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Contributors

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EAST SUFFOLK COUNTY COUNCIL.

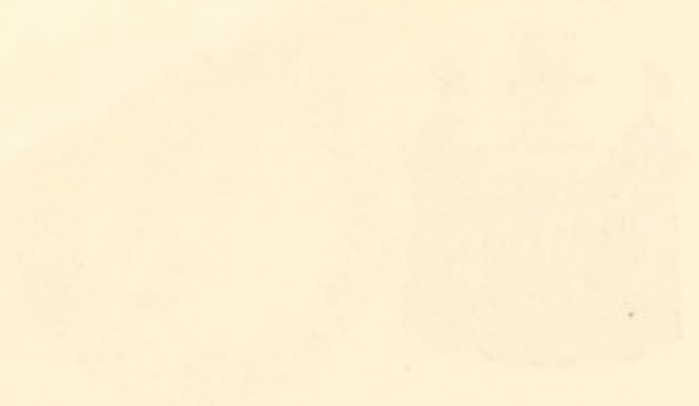


ANNUAL REPORT
OF THE
**County Medical Officer
of Health.**

1934.

65531

WEST BURLINGTON COUNTY BOARD



ANNUAL REPORT

County Medical Officer
of Health

1911

EAST SUFFOLK COUNTY COUNCIL.




ANNUAL REPORT

OF THE

**County Medical Officer
of Health.**

1934.



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ANNUAL REPORT
OF THE COUNTY MEDICAL OFFICER OF HEALTH
1934.

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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1934. There has been no particular occurrence which has affected the health in the County.

The birth rate has slightly increased but has only been lower on one previous occasion, which was last year. The death rate remains much the same but this year the Registrar-General has given a factor for the County which reduces the crude death rate by two per thousand.

There is little change in the infant mortality rate and the death rate from tuberculosis, but there has been a remission in the cancer death rate.

The drought of 1933 was succeeded by another in 1934 and water carrying was required in some areas. The winter and spring rains, however, have more or less righted the position in this County.

I have the honour to be,

Your obedient servant,

BERNARD WOOD-WHITE,

County Medical Officer.

June, 1935.

GENERAL STATISTICS.

Area : 548,607 acres.—1st April, 1934.

Population 1934 : 209,090 (As estimated by the Registrar-General).

Population, Census 1931 : 207,475. 207,408.—1st April, 1934.

Number of inhabited houses, Census 1931 : 52,513.

Number of families or separate occupiers, Census 1931 : 53,933.

Rateable Value : £980,719 0s. 0d. (year commencing 1st April, 1934).

Sum represented by a penny rate : £3,662 0s. 0d. (estimated). Year commencing 1st April, 1934.

Natural and Social Conditions of the Area.

Geology, Industry, Commerce. These subjects were dealt with fully in my report for 1930 ; there has been no alteration requiring comment and persons desiring information are referred to that report.

Extracts from Vital Statistics for the Year.

Live Births :	M.	F.	Total.	} Birth rate per 1,000 of estimated population :— 14.3.
Legitimate	1,432	1,433	2,865	
Illegitimate	71	62	133	
Stillbirths :				} Rate per 1,000 total (live and still) births :— 34.1.
Legitimate	50	51	101	
Illegitimate	—	5	5	
Deaths :	1,319	1,272	2,591	} Crude death rate per 1,000 of estimated population :—12.4. Corrected death rate :—10.3.

Deaths from Puerperal Causes :	Deaths.	Rate per 1,000 total births.
Puerperal Sepsis	7	2.26
Other Puerperal Causes	4	1.29
Total	11	3.55

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	46.0
Legitimate Infants per 1,000 legitimate live births	36.0
Illegitimate Infants per 1,000 illegitimate live births	75.2
Deaths from Measles (all ages)	12
„ Whooping Cough (all ages)	9
„ Diarrhoea (under 2 years of age)	8
Cancer Death Rate per 1,000	1.54
Tuberculosis Death Rate per 1,000 ....	.64

TABLE I.

BIRTHS.

(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	3936	20.1	19.6	19.8	21.0
1917	3450	18.7	16.8	17.5	17.8
1918	3761	20.2	18.0	19.0	17.7
1919	3791	19.3	18.6	18.9	18.5
1920	5161	26.2	25.3	25.7	25.5
1921	4517	22.1	21.4	21.7	22.4
1922	4205	20.4	19.8	20.1	20.4
1923	4033	19.4	18.9	19.1	19.7
1924	3803	17.6	18.0	17.8	18.8
1925	3546	16.6	16.8	16.7	18.3
1926	3430	15.8	16.5	16.2	17.8
1927	3352	15.4	16.1	15.8	16.7
1928	3294	14.8	16.1	15.5	16.7
1929	3303	14.6	16.3	15.6	16.3
1930	3441	15.4	16.8	16.2	16.3
1931	3163	15.0	15.6	15.3	15.8
1932	3070	14.0	15.2	14.7	15.3
1933	2851	13.2	13.9	13.6	14.4
1934	2998	13.5	15.1	14.3	14.8

Birth Rate.

Last year there was a marked fall in the birth rate—1.1 per 1,000 of the population. This was in the nature of a freak and, as might be expected, has been followed this year by a considerable rise and is .7 per 1,000 higher, but in spite of it except for 1933 the rate has never been lower.

The birth rate for England and Wales, which also experienced a somewhat unusual depression in 1933, has undergone a similar reaction, and for the first time since 1920 shows a higher rate than the preceding year.

The number of births which fell below 3,000 for the first time in 1933 still remains under that figure.

TABLE II.
ILLEGITIMATE BIRTHS.

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	294	1.4	1.5	1.5	—
1917	305	1.3	1.7	1.6	—
1918	342	1.7	1.7	1.7	—
1919	309	1.5	1.6	1.5	—
1920	326	1.3	1.8	1.6	—
1921	252	1.2	1.2	1.2	1.02
1922	247	0.9	1.4	1.2	0.89
1923	224	0.8	1.2	1.0	0.82
1924	218	0.8	1.1	1.0	0.78
1925	156	0.5	0.9	0.7	0.74
1926	209	0.7	1.2	1.0	0.76
1927	194	0.8	0.9	0.9	0.74
1928	161	0.6	0.9	0.7	0.75
1929	162	0.6	0.8	0.7	0.74
1930	217	0.9	1.1	1.0	0.75
1931	165	0.6	1.0	0.8	0.70
1932	156	0.6	0.8	0.7	0.67
1933	168	0.8	0.8	0.8	0.63
1934	133	0.6	0.7	0.6	—

Illegitimate Birth Rate.

The illegitimate birth rate, which is naturally a fluctuating figure, is lower this year than ever before and is, in fact, less than any rate for England and Wales to 1933, the illegitimate rate for 1934 not being yet available. For every illegitimate birth there were 22.5 legitimate. This is a rate which I wish could decrease to a vanishing point for the chances of life for these children are often prejudiced.

Considerable misapprehension exists upon the subject of illegitimacy. There is, I believe, an impression (which is mistaken), that illegitimacy is far more common in rural areas than urban, and some hold, without data, the opinion that illegitimacy is prevalent in East Suffolk. The figures themselves show that this is a misconception of the true state of affairs.

The County rate this year, which is 0.6 per 1,000 of the population, is less than any rate yet recorded for England and Wales. The rate for 1934 for the country is not yet available. If the figures for the previous nine years are examined, it will be found that on three occasions the County rate has been lower than that of England and Wales and there has never been any great divergence.

