[Report 1938] / 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 1938.

Printed at Pendragon Press, Papworth Everard, Cambridge.

Cambridgeshire County Council.

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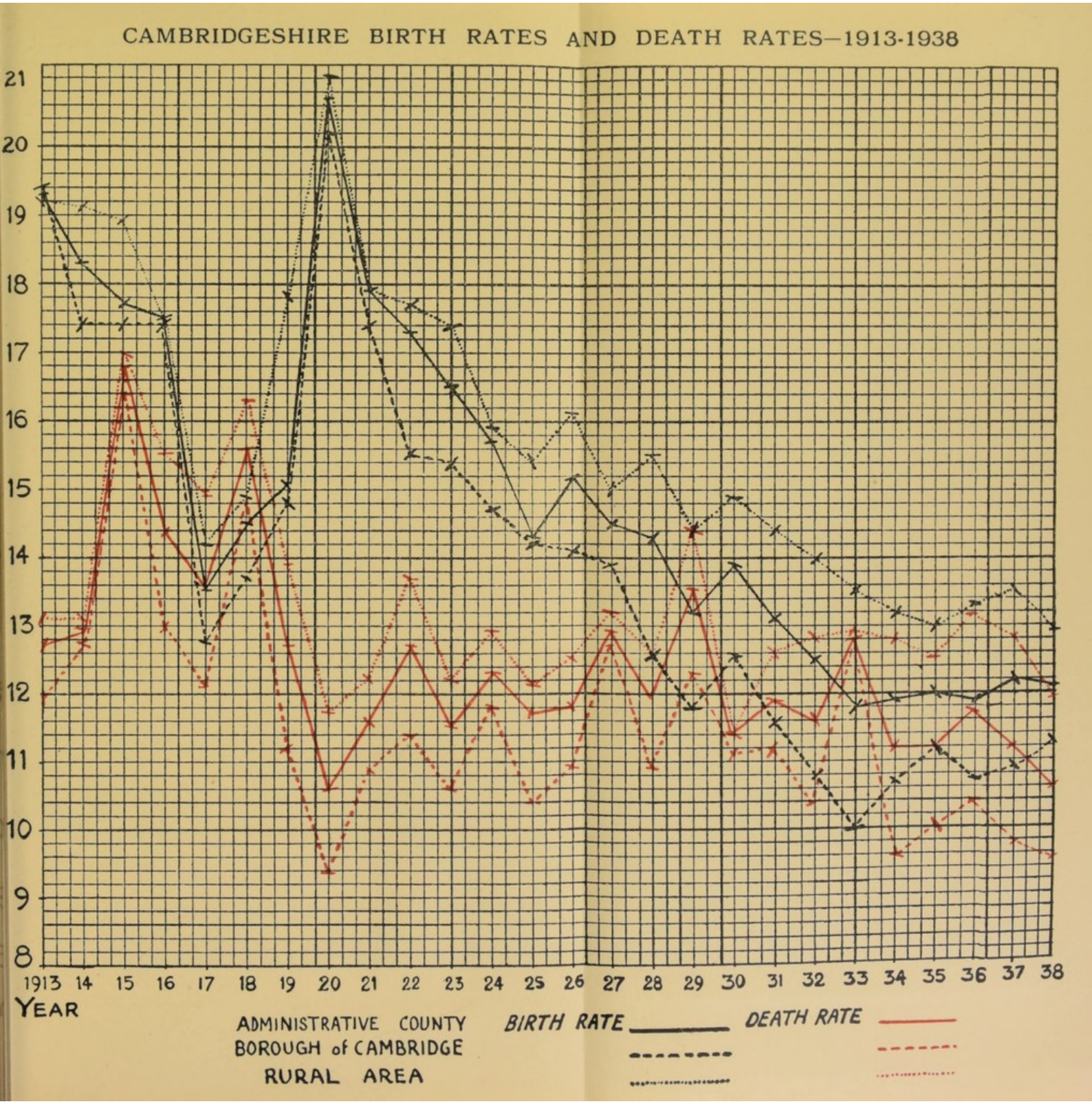
CAMBRIDGESHIRE BIRTH RATES AND DEATH RATES—1913-1938
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YEAR
ADMINISTRATIVE COUNTY
BOROUGH of CAMBRIDGE
RURAL AREA
BIRTH RATE
DEATH RATE

GENERAL STATISTICS.

Area (acres)	315,168
Population—Registrar-General's Estimate (1938)...	149,650
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	1,629	861	868
	Illegitimate	75	40	35

(Birth Rate 12.1 per 1,000).

Still Births 68. Rate per 1,000 total births 36.3.

	Total.	*Male.*	*Female.*
Deaths	1,589	810	779

(Death Rate 10.6 per 1,000).

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

		Per 1,000 *Births.*
(a)	From Sepsis	Nil	Nil
(b)	Other causes	2	1.07
	Total	2	1.07

Deaths of Infants per 1,000 live births	29.9
(a) Legitimate	30.0
(b) Illegitimate	27.0

Deaths from Measles (all ages)	Nil.
,, ,, Whooping Cough (all ages)	Nil.
,, ,, Diarrhoea (under 2 years)	1

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.* (*To 9th April*, 1938).

J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H., *ditto.* (*From 14th May*, 1938).

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., D.O., *Ophthalmologist.*

J. R. C. CANNEY, M.D., F.R.C.O.G., *Obstetric Consultant.*

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

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

MISS A. GRAHAM, *Superintendent of County Nursing Association and Inspector of Midwives.*

MISS L. FARR, *Tuberculosis Nurse.*

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.
A. Cox, M.R.C.S., L.R.C.P.
J. Davis, M.B., B.S.
A. W. C. Drake, M.B., B.Ch.
P. H. Dudley, M.R.C.S., L.R.C.P.
R. Ellis, M.D.
E. A. R. Ennion, M.R.C.S., L.R.C.P.
H. D. Gasteen, L.R.C.P.&S.
A. F. Gilbert, M.R.C.S., L.R.C.P.
F. A. Grange, M.B., B.S.
E. W. Gregor, M.R.C.S., L.R.C.P.
G. A. Hart, M.B. (Lond.), M.R.C.S., L.R.C.P.
H. Hartley, M.B., Ch.B.
W. P. Hedgcock, M.D.
J. York Moore, M.R.C.S., L.R.C.P.
H. C. Nickson, M.B., Ch.B.
G. F. Oakden, M.B., B.Ch.
W. Lane Petter, M.A., M.B., B.Ch. (Cantab.).
H. Richards, M.R.C.S., L.R.C.P., D.C.O.G.
G. Roper, M.A., L.M.S.S.A.
N. C. Simpson, M.D.
C. M. Stevenson, M.D.
C. W. Walker, M.B., B.Ch.
H. R. Youngman, M.D.

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., B.S.
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.B., Ch.B.

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 1938 :—

Administrative County	149,650
Cambridge	78,180
Aggregate Rural Districts	71,470
Chesterton	31,080
Newmarket	18,820
South Cambridgeshire	21,570

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 215 as compared with 141 in 1937 and 40 in 1936.

Whereas in the Borough of Cambridge the natural increase was 141, the Registrar General estimates the actual increase in the population to have been 750 while in the Rural Districts the natural increase was 74 and the population is estimated to have increased by 440 in the rural area as a whole, with variations in an upward or downward direction in individual districts. The natural increase recorded is the highest for a number of years and no doubt to that extent the estimated increases are nearer the mark. It may nevertheless not be amiss to repeat the caution which has been expressed before that the accuracy of the rates which follow is dependent to a considerable extent on the accuracy of the accumulated estimated increases, and that the possibility of error grows the further from the previous census year is the year under discussion. The estimated

increases for the Borough of Cambridge have always seemed high in relation to the natural increases and for 1938 the estimated increase in the rural area seems out of proportion to the natural increase. Possibly the existence of land settlement schemes may be held to be ground for this.

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 ...	1,804	12.1
Cambridge Borough ...	883	11.3
Rural Districts	921	12.9

The birth rate for the administrative County has fallen slightly as compared with that for the previous year, but apart from that year it is still the highest rate since 1932. There has been a further rise in the Borough of Cambridge, but there has been a fall in the rural districts of such a magnitude as to make the figure the lowest ever recorded there.

The rate for the whole country was 15.1 per 1,000 and that for the Great Towns was 15.0 per 1,000.

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

Newmarket	13.9
Chesterton	12.9
South Cambridgeshire	12.1

The districts remain in their accustomed order as regards the birth rate, but there has been a very big fall in Newmarket, a fall of less degree in Chesterton and a very slight rise in South Cambridgeshire.

There were 75 illegitimate births in the Administrative County, 40 in Cambridge and 35 in the Rural Districts. The total number is 7 more than in the previous year, 6 more in the Borough and 1 more in the rural area. The rates are in the Borough 4.5, in the Rural Districts 3.8, and in the Administrative County 4.2 per cent. of the total live births as against 4.0, 3.5 and 3.8 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	...	29 or 31.8 per 1,000
Rural Districts ...	...	39 or 40.6 per 1,000
Whole County	...	68 or 36.3 per 1,000

All of these rates are considerable increases on those of the previous year, but unless this could be established as a definite trend, which is not the case, no significance could be attached to it.

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 1,589 (Cambridge 742, Rural 847) being 74 less than in 1937. The nett death rate for the whole County was 10.6 per 1,000 of the population (England and Wales 11.6). This rate is 0.6 less than in the previous year. The rates for Cambridge and the rural area were 9.5 (Great Towns 11.7) and 11.9 respectively.

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

Administrative County	...	8.9
Borough of Cambridge	...	8.8
Rural Area	...	9.0

The close similarity between the corrected death rates for the respective areas is of course evidence of the fact that the differences between their crude death rates are not due to different environmental conditions but merely to differences in the age and sex distributions of the population.

The graph showing the relationships between birth rates and death rates indicates the tendency for the birth rates in the Borough and Rural Districts to approach the same level, while the relationship between the respective death rates remains unchanged. The tendency for birth rate and death rate curves to diverge from each other continues, though to a much less extent in the rural areas, and the fact that the divergence depends on a reduction in the death rate rather than a rise in the birth rate is even more obvious in 1938 than in 1937. The implication of an ageing population has previously been stressed and there is no indication that any rectification is probable. Indeed as a greater number of women pass child bearing age, the fall in the proportion of young people in the population is likely to be accelerated rather than retarded. Although, as will appear later, some of the reduction in the death rate is due to a fall in infant mortality, it has been estimated that a complete wiping out of all the existing infant mortality in the country would be equivalent to a rise in the birth rate of less than one per thousand, so that no great comfort can be gleaned from this fact so far as population constitution is concerned.

Infant Mortality.—The number of deaths under the age of one year (Cambridge 28, Rural Districts 26, total 54) was in the proportion of 29.9 per 1,000 births. This is far and away the lowest figure ever recorded for this County and is well below the rate for the country as a whole (53), which is itself the lowest recorded figure. The rate for the Borough of Cambridge was 31.7 per 1,000 live births (Great Towns 57) as against 38.0 in the previous year, while the rural rate was 28.2 as against 46.8 in the previous year. Thus the rate in both areas has fallen, but that in the rural area has fallen to such an extent as to produce the unusual relationship of a rate lower there than in the Borough.

