Drayton by the Land Settlement Association and a well has been bored 75 feet into the chalk at Teversham in connection with the housing scheme.

Dr. Morgan draws attention to the fact that 73.5 per cent. of the population of Chesterton Rural District has a piped water supply and that deep public wells supply a further 16 per cent of the people, so that a total of 90 per cent. may be said to have a satisfactory supply. He points

out that Westwick and Longstanton could be supplied by an extension of the mains from Oakington and that Teversham could be supplied by an extension from the adjoining parish of Fulbourn. He mentions the fact that the Chesterton Rural District Council is in negotiation with the East Hunts. Water Company for the purchase of its works and suggests that if successful, this will probably result in the ultimate supply of Hardwick, Caldecote and adjoining parishes.

In the Newmarket Rural District there has been no extensive scheme put into operation during the year, but discussion has continued as to the best means of supplying Burwell, Swaffham Prior, Swaffham Bulbeck, Bottisham and Lode. The District Council decided, largely as the result of a request from the County Council, to abandon the idea of instituting a piped supply for all five villages and, at the time of writing, a Ministry of Health enquiry has been held on the proposal to raise a loan for the purpose of providing a piped supply for Burwell and sinking a number of deep wells in the other villages. Even now, however, there seems at least a possibility that the original proposal of a piped supply for all the villages may materialise.

Dr. Morgan again draws attention to the comparative ease with which Fordham, Isleham and Wicken could be furnished with piped supplies from existing sources (Soham supply in the case of Fordham and the Ely Rural District Council's main in the case of Isleham and Wicken) and points out that if this were done 15,300 people out of a total population of 18,878 (Census 1931) would have a piped supply.

In South Cambridgeshire the comprehensive scheme for the Linton area came into operation in 1936. In all $39\frac{3}{4}$ miles of cast iron mains have been laid and the villages of Balsham, Castle Camps, Horseheath, Shudy Camps,

West Wickham, Western Colville, West Wratting, Great and Little Abington, Hildersham, Linton, Bartlow and Carlton, as well as that of Hadstock in Essex, now have a piped supply from this source. The carting of water to Castle Camps and Shudy Camps ended on September 19th.

The boring for the Sawston water scheme was completed in November, 1936. A satisfactory yield of good water was obtained and the scheme is expected to be in operation by the end of 1937.

Reference was made in the report on 1935 to proposals for a scheme to supply Gamlingay, but this scheme has now been enlarged to include the villages of Guilden Morden, Steeple Morden, Gamlingay, East Hatley, Hatley St. George, Bassingbourn, Kneesworth, Croydon, Little Gransden, Abington Pigotts, Arrington, Litlington, Wendy and Shingay. An artesian boring is proposed to be sunk to the greensand half a mile north west of Wendy and water will be pumped for distribution to a service reservoir situated on the summit of Croydon Hill. It is a pity that it has been thought fit to exclude the villages of Melbourn, Meldreth and Orwell from the scheme, but fortunately it is so designed that they can be included at a later date if this is thought to be the best course.

It will thus be seen that steady progress is being made in the improvement of the water supplies of the County and, when all the schemes in contemplation are completed, a very large proportion of the inhabitants will have satisfactory supplies. It is to be hoped that those villages which have in the past sought to be excluded from schemes which might have applied to them, or which are now seeking exclusion from contemplated schemes, may be brought to realise that the suggested expenditure is well worth while. It is seldom that any regrets are expressed by inhabitants of villages which have adopted good schemes.

DRAINAGE AND SEWERAGE.

Once again there is nothing to record as to extensive increase in the sewerage systems of the County.

Little progress had been made with the scheme for connecting the villages of Girton, Histon, Impington, Great Shelford, Little Shelford and Stapleford to the Borough of Cambridge's sewage system by the end of 1936, but, in the middle of 1937, a Ministry of Health enquiry was held and there is a probability that the work will be put in hand before long.

In Newmarket Rural District no progress has been made with the scheme for the disposal of sewage in Soham and there appears to be a disposition to allow the matter to sink into the background.

The Cheveley Park Estate remains a problem, but the Newmarket Urban District Council has been asked to consider the possibility of dealing with the sewage from this area and it seems that there is a likelihood that something will materialise.

A certain amount of trouble has been experienced with the effluent at Stetchworth and the District Council has decided to obtain the advice of a consulting engineer.