Thus it behoves all those who discuss the question of illegitimacy to be careful and to have regard to the real facts of the case.

TABLE III.
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	2604	14.1	14.4	14.2	*14.3
1917	2594	13.8	15.4	14.7	*14.2
1918	2748	15.6	15.4	15.5	*17.3
1919	2598	12.4	14.2	13.4	*14.0
1920	2247	9.7	11.7	10.8	*12.4
1921	2272	10.4	11.5	11.0	12.1
1922	2616	12.2	12.9	12.6	12.8
1923	2153	9.8	10.8	10.3	11.6
1924	2430	11.0	11.9	11.6	12.2
1925	2422	10.9	12.0	11.6	12.2
1926	2478	11.1	12.5	11.9	11.6
1927	2485	11.0	12.5	11.9	12.3
1928	2264	10.6	10.9	10.8	11.7
1929	2701	12.1	13.4	12.9	13.4
1930	2325	11.0	11.1	11.07	11.4
1931	2578	11.1	13.1	12.6	12.3
1932	2513	11.9	12.1	12.0	12.0
1933	2480	11.9	11.8	11.9	12.3
1934	2591	11.7	13.0	12.4	11.8

*Civilians only.

There is a slight increase in the death rate but since 1929 there has been little material alteration. This year, for the first time since I have been County Medical Officer of Health, the Registrar-General has issued a factor for the County.

The crude death rate, which is shown in the above Table, is never a real representation of the health of any community. It is natural for the old to die and for children under twelve months of age to suffer a high mortality; thus, the ages of the individuals who comprise the population affect the rate, for naturally those places which attract a large number of elderly people exhibit a high death rate upon this account, while conversely in those areas where young and middle aged persons predominate, the death returns are inclined to be low.

The Registrar-General, by means of his knowledge of the age groups in each area which are revealed by the census, is able to make calculations which more or less put every area of the country upon the same footing and will allow a comparison between one place and another. For each area he has this year calculated a factor and when the crude death rate is multiplied by this figure a death rate is obtained which is of real use.

The death rate for East Suffolk varies, sometimes higher and lower than that of England and Wales, but the factor (.83) reduces the crude death rate from 12.4 to the adjusted rate of 10.3; a rate well below any rate yet recorded for the country.

TABLE IV.

The following Table shows the deaths in their appropriate age groups for the last nine years :—

Year.	Death Rate.	Rate per 1,000 Births.									Total
		0-	1-	2-	5-	15-	25-	45-	65-	75-	
1926	11.9	234	39	40	58	72	211	517	552	755	2,478
1927	11.9	193	35	45	59	73	224	502	535	819	2,485
1928	10.8	157	24	24	48	75	185	512	528	711	2,264
1929	12.9	160	40	39	68	77	216	539	626	936	2,701
1930	11.07	151	17	28	60	81	193	507	568	720	2,325
1931	12.6	171	23	36	58	86	180	515	584	925	2,578
1932	12.0	136	23	19	46	79	196	534	612	868	2,513
1933	11.9	124	17	21	43	63	92	342	893	885	2,480
1934	12.4	138	35	28	49	89	76	303	950	923	2,591

Table IV, which shows the number of deaths placed in age groups, is of interest although a rate for each group which would be of real significance cannot be obtained because the number of individuals in each one is not available. Although the deaths in each group are slightly higher this year than last in persons up to 25 years of age, the number of deaths for the group 25-65 is even lower than last year when a very low figure was recorded. The 25-45 age group figure is only one-third of that of 1926-1929, while the 45-65 age group is considerably less than last year. The percentage of persons dying over the age of 65 years was 72, a figure identical with that of last year. In 1932 the figure was 59, and in 1931, 58.

TABLE V.

DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	312	91	71	79	91
1917	266	73	81	77	96
1918	294	86	72	78	97
1919	296	66	88	78	89
1920	314	65	57	61	80
1921	278	63	61	62	83
1922	243	64	53	58	77
1923	199	53	47	49	69
1924	221	62	55	58	75
1925	163	40	50	46	75
1926	234	74	64	68	70
1927	193	50	63	50	69
1928	157	51	45	48	65
1929	160	51	46	48	74
1930	151	46	42	44	60
1931	171	48	59	54	66
1932	136	51	40	44	65
1933	124	47	41	43	64
1934	138	39	51	46	59

Infant Mortality Rate.

It should be the ambition of every Local Authority to show a low infant mortality rate. This year, although there is a slight increase, the rate is a low one compared with that of England and Wales and, in fact, it has only exceeded 50 per 1,000 once in the last seven years.

Fluctuations will be found and are to be expected for small numbers induce variation. An example of this is the urban rate which has decreased from 47 to 39, while the rural figure has increased from 41 to 51 although the conditions have remained much the same.

Last year I was happy to record that the Borough of Lowestoft had a rate almost as low as the rest of the county and for an Urban area hit by unfavourable economic conditions to produce a result such as this, was, to say the least of it, an achievement, but last year's success is eclipsed and the Borough of Lowestoft has the exceptionally low infant mortality rate of 35.4. The mothers of Lowestoft, the Medical and Nursing professions in the area, and the Public Health Department of the Borough have reason to be proud of it.

TABLE VI.
INFANT MORTALITY RATE.

Quinquennium.	Number of Births.	Number of Deaths.	Infant Mortality Rate.
1920-1924	21,719	1,255	58
1925-1929	16,925	907	54
1930-1934	15,523	720	46

Table VI. is a real indication of the progress that has been made in the welfare of infants, and where from 1920-24, 58 babies died in every thousand born, during 1930-34, ten years later only, this number was reduced to 46. This is a very marked improvement in a very short time and is a reflection of the advance of civilisation in this County.

TABLE VII.
DEATHS OF INFANTS UNDER ONE YEAR.

Year.	Birth to 24 hours inclusive.	1 day to 7 days inclusive.	1 week to 1 month inclusive.	1 month to 6 months inclusive.	6 months to 1 year inclusive.	Total number of deaths.
1929	32	30	45	31	22	160
1930	44	32	20	38	17	151
1931	36	45	32	28	30	171
1932	30	21	29	40	16	136
1933	40	25	19	22	18	124
1934	37	28	36	20	17	138

This Table is included to give some indication of those deaths that are preventable and *vice versa*. Deaths that occur within the first twenty-four hours are usually inevitable and are generally caused by abnormalities which are neither avertible nor curable, but in the case

of those babies who died after a month has elapsed since birth there is a difference. A large number of these died from broncho-pneumonia, infectious diseases, and marasmus. Were it possible for all to be treated under the best conditions in Hospital, I think a number that die would be saved.

TABLE VIII.
ILLEGITIMATE INFANT MORTALITY RATE.
(Children under 1 year).

Year.	Total Deaths.	Death Rate per 1,000 Births.			
		Urban.	Rural.	Administrative County.	England and Wales.
1918	43	146.0	112.2	125.7	—
1919	30	121.2	97.1	97.1	—
1920	32	94.0	100.5	98.1	—
1921	25	127.4	80.0	99.2	158.35
1922	19	75.0	77.8	76.9	138.73
1923	21	113.9	82.7	93.8	131.81
1924	22	101.3	100.8	101.0	132.95
1925	17	104.2	111.1	108.9	135.56
1926	19	101.4	85.7	90.9	129.57
1927	20	137.5	78.9	103.1	119.77
1928	7	19.2	55.1	43.4	114.81
1929	17	87.7	114.3	104.9	125.91
1930	12	81.4	38.2	55.3	104.68
1931	15	83.3	94.0	90.1	110.73
1932	11	84.7	61.8	70.5	112.18
1933	11	104.5	39.6	65.5	107.49
1934	10	107.1	52.0	75.2	—

Illegitimate Infant Mortality Rate.