Once again the largest part of the mortality was caused by premature birth, congenital debility and malformations, but there has been a definite fall even in this figure from 46 to 39 deaths.

This part of infant mortality has always seemed the least likely to be susceptible to preventive measures, but it may be hoped that increased ante natal care, besides helping to reduce maternal mortality, may be having some effect on this figure also. There was a fall in the number of deaths from respiratory disease from 18 to 10, almost offsetting the previous year's rise and there were no deaths at all under the age of one year from infantile diarrhoea, a very gratifying state of affairs.

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	843	31	40	50
Rural Districts	886	29	35	Nil.
Whole County	1,729	30	75	27

In the County as a whole therefore it may be said that in 1938 there was no increased mortality risk attaching to illegitimacy. This is a state of affairs which varies somewhat from year to year, but there is an increasing tendency to the wiping out of the enormous discrepancy which used to exist formerly.

Maternal Mortality.—Deaths of women assigned to pregnancy or childbirth numbered 2 (Cambridge 2, Rural Districts 0) of which none were attributed to sepsis. The total number of deaths is three less than in 1937 and this is entirely due to the complete absence of deaths from puerperal sepsis.

The death rates per 1,000 total births (live and still) are nil from puerperal sepsis and 1.07 from other accidents, a total of 1.07 from all material causes, the comparable figures for England and Wales being 0.86, 2.11 and 2.97. The Cambridgeshire rate is thus lower than that for the country as a whole in all respects by a very considerable margin and the complete absence of deaths in the rural area is cause for satisfaction.

Nevertheless, it has previously been pointed out how little can be deduced from figures of such low magnitude as exist in Cambridgeshire and the low rate for 1938 may quite well be followed by a high one in 1939, so that undue elation should not be produced until there has been a low figure for several years. It may be of interest to note that the rate for the condition which had always been considered the more hopeless, namely puerperal sepsis, is the one to be the more markedly reduced and this is no doubt due to the use of the new remedies of the sulphonamide group. In other words, it is probably more of a triumph for curative than for preventive medicine. Even so, it is reasonable to suppose that the present day methods of ante-natal care are having their effect on both forms of the death rate.

Twenty-four notifications of puerperal pyrexia were received as against 16 in 1937 and 10 in 1936. In the former years, the notifications were composed of both puerperal pyrexia and puerperal fever, but the latter category has now been abolished and all notifications are classed under one head. The figure has no definite relation to the amount of puerperal sepsis and little can be deduced from it. The rate of notification per 1,000 total births was 12.77 as against 14.42 for England and Wales.

Infectious Disease.—The number of cases of scarlet fever notified was 197, or 28 fewer than in the previous year. Of these 120 occurred in the Borough and 77 in the Rural Districts. The number of notifications of diphtheria rose from 10 in 1937 to 38 in 1938 of which 31 were in the Borough of Cambridge (9 in the previous year) and 7 in the Rural Districts (1 in the previous year). Once again there were no deaths from measles, and whooping cough also produced no mortality in 1938 as against 6 deaths from that cause in 1937. Deaths from influenza declined to the figure of 12 as compared with 51 in 1937, while there was a slight fall in the number of deaths from pneumonia, the figure being 48 in 1938 and 53 in 1937. The number of

notifications of pneumonia was 43 (Borough 14, Rural Districts 29) which is somewhat closer to the number of deaths than it has been for the last few years. One can only presume that the excess of deaths over notifications is due to the fact that all forms of pneumonia are not notifiable.

There was one notification of enteric fever in the Borough of Cambridge and two in the rural area (both in South Cambridgeshire).

Of the 197 cases of scarlet fever, 167, or 85 per cent. were admitted to hospital, seven per cent. fewer than in the previous year, but still four per cent. higher than the 1936 figure. Whether the fall now recorded represents the beginning of a tendency, which would not be unexpected in view of improved housing conditions, remains to be seen. All the cases of diphtheria except one which occurred in the Borough of Cambridge were removed to hospital, as would be expected in view of the fact that, whatever the facilities for isolation may be, the facilities for nursing a case of diphtheria do not exist in the average home.

No great extension of the facilities for immunisation against diphtheria has materialised during the year, but it has been possible to make use of the fact, mentioned in the report on the year 1937, that the Chesterton Rural District Council had decided to make available free of charge the necessary material for use in the case of children under the age of 5. This has been done by instituting immunisation facilities at Infant Welfare Centres, where the injections can be given to children in attendance free of charge to parents. Girton Centre led the way and 28 children received two injections of alum precipitated toxoid which was provided by the Chesterton Rural District Council, one additional child receiving one injection only and failing to return for the second. At the time of writing, several other centres in the Chesterton area have commenced the work and all three rural district councils are discussing the matter with

a view to making similar facilities available in Newmarket and South Cambridgeshire and to extending them in all areas to all children, whether regularly in attendance at an infant welfare centre or not. The arrangements in the Borough of Cambridge have continued as before, but it is a matter for regret that there has been a further slight fall in the numbers immunised in 1938, the figure being 606 as against 685 in 1937. A total number of 3,478 children has been immunised during the seven years ending December 31st, 1938. This figure sounds fairly large at first sight, but Dr. Smyth's reminder that it is far below that required to have any effect in preventing epidemics of the disease must be emphasised, as also must the fact that any immunity resulting from the injections is slow in developing and that therefore willingness to take advantage of the facility on the occurrence of an outbreak will be of little avail. Once again the curious fact that the scheme by which individuals can be immunised free of charge by their own medical attendants is very little used must be recorded.

Smallpox.—For yet another year, the County as a whole has been without a notification of this disease. The following figures set out the position as regards vaccination :—

	Cambridge.	*Rural.*	*Total.*
Births	1,088	742	1,830
Successful Vaccinations	233	198	431
Certificate of Insusceptibility ...	8	3	11
Statutory Declaration of Conscientious Objection	675	456	1,131
Died Unvaccinated	29	13	42
Postponed by Medical Certificate	13	2	15
Removed	12	2	14
Not found : in abeyance ...	118	68	186

The percentage of successful vaccinations to births was 21 in the Borough, a rise of 3 per cent. as compared with last

year's figure, and 27 in the rural area, a fall of 2 per cent. on the figure for 1937.

Once again it may not be inappropriate to point out that the figures as to births relate to those actually registered during the year irrespective of the fact that they may have taken place in the previous year and that the place of registration may not have been the place of residence (no account being taken of inward and outward transfers) so that comparison between the Borough and the rural area is not possible.

Encephalitis Lethargica, Acute Anterior Poliomyelitis, and Cerebro-Spinal Meningitis.—One case of acute poliomyelitis was notified in the Borough of Cambridge and one in the rural area, but there were no deaths, though there was one death from polioencephalitis in the rural area. There were no notifications of either of the other two conditions in the administrative county and no deaths.

Diarrhoeal Diseases.—There were no deaths from this cause in children under the age of one year, but there was a death occurring in a child aged between one and two years in the Borough of Cambridge. The rates for children under the age of two years are 1.1 per 1,000 live births for the Borough of Cambridge (Great Towns 7.8), nil for the rural area and 0.6 for the whole County (England and Wales 5.5).

Ophthalmia Neonatorum.—Ten cases of this condition were notified in 1938, five in the Borough of Cambridge, four in South Cambridgeshire and one in Chesterton. Seven were admitted to hospital and all made a complete recovery without impairment of vision. As has been pointed out in many previous reports, the greatly increased care both as regards prevention and treatment in respect of this disease has resulted in the almost complete absence of infantile blindness throughout the county and attention should perhaps also be drawn to the fact that many of the

cases notified nowadays are trivial ones which would not in any case to lead to blindness. It is, however, necessary that these cases should be notified and in some instances even admitted to hospital so that the occasional severe case of venereal origin may not escape.

Pulmonary Tuberculosis.—The total number of cases of pulmonary tuberculosis discovered during the year was 89, a slight rise as compared with the 85 cases discovered in the previous year. Of these 28 came to notice otherwise than by formal notification. There were 52 deaths from this cause as against 60 in 1937. The fall in the figure in 1938 brings it back again exactly to the 1936 level, which was not itself a record low one for the county. In Cambridge Borough there were 23 deaths, a fall of 13 from the figure for the previous year, and in the rural area there were 29 as against 24 in the previous year. The mortality rates per thousand living were .35 in the Administrative County (England and Wales .532), .29 in Cambridge and .41 in the rural area, compared with .40, .46 and .34 respectively in 1937.

Tuberculosis of other Organs.—Total cases discovered during the year, whether by notification or otherwise, numbered 48 (41 in 1937). There were 9 deaths, against 11 in 1937, of which 6 occurred in Cambridge and 3 in the rural area. The mortality rates per 1,000 living were as follows :— Administrative County .06 (.07 in 1937); Cambridge .08 (.04 in 1937); and Rural Districts .04 (.11 in 1937).

During 1938 the total deaths in the Administrative County from tuberculosis of all organs numbered 61 against 71 in 1937, of which 29 were in Cambridge (39 in 1937) and 32 in the rural area (32 in 1937). The mortality rates were .41 in the Administrative County, .37 in the Borough of Cambridge and .45 in the Rural Districts against .48, .50 and .45 respectively in the previous year.

Cancer.—There were 243 deaths attributed to cancer, against 279 in 1937, 284 in 1936, 276 in 1935 and 248 in 1934. Of these, 129 occurred in Cambridge and 114 in the rural area. The slight fall which was apparent in 1937 has thus been converted into a very considerable one in 1938 and gives reason to hope that the education of the public with regard to the necessity for early treatment is beginning to have effect. As will appear from figures set out later in the report, the fall affects female deaths entirely, there having been a further slight rise in male deaths.

The rates per 1,000 living were 1.62 in the administrative County, 1.65 in Cambridge and 1.60 in the rural area, against 1.87, 1.63 and 2.15 respectively in 1937, the rate for the country as a whole being 1.66. Again the number of deaths from cancer is higher than that from any other single cause except heart disease. Of the total number 49, or about one-fifth, of the deaths occurred in individuals below the age of 55 years, exactly the same proportion as that recorded in the previous year.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory and Ambulance Facilities, Nursing in the Home, Clinics, Treatment Centres and Hospitals.—No change is to be reported under any of these heads during the year.

Public Assistance.— During 1938 the new male block at the County Infirmary which has been mentioned in several previous reports, was actually brought into use. It provides 32 beds contained in two wards and associated side wards. There is also a small day room in which beds can be accommodated at times of pressure or emergency and whereby the total number of beds in the new block can be increased to 36. The new accommodation is thoroughly up-to-date in character and marks

an important step in the Council's policy of modernising the institution and making it suitable for the treatment of sub-acute sick.