In South Cambridgeshire the only scheme in operation continues to be the partial one at Sawston. Dr. Morgan states that the conditions at Linton have been the subject of some complaint and draws attention to the fact that the sanction of the Ministry of Health to the water scheme was conditional on the provision of a proper sewage scheme within five years.

REFUSE DISPOSAL.

The most striking development in this connection has been the decision of the Newmarket Rural District Council to institute a complete scheme for the collection of house

refuse in all parts of its area. Collections are to be made fortnightly in the parishes of Burwell, Cheveley, Fordham, Isleham, Soham and Stetchworth and monthly in the other parishes. The refuse is to be disposed of by controlled tipping in three approved pits.

In South Cambridgeshire the proposed collections at Abington Pigotts and Great Chishill mentioned in the report for 1935 have been put into operation, but no other new villages have been added to the list. In this area eight villages now have a scheme of collection, while in Chesterton Rural District seventeen parishes have some arrangements, including one for the emptying of pail closets which has been in operation in the parish of Waterbeach for a number of years.

HOUSING.

In 1936, 952 houses were built, or in course of erection, at the end of the year, 549 in Cambridge (83 by the Local Authority and 466 by other persons) and 403 in the rural area, of which 126 were built by the Local Authority. Twenty-four of these were built in Chesterton Rural District and one hundred and two in South Cambridgeshire.

In the Borough of Cambridge in 1936 three Clearance Areas were inspected and officially represented to the Public Health Committee. Ministry of Health enquiries followed and Clearance Orders were made and confirmed. A total of 66 houses was concerned from which 174 persons in all are to be displaced. In addition 121 houses were represented under Section 19 of the Housing Act of 1930. In the case of 89 of these, demolition orders were served and 11 undertakings from owners not to let the houses until they had been rendered fit for human habitation were accepted. In the case of the remaining 21, action by the Council was not completed during the year. The actual number of demolitions which took place in the Borough in 1936 was 96.

As well as 121 houses unfit for human habitation, 1,517 houses in Cambridge were found to be " not in all respects reasonably fit for habitation." Structural defects remedied after informal notice numbered 1,333 and after formal notice 49.

In the rural area 134 demolition orders were made and 100 houses were actually demolished, including 5 in the Newmarket Rural District which were demolished by owners in anticipation of the making of orders by the Local Authority. Two hundred and thirty-six houses were found to be unfit for human habitation and 430 "not in all respects reasonably fit for habitation." Three hundred and twenty-five structural defects were remedied after informal notice and 24 after formal notice (10 by Local Authority in default of owner).

Dr. Morgan states that in South Cambridgeshire the whole of the five year programme of slum clearance under the Housing Act of 1930 is practically complete and the same would appear to be the case in Chesterton, but in the Newmarket Rural District 11 Clearance Orders were made and confirmed by the Ministry of Health in respect of a total of 43 houses, while in addition representations were made respecting 24 individual unfit houses. Further representations in respect of both clearance areas and individual houses were made early in 1937.

An important new development in connection with housing was embodied in the overcrowding provisions of the Housing Act of 1935. For the first time definite legal standards of overcrowding were set up, both as to the number of rooms for a given number of persons of varying ages and sexes and as to the amount of floor space. Local Authorities were required to undertake surveys of all houses likely to be overcrowded and to formulate proposals to deal with overcrowded conditions when found. Definite

standards were established as to the re-housing of families displaced under the overcrowding provisions. The work of carrying out of the surveys and of estimating the new accommodation required has been proceeding during 1936.

In the Borough of Cambridge, the total number of houses found to be overcrowded was 83 (13 owned by the Council and 70 by private owners). The number of cases of overcrowding abated during the year was 15, leaving 68 overcrowded houses containing 69 families. A surplus of empty houses suitable for re-housing some of these families was discovered, leaving 38 overcrowded families to be re-housed. A scheme has been prepared for re-housing them in houses of suitable types.

In Chesterton Rural District, 58 houses were found to be overcrowded and 28 of these cases have already been abated by suitable methods of re-housing or otherwise. Four of the remaining cases are in unfit houses which will be dealt with under the slum clearance provisions and the remainder are being provided for in the Council's building proposals.

In Newmarket Rural District 124 houses were found to be overcrowded and 10 cases were relieved during the year. In order to deal with the situation, the District Council are proposing to build 121 houses of varying types in 19 villages in its area.