A constant factor of illegitimacy is the relatively high infant mortality rate that runs with it. This must be mainly due to the lack of parental care and affection, for many such children owing to force of circumstances are separated from their mothers and deprived of their natural food.

This County rate is consistently lower than that for England and Wales and the inference is that the illegitimate child is better cared for here than in the country generally; this is a creditable side to the affair for the County.

II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Staff.

Medical Staff (whole-time).

County Medical Officer, School Medical Officer, and Chief Tuberculosis Officer.

Bernard Wood-White, M.B., CH.B., D.P.H.

Deputy County Medical Officer :

Arthur George Atkinson, M.B.E., B.A., M.D., CH.B., M.R.C.S.,
L.R.C.P., D.P.H. (also Deputy School Medical Officer).

Assistant County Medical Officers :

Susan Miller Somers Jamieson, M.B., CH.B., D.P.H. Resigned
30/4/34.

Hubert Charles George Pedler, M.R.C.S., L.R.C.P., D.P.H.
Frederick Grundy, M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H. Resigned
24/5/34.

John S. B. Mackay, M.A., M.B., CH.B., D.P.H. Appointed 1/10/34.
Edith Alberta Whitney, M.B., CH.B., D.P.H. Appointed 1/10/34.

County Bacteriologist :

Harry Mills Cade, M.R.C.S., L.R.C.P., D.P.H.

Medical Staff (part-time).*Medical Superintendent of Normanston Hospital :*

Malcolm Angus Macdonald, M.C., M.B., CH.B.

Obstetric Specialists :

John Gutch, M.A., M.D., B.CH., M.R.C.S., L.R.C.P. Resigned 31/12/34.
Michael W. B. Bulman, M.D., F.R.C.S., M.S.

Medical Officers of Maternity and Child Welfare Centres :

Laurence Gibson, M.B., CH.B., D.P.H.
Chas. H. Bracewell, M.R.C.S., L.R.C.P.

Nursing Staff.*Inspector of Midwives and Superintendent Health Visitor :*

Miss M. F. Chalmers, Queen's Nurse, Certified Midwife.

Assistant Inspector of Midwives and Assistant Superintendent Health Visitor :

Miss I. V. E. Thurley, Queen's Nurse, Certified Midwife. Resigned
31/8/34.

Miss F. McDonald, Queen's Nurse, Certified Midwife, C.R.S.I.
Appointed 19/11/34.

Health Visitors :

- (a) Miss E. M. Carter, Trained Nurse, Certified Midwife.
- (b) Miss A. Hatch, Trained Nurse, Certified Midwife, R.S.I.

A varying number of Certified District Nurse Midwives.

Clerical Staff.Gilbert Ranson, *Chief Clerk.*A. Knight, *Finance Clerk.*

K. D. Johnson	}	<i>General Clerks.</i>
H. E. S. Gibbs		
*J. L. Cobbold		
*J. H. Ellis		
*R. Andrews		
I. W. Fenn		

Miss E. M. Butters	}	<i>Shorthand Typists.</i>
Miss A. B. R. Turner		
Miss M. Bucke		
Miss G. M. Sleigh		

* These Clerks deal with School Medical Inspection work only.

Laboratory Attendant.

A. J. Kane.

List of District Medical Officers of Health.

District.	Name.
URBAN.	
Aldeburgh	Dr. C. D. Somers.
Beccles	Dr. L. Gibson.
Bungay	Dr. J. H. Busteed.
Eye	Dr. T. H. Pryce Morris.
Felixstowe	Dr. G. J. Conford.
Halesworth	Dr. P. J. de Nyssen.
Leiston	Dr. D. G. Garnett.
Lowestoft	Dr. S. F. Allison.
Saxmundham	Dr. D. W. Ryder Richardson.
Southwold	Dr. D. W. Collings.
Stowmarket	Dr. S. C. Hounsfield.
Woodbridge	Dr. W. W. Crawford.
RURAL.	
Blyth	Dr. J. Aylen.
Deben	Dr. W. W. Crawford.
Gipping	Dr. G. D. Shann.
Hartismere	Dr. H. C. G. Pedler.
Lothingland	Dr. L. Gibson.
Samford	Dr. P. L. Crosbie.
Wainford	Dr. J. H. Busteed.

List of District Sanitary Inspectors.

District.	Name.
URBAN.	
Aldeburgh	Mr. P. R. Bradley.
Beccles	Mr. C. L. Hamby.
Bungay	Mr. Harry Earl.
Eye	Mr. H. Austin Reeve.
Felixstowe	Mr. A. J. Hughes.
Halesworth	Mr. C. W. Flaxman.
Leiston	Mr. W. C. Morgan.
Lowestoft	Mr. A. Isherwood.
Saxmundham	Mr. W. C. Morgan.
Southwold	Mr. J. S. Hurst.
Stowmarket	Mr. S. A. Senior.
Woodbridge	Mr. W. J. Goldfinch.
RURAL.	
Blyth	Major J. T. Packard.
Deben	Mr. D. Jenkinson.
Gipping	Mr. B. J. Dodsworth.
Hartismere	Mr. H. Austin Reeve.
Lothingland	Mr. A. O. Adcock.
Samford	Mr. H. Watling.
Wainford	Mr. H. Earl.

Poor Law Institutions and Children's Homes.

Name of Institution.	Medical Officer.
The Red House, Bulcamp	Dr. J. Aylen.
Hartismere House, Eye	Dr. A. Weir.
Stow Lodge	Dr. J. P. Hill.
Lothingland House, Oulton	Dr. D. W. Boswell.
Shipmeadow House	Dr. H. G. Wood-Hill.
St. Mary's Hospital	Dr. A. H. T. Andrew.
Plomesgate House	Dr. K. J. T. Keer.
Children's Homes.	Medical Officer.
Primrose Villa	Dr. H. C. Barraclough.
St. Osyth	Dr. J. McBain Taylor.
Hope House	Dr. J. Aylen.
Needham Market	Dr. W. E. Ranson.
Eastward Ho !	Dr. J. P. Hill.
Grundisburgh	Dr. W. W. Crawford.
Eye	Dr. A. Weir.

Staff.

During 1934 Dr. Grundy and Dr. Jamieson resigned their appointments as Assistant County Medical Officers of Health. This entailed two new appointments.

The County Council had not adopted the latest scale of salaries which was approved by the British Medical Association, the Ministry of Health, and the Association of Municipal Corporations. In 1929, when two Assistant County Medical Officers were appointed the County Council adopted the current scale, but soon after these appointments were made the scale was revised and the County Council did not accept it; therefore, County posts were placed on the black list, and though

it was possible to fill a subsequent appointment with marked success, this time there was no response to the advertisements. It was necessary, therefore, either to capitulate and adopt the latest scale, or to come to some agreement with the bodies concerned.

The particular scale in which the County Council was perhaps most interested was that of a Medical Officer acting as Assistant County Medical Officer and undertaking, in addition, work for a sanitary district or districts; the scale for this appointment was, in my opinion, anomalous, as the basic salary prescribed for a Medical Officer undertaking this combined County and district work was £800 per annum; hence, it was possible for the following position to arise:—

An Assistant County Medical Officer whose salary at the British Medical Association's scale was properly £500 per annum, if appointed to act as Medical Officer of Health for a small urban district whose predecessor as a part-time Medical Officer had perhaps received only £30-£40 a year for his work, would, with this small addition of responsibility, receive a salary of £800 per annum, according to the scale. This may be considered to be an extreme case but it is a possible one.