Alterations were also made to the maternity accommodation at the County Infirmary in 1938 involving the use of the whole of the ground floor of one of the newer blocks for this purpose. The number of beds for normal cases was increased to 16 with the provision of extra facilities for the isolation of doubtful cases, while three beds were still retained in another block for the nursing of cases known to be unsuitable for mixing with normal cases from the outset. As figures to be quoted will show, the need for increased accommodation is evident and it may be that further expansion at a not very distant date will be required if the increase in the number of admissions continues at its present rate.

There were 181 confinements at the County Infirmary in 1938 as against 132 in 1937, and 92 in 1936. In addition there were 29 other admissions to maternity beds, making a total of 210.

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 ...	—	32	64
Not able-bodied ...	781	181	192
Insane	10	2	15
Children (under 3)	275	—	1
Vagrants	—	14,527	—
	1,066	14,312	272

There were also 35 children in the Children's Home, Ross Street, Cambridge, 53 not able-bodied persons in the Newmarket Institution and 1 in the Huntingdon Institution, as well as 1 child 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.*
866	48	49	963

The figures include infants born in the County Infirmary.
Sick beds occupied during the year :—

	County Infirmary.	*Chesterton.*	*Linton.*
(a) Average ...	123	45	79
(b) Highest ...	136	51	87
(c) Lowest ...	111	41	70

The number of in-patients admitted to the Institutions as a whole was 78 more than in 1937, there having been increases of 78 at the County Infirmary and 8 at Linton, while there was a decrease of 8 at Chesterton. The average number of beds occupied at the County Infirmary decreased from 129 to 123 and there were also increases in this figure at Chesterton from 42 to 45 and at Linton from 67 to 79.

The number of casuals admitted remained substantially the same as in the previous year, 14,312 as against 14,309. Since 1932 there has been a steady fall from a figure of 33,714, but it would seem that apart from the operations of some unexpected factor a fined low level has now been reached.

All three Institutions continued to be approved under Section 37 of the Mental Deficiency Act, 1913, and the necessity of making considerable use of the accommodation provided on account of pressure on the beds at the Royal Eastern Counties' Institution, Colchester, has continued during 1937.

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 545, of which 207 were men and 348 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, 1938, notification of intention to practise was received from 47 midwives and in all, during 1938, 59 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, 139 routine visits of inspection were paid to midwives by the Superintendent of the County Nursing Association in her official capacity of Inspector of Midwives; 36 special enquiries were made by her or by the County Medical Officer of Health.

In the calendar year 1938, an unusually large number of scholarships under the County Council's scheme for the training of midwives have been allotted. The reasons for this are that the financial years and calendar years do not coincide and two candidates approved towards the end of the financial year1937-38 are included in the figures for the calendar year 1938, and also that some change in the type of candidate to whom scholarships are allotted has been made. In view of the increased length of

training for completely untrained women it is considered more economical to offer midwifery training to three or four trained nurses than to continue to try to train two village nurse-midwives on the old basis of payment each year. The cost to the Council of sending three trained nurses for the approved midwifery course and a short period of training in district nursing is approximately the same as that of training two village nurse-midwives under the old system. Consequently three scholarships of approximately £50 each were given to trained nurses during 1938 and, in addition, two women were given scholarships under the old system at the beginning of 1938 as part of the expenditure authorised for the financial year 1937-38. One of these ultimately proved unsatisfactory and had to be withdrawn, so that the actual addition to the nursing personnel of the County in 1938 was 4, making a total of 60 effective scholarships given up to the end of that year since the arrangements originally came into operation.

The arrangements under which the Council pays an annual grant of £15 to the Cambridgeshire Branch of the Midwives Institute, in consideration of which lectures for practising midwives in the area are arranged, continued during 1938 and the Council paid the substantial total of £2,005 to the County Nursing Association in respect of the midwifery services provided by them during the financial year 1938-39. This total includes a sum of £1,250 paid to cover the extra cost to the Association of working the Midwives' Act of 1936 on behalf of the Council.

In the year 1938, midwives attended 744 confinements, acting as midwives only in 446 and as maternity nurses under medical direction in 298. A total of 274 notifications was received from them as against 278 in 1936, comprising medical help for mother 204, for infant 27, liability to be a source of infection 31, death of infant 2, still-birth 5, laying out the dead 1 and artificial feeding 4.

For the first time for a number of years the number of notifications received shows no increase (actually a decrease of 4), though even in 1938 the most important figure (requests for medical help on behalf of the mother) showed an increase of one. It is reasonable to suppose that the Council's ante-natal arrangements are now exerting their full influence on this matter and therefore it is probable that the practically stationary figure represents a maximum which will not be exceeded apart from a considerable increase either in the birth rate or the proportion of cases attended by midwives. The proportion of confinements attended by midwives in which medical help was sought for either mother or child was 51.8 per cent. as against 56.1 per cent. in 1937 and 60.1 per cent. in 1936, so that it would appear that in spite of an increasing or nearly stationary total in the respective years, the rate at which the service is used is a decreasing one. The rate at which the service was used for the mother only was 45.7 per cent. as against 48.9 per cent. on the previous year.

It is pleasing to be able to record the fact that no maternal death was reported as having occurred in the practice of a midwife in 1938.

Of the two infant deaths, one was due to prematurity and one to heart failure. In the latter case a medical practitioner was in attendance at the birth.

Enquiries were made into three cases of inflammation of the eyes of infants. All were described as slight or moderate in degree and in no case was the source of infection thought to be venereal. Complete recovery without impairment of vision resulted in every case.

Eighteen cases occurred in which suspension of a midwife from duty was necessary. In fourteen of these the suspension was occasioned by a puerperal condition and in two by inad-

vertent contact with scarlet fever. The other two were cases of septic finger and sore throat occurring in the respective nurses themselves.

As has been the case since their coming into force, no difficulty which was not present before has been experienced in working the arrangements necessitated by the Midwives Act of 1936. Reference may, however, be made to the position as it affects cases in isolated fen areas. There has always been difficulty in reaching these cases at the appropriate time, but, whereas it was previously possible to deal with the situation by advising the patient that the district nurse could not attend her, this course cannot now be adopted owing to the obligation placed on the Council of making the services of a midwife available in every case. A completely satisfactory way of overcoming the trouble has not been found, but a partial solution has been achieved by increasing the facility with which the arrangements at the County Infirmary may be used by women in these outlying districts.

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 756, being 28 less than in the previous year. After deducting 19 still-births, there remain 757 notified live births (762 in 1937) or 80.2 per cent. of the total live births registered as having occurred in 1938, as against 79.2 per cent. in 1937.

Though this figure has risen slightly as compared with that for the previous year, it is still much below that of 87.7 per cent. recorded in 1936. It is probable that this is due to the increasing numbers of mothers going into Cambridge for confinement, as

the actual number of cases of failure to notify births in the rural area which take place there as ascertained from local registrars is very small. Births taking place in Cambridge are, of course, notified there but, in the compilation of the figures for registered births, the Registrar-General transfers the births to their appropriate areas.

Midwives notified 610 births or 82.7 per cent. of the total. This represents a considerable increase over the figure for 1937 which itself was noted as much higher than that for 1936. In a large number of cases, the midwife was attending as a maternity nurse however. Eighty-eight 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. Ninety-four 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	6	222	588	816
District Nurses ...	5,201	7,931	12,267	25,399
Total for 1938 ...	5,207	8,153	12,855	26,215
Total for 1937 ...	4,959	8,029	12,667	25,655

The number of first visits to infants was 821, or 89.1 per cent. of those born alive. This figure is 2.2 per cent. lower than that for the previous year and marks a further slight fall from that for 1936 when it stood at 92.4 per cent. Nevertheless

it cannot be said that the visitation level is low. First visits to expectant mothers numbered 716, that is to say that 74.6. per cent. of all expectant mothers were supervised in this way as against 74.3 per cent. in 1937 and 74.9 per cent. in 1936.

There has been no change in the arrangements for the supervision of boarded-out children under the age of 9. The year 1938 produced a slight increase in the number of cases of failure to comply with the provisions of the Act. There were 4 cases of failure to notify intention to receive a child (3 in 1937), 5 of failure to notify removal of a child (3 in 1937) and 4 of failure to notify change of address. Warning letters were sent in each case.

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

Infant Protection Visitors at end of year		36
Homes inspected before or soon after reception ...		37
Approved	35	
Not approved	2	
Total number supervised		186
Children on register at beginning of year		115
New cases		71
Children removed from register :—		
Left administrative area	4	
Returned to relatives	11	
Returned to a Home	20	
Removed to Addenbrooke's Hospital	1	
Attained the age of 9 years ...	26	
Adopted	1	
Transferred to other fostermothers	6	
Died	1	
	——	70
Remaining on register at end of year		116
Orders of Court made under Section 57		Nil.

The number remaining on the register at the end of the year is one more than the figure for the previous year, but it seems clear that during the last three years this figure has arrived at a practically stationary maximum. It is generally recognised that it is a high one in view of the size of the County.

The number of women assisted by the County Council's scheme for the provision of Home Helps again increased, the number in 1938 being 54 as compared with 44 in 1937 and 36 in 1936. Once again it has to be recorded that it has not always been easy to satisfy the demand, owing to the difficulty of finding suitable women willing to act in this capacity.

During 1938, there were 65 women admitted to Addenbrooke's Hospital (68 actual admissions, 3 of which were re-admissions) for abnormalities connected with pregnancy and parturition. This figure is considerably less than that for the previous year and represents 67.7 per 1,000 of the total cofinements. This is a fall of some degree as compared with the figure of 84.2 for 1937, but it is still the second highest on record, having been 58.3 in 1936 and 49 in each of the three years previous to that. Even allowing for this fall, however, there is still strain on the accommodation at Addenbrooke's Hospital and consideration as to the best method of overcoming it continues. The number of normal cases admitted to the County Infirmary was 181, of which 59 were from the rural area. The total figure represents a further large increase as compared with that of the previous year, but, though there is an increase, its magnitude in the rural area is comparatively small. The corresponding figures for 1937 were 132 and 52 respectively. It is impossible to say that the increase has reached its limit and indeed the arrangement which has just come into force at the time of writing, under which the majority of maternity cases from the

rural area are to be admitted through the County Medical Officer and not through the Relieving Officer, may well bring about additions to the figure in subsequent years.

The admission of cases to the Ely Diocesan Home at the Council's expense in appropriate instances has continued. At the beginning of the year there were no such cases in the Home, but 1 was admitted during the year.

The County Council's consultant obstetrician undertook 6 consultations with private practitioners in the homes of the patients as compared with 11 in 1937. There had been a continuous decline in this figure from the year 1934 up to 1936. The 1937 increase was thought to be due to a circular letter of reminder which had been sent out to medical practitioners early in the year and it looks as though, in the absence of further reminders, the number of cases in which this form of help is used will continue to fall. The number of instances which concerned puerperal pyrexia in 1938 was 2.