In South Cambridgeshire 137 houses were found to be overcrowded and the District Council propose to build 89 houses in 31 villages. They consider that it will be possible to deal with the remaining families by other means such as re-adjustment of accommodation.

Dr. Morgan points out that, while it should not be necessary to undertake another survey of the same magnitude, the position is one of continual change and the statistics already obtained will need to be frequently reviewed.

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TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1936.

CAUSES OF DEATH	Sex.	AGGREGATE OF URBAN DISTRICTS. All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	AGGREGATE OF RURAL DISTRICTS. All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	354	13	2	2	6	15	9	16	34	51	100	106	489	23	2	1	7	9	13	20	49	79	116	170
	F	438	14	—	1	1	13	14	20	28	70	96	181	445	15	1	2	2	11	11	12	33	54	125	179
1 Typhoid and paratyphoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Scarlet fever	M	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—
4 Whooping cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
5 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Influenza	M	4	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	1	1	—	—	1	1	4	10	—	—	—	—	—	—	—	3	2	1	4
7 Encephalitis lethargica ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
8 Cerebro-spinal fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Tuberculosis of respiratory system	M	16	—	—	—	—	3	1	2	4	3	1	2	17	—	—	—	—	2	3	3	6	2	1	—
	F	8	—	—	—	—	2	2	1	3	—	—	—	11	—	—	—	—	3	3	1	1	1	1	1
10 Other tuberculous diseases ...	M	3	—	—	—	—	2	—	1	—	—	—	—	4	—	—	—	3	1	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	1	—	—	—
11 Syphilis	M	2	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
12 General paralysis of the insane, tabes dorsalis ...	M	1	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	15	28	17	21
13 Cancer, malignant disease ...	M	46	—	—	—	—	—	1	2	4	8	18	13	83	—	—	—	—	1	—	1	8	15	23	21
	F	86	—	—	—	—	—	3	6	6	27	26	18	69	—	—	—	—	—	—	—	1	—	4	2
14 Diabetes	M	1	—	—	—	—	1	—	—	—	—	—	—	7	—	—	—	—	—	—	1	—	4	4	2
	F	8	—	—	—	—	—	1	1	—	2	1	3	11	—	—	—	—	—	—	1	3	3	14	15
15 Cerebral hæmorrhage, etc. ...	M	21	—	—	—	—	—	—	1	1	2	5	12	36	—	—	—	—	—	—	1	4	2	12	16
	F	41	—	—	—	—	—	—	—	—	8	15	18	35	—	—	—	—	—	—	3	8	13	36	48
16 Heart disease	M	89	—	—	—	—	1	1	4	7	15	30	31	108	—	—	—	1	2	1	—	9	11	41	50
	F	102	—	—	—	—	—	—	3	5	13	22	59	115	—	—	—	—	—	—	—	—	1	—	—
17 Aneurysm	M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
18 Other circulatory diseases ...	M	19	—	—	—	—	—	—	—	5	1	7	6	26	—	—	—	—	—	—	—	1	2	9	14
	F	21	—	—	—	—	—	—	—	—	1	7	13	13	—	—	—	—	—	—	—	—	2	3	8
19 Bronchitis	M	11	—	—	—	—	—	—	—	1	2	3	5	20	—	—	—	—	—	—	—	1	2	6	11
	F	16	—	—	—	—	—	—	1	1	2	3	9	16	—	—	—	—	—	—	—	—	4	12	
20 Pneumonia (all forms) ...	M	14	1	—	—	1	—	1	2	—	1	4	4	20	3	1	—	—	—	1	3	2	5	2	3
	F	15	—	—	—	—	1	—	2	—	3	2	7	13	2	—	1	—	1	—	—	—	1	2	4
21 Other respiratory diseases ...	M	3	—	—	—	—	—	—	—	—	2	1	—	4	—	—	—	—	—	—	1	1	—	2	
	F	4	—	—	—	—	—	—	1	1	—	—	2	3	—	—	—	—	—	—	—	1	1	—	1
22 Peptic ulcer	M	7	—	—	—	—	—	1	1	1	1	3	—	6	—	—	—	—	—	—	1	—	—	1	1
	F	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	2	2	1
23 Diarrhœa, etc.	M	4	1	—	1	—	—	—	—	—	—	1	1	4	3	—	—	—	—	—	—	—	1	—	—
	F	3	2	—	—	—	—	—	—	—	—	—	1	3	1	—	—	—	—	1	—	—	—	—	1
24 Appendicitis	M	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	
	F	5	—	—	—	1	1	—	—	1	—	2	—	2	—	—	—	—	—	—	—	—	1	1	—
25 Cirrhosis of liver	M	5	—	—	—	—	—	1	—	—	1	2	1	1	—	—	—	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	
26 Other diseases of liver, etc.	M	2	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	1	1	3	—	—	—	—	—	—	—	1	1	—	
27 Other digestive diseases ...	M	4	—	—	—	1	—	—	—	1	—	2	10	—	—	1	—	—	1	1	—	1	2	1	3
	F	11	—	—	—	—	1	—	1	3	3	3	—	8	1	—	—	—	—	—	—	2	3	2	
28 Acute and chronic nephritis	M	8	—	—	—	—	—	1	—	3	1	2	1	14	—	—	—	—	—	—	—	2	5	7	
	F	12	—	—	—	—	—	—	—	—	2	4	6	23	—	—	—	—	1	—	3	—	4	6	9
29 Puerperal sepsis	F	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Other puerperal causes ...	F	2	—	—	—	—	—	2	—	—	—	—	—	3	—	—	—	—	—	1	2	—	—	—	—
31 Congenital debility, premature birth, malformations, etc.	M	9	9	—	—	—	—	—	—	—	—	—	—	17	16	1	—	—	—	—	—	—	—	—	—
	F	9	9	—	—	—	—	—	—	—	—	—	—	10	10	—	—	—	—	—	—	—	—	—	—
32 Senility	M	19	—	—	—	—	—	—	—	—	—	3	16	31	—	—	—	—	—	—	—	—	—	2	29
	F	27	—	—	—	—	—	—	—	—	1	—	26	36	—	—	—	—	—	—	—	—	—	4	32
33 Suicide	M	10	—	—	—	—	3	—	1	1	3	2	—	8	—	—	—	1	—	—	1	1	2	2	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	—	—	2	—	
34 Other Violence	M	12	—	—	1	1	3	—	1	1	3	2	—	19	—	—	—	—	5	3	4	3	2	1	1
	F	12	—	—	—	—	2	1	—	—	1	1	7	10	—	—	1	—	2	—	—	—	—	1	6
35 Other defined diseases ...	M	42	2	1	1	2	1	—	1	4	6	14	10	39	—	—	—	3	—	4	3	3	10	10	6
	F	40	2	—	—	—	5	3	3	7	6	8	6	38	—	1	—	—	1	3	—	6	6	12	9
36 Causes ill-defined, or unknown	M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	1	—	1	—	1