Under the Local Government Act, County Councils must submit schemes for the combination of areas and at the commencement of such a scheme it is only those part-time Medical Officers of Health who hold their posts upon a temporary basis that can be displaced by whole-time Medical Officers; there are not many such appointments in the area and the districts concerned are somewhat scattered. When sufficient of these are available to give employment for eleven sessions a week, the County Council could appoint a further Assistant County Medical Officer to strengthen the staff and allow the Assistant County Medical Officers of Health to take over, as Medical Officers of Health, all the posts held temporarily in the County. Thus, probably four Officers would have moderate additions in responsibility and some of them would receive a rise in salary out of proportion to this responsibility.

If the scheme were to go forward the County Council would no doubt have to pay a considerably larger salary for their share of the Medical Officer than before with no additional benefit to themselves. Thus, this particular salary scale was likely, if not to prevent, at least to hinder an extension of the scheme.

A further disadvantage of the basic £800 commencing salary is that some combined areas deal with a larger population and hold greater responsibilities than others, and yet the remuneration is the same. In this County one area defined in the scheme falls into this category and has, in fact, a declining population.

In order, if possible, to overcome to some extent this incongruity the Clerk of the Council and I visited the Ministry of Health and were interviewed by the Askwith Advisory Committee before whom we put the case.

The result was that in the special circumstance of East Suffolk a concession was allowed so that the particular scale of £800 for combined districts could be departed from in the following way:—

“(1) That medical officers taking up combined appointments in pursuance of the arrangements formulated by the County

Council under Section 58 of the Local Government Act, 1929, should, within seven years of their appointment, or on taking up the full range of appointments proposed under those arrangements, whichever be the earlier, receive the minimum salary mentioned in Section VII. of the Memorandum of Recommendations, viz., £800 a year; and

- (2) That as these officers will be acting as Medical Officers of Health for one or more Districts they should have had adequate experience of public health work, and that the salary of such officers during the intermediate period should therefore be at the rate of £700 a year for their County work, and of £80 for each half-day per week of work as Medical Officer of Health."

The County Council, by force of circumstances, were compelled to accept this small concession.

The following example under the arrangement describes an extreme case showing the disadvantage of the County Council.

An Assistant County Medical Officer of Health having had no previous experience with a Local Authority, is appointed at a salary of £500 a year. He works whole-time, or eleven sessions a week, for the County Council, the value of each session being £45 per annum. While upon this scale he is appointed as Medical Officer of Health to a sanitary district and from thence his work is distributed as follows—ten sessions for the County Council and one session for the sanitary district per week.

Because of his appointment to this one district he must be paid for his County work each session instead of at the rate of £45 per annum, as previously, at the rate of £63 per annum, so that the County Council pay instead of £500 a year for eleven sessions weekly, £630 a year for ten sessions weekly. Thus, having released their Officer for one session's work a week, and having at their own disposal ten sessions instead of eleven, they must pay a further £130 per annum.

This may be an extreme case which in the course of time as the Officer became more senior would disappear, but the argument that an Officer who undertakes work in a sanitary district must be of some seniority does not in any way justify this Gilbertian situation, for any man who has the proper qualifications may hold the position.

Combination of County and District Medical Services.

No advance has yet been possible in the combination of County and District Medical Services. Dr. Pedler, Assistant County Medical Officer of Health still administers the Rural District of Hartismere but this will not be a complete district until the part-time Medical Officer for the Borough of Eye relinquishes his appointment. When this occurs Hartismere and Eye together will form District No. 4.

It is impossible to proceed further in the matter because so far the population of districts administered by Medical Officers holding part-time appointments is under 50,000 and as the scheme allows one session of the Medical Officer's work for every 6,000 inhabitants of a sanitary area, there is not yet sufficient work to justify the appointment of an additional whole-time County Official to permit the Assistant County Medical Officers acting as Medical Officers of Health for these areas,

Ambulance Facilities.

The County Council is in possession of a motor ambulance which is used for conveying patients suffering from Tuberculosis, Puerperal Fever and Puerperal Pyrexia, from their homes to Sanatoria or Hospitals when this is necessary.

Arrangements have been made for the following Authorities to use the ambulance for conveying cases of infectious disease between their homes and the Hospital :—

Aldeburgh.
 Bosmere and Claydon.
 *Cosford.
 Eye.
 *Hadleigh.
 Hartismere.
 *Harwich Port Authority.
 Plomesgate.
 Samford.

*District outside the Administrative County.

An attendant is provided when required, a small charge being made for her services.

In addition, the Public Assistance Committee of the County Council use the Ambulance when required.

Clinic and Treatment Centres.

(1) *Maternity and Child Welfare Centres for Consultation Purposes.*

Provided by the County Council :—

(a) Aldeburgh	....	Cottage Hospital, Aldeburgh.
(b) Beccles	....	Red Triangle Club, Newmarket Place, Beccles.
(c) Brantham	....	Village Hall, Brantham.
(d) Bungay	....	18, Chaucer Street, Bungay.
(e) Charsfield	....	Village Hall, Charsfield. (Officially open from October, 1933).
(f) Eye	....	Reading Room, Eye.
* (g) Felixstowe	....	Salvation Army Hall, High Road, Walton, Felixstowe.
(h) Halesworth	....	Old Girls' School, Halesworth.
(i) Kessingland	....	Village Hall, Kessingland.
(j) Leiston	....	British Legion, Victory Road, Leiston.
† (k) Martlesham	....	Sick Qtrs., Martlesham Aerodrome.
† (l) Nacton	....	Bucklesham Old School.
(m) Stowmarket	....	Co-operative Hall, Stowmarket.
(n) Woodbridge	....	St. Mary's House, Woodbridge.
(o) Wrentham	....	Town Hall, Wrentham.
(p) Ipswich	....	County Hall, Ipswich.

*An Ante-Natal Clinic is also held at Felixstowe once a month.

†No Doctor attends either of these Centres—a Nurse's services is provided by the County Council.

Provided by the Local Authority :—

- (a) Connaught House, Lowestoft.
 - (b) Kirkley, Lowestoft.
 - (c) Oulton Broad, Lowestoft.
- (2) *Tuberculosis Dispensaries for Consultation Purposes.*
- (a) County Hall, Ipswich.
 - (b) Crown Street, Lowestoft.
- (3) *Treatment Centres for Venereal Diseases.*
- (a) East Suffolk and Ipswich Hospital.
 - (b) Norfolk and Norwich Hospital.
 - (c) Lowestoft and North Suffolk Hospital.

Hospitals provided or subsidized by the County Council.

(1) **Tuberculosis.**

(a) *Pulmonary.*

Normanston Hospital.
Ipswich Sanatorium.
Ipswich Isolation Hospital.
East Anglian Sanatorium, and other Institutions when required.

(b) *Non-Pulmonary.*

East Suffolk and Ipswich Hospital.
Lowestoft and North Suffolk Hospital.
Beccles and District War Memorial Hospital.
Felixstowe Cottage Hospital, and other Institutions when required.

(2) **Maternity.**

Ipswich Maternity Home.
East Suffolk and Ipswich Hospital.
Lowestoft and North Suffolk Hospital.
Thorpe Maternity Home, Norwich.

(3) **Fever.**

Ipswich Isolation Hospital for the Treatment of Cerebro-Spinal Fever.