There was no change in the arrangements for ante natal and post natal examination of midwives' cases other than the addition of a second post natal examination as mentioned in the 1937 report. The first of these examinations was carried out in 1938 and altogether 41 such examinations took place during the year. This is a low figure as compared with the number of examinations shortly after confinement, but it must be remembered that it does not cover a complete year and that the figure for the earlier post natal examination took some time to rise to its present level. There has been no difficulty about the rectification of defects found at ante natal examination and at the first post natal examination, midwives being allowed to use medical aid forms whenever appropriate in such instances. In the case of the second post natal examination, however, this method of dealing with the situation is inappropriate as the Midwives Acts do not allow the Council to pay a medical prac-

titioner for attendance after the twenty-eighth day of the puerperium, while the second post natal examination usually takes place two months after the birth of the child. Reference to the subjoined figures will show that the number of instances where any form of treatment is required at this stage is comparatively small and there has been no case where it has been necessary for a woman to go without treatment by reason of inability to obtain it from an appropriate source.

The following represents the number of examinations carried out during the year 1937 :—

Examinations at the 16th week	315
Examinations at the 32nd—36th week	349
Post-natal examinations (1)	228
Post-natal examinations (2)	41
Total ...	933

The number of individual women examined ante natally during the year was 469, an increase of 35 over the figure for the previous year. This figure represents 49 per cent. of the total confinements as against 43 per cent. in the previous year and 105 per cent. of cases delivered by midwives, the same figure as that in 1937. The reasons for the apparent excess of examinations as compared with midwives' cases have been fully set out before and need not be repeated, but it may be stressed again that the figure indicates an extremely high proportion of cases in which the facilities are used.

The total number of post natal examinations was 269, but of these 41 were second examinations so that the appropriate figure for purposes of comparison with the previous year was 228. In 1937 the number was 224, so that to all intents and purposes there has been no change. The percentage of examinations to confinements conducted by midwives was 51 as compared with 54 in 1937.

The findings on antenatal and postnatal 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.*
296	6	9	1	9

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.*
324	8	11	5	8

Post natal examinations (1)

(1)	(2)	(3)	(4)
Cases taken a normal course.	*Treatment required.*	*Arrangements made for treatment*	*Reference to Hospital desirable.*
208	101	73	4

Post natal examinations (2)

(1)	(2)	(3)	(4)
Cases taken a normal course.	*Treatment required.*	*Arrangements made for treatment.*	*Reference. to Hospital desirable.*
37	5	4	1

The proportion of cases transferred to the care of a doctor is somewhat lower than in 1937 but otherwise the figures call for a little comment. Explanations of apparant anomalies have been given in previous years.

Five cases of ophthalmia neonatorum were notified in 1938, a higher figure than has been customary of recent years. Three cases were admitted to hospital and all recovered without impairment of vision.

Relief nurses were supplied by the County Nursing Association in 80 cases during 1937 and 11 mothers were referred to the Cambridge and District Surgical Aid Association for assistance, 1 for dental treatment and 10 for bandages for varicose veins and surgical appliances. Thirty-seven letters of introduction to Addenbrooke's Hospital were given, 5 of which were for ante natal or post natal advice and 32 for children.

The Council's arrangements for the supply of milk to expectant and nursing mothers and to young children have continued as in former years, but the scale relating to financial circumstances has been considerably simplified and, in most cases, operates more generously. As a result, an increased number of eligible cases has been created. At the beginning of the year 29 individuals were in receipt of milk under the scheme. Eighty-one were added during the year, making a total of 110 supplied as against 65 in 1937.

Up to the end of 1938, the arrangements for orthopaedic treatment remained as in former years. During the year, 251 clinic visits were made by children under five years of age, 32 of the cases being new and 95 old. The staff of the clinics paid 17 visits to children of this age in their own homes and 13 letters of introduction were given in respect of children under school age from the County Public Health Department.

Infant Welfare Centres.—There were three additions to the number of infant welfare centres at work in the rural parts of the County in 1938, namely at Bassingbourn, Bourn and Coton, though that at Bourn was mentioned in the 1937 report. Similarly in the early part of 1939 a further centre was opened at Great Abington and some figures relating to it will appear in one of the tables following.

The work of the centres during 1938 is shown by the following figures :—

	Under one year.	*One to five.*
Number of children attending at end of year	377	996
Attended for first time	366	288
Total attendances	2,646	4,872

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

Of the total notified births, 49.7 per cent. attended infant welfare centres for the first time in 1938 as compared with 30.0 per cent. in 1937, 21.9 per cent. in 1936 and 21.6 per cent. in 1935.

The work of the individual centres is set out for the financial year ended March 31st, 1939, in the table hereunder :—

	Children on Register.	*Number of Sessions.*	*Doctor Attended.*	*Educational Sessions.*
Abington ...	26	3	3	—
Bassingbourn ...	63	13	7	—
Bottisham ...	38	11	11	5
Bourn	123	11	11	5
Burwell ...	48	11	11	5
Cottenham ...	53	13	10	3
Coton	64	10	10	—
Fordham ...	77	12	12	4
Girton ...	82	23	12	3
Great Shelford	107	24	12	10
Harston ...	87	25	13	7
Histon ...	116	22	12	5
Linton	46	12	12	4
Sawston ...	131	25	14	8
Soham	54	19	11	4
Waterbeach ...	84	12	12	3

The number of children on the Register, 1,199, represents an increase of 262 as compared with the number in 1937-38. The bulk of the increase is accounted for by the new centres at Abington, Bassingbourn and Coton but there has also been considerable expansion at Great Shelford and Harston, with minor fluctuation in an upward or downward direction at most of the other centres.

Three new centres arranged to provide dental treatment during the year, namely Bottisham, Girton and Harston, making the total number at which this exists six.

Arrangements for the giving of ante natal advice at the centres continued as before, as did also the ante natal clinic at Addenbrooke's Hospital held each Friday at 11.30 a.m.

Registration of Nursing Homes.—Arrangements under this head have continued as in previous years.

There were no absolutely new applications for registration, but one application by the proprietor of an existing nursing home in the Borough of Cambridge for registration of new premises for an increased number of patients (nine instead of three) and another for the registration of premises then in use for six patients instead of four were received and granted.

In the rural area the three existing nursing homes continued their work and there were no new applications for registration.

There were no cancellations of registration or reports of irregularity in any part of the County.

Cambridge Borough.—Twenty-two midwives gave notice of their intention to practise during the year. There were notified 1,038 births and registered 1,051, the percentage of total births notified therefore being 98.8, 0.1 per cent. less than that of the previous year. Seventy-nine per cent. of the notifications were

received from midwives. Thirty-nine per cent. of the births occurred in Nursing Homes and Hospitals. Medical help was required by the mother in 31.3 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	1,115
Subsequent visits to Infants	2,826
Visits to Children 1—5 years	4,819
First visits to Expectant Mothers	127
Subsequent visits to Expectant Mothers ...	76
Visits under Children's Act	125
Other cases	394
Total ...	9,482

There are seven Infant Welfare Centres in the Borough. During the year 16,260 attendances were made by 414 infants under the age of one year and 971 children between the ages of one and five years. First attendances numbered 791 (537 under the age of one year and 254 between the ages of one and five years).

The ante natal clinic was attended by 247 women as against 186 in 1937. Of these 181 attended for the first time. The number of women examined under the ante natal scheme by general practitioners was 176 as against 120 in 1937.

Forty-eight cases were maintained by the Town Council in Addenbrooke's Hospital and 116 in the County Infirmary. Forty-three home helps were provided, a slight decrease in the use of the service as compared with that of the previous year.

The dental treatment of mothers and children continued during the year, 151 mothers being inspected and treated and 643 children being enrolled under the Maternity and Child Welfare Dental Scheme. A total of 1,356 attendances was made of which 754 were made by children.

ISOLATION HOSPITALS.

There is little to report under this head. As was mentioned in the report on the year 1937, the Chesterton Isolation Hospital was closed during the year, but the Borough of Cambridge Isolation Hospital and that managed by the Newmarket Rural District Council have continued their work as formerly, no alteration to the capacity of either having been made. Both were inspected and, as a result of the reports received, the Public Health Committee recommended the payment of the customary grants.

No definite progress with the suggested arrangements for the accommodation of cases of small-pox can be reported, but the County Council adheres to its view that the obvious place for this purpose is the old Chesterton Isolation Hospital mentioned above. The Chesterton Rural District Council has been extremely reluctant to agree with this view, basing its contention on the idea that the value of surrounding property will be diminished if any such proposal is adopted. Apart from the fact that such a depreciation would have no scientific foundation, the extreme rarity of cases of small-pox at the present time would of itself be sufficient ground for discounting the suggestion.

At the time of writing, negotiations are still in progress and all that can be said is that the prospects of their reaching a successful conclusion seem brighter than formerly.

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	—	4	3
5	—	2	5	5
10	—	—	5	3
15	1	4	2	3
20	4	14	—	3
25	9	13	4	3
35	6	4	—	4
45	9	6	2	—
55	10	2	—	—
65 and upwards...	3	—	—	1
	43	45	23	25

Of the foregoing in 28 cases information was derived through channels other than formal notification. Of the 28, death returns from local registrars accounted for 9, posthumous notifications 1, and transfers from other areas of cases notified there (not transferable deaths) 18.

There has thus been a rise from the figure of 1937, but even so, the total of unnotified cases is still very much lower than that of the year 1936. As a matter of fact, practically the whole of the rise is in the figure for transfers from other areas, the number of posthumous notifications and cases dying without any notification being 10 as against 9 in the previous year. The remarks

made in the 1937 report as to the absence of evidence of neglect to notify therefore hold good. The ratio of non-notified deaths to total deaths is one to six.

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 ...	237	164	401
Non-Pulmonary ...	103	112	215
	340	276	616

The figures in every case represent very considerable falls as compared with those of the previous year, the total number on the register being 236 less at the end of 1938 than at the end of 1937. This is due to the fact that the wholesale revision thought to be necessary has now been carried out and stringent precautions will in future be exercised from year to year to see that this revision proceeds regularly, so that the figures give an accurate picture of the state of affairs at a given time and so that sudden changes of this description will be rendered unlikely.