Table II.

Vital Statistics of County for 1936 and Previous Five Years.

		Births Nett.		*Deaths Nett.*			
				Under 1 year.		*All ages.*	
					Rate per 1,000		
Population.		*No.*	*Rate.*	*No.*	*Births.*	*No.*	*Rate.*
1931 BR	139990	1829	13.1	84	46	1671	11.9
DR	139750						
1932	142200	1777	12.5	69	39	1653	11.6
1933	143780	1704	11.8	83	49	1847	12.8
1934	145190	1733	11.9	86	49	1620	11.2
1935	146400	1761	12.0	68	39	1643	11.2
1936	147790	1766	11.9	65	37	1726	11.7

BR indicates population for calculating Birth Rate.
DR ,, ,, ,, ,, Death Rate.

Table III.

Notifications of Infectious Disease Received During the Year 1935.

	Cambridge.	Chesterton.	Newmarket.	South Cambs.	Total.	Admitted to Hospital.	Died.
Smallpox							
Diphtheria	4	3	1	—	8	8	—
Scarlet Fever ...	145	60	13	11	229	185	—
Enteric Fever ...	—	2	—	—	2	1	—
Puerperal Fever ...	2	—	—	—	2	—	1
Puerperal Pyrexia ...	3	2	2	1	8	2	—
Pneumonia	4	27	6	7	44	—	62
Erysipelas	32	6	2	2	42	11	3
Encephalitis Lethargica ...	—	—	—	—	—	—	2
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—
Acute Poliomyelitis ..	1	1	—	—	2	—	—
Ophthalmia Neonatorum ...	3	3	—	1	7	4	—