(4) **Small-pox.**

Ipswich Small-pox Hospital.
Joint Small-pox Hospital at Carlton Colville.

County Laboratory.

The net loss on the Laboratory chargeable to the County rates for the last nine years is as follows :—

1926/27.	1927/28.	1928/29.	1929/30.	1930/31.	1931/32.	1932/33.	1933/34.	1934/35.
£ 773	£ 355	£ 338	£ 333	£ 194	£ 168	£ 360	£ 441	£ 144

The following figures relate to the number of examinations performed at the County Laboratory during the last six years :—

1928.	1929.	1930.	1931.	1932.	1933.	1934.
9,178.	12,581.	21,128.	13,605.	12,063.	6,862.	10,199

Examinations for which Expenditure is borne by Rates :—

Throat swabs for Diphtheria bacilli ; Widal Reactions ; Examination of stools and urine for Typhoid bacilli ; Cultural investigation for the identification of carriers ; Stools in cases of suspected Dysentery, etc. ; Blood for Malarial parasites.

Cerebro-spinal fluid in diagnosis of cases suspected to be suffering from Cerebro-spinal Meningitis ; also, the County Bacteriologist is available to perform lumbar punctures in any such cases.

For the County Council.

Milks for the presence of Tubercle Bacilli (100 samples a year).

Milks in connection with scheme for provision of milk for school children.

Examinations for which Expenditure is borne by Rates and Taxes :—

Under the Tuberculosis Scheme.

Sputa and Urine for tubercle bacilli sent in by County Practitioners, Tuberculosis Officers, and from Normanston Hospital.

For the Education Committee.

Swabs for Diphtheria ; Hairs for Ringworm ; Specimens of Urine.

Under the Venereal Diseases Regulations.

Examinations for V.D. Clinics ; Wassermann Reactions ; Gonococcal cultures.

Under the Maternity and Child Welfare Scheme.

Examination of material from obstetric cases.

Examinations for County Practitioners.

Wassermann Reactions ; Examination of slides.

Charges are made to Practitioners for many examinations, principally the preparation of vaccines, but any other work that is desired is performed.

A charge is made to the Ipswich Borough Council and to St. Audry's Hospital, Melton, for the work that is required by them.

Specimens examined at the County Laboratory.

Examinations.	1934.	1933.	1932.	1931.	1930.
Sputa for tubercle bacilli	1,346	1,414	1,444	1,377	1,253
Throat Swabs	1,519	853	1,217	1,843	2,975
Hairs for ringworm	243	114	166	173	260
Widal reactions	31	35	39	38	49
Blood cultures	4	1	3	3	4
Blood films	4	18	3	14	19
Blood counts	8	8	14	14	15
Cerebro-spinal fluids	21	18	17	17	15
Urines	235	175	210	173	226
Faeces	30	34	43	29	74
Water Analyses	191	134	54	173	71
Vaccines	4	9	5	21	8
Milks—bacterial counts	436	327	383	495	358
butter fats	112	71	102	3,063	6,429
Milks biological	778	377	240	233	368
Milks microscopical	56	10	14	27	49
Biological—otherwise	38	30	37	43	72
Wassermann Reactions (for Ipswich and County)	374	344	437	383	438
Cultural for gonococci	88	101	60	104	108
Microscopical for gonococci	264	68	46	78	36
Agglutination tests for car- riers of bacillary white diarrhoea in chickens	4,330	2,672	7,489	5,239	8,295
Other examinations	87	49	40	65	6
TOTALS	10,199	6,862	12,063	13,605	21,128

(Signed) H. M. CADE,

County Bacteriologist.

February 21st, 1935.

Considerably more work has been done than in 1933, but this still falls short of that of the three previous years. The examinations for 1930-31 were swollen by the large number of butter fat samples that were undertaken for the Milk Recording Society. These examinations were of little if any financial gain to the Laboratory and the work was monotonous; therefore, when this was taken over by the Society itself no loss was sustained.

There has been an increase in the examination of throat swabs, hairs for ringworm, urines, water analyses, and particularly biological examinations of milk. With the institution of the Venereal Diseases Clinic at Lowestoft there has been a large addition to the number of microscopical examinations of cultures for gonococci. More agglutination tests for bacillary white diarrhoea in chickens have been made, having dropped suddenly to a low number in 1933—due to outside competition; some ground has now been regained by a smaller charge for the examination.

Since the East Suffolk Hospital established its own Laboratory that of the County Council has become devoted more and more to public health work. The institution of the Milk Marketing Board has brought in its train an alteration in the outlook upon milk, and increasing publicity has been given to this subject. The time is past when the consumer was content to buy milk in that condition in which the vendor chose to provide it.

The new scheme of the Board has produced a phenomenal increase of Grade "A." licences and these will entail many bacteriological examinations for cleanliness.

Whereas this year 436 bacteriological examinations have been made, the number of licences which have been issued up to the time of writing suggest that a full year will require at least 1,200 examinations of this type, and if, as one anticipates, all producers eventually must sell milk only if it be clean, the number of examinations for cleanliness required in the future cannot be calculated.

The provision of milk for school children, a scheme originated by the Milk Marketing Board and the Board of Education also increased to a small extent the work done at the County Laboratory. It is necessary from time to time to have the milk delivered to the Schools examined for cleanliness; the money expended upon this is a charge not upon the Education Committee but the Public Health Committee.

The number of biological examinations of samples of milk almost doubled in 1934—this was due to a large amount of work that was done on behalf of the Essex County Council.

The Essex work ceased, but the appointment of a Veterinary Surgeon for East and West Suffolk has increased this work in our own County and, therefore, though I do not anticipate any advance upon such a large number of examinations as 778, this figure should at least be maintained in the future. The establishment of the County Laboratory in the late Dr. Stewart's time showed wisdom and forethought, and the decision of the Committee to continue to maintain the Laboratory when the agreement between the Hospital and the County Council expired was sound.

The County Laboratory has saved, and will save, considerable expenditure.

With continuation of the recent milk developments there is every likelihood of the Laboratory work increasing for some years to come.

Maternity and Child Welfare.

Nursing Staff.

Inspector of Midwives and Superintendent Health Visitor.

Assistant Inspector of Midwives and Assistant Superintendent Health Visitor.

Health Visitors.

There is now no whole-time official who is engaged upon health visiting.

This visiting is now solely carried out by District Nurses, 80 of whom give part-time service as Health Visitor, Tuberculosis Visitor, Infant Life Protection Visitor, and Maternity Nurse.

The following is a survey of visits paid by the Health Visiting Staff :—

	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.	1926.
First visits to infants under 1 year	2,176	2,422	2,472	2,382	2,515	2,421	2,355	2,475	2,630
Re-visits to infants under 1 year	8,247	11,835	8,876	10,575	9,518	9,193	10,058	9,348	6,709
Visits to expectant mothers	7,794	7,577	6,323	7,417	8,433	5,692	5,552	4,537	3,818
Visits to children 1—5 years	27,720	26,811	28,670	28,121	28,068	26,755	24,701	25,601	27,999
Totals	45,937	48,645	46,341	48,495	48,534	44,061	42,666	41,961	41,156

The number of health visits paid during the past year has fallen and is 2,708 less than the previous year. The greatest change will be observed in the visits to children under one year of age, the most important year for visits, and this year's figure in respect of infants is reduced by 3,834.

This is hardly two-thirds of last year's figure and such fluctuation should not occur, particularly as the number of births was higher in 1934 than in 1933. A large volume of work, however, has been accomplished.