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.—Until almost the end of 1938 the work of the Tuberculosis Dispensary continued at 1 Camden Place, but at the end of the year the premises in the Shire Hall grounds were completed and the activities of the Tuberculosis Officer and his staff were transferred there. The new premises, which were, of course, specially designed for the work, represent a great advance and will no doubt encourage the tuberculosis staff in their highly successful work. Besides a spacious waiting room and consulting room, a large X-ray room has been provided and furnished with new and up-to-date apparatus, while the arrangements for developing films are also of the most modern description. In addition the building contains an office, a laboratory and a dental room, which has been newly equipped in most respects. There has been no change in staff and the work has proceeded on similar lines to those of former years as the following figures will show :—

1. Cases examined or treated at the Clinic :—

	Borough	*Rural.*	*Total.*
New Cases	479	357	836
Old	241	260	501
	720	617	1,337

2. Visits by patients to Clinic :—

	Borough.	*Rural.*	*Total.*
Insured Persons ...	580	409	989
School Children ...	190	253	443
Other Uninsured Persons	540	352	892
	1,310	1,014	2,324

3. Visits to Homes :—

(*a*) *By Tuberculosis Officer* :—

	Borough.	*Rural.*	*Total.*
Insured Persons ...	88	240	328
School Children ...	128	163	291
Other Uninsured Persons	85	300	385
Total 1938 ...	301	703	1,004
,, 1937 ...	306	687	993

(*b*) *By Clinic Nurse* :—

	Borough.	*Rural.*	*Total.*
Insured	229	292	521
Uninsured	192	372	564
Total 1938 ...	421	664	1,085
,, 1937 ...	362	725	1,087

(*c*) *By General Nursing Staff* :—

	Borough.	*Rural.*	*Total.*
Insured	297	326	623
Uninsured	161	375	536
Total 1938 ...	458	701	1,159
,, 1937 ...	390	771	1,161

Grand total home visits :—

	Borough.	*Rural.*	*Total.*
1938 ...	1,180	2,068	3,248
1937 ...	1,058	2,183	3,241

The Tuberculosis Officer undertook 501 personal consultations with medical practitioners during the year and 1,805 by correspondence or otherwise.

Of the 836 new cases examined, 137 were contacts of whom 2 proved to be infected. Of the remaining 699 new patients who were examined on account of symptoms, 93 were found to be suffering from tuberculosis and 606 from other conditions. During the year, 18 names were removed from the dispensary register as having recovered, 57 as having died and 13 as not requiring further assistance for one reason or another, a total of 88. In addition 748 names were removed as non-tuberculous, the bulk of this figure being made up of the 606 new cases mentioned above as suffering from conditions other than tuberculosis. At the end of the year, 549 names remained on the dispensary register as against 531 at the end of 1937, 77 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 286 as against 378 in the previous year, tubercle bacilli being found in 40 specimens. The Tuberculosis Officer carried out 2,506 X-ray examinations as against 2,411 in the previous year, 1,949 being cases where films were taken and 557 requiring screen examination only.

The arrangements for the carrying out of artificial pneumothorax have continued throughout 1938 and have worked very well. The total number of patients receiving this form of treatment during the year was 17, the actual number of refills being 360.

Seventeen cases received dental treatment at the Dispensary under the scheme established for tuberculous patients, as against thirty-one in 1937. Of these ten were new cases compared with twenty-seven in 1937.

Care and After-Care.—The work of the Cambridgeshire Tuberculosis After-Care Association continued in 1938 on well-established lines, the Association receiving a grant of £100 from the County Council for the financial year 1938-39. All

the previously described arrangements facilitating co-ordination with the work of the County Council operated as before.

During the year 34 cases were assisted, 20 men and 14 women. Twenty-three of these were insured under the National Health Insurance Act. Of the total number 18 were doing full-time or part-time work at the end of the year, 3 had died and 13 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 19 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 and Ventnor.

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

The following figures indicate the extent of sanatorium treatment during 1938 :—

	In Sanatoria Jan. 1st, 1938.	*Admitted Since.*	*Total Treated*
Adult Males ...	49	14	63
Adult Females ...	16	18	34
Children	7	10	17
	72	42	114

Thus 42 new patients were admitted as compared with 69 in the previous year.

The number of pulmonary cases receiving surgical treatment was 11, the figure comprising 3 cases of thoracoplasty, 3 of phrenic evulsion, 3 of thoracoscopy (with adhesion cutting in 2 cases), 1 of extra-pleural pneumothorax and 1 of empyema.

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

	Quiescent.	*Not Quiescent.*	*Died in Sanatorium.*
Pulmonary :			
No T.B. in Sputum ...	10	—	1
T.B. in Sputum :			
Early	11	—	1
Middle	4	2	3
Late	—	—	3
Non-Pulmonary :			
Bones and Joints ...	7	—	—
Abdominal	1	—	—
Other Organs ...	—	1	—
Peripheral Glands ...	6	—	—

The number of cases treated in sanatorium is 19 less than that of the previous year, but apart from this fact the characteristics of the figures are similar to those emphasised in former reports. The diminution of the number of sanatorium cases continues a trend which has been evident for some time now and in this the Council is reaping the reward of previous expenditure directed towards the setting up of a service of whose present efficiency it may well be proud.

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	89	62	151
Old cases re-admitted	19	2	21
" First time " patients during 1938	130	107	237
Total under treatment	238	171	409
Left without completing treatment	52	22	74
Completed treatment but not final tests	11	6	17
Completed treatment and tests ...	76	68	144
Transferred to other Treatment Centres	26	8	34
Under treatment at end of year ...	73	67	140
Out-patient attendances :			
(a) On Clinic days	1,260	843	2,103
(b) On intermediate days ...	3,486	156	3,642
(c) Total	4,746	999	5,745
Aggregate " In-patient days " ...	79	610	689

TABLE II.

	Cambs.	*Other Counties.*	*Total* 1938	*Total* 1937
New out-patients during 1938 (excluding 7 patients previously seen elsewhere)	144	86	230	161
Total out-patient attendances (including intermediates)	4,476	1,269	5,745	7,366
Aggregate "In-patient days"	251	438	689	799

TABLE III.

Cambridgeshire Patients.

	1938	1937	*Increase or decrease per cent.*
New out-patients ...	144	106	+36
Total out-patient attendances (including intermediates)	4,476	6,453	−31
Aggregate "In-patient days"	251	425	−41

In the last two items of Table III, the decreases noted in the previous year have continued, but there has been a marked increase in the number of new patients, the bulk of which was due to a rise in the number of cases of syphilis. The general tendency in recent years has been in the direction of a decline in the number of new cases of syphilis, but every now and again a year seems to occur with a strikingly large number. Thus in 1934 there were 37 cases, in 1936 there were 34 and in 1938 there were 35. Although the figure for 1938 is slightly below the 1934 figure, it does suggest that it should not be too readily

assumed that the disease is approaching disappearance so far as this county is concerned. There is a negligible rise in the number of new cases of gonorrhoea (from 46 to 52), but, as has been pointed out in previous reports, it is difficult to estimate the precise significance of this figure. There is a tendency to belittle the importance of the condition (actually quite unfounded) and the number attending the clinic cannot be taken as any indication of its incidence. On the whole, the apparent decline which has seemed to exist in recent years may be said to be maintained, but it is doubtful how far the low clinic figure is any cause for satisfaction, since it may merely indicate failure to seek proper treatment. Now that the potency of the drugs of the sulphonamide group has been proved in dealing with this disease, it may be that patients will come forward for treatment more willingly, but the exact direction in which the figure will move as a result is not easy to predict. More effective treatment should of course be reflected in lower incidence, but it seems unlikely that the use of these drugs has any considerable bearing on the 1938 figure. In future years, while there may be an ultimate improvement as a result of their use, the immediate effect might be an increase of the numbers attending the clinic as infected individuals become anxious to avail themselves of their benefits. In 1938, the ratio of new gonorrhoea patients to new syphilis patients (all areas) was 1.9 to 1, a considerable decline as compared with the figure for the previous year and far from satisfactory according to generally accepted standards. Only 16 women sought treatment for gonorrhoea, and, though this figure is 3 higher than that of the previous year, it is nevertheless entirely unsatisfactory. The ratio of female to male patients was 1 to 4.2 as compared with 1 to 4.6 in the previous year.

One hundred and four patients attended who were found not to be suffering from venereal disease. This is a total of 42 more than the figure for the previous year and is the highest

figure ever recorded, the previous best being 97 in 1936. It represents 45 per cent. of the total new cases, a very satisfactory figure in that it indicates an increasing desire on the part of the public to seek treatment at an early stage, but perhaps less satisfactory in that it may indicate an increasing exposure to risk.

Laboratory Diagnosis.—No change in the arrangements occurred during 1938. Including specimens sent from the clinic (634) the number of specimens tested by the Wasserman reaction was 757 and the number examined bacteriologically was 425 as against 651 and 387 respectively in the previous year.

Propaganda Work.—It is felt that the plan of showing a film with an accompanying talk by an experienced lecturer for the benefit of the general public in the Borough of Cambridge has reached the limit of its usefulness.

For this reason the Cambridgeshire Branch of the British Social Hygiene Council has given consideration to other methods of passing on knowledge concerning sex hygiene and venereal disease to those most likely to benefit. It was decided to organise a course of three lectures to young women, with film displays at two of the lectures and these were given in successive weeks in the Carpenter Hall by Miss V. D. Swaisland. The meetings were not publicly advertised, but circulars with regard to them were distributed in shops, laundries, works and factories. The audience was rather small at the first lecture, but increased on subsequent evenings and it was clear that those present were interested and helped. It seems probable that the value of a rather personal appeal of a detailed nature is greater than that of a general talk to a large audience such as has taken place in former years, since there is no doubt that substantial knowledge is gained by those present and that it subsequently spreads to their friends in the first case, while it is questionable how many people go away from a lecture of the second type with knowledge of real worth which they did not previously possess.

The rural campaign followed the lines of previous years, the film " Trial for Marriage " being shown and a lecture being delivered by Mr. R. D. Saunders in four villages, namely Bassingbourn, Bourn, Gamlingay and Soham. The number present ranged from 40 at Gamlingay, where they were very much reduced by reason of fog, to 150 at Soham and in each case many young people were present and real interest was aroused.

CANCER.

There has been no change in the facilities for the diagnosis and treatment of this disease during 1938, but since the beginning of 1939 the Cancer Act has become law and no doubt there will be developments to record in the near future.

The British Empire Cancer Campaign did not feel that the time was ripe for an extensive programme of lectures in Cambridgeshire on account of the complete way in which the county had been covered by the lectures previously given on the County Council's behalf through the Rural Community Council and the Federation of Women's Institutes. During 1938, lectures were arranged by the British Empire Cancer Campaign in the villages of Wilbraham and Willingham, while a lecture was given to Cambridge Toc H by Dr. Malcolm Donaldson, the Chairman of the Central Propaganda Committee of that body.

The following is the age and sex distribution of the total of 243 deaths which have occurred in the area :—

Age Periods.	*Male.*	*Female.*
2— 5	2	—
25—35	1	1
35—45	6	10
45—55	18	11
55—65	25	33
65—75	42	32
Over 75	29	33
	123	120

MENTAL DEFICIENCY ACTS.

During the year, 28 cases newly notified under the provisions of the Mental Deficiency Acts were reported upon to the Committee. Of these, 6 were notified by the County Education Committee, 7 by the Borough Education Committee, 4 by the Police, 1 through the Public Assistance Committee, 6 by the Cambridgeshire Voluntary Association for Mental Welfare, 3 privately and 1 by the Mental Hospital.

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

Petition for Certified Institution	2
Petition for Guardianship	1
Order made by Court	3
Statutory Supervision	13
Voluntary Supervision	9

The five new cases requiring admission to an institution were admitted in 1938 and also four others previously approved. A Guardianship Order was made in one case. The number therefore actually admitted to institutions during the calendar year 1938 was 9. Leave of absence was granted in four cases, with a view to eventual discharge or guardianship if successful, the total thus on trial at the end of the year being 20.

Since 1913 when the Council first began to administer the Acts, 184 defectives have been placed under statutory supervision, 241 have been sent to institutions and 22 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 155 cases who were under Order for maintenance in institutions and 15 under guardianship, while 104 were under statutory supervision in their homes, making a total of 274 under the control of the Local Authority. Of the 155 patients in institutions under Order, 20 were allowed out on licence, the net number actually in institutions being 135, of

whom 3 were maintained in State institutions for violent defectives by the Central Authority. There were also 52 defectives in receipt of Poor Relief (8 in institutions and 44 domiciliary) with regard to whom no such action has yet been taken, making a total of 326 defectives subject to be dealt with. In addition there are ascertained by the Local Authority 244 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 587, equivalent to 4.2 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 1938, 415 home visits for supervision and advice were paid to mentally defective persons referred to the Association by the Council under the Mental Deficiency Acts, 282 visits to children referred by the County and Borough Education Committees and 433 visits to non-statutory cases, a total of 1,130 visits. The average daily attendance at the Occupation Centre at the end of the year was 19 as against 17.5 in 1937.

The total number of visits is about 100 more than in the previous year, there having been a rise in the number of statutory and education visits and a fall in the number of " voluntary "

visits. The average attendance at the Occupation Centre is slowly increasing and the full day working of the Centre is proving a great benefit to those able to attend. Unfortunately transport difficulties with regard to defectives living some distance from Cambridge still prevent the sharing of the advantages by the greatest possible number of defectives throughout the county. This matter is being overcome to some extent by the home teaching activities of the Voluntary Association. At the end of the year 16 cases were being visited for home teaching, each being visited once a month and more frequent visits being paid in one or two appropriate cases. Almost all of the cases concerned show improvement.

Though reference has been made to it on many previous occasions, it is impossible to close the report on this work without once again stressing the shortage of institutional accommodation. Once again it has been possible to complete the year without failing to deal with any really serious case requiring this form of treatment, but use has had to be made of the accommodation in Public Assistance Institutions from time to time and there has been delay in dealing with some of the less serious cases. There can be no doubt that the knowledge of the shortage does act as a psychological deterrent to both the Committee and its officers and the sooner the proposed new accommodation at the Royal Eastern Counties Institution is made available, the better.

BLIND PERSONS ACTS.

The Cambridgeshire Society for the Blind has administered most of the provisions of the above Acts as in former years, receiving a grant of £1,285 during the financial year 1938-39.

On April 1st, 1938, however, the Blind Persons Act of 1937 came into force, requiring amongst other things that relief to the unemployable blind should be given through the provisions of that Act and not through the medium of Public Assistance as had formerly been the practice in a few counties, including Cambridgeshire. This involved more than the provision of

money from an alternative source, since it forbade the making of enquiries through Public Assistance mechanism as well as the payment of money. The work was transferred to the Public Health Department, the intention being to appoint a special enquiry officer to deal with that and other financial matters connected with existing work. Pending a decision, the enquiries in respect of unemployable blind persons only were carried out by the Chief Clerk of the department so far as the rural area was concerned and by a retired School Attendance Officer so far as the Borough of Cambridge was concerned and this arrangement is still in force at the time of writing.

The Council adopted a scale of relief which superseded that already in use by the Public Assistance Committee and which was in general of a more generous nature, having regard to the needs of blind persons and not to the relief of destitution. The supposed stigma of application for Public Assistance was removed with the result that certain blind persons applied for help who had not previously been willing to do so. The number of unemployable blind in receipt of assistance under the provisions of the Act was 98 at the end of 1938.

Another development in connection with work for the blind was a decision taken by the Council directed towards the prevention of blindness. The Council invited medical practitioners to notify cases of threatened blindness coming to their knowledge and agreed to pay a fee for each notification equal to that at present paid for the notification of cases of infectious disease. On receipt of notification the Cambridgeshire Society for the Blind or a health visitor as seems more appropriate is asked to arrange a visit to the patient and advise as to the best way of obtaining treatment for the condition. During 1938 10 notifications were received and in each case the Home Teacher appointed by the Society for the Blind visited. In some instances it was possible to arrange for a visit to hospital which had previously been considered too difficult to be made, though in the

majority it was found that all necessary treatment was being received.

At the end of 1938 there were 227 names on the register, of which 96 were those of blind persons in the Borough of Cambridge and 131 those of blind persons in the rural area. The corresponding figure for the end of 1937 was 219 and, during 1938, 23 new names were added to the register and 37 were removed owing to deaths, departure to another area, or decertification (4 cases). On March 31st, 1938, there were also 32 cases on the observation list.

The age distribution of the cases remaining on the register at the end of 1938 was as follows :—

	0-5.	5-16	*Over* 16.	*Total.*
Borough	—	2	94	96
Rural	—	1	130	131
	—	3	224	227

For the tenth year in succession no cases of blindness in children under the age of 5 have been recorded.

The percentage distribution of cases of blindness at 31st of March, 1939, was as follows :—

Over 50	84 per cent.
Between 21 and 50	14 per cent.
Under 21	2 per cent.

These percentages are exactly the same as at the corresponding date in the previous year.

On 31st March, 1939, 197 persons were described as unemployable, the same number as 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 11 employed elsewhere. None were employed in workshops for

the blind, but three were registered as trainable (two awaiting training) and one was under training. Of the three trainable cases, one cannot leave home for family reasons.

The Home Teachers paid a total of 3,274 visits during the year ended December 31st, 1938, of which 1,630 were in the Borough and 1,644 in the rural area.

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

HEALTH EDUCATION.

The chief matter of importance under this head during 1938 was the campaign of advertising the Health Services initiated by the Ministry of Health.

Suitably designed posters and folders were prepared by the Central Council for Health Education at the request of the Ministry and local authorities were asked to consider arrangements for their display and to notify the Central Council for Health Education of their requirements which were met free of charge. The posters and folders were issued month by month each issue dealing with a particular aspect of public health. The first issue was of a general nature and was followed by posters drawing attention to maternity and child welfare, school medical, tuberculosis and venereal disease services. A folder dealing with the nutritive value of milk was also prepared for distribution in the same month as those relating to the school medical service.

In a rural county such as Cambridgeshire, facilities for public display were not easy to find, but each month's issue was shown at all the infant welfare centres in the county and folders were distributed to mothers attending them. The Rural Community Council arranged for the display of posters in village halls and folders were distributed at " keep-fit " classes in the area. Parish Councils arranged for the display of posters at

suitable places in their respective villages and the series relating to the school medical service was shown at all the schools in the county, folders being distributed to every child. A similar distribution of the folders relating to the nutritive value of milk was also made.

These displays were followed up by lectures on the Health Services to the great majority of the Women's Institutes in the area given by Mrs. C. D. Rackham, the County Medical Officer and the ex-County Medical Officer.

In addition to this the Federation of Women's Institutes arranged on behalf of the County Council lectures on nutrition by Mr. T. R. Parsons. These were delivered in Harston, Coton, Melbourn, Great Abington, Caxton, Girton, Abington Piggots, Thriplow, Duxford and Great Shelford on the same lines as in former years, that is to say that, though they are primarily intended for members of Women's Institutes, they are open to members of the general public. Attendances ranged from 25 to 78, the latter figure being attained in Melbourn.

The Rural Community Council also arranged courses of lectures on general health subjects in two villages of the County, the details of which have been given in previous reports. The villages concerned in 1938 were Fordham and Linton and the cost was refunded to the Rural Community Council by the County Council less the amount paid in small fees by those attending the courses.

The usual visit of a fortnight's duration was paid to the County by a lecturer of the Dental Board of the United Kingdom and lectures were given in various schools, parents being invited to attend. Educational sessions were held by the majority of infant welfare centres, talks being given on various subjects connected with maternity and child welfare, and the customary instruction in Mothercraft was given at Sawston Village College by a member of the central staff of the County Nursing Association.

SCHOOLS.

There has been no major development in connection with the sanitary condition of the schools of the area during the year, but constant attention has been given to matters of detail and the gradual improvement which has been previously noted has continued.

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

Scarlet Fever	20
Measles	51
German Measles	8
Whooping Cough	6
Chicken Pox	41
Mumps	23
Infantile Paralysis	1

The fall in the numbers of cases of whooping cough and mumps which was predicted in the report for 1937 has taken place, while there has been a corresponding rise in the numbers of cases of measles and chicken pox. This bears out the contention that the occurrence and magnitude of epidemics of these diseases depends upon the numbers of individuals in a given community unprotected by a previous attack.

One school was closed on account of measles, there being special reasons warranting the adoption of what is nowadays an unusual procedure.

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 1938.

Cambridge Borough.

Tuberculin Tested Milk (Sale)	2
Accredited Milk (Sale)...	2
Pasteurised Milk (Production and Sale) ...	3

Chesterton Rural District.

Tuberculin Tested Milk	8
Accredited Milk	79

Newmarket Rural District.

Pasteurised Milk (Production and Sale) ...	1
Pasteurised Milk (supplementary licence for sale of)	1

South Cambridgeshire Rural District.

Tuberculin Tested Milk	6
Accredited Milk	46

The arrangements for the issue of licences were unchanged during 1937 and the County Council remained responsible for the issue of licences in respect of the production of Tuberculin Tested and Accredited milk, while the Sanitary Authorities licensed the bottling of both of these grades, the pasteurisation of milk and the bottling of the product.

At the end of 1938 there were in force 19 licences for the production of Tuberculin Tested milk as compared with 14 at the end of 1937, and 148 licences for the production of Accredited milk, one more than at the end of 1937. Six new licences for the production of Tuberculin Tested milk were issued during 1938 and 22 for the production of Accredited milk, while 13 Accredited licences were suspended during 1938 owing to non-compliance with the conditions.

Bacteriological Examination for Estimation of Cleanliness.— This was undertaken by all the Sanitary Authorities of the area, Chesterton Rural District Council having come into line with the others during the year.

In Cambridge, 51 samples of graded milk (Tuberculin Tested Certified 9, Tuberculin Tested 8 and Pasteurised 34) were examined bacteriologically. All except two samples of Tuberculin Tested reached the required standard. Forty samples of " ordinary " milk were also examined for cleanliness in Cambridge. Thirty-one reached the Accredited standard.

In Chesterton Rural District 24 samples of milk were submitted to the methylene blue test and of these 14 reached Accredited standard.

In Newmarket Rural District 47 samples were submitted to both the methylene blue test and tests for the presence of coliform bacilli. Twenty-seven reached Accredited standard.

In South Cambridgeshire, owing to changes of staff, it was only possible to submit four samples for bacteriological examination of which one attained Accredited standard.