Nursing in the Home.

During the year no new District Nursing Associations were formed but the following districts have been enlarged :—

Bacton D.N.A. :—By the inclusion of Wickham Skeith.

Stutton D.N.A. :—By the inclusion of Wherstead.

Hintlesham D.N.A. :—By the inclusion of Higham and Stratford St. Mary.

Nacton and Waldringfield Districts :—Amalgamated.

I have great pleasure in stating that a midwife is at last available in every parish in the Administrative County. This has been possible by the co-operation for many years between the County Council and the East Suffolk Executive Committee of the Suffolk Nursing Association; the two bodies have worked together with complete accord for a long time and this has been possible because the posts of Inspector of Midwives and Secretary of the Committee are combined. The Nursing Association has provided the midwife and the County Council has paid annual and starting grants through the parent Association to the Local Association.

The Association has now covered the whole of the County of East Suffolk with local Nursing Associations.

A vast amount of work has been accomplished in the last thirteen years since Miss Chalmers' appointment and it is to her energetic spade work and enthusiasm that the task has been performed within this period.

Though great advances have been made the end of the journey is not yet and I prefer to consider that the first and certainly the most difficult stage has been completed; but the second part has only been begun. I refer to the staffing of Associations solely with trained nurses.

In the past there have been two difficulties which prevented the appointment of trained nurses; firstly, they were not available and secondly, districts with limited means could not afford to pay the requisite salary and, hence, the formation of districts in such areas was made possible only by training as midwives women with no nursing training who could not command so high a salary as a trained nurse.

Our district nurse midwives who hold no nursing qualifications have given most admirable services to the people of this County but there can be no doubt that Hospital teaching lays a solid foundation which cannot be obtained in any other way, and I believe that however excellent an untrained village nurse midwife is, had she received Hospital training she would have been even better.

The conditions are, however, now changing, and for some time there has been a desire on the part of trained nurses to accept training from the Nursing Association as midwives and to serve subsequently in Nursing Association districts. It has been made possible to pay the somewhat higher salaries of trained nurses in many cases by providing the nurse with a car and amalgamating two districts. In this way a trained nurse midwife is provided and the extra amount of her salary and expenses of her car are compensated by the payment of one salary instead of two as before.

This combination of districts with provision of a car must improve the quality of the work carried out. If the reports of a nursing association were examined and the working days of the nurse divided into the number of visits that she had paid, it would be found in some instances that the daily visiting list was somewhat small. This would not mean, however, that the nurse was not working hard, for the houses may have been far apart and the weather bad, in fact, days of laborious pedalling. How can a nurse with little work and far to go be as efficient as a nurse whose whole energy can be devoted to her many patients?

A nurse with a car is able to serve a larger nursing district, finds the work more congenial and can accomplish it in a shorter time, having more leisure to herself and more energy left to devote to it. Where ever it is possible geographically a combination of districts should be aimed for; it is better for the patient and better for the nurse.

I hope that during the next decade no women who have not a State Registered Nurse's certificate will be trained by the Nursing Association as midwives, and that the proportion of trained nurses with cars will be nearer three-quarters of the whole than only one third as at present, but until the position is reached when all nurses are trained the scheme cannot be considered to be really complete.

I give below figures which denote the increase from year to year in the number of Associations in the Administrative County for the last fourteen years:—

1921	....	....	36	1928	....	....	64
1922	....	....	43	1929	....	....	67
1923	....	....	46	1930	....	....	70
1924	....	....	49	1931	....	....	73
1925	....	....	52	1932	....	....	75
1926	....	....	57	1933	....	....	75
1927	....	....	60	1934	....	....	74

The District Nursing Associations allowing their Nurses to undertake work on behalf of the County Council receive an annual maintenance grant of one-third of each Nurse's salary, up to a maximum of £40 a year for every Nurse employed in this work, the amount being apportioned in the following way :—

- Three-eighths for midwifery.
- Two-eighths for maternity nursing.
- Two-eighths for health visiting.
- One-eighth for tuberculosis visiting.

The number of Nurses undertaking work on behalf of the County Council at the end of the year was as follows :—

Queen's Nurses	....	....	11
Trained Nurses	....	....	15
District Nurses	....	....	59
Emergency Nurses	....	....	2
			—
Total	....	....	87
			—

The number of Nurses using motor cars for transport this year is 25, compared with 22 in 1933, and 13 in 1932.

Maternity and Child Welfare Centres.

The following Centres experienced falls in the number of attendances during the year :—

- Beccles.
- Charsfield.
- Felixstowe.
- Felixstowe Ante-Natal Clinic.
- Halesworth.
- Kessingland.
- Nacton.
- Woodbridge.

During the year the numbers rose at the following Centres :—

- Aldeburgh.
- Brantham.
- Bungay.
- Eye.
- Stowmarket.

The numbers at Stowmarket have become more unwieldy than ever ; I have now been able to arrange for the Medical Officer to attend that Centre at each session.

The steady decline at Beccles since 1931 has been maintained and this year again will, I think, reach an even lower level. Because a large number of children attend a Centre, however, it does not automatically mean that the Clinic is doing effective work ; I believe that those mothers and children who attend this Centre are well repaid.

The rural centre at Charsfield is not quite maintaining the figures with which it started ; Felixstowe which experienced a big jump in attendances during 1933 has fallen back to the more usual numbers. Kessingland is disappointing, and Woodbridge which in 1933 rose, has now returned to the more normal figure.

The attendances at several Centres fell, I think, because two Assistant County Medical Officers left and were not replaced by permanent Staff until October; a *locum tenens* was employed for two months.

A new Centre has been started at Wrentham through the interest and energy of Dr. and Mrs. Bracewell; the sessions are held at the Town Hall Club Rooms fortnightly, and very good attendances have been maintained. Dr. Bracewell was appointed Medical Officer of the Centre. The Hall, unfortunately, has no shelter for prams and I am hoping to arrange for the County Council to erect a shelter adjacent to the building.

Felixstowe Ante-Natal Clinic.—The attendances at this Centre fell considerably and are back approximately at the figures for the three previous years; again, the lack of a Medical Officer must have curtailed attendances considerably.

Infant Welfare Centres.

Aldeburgh.

Medical Officer in charge—Dr. A. G. Atkinson.

Weekly session, with Doctor in attendance fortnightly.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	43.2	40.3	38.0	35.3	27.4
Average number of consultations with Medical Officer	5.2	6.0	7.9	7.7	6.3
Number of attendances by expectant mothers	10	4	29	47	55
Number of consultations with Medical Officer	—	—	2	—	2

Beccles.

Medical Officer in charge—Dr. L. Gibson.

Weekly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930
Average attendance of children per session	27.3	33.0	37.2	45.7	40.8
Average number of consultations with Medical Officer	12.8	13.3	17.6	16.7	15.0
Number of attendances by expectant mothers	44	62	35	60	82
Number of consultations with Medical Officer	9	21	23	21	26

Brantham.

Medical Officer in charge—Dr. E. A. Whitney.

Fortnightly session with Doctor in attendance once a month.

	1934.	1933.	1932.	1931.	1930
Average attendance of children per session	20.6	12.5	16.3	23.2	35.0
Average number of consultations with Medical Officer	8.0	4.8	6.4	5.8	11.5
Number of attendances by expectant mothers	6	1	9	4	37
Number of consultations with Medical Officer	1	—	—	1	5

Bungay.

Medical Officer in charge—Dr. J. S. B. Mackay.
Weekly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	28.5	21.7	41.9	39.6	37.2
Average number of consultations with Medical Officer	4.5	4.2	4.0	5.0	3.8
Number of attendances by expectant mothers	101	107	141	138	134
Number of consultations with Medical Officer	7	11	24	21	19

Charsfield.

(Opened officially October 17th, 1933).

Medical Officer in charge—Dr. E. A. Whitney.
Monthly session with Doctor in attendance.

	1934.	1933.	(From 17/10/33).
Average attendance of children per session	16.5	24.3	
Average number of consultations with Medical Officer	6.0	6.5	
Number of attendances by expectant mothers	4	1	
Number of consultations with Medical Officer	1	—	

Eye.

Medical Officer in charge—Dr. H. C. G. Pedler.
Fortnightly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	19.6	18.0	24.9	33.4	15.4
Average number of consultations with Medical Officer	3.3	3.0	3.4	4.9	4.2
Number of attendances by expectant mothers	1	2	10	6	12
Number of consultations with Medical Officer	1	—	1	—	3

Felixstowe.

Medical Officer in charge—Dr. E. A. Whitney.
Weekly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	43.3	57.1	45.4	41.4	47.7
Average number of consultations with Medical Officer	9.3	12.4	11.7	13.0	12.1
Number of attendances by expectant mothers	—	—	19	46	41
Number of consultations with Medical Officer	—	—	14	22	13

Ante-Natal Clinic.

Dr. E. A. Whitney attends once a month.

	1934.	1933.	1932.	1931.	1930.
Number of sessions held during the year	12	12	11	11	12
Number of attendances by expectant mothers	116	154	119	108	112
Number of consultations with Medical Officer	105	154	119	102	105

Halesworth.

Medical Officer in charge—Dr. J. S. B. Mackay.
Weekly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	21.9	26.7	24.9	24.6	29.2
Average number of consultations with Medical Officer	3.3	2.8	4.5	4.1	4.9
Number of attendances by expectant mothers	—	58	63	36	62
Number of consultations with Medical Officer	—	18	13	15	8

County Hall, Ipswich.

Medical Officer in charge—Dr. E. A. Whitney.
Fortnightly session with Doctor in attendance.

	1934.	1933. (Half-year).
Average attendance of children per session	2.9	7.56
Average number of consultations with Medical Officer	2.9	7.56
Number of attendances by expectant mothers	49	56
Number of consultations with Medical Officer	49	56

Kessingland.

Medical Officer in charge—Dr. L. Gibson.
Fortnightly session with Doctor in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	9.4	15.7	18.4	18.6	8.9
Average number of consultations with Medical Officer	10.0	10.0	18.3	18.7	9.1
Number of attendances by expectant mothers	—	—	—	—	—
Number of consultations with Medical Officer	—	—	—	—	—

Leiston.

Medical Officer in charge—Dr. A. G. Atkinson.
Weekly session with Doctor in attendance fortnightly.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	16.3	16.4	24.4	36.0	35.4
Average number of consultations with Medical Officer	10.8	12.3	11.5	15.3	13.1
Number of attendances by expectant mothers	—	—	1	—	1
Number of consultations with Medical Officer	—	—	1	—	—

**Martlesham Camp.*

Monthly session with Nurse in attendance.

	1934.
Average attendance of children per session	11.0
Number of attendances by expectant mothers	8

**Nacton.*

Fortnightly session with Nurse in attendance.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	6.1	7.5	4.3	11.3	14.2
Number of attendances by expectant mothers	—	1	2	12	5

* The County Council does not arrange for a Medical Officer to attend either of these Centres—the services of a Nurse only are provided.

Stowmarket.

Medical Officer in charge—Dr. H. C. G. Pedler.

Weekly session with Doctor in attendance weekly from 1/12/34.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	75.2	66.8	63.2	55.3	35.8
Average number of consultations with Medical Officer	7.9	8.0	7.4	7.8	9.4
Number of attendances by expectant mothers	141	123	88	83	50
Number of consultations with Medical Officer	23	12	7	5	10

Woodbridge.

Medical Officer in charge—Dr. E. A. Whitney.

Weekly session with Doctor in attendance fortnightly.

	1934.	1933.	1932.	1931.	1930.
Average attendance of children per session	21.2	27.7	22.2	23.4	23.6
Average number of consultations with Medical Officer	4.8	7.7	8.0	8.1	5.6
Number of attendances by expectant mothers	50	88	18	16	14
Number of consultations with Medical Officer	12	6	4	5	2

Wrentham.

(Opened officially October, 1934).

Medical Officer in charge—Dr. C. H. Bracewell.

Fortnightly session with Doctor in attendance.

	1934.	(From October).
Average attendance of children per session	20.8	
Average number of consultations with Medi- cal Officer	11.1	
Number of attendances by expectant mothers	—	
Number of consultations with Medical Officer	—	

TABLE IX.
1934.

Maternity and Child Welfare Centres.	Popula- tion.	Number of Openings.	Number of Attendances.		Average attend- ances of children per Session.	Number of Consultations with Medical Officer.		Average number of Consultations per Child per Session attended by Medical Officer.
			Expectant Mothers.	Children.		Expectant Mothers.	Children.	
<i>a.</i> Aldeburgh ...	2,426	49	10	2,116	43.20	—	120	5.22
* <i>a.</i> Beccles ...	6,690	51	44	1,393	27.31	9	539	12.83
<i>b.</i> Brantham ...	2,507	22	6	453	20.60	1	56	8.00
* <i>a.</i> Bungay ...	3,153	45	101	1,283	28.51	7	114	4.56
<i>c.</i> Charsfield ...	1,494	11	4	182	16.50	1	48	6.00
<i>b.</i> Eye ...	1,720	22	1	431	19.60	1	61	3.39
<i>a.</i> Felixstowe ...	12,460	49	—	2,123	43.33	—	356	9.37
<i>c.</i> Ditto (Ante-natal) ...	—	12	116	—	—	105	—	—
* <i>a.</i> Halesworth ...	2,231	47	—	1,031	21.94	—	98	3.38
* <i>b.</i> Ipswich (County Hall) ...	—	27	49	78	2.9	49	78	2.9
<i>b.</i> Kessingland ...	3,158	24	—	227	9.46	—	181	10.06
<i>a.</i> Leiston ...	4,104	51	—	833	16.33	—	217	10.85
† <i>c.</i> Martlesham Camp ...	444	6	8	66	11.00	—	—	—
† <i>b.</i> Nacton ...	1,144	19	—	116	6.10	—	—	—
* <i>a.</i> Stowmarket ...	6,334	45	141	3,385	75.22	23	183	7.96
<i>a.</i> Woodbridge ...	4,858	51	50	1,085	21.27	12	112	4.87
* <i>b.</i> Wrentham (from October, 1934) ...	1,360	6	—	125	20.83	—	67	11.16
Totals ...	—	537	530	14,927	27.8	208	2,230	7.26

a = weekly session; *b* = fortnightly session; *c* = monthly session.

* = Ante-natal equipment for examination purposes.

† = Nurse only attends—no Medical Officer.

Institutional Provision for Maternity Cases.

The following cases have received institutional treatment under the County Council's scheme for subsidising beds at the undermentioned Maternity Homes :—

	1934.	1933.	1932.	1931.
Ipswich Maternity Home	52	30	31	43
Alexandra Nursing Home	—	—	—	2
Lowestoft and North Suffolk Hospital	3	3	2	—
Beccles	1	2	—	—
TOTALS	56	35	33	45

TABLE X.