In the Borough of Cambridge and Newmarket Rural District, the results are somewhat better than those of last year, in Chesterton Rural District there are no previous figures for comparison and in South Cambridgeshire the number of samples was so small as to make comparisons unwise.

A test which has been proved useful in the control of the production of pasteurisation of milk in recent years is the phosphatase test. This was applied to 12 samples of Pasteurised Milk in the Borough of Cambridge, 11 proving satisfactory in this respect and 1 proving unsatisfactory. There can be no doubt that the effective pasteurisation of milk is a powerful weapon against the spread of many forms of infectious disease, but ineffective pasteurisation is worse than useless. It is the

duty of the local sanitary authority to see that the process is properly carried out and any simple test which can act as a control is obviously of great benefit and well worthy of extensive employment.

Milk Sampling for Tuberculosis.—During 1938 some change in the arrangements under this head took place. While the samples continued to be taken by officers of the Town Council in the Borough of Cambridge and by the County Police in the rural area and while there was no change in laboratory arrangements, there was some variation in the method of following up. Whereas this had previously been done by part-time veterinary surgeons appointed by the County Council, it has now become the duty of full-time veterinary inspectors appointed by the Ministry of Agriculture. Reports on positive samples are submitted to these officers and the herds of the producers concerned are visited and inspected by them, samples from groups of cattle and individual cows being submitted by them for further bacteriological investigation where necessary.

Between November 27th, 1937 and November 26th, 1938, reports were received on 149 samples of milk submitted for examination for tubercle bacilli, 86 by the Borough of Cambridge and 63 by the County Council. Of the samples taken by officers of the Borough Council, only 23 were produced in Cambridge, the remaining 63 being produced in the rural part of Cambridgeshire, so that a total of 126 samples from that area was examined. Nine samples were found to contain tubercle bacilli, five being submitted by the Borough Council and four by the County Council. The total number is two less than that of the previous year. Of the positive samples submitted by the Borough of Cambridge, only two were produced there, so that a total of seven positive samples came from the rural area as against eight in the previous year, b..t of the seven, in one instance samples submitted by the Borough and County independently came from the same herd. Therefore the seven samples concerned only six herds.

The follow-up arrangements appear to have been considerably more successful than they have been for a number of years now both in the smaller number of inconclusive results and in the greater rapidity attained in the achievement of successful results.

In one case the veterinary surgeon was able to detect a tuberculous animal on clinical examination and to order her immediate slaughter. Further samples of milk from the rest of the herd proved negative on biological examination so that it would seem that the clinical findings were not in error. In two cases samples from individual cows were found positive microscopically and the animals concerned were slaughtered immediately afterwards, that is to say in only a few days after the reception of the original positive result. One of these instances concerned the herd where sampling had been duplicated unwittingly by the Borough and County Councils. In two further cases samples from individual cows were found positive biologically so that in respect of a total of six out of nine samples the desired result was achieved smoothly and without any hitch. In the seventh case the veterinary surgeon had thought it wise to take a further bulk sample from the herd, as the original positive result had not been very reliable. This further sample was definitely positive after which a sample taken from an individual cow was positive microscopically and as a result she was slaughtered. In the eighth case an individual sample proved negative biologically, but a further bulk sample was positive biologically. Microscopical examination of milk from another individual cow then revealed tubercle bacilli and the animal was slaughtered. In the ninth case further investigation completely failed to reveal the source of the originally infected sample.

For the last few years, it has been customary to quote figures published by the Medical Officer of Health for the Borough of Cambridge with regard to the incidence of tubercu-

losis in the milk supply and these figures up to 1937 showed a rather steadily rising tendency, though neither in 1936 nor in 1937 was the percentage of positive samples quite so high as in 1935. The figures are again appended hereunder and it will be seen that not only has the rising tendency been checked, but that there has been a fall to a strikingly low level such as has never been recorded since the work began in 1927.

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
1937	87	13.8
1938	89	1.1

The figure recorded may not appear to tally with that given above with regard to the number of samples found positive, but the discrepancy is explained partly by the fact that the Borough record does not refer to a strictly corresponding period and that two samples originally returned as doubtful and subsequently found to be positive are not included as positive in the calculation of the percentage. It seems probable therefore that the figure should be a little higher than that given, but, even so, it is clear that it is of a much lower order than it has been for many years. Until it is established by future figures whether this lower order is to continue, it would be waste of time to speculate unduly as to the explanation but the routine inspection of cattle which is now being carried out by the veterinary staff of the Ministry of Agriculture may have some bearing.

Though such inspection does not form part of the work of officers of the County Council, it is of such importance that no account of the supervision of the milk supply would be complete without a brief reference to it. Apart from inspection of Tuberculin Tested and Certified herds, inspections of 5,617

cattle in 279 Accredited herds and 1,766 cattle in 203 non-designated herds are recorded, 11 cows coming within the the terms of the Tuberculosis Order being found in herds of the former class and 9 such cows being found in herds of the second class. Clearly the removal of 20 cows of this type even at a comparatively late stage of their disease is liable to affect to some extent the number of positive samples likely to be found in the general milk supply.

UNSOUND FOOD.

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

In the Borough of Cambridge 7 whole carcases and 117 parts of bovine animals and 7 whole carcases and 217 parts of swine were condemned on account of tuberculosis, and 121 parts of bovine animals and 138 parts of swine for conditions other than tuberculosis. Two whole carcases of sheep were condemned, as well as certain organs from 8 other sheep, and the total weight of meat so dealt with during 1937 was just under 7 tons. In addition quantities of such articles as tinned ham, tinned beef, cod and other fish fillets, tomatoes, peaches and pears were condemned.

In Chesterton Rural District 5 whole carcases and 14 parts of cattle and 4 whole carcases and 52 parts of swine were condemned on account of tuberculosis. Ten parts of cattle, 8 parts of swine, 5 whole carcases and 11 parts of sheep were condemned for diseases other than tuberculosis.

In Newmarket Rural District 2 whole bovine carcases and 39 bovine parts and 1 whole carcase and 107 parts of swine were condemned on account of tuberculosis, as well as 1 whole bovine carcase, 4 bovine parts, 8 whole carcases and 19 parts of swine which were condemned for conditions other than tuberculosis.

In South Cambridgeshire, 2 whole carcases and 20 parts of bovine carcases and 2 whole carcases and 46 parts of swine were condemned on account of tuberculosis and 19 parts of bovine carcases, 1 whole carcase and 2 parts of sheep and lambs and 8 whole carcases and 18 parts of swine on account of conditions other than tuberculosis.

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 241 (191 in 1937) of which 182 were taken formally and 59 informally. The samples included 99 of milk (92 in 1937) and 6 of butter. Of the 241 samples taken, 23 proved to be not genuine, 21 having been formally taken and 2 informally taken. Four of the milk samples were "appeal to the cow" samples. Fifteen were deficient in fat in quantities varying from 2 per cent. to 32 per cent. and 4 contained added water to the extent of 12.11 per cent., 16.11 per cent., 29.05 per cent. and 38.82 per cent. respectively.

The four samples of milk containing added water were all taken from one consignment of milk in four different churns from one producer. A prosecution was undertaken and he was fined £3. The producers concerned had their attention drawn to the instances of fat deficiency.

Cambridge Borough.—Samples submitted to the Public Analyst totalled 310, of which 20 or, 6.4 per cent. were found not to be genuine. The samples included 128 of milk of which 56 were taken formally. Twelve samples (3 informal) were reported deficient in fat in amounts varying from 3 per cent. to 12 per cent. Three samples contained added water to the

extent of 5.08 per cent., 17.53 per cent. and 29.52 per cent. respectively.

In the case of the first named sample of milk, a prosecution was undertaken and the retailer was fined 10/- with 10/6 costs. The last two figures refer to informal samples from one retailer, the area of production being outside the Borough. Owing to the difficulty of obtaining formal samples on which a prosecution could be instituted, the case was referred to the County Council, the responsible authority. The County Council obtained further samples and instituted prosecution thereon. Actually the case is that outlined above in the details relating to the rural area and the result of the prosecution was as set out.

WATER SUPPLY.

Further progress was made in 1938 with the work of covering the County with piped water supplies.

The Chesterton Rural District was already well covered, and it has been decided to supply the village of Teversham by an extension there of the Cambridge Water Company's main. No definite progress was made during the year with the matter of supplying Longstanton, but it is under consideration at the time of writing, the proposal being to extend the Cambridge Water Company's main from Oakington to supply the parishes of Longstanton All Saints and Longstanton St. Michael. The chief gap in this rural district would appear to be the group of villages comprising Croxton, Eltisley, Gravely, Papworth St. Agnes, Caldecote and Hardwick and the most obvious method of supply would be an extension of the East Hunts. Water Company's service. The negotiations for the purchase of that undertaking by the Chesterton Rural District Council mentioned as being in progress in previous reports still await a satisfactory conclusion and it would appear that these villages will not receive a piped supply until such a conclusion is reached.

In Newmarket Rural District the long projected scheme for the supply of Burwell, Bottisham, Swaffham Prior, Swaffham Bulbeck and Lode has reached an advanced stage of construction and it may be hoped that the supply will commence before the end of 1939. It has been definitely decided to extend this supply to Fordham, Isleham, Wicken, Chippenham and Snailwell in the near future.

In South Cambridgeshire the large scheme for the supply of Arrington, Abington Piggotts, Bassingbourn, Croydon, East Hatley, Gamlingay, Guilden Morden, Hatley St. George, Kneesworth, Litlington, Little Gransden, Steeple Morden, Shingay and Wendy is rapidly approaching completion and the approval of the Ministry of Health has been given following a local enquiry to the extension of this scheme to Melbourn, Meldreth, Orwell and Whaddon. This last extension will fill what has been known for some time to be a serious gap in the water supplies of South Cambridgeshire. The proposal to include Shepreth in the scheme was negatived by the Ministry. The small village of Heydon is, however, to be supplied by an extension of the piped supply from Great Chishill.

DRAINAGE AND SEWERAGE.

The provision of proper schemes of drainage and sewage disposal lags far behind the state of advancement which has been reached in the matter of water supplies. From the public health point of view, it is certainly of secondary importance but the full benefit of improved water supplies is not easy to attain in its absence.

No progress whatever has been made with the proposed scheme for Histon, Girton, Shelford and Stapleford, largely because of the high cost of the proposals and of the difficulty of deciding the best apportionment of the charges as between the County Council, District Council and parishes.

The scheme for Soham remains in abeyance for similar reasons and the state of affairs at Linton and Sawston which has frequently been touched upon previously remains substantially unaltered. The advent of a piped water supply will probably involve some arrangements for sewage disposal eventually at Melbourn and Gamlingay and the state of affairs on the Cheveley Park Estate which has received attention from time to time will require remedy sooner or later if building developments continue there. A proposal to construct new sewage outfall works at Stetchworth has been approved by the Ministry of Health with certain technical modifications following a local enquiry.

REFUSE DISPOSAL.