Notification of Births Acts, 1907 and 1915.

During the twelve months 2,279 births were notified, viz. :—

2,203 live births. 76 stillbirths.

It should be noted that births which occurred in the Municipal Borough of Lowestoft are excluded.

Live Births.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.
Notified by Medical Practitioners	1,000	991	1,196	1,197	1,216	1,477	1,495	1,520
" Midwives	1,197	1,071	1,071	1,086	1,207	1,015	966	801
" Parents	6	2	3	1	3	8	5	13
" Women acting in emergency midwif- ery	—	—	—	—	3	5	4	—
Totals	2,203	2,064	2,270	2,284	2,429	2,505	2,470	2,334
Unnotified, but obtained from Registrars' returns	140	123	140	147	180	203	181	179
Totals	2,343	2,187	2,410	2,431	2,609	2,708	2,651	2,513
Birth figures supplied by the Registrar-General for the Ad- ministrative County (excluding Lowestoft)	*2,349 †79	*2,266 †88	*2,396 †96	*2,465 †97	*2,676 †90	*2,645 †120	2,577	2,575
					* Live births.	† Still birth s.		
<i>Stillbirths (excluding Lowestoft) :—</i>								
Notified by Medical Practitioners	45	54	62	64	35	77	70	49
" Midwives	31	29	23	24	30	33	31	15
Totals	76	83	85	88	65	110	101	64

Six per cent. of the births were unnotified; this is the usual figure experienced and is due mainly to occasional forgetfulness scattered throughout the County, but there are one or two offenders who are somewhat common defaulters in this respect.

TABLE XI.

OPHTHALMIA NEONATORUM.
(excluding Borough of Lowestoft).

YEAR.	Total Number of Cases.	Cases Treated.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
		At Home.	In Hospital.				
1930	13	7	6	12	1 (1 eye)	—	—
1931	6	4	2	6	—	—	—
1932	6	3	*3	6	—	—	—
1933	4	3	1	4	—	—	—
1934	6	6	—	5	—	—	†1

* Another case treated in Hospital was not notified.

† Mild gastro-enteritis in a marasmic infant.

Six cases of Ophthalmia Neonatorum were reported during the year ; none was so serious as to require Hospital treatment and the vision was unimpaired in 5—the vision of the other case is not considered as the child died from marasmus.

Maternal Mortality.

TABLE XII.

PUERPERAL FEVER AND PYREXIA
(excluding Borough of Lowestoft).

Year.	Total number of Cases.	Cases treated at Home.	Cases treated in Hospital.		Result.	
			By County Council.	Otherwise.	Cured.	Died.
1930	41	17	8	16	36	5
1931	29	10	8	11	27	2
1932	17	11	*1	5	15	2
1933	17	9	—	8	15	2
1934	32	10	9	13	26	6

*Another case treated in Hospital was not notified.

The number of cases of puerperal fever and pyrexia notified this year and the deaths therefrom has exceeded the figures for the last three years.

Again, after a lapse of two years, practitioners are calling upon the County Council's provision of treatment for these conditions.

Maternal Mortality Rate.

The following is a list of the causes of death in the cases which occurred last year :—

Puerperal sepsis	....	....	....	....	6
Embolism pulmonary	....	....	....	....	1
Emboli multiple	....	....	....	....	1
Broncho-pneumonia	....	....	....	....	1
Eclampsia	....	....	....	....	1
Toxaemia	....	....	....	....	1

The Registrar-General's figures for maternal deaths differ from those for which I am able to account ; this is not an uncommon happening. The Registrar-General finds 11 maternal deaths ; I can, however, account for 12, and when the deaths returned by the Registrar-General are compared with my own figures, district by district, I find that I can account for 2 deaths which he omits, and I am unable to trace one case which he records.

There has been a large increase in the number of cases of sepsis this year ; two only were recorded in 1933.

The County maternal mortality rate is a fluctuating one and will always be so because of the small numbers dealt with. This year the rate of 3.65 is slightly above the average rate for the last twelve years— which is 3.2.

The annual figures, as I have already explained, are not figures of real significance, but the rate over a period of twelve years is one which deals with a sufficiently large number of confinements to be of worth for comparative purposes ; this rate shows that the County of East Suffolk with its average rate of 3.2 is in a happier position than England and Wales, whose rate has never since 1925 been below 4 per thousand, and during the last ten years has exceeded 4.4 on four occasions, and, in fact, this year reaching 4.6 per thousand births.

Where the County suffers three deaths for every thousand births, England and Wales suffers 4.

The attention of the public has been for some time past focussed upon the maternal mortality rate and this is natural and proper, for here is a mortality rate which remains obstinately in this Country as high as in the past, in fact, tending slightly to rise, in contrast with the advances and improvements in medical science in so many other directions of recent years.

As death in childbirth is perhaps the most tragic of all occurrences in human affairs it is well that the lack of progress should be realised by all, for this may engender an honest effort to solve this difficult and pressing problem. A very heavy responsibility lies upon every one concerned in the matter. The medical profession of to-day may have to bear the opprobrium of posterity unless the position is dealt with entirely upon its merits and all preconceived notions laid aside and self seeking banished.

I have been employed in considering the advice in a recent circular to Local Authorities by the Ministry of Health. Attention is called to Memorandum 156/M.C.W. issued in 1930, a document of much interest. Here are outlined services which the Local Authorities can provide and they are urged to make the maternity service complete.

The particular services which the County Council have not yet adopted are the pre-natal care by a Medical Practitioner of those expectant mothers who have engaged a midwife for the confinement, the provision of milk for expectant and nursing mothers, and the provision of home helps to carry out household duties.

I have now investigated maternal deaths for some years and I cannot recollect a case in which had all of these services existed would the life of one mother have been saved.

The available services are not fully used. For two years the County provision for the treatment of puerperal fever was neglected. The Obstetric Consultants over a period of three years' and twelve months' service, respectively, have acted upon only 4 and 1 occasions. Again, bacteriological examinations are practically never requested.

The provision of beds for complicated maternity cases or for cases of puerperal fever, by the Local Authority, does not supply a want, it merely transfers financial responsibility.

It seems the fashion at present to concentrate upon ante-natal supervision and to neglect somewhat the far more important birth itself.

My own view is that the provision of these various ancillaries by Local Authorities is not going to alter materially the maternal mortality rate.

I quote a paragraph in full from the Memo. 156/M.C.W. which was received in 1930 :—

“It is certain,” the Committee say, “that an excessive maternal mortality can be prevented, for in some lying-in institutions, and in large groups of women in confinement at home, it is already being prevented by these very means. What is being done for some women can, and should be done for all. Some examples of such successful midwifery may be mentioned. From the years 1924-1928 inclusive, the hospital and district cases of the British Hospital for Mothers and Babies at Woolwich numbered 4,221, and the maternal mortality rate was 0.71 per thousand births; at the East End Maternity Hospital (1921-1928) the hospital and district cases numbered 17,525, and the maternal mortality rate was 0.68; at the General Lying-in Hospital in Lambeth (1920-1929) the hospital and district cases numbered 25,906, and the maternal mortality rate was 1.31; in the year 1928 the Queen's Institute Nurses were responsible for 65,077 district midwifery cases, and the maternal mortality rate was 1.9; and the Plaistow Maternity Hospital (1910-1929) undertook 87,749 district cases and the maternal mortality rate was 0.77 per thousand. These figures compare very favourably with a total mortality rate for England and Wales in 1929 of 4.33 per thousand.