No notable progress has been made in the County as a whole under this head during the year, but the Newmarket Rural District Council's scheme continues to work well. As the majority of the parishes in South Cambridgeshire were not in favour of a similar scheme for that area, the matter was dropped, but local arrangements continue in force in a number of villages and Kneesworth and Meldreth will probably add themselves to the list in the near future. Some twenty parishes have schemes in Chesterton Rural District but the only developments to be noted there in 1938 were the improvement of one refuse tip and the removal of another to a greater distance from any houses.

HOUSING.

In 1938, 1,218 houses were built, or in course of erection, at the end of the year, 639 in Cambridge (180 by the Local Authority and 459 by other persons) and 579 in the rural area, of which 307 were built by the Local Authority. Fifty of these were built in Chesterton Rural District, 163 in Newmarket Rural District and 94 in South Cambridgeshire.

In the Borough of Cambridge two new Clearance Areas were officially represented to the Public Health Committee. In one it was decided that a Clearance Order should be made and this Order was subsequently confirmed by the Ministry of Health after a Local Enquiry, the number of persons to be displaced being 57, and the number of houses involved being 27. In the other a Compulsory Purchase Order was made, again after Local Enquiry, the number of persons displaced being 167 and the number of houses involved 60. In addition 35 houses were represented under Section 11 of the Housing Act of 1936. In the case of 28 of these, demolition orders were served and 4 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 3, action by the Council was not completed during the year. The actual number of demolitions which took place in the Borough in 1938 was 56.

As well as 122 houses unfit for human habitation, 1,406 houses in Cambridge were found to be " not in all respects reasonably fit for habitation." Structural defects remedied after informal notice numbered 1,226 and after formal notice 399 (153 by Local Authority in default of owner).

In the rural area 42 demolition orders were made and 126 houses were actually demolished. Sixty-four houses were found to be unfit for human habitation and 375 " not in all respects reasonably fit for habitation." Two hundred and fifty-nine structural defects were remedied after informal notice and 15 after formal notice (1 by Local Authority in default of owner).

In the Borough of Cambridge, the number of houses found to be overcrowded at the end of the year was 43, the number of families dwelling therein being 43 and the number of persons 313. New cases of overcrowding reported during the year numbered 13 and 41 cases, involving 308 persons, were relieved in the same period. No instances of dwelling houses becoming again overcrowded after abatement came to light.

In Chesterton Rural District there were 7 houses overcrowded at the end of 1938, involving 8 families and 48 persons. The number of new cases reported was 9 and the number of cases relieved 25 in which 189 persons were concerned. No renewal of previous overcrowding occurred and the District Council erected 20 houses during the year for the abatement of overcrowding.

In Newmarket Rural District there were 89 overcrowded dwellings at the end of 1938, involving 89 families and 562 persons. Twelve new cases were reported and 43 cases were relieved, affecting 318 persons. No renewal of previous overcrowding was discovered.

In South Cambridgeshire there were 19 instances of overcrowding involving 19 families and 133 persons. Seven new cases were reported and 52 cases were relieved, in which 346 persons were concerned. There was one instance of renewal of overcrowding.

All of these figures represent a considerable improvement over conditions in the previous year, but, as was the case that year, the improvement was much less marked in the Newmarket Rural District than elsewhere.

B. FRENCH,

County Medical Officer of Health.

Shire Hall,

Castle Hill,

Cambridge.

Table II.

Vital Statistics of County for 1938 and Previous Five Years.

		Births Nett.		*Deaths Nett.*			
				Under 1 year.		*All ages.*	
				Rate. per 1,000			
	Population.	*No.*	*Rate.*	*No.*	*Births.*	*No.*	*Rate*
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
1937	148460	1804	12.2	77	43	1663	11.2
1938	149650	1804	12.1	54	30	1589	10.6

Table III.

Notifications of Infectious Disease Received During the Year 1938.

	Cambridge.	Chesterton.	Newmarket.	South Cambs.	Total.	Admitted to Hospital.	Died.
Smallpox	—	—	—	—	—	—	—
Diphtheria	30	4	2	1	37	36	1
Scarlet Fever	120	16	46	15	297	167	—
Enteric Fever	1	—	—	2	3	3	—
Puerperal Pyrexia ...	15	4	2	3	24	7	—
Pneumonia	14	14	7	8	43	—	48
Erysipelas	16	7	5	4	32	1	2
Encephalitis Lethargica	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—
Acute Poliomyelitis ...	1	1	—	—	2	—	—
Ophthalmia Neonatorum ...	5	1	—	4	10	7	—

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1938.

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	368	15	1	3	2	11	14	19	40	59	95	109	442	14	2	4	5	15	19	20	26	59	122	156
	F	374	13	3	2	4	7	9	9	20	49	93	165	405	12	1	2	3	7	10	15	17	71	95	172
1 Typhoid and paratyphoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Scarlet Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Influenza	M	—	—	—	—	—	—	—	—	—	—	—	—	7	—	1	—	1	1	—	—	—	2	—	2
	F	4	—	—	—	—	—	—	1	—	—	2	1	1	—	—	—	—	—	—	—	—	1	—	—
7 Encephalitis lethargica ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Cerebro-spinal fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Tuberculosis of respiratory system	M	13	—	—	—	—	1	2	3	4	3	—	—	22	—	—	—	—	2	10	5	2	1	2	0
	F	10	—	—	—	—	2	4	—	2	1	1	—	7	—	—	—	—	2	2	1	—	1	—	1
10 Other tuberculous diseases ...	M	2	—	—	—	—	1	—	—	1	—	—	—	2	—	—	—	1	—	—	1	—	—	—	—
	F	4	—	—	—	—	1	1	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	1
11 Syphilis	M	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12 General paralysis of the insane, tabes dorsalis ...	M	2	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
13 Cancer, malignant disease ...	M	67	—	—	1	—	—	1	3	12	12	25	13	56	—	—	1	—	—	—	3	6	13	17	16
	F	62	—	—	—	—	—	1	3	6	13	22	17	58	—	—	—	—	—	—	7	5	20	10	16
14 Diabetes	M	3	—	—	—	—	—	—	—	1	—	1	1	3	—	—	—	—	—	—	—	—	—	1	2
	F	6	—	—	—	—	—	—	—	—	1	3	2	10	—	—	—	—	1	1	1	—	1	4	2
15 Cerebral haemorrhage, etc. ...	M	21	—	—	—	—	—	—	—	1	5	8	7	19	—	—	—	—	—	—	—	1	2	11	5
	F	27	—	—	—	—	—	—	—	2	4	8	13	37	—	—	—	—	—	—	—	—	9	10	18
16 Heart disease	M	90	—	—	—	—	1	1	1	4	16	33	34	124	—	—	—	—	1	2	1	3	18	38	61
	F	79	—	—	—	—	1	—	—	1	8	25	44	113	—	—	—	—	1	—	1	3	17	35	56
17 Aneurysm	M	4	—	—	—	—	—	2	1	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—
18 Other circulatory diseases ...	M	17	—	—	—	—	—	—	—	1	4	5	7	27	—	—	—	—	—	—	—	2	2	8	15
	F	32	—	—	—	—	—	—	—	1	7	9	15	24	—	—	—	—	—	—	1	—	1	13	9
19 Bronchitis	M	14	1	—	—	—	—	—	1	1	2	2	7	7	—	—	—	—	—	—	—	1	1	3	2
	F	13	—	—	—	—	—	—	—	—	—	3	10	7	—	—	—	—	—	—	—	1	—	1	5
20 Pneumonia (all forms)	M	11	3	—	1	—	—	3	—	1	2	—	1	15	1	1	—	—	1	4	—	—	2	2	4
	F	14	2	3	1	—	—	—	1	—	2	3	2	8	3	—	—	1	—	1	—	1	1	—	1
21 Other respiratory diseases ...	M	1	—	—	—	—	—	—	—	—	—	—	1	7	—	—	—	—	1	—	—	—	—	4	2
	F	5	—	—	—	—	—	—	1	—	2	—	2	2	—	—	—	—	—	—	—	—	2	—	—
22 Peptic ulcer	M	9	—	—	—	—	—	—	1	2	5	1	—	6	—	—	—	—	—	—	—	1	2	2	1
	F	1	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	1	1	—	—	—
23 Diarrhoea, etc.	M	1	—	1	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	1	2	2
	F	3	—	—	—	—	—	—	—	—	1	—	2	4	—	—	—	—	—	—	1	1	—	—	2
24 Appendicitis	M	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
25 Cirrhosis of Liver	M	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	1	—	—	—	—	—
26 Other diseases of liver, etc. ...	M	1	—	—	—	—	—	—	—	—	—	1	—	4	—	—	—	—	—	—	—	—	3	1	—
	F	3	—	—	—	—	—	—	—	—	—	—	3	4	—	—	—	—	—	1	—	—	1	2	—
27 Other digestive diseases ...	M	12	1	—	—	—	2	—	2	3	1	3	—	4	—	—	—	—	—	—	—	—	2	2	—
	F	10	—	—	—	—	2	—	1	2	1	1	3	9	1	—	1	—	—	—	1	—	1	1	4
28 Acute and chronic nephritis ...	M	7	—	—	—	—	1	—	2	1	—	1	2	11	—	—	—	—	—	—	—	—	3	2	6
	F	8	—	—	—	—	—	—	—	1	—	3	4	13	—	—	—	—	—	—	—	1	4	2	6
29 Puerperal sepsis	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30 Other Puerperal causes ...	F	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31 Conjenital debility, premature birth, malformations, etc. ...	M	10	9	—	—	1	—	—	—	—	—	—	—	12	12	—	—	—	—	—	—	—	—	—	—
	F	9	9	—	—	—	—	—	—	—	—	—	—	8	7	—	—	—	—	1	—	—	—	—	—
32 Senility	M	25	—	—	—	—	—	—	—	—	—	2	23	27	—	—	—	—	—	—	—	—	—	5	22
	F	39	—	—	—	—	—	—	—	—	—	4	35	41	—	—	—	—	—	—	—	—	—	1	40
33 Suicide	M	7	—	—	—	—	1	2	1	1	1	—	1	6	—	—	—	—	—	—	—	1	1	3	1
	F	6	—	—	—	—	—	1	1	2	1	1	—	6	—	—	—	—	—	2	—	1	—	2	1
34 Other Violence	M	11	—	—	—	—	3	1	1	1	1	2	2	23	—	—	2	1	5	3	5	1	2	2	2
	F	11	1	—	—	2	—	—	—	—	2	2	4	6	—	—	—	—	—	—	—	—	—	2	4
35 Other defined diseases ...	M	36	1	—	1	1	1	2	3	3	5	9	10	45	1	—	1	2	3	—	3	5	4	14	12
	F	20	1	—	—	1	1	—	1	3	4	3	6	36	1	1	1	2	2	—	1	2	9	11	6
36 Causes ill-defined, or unknown	M	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	1	2	—	2	1
	F	1	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	2	1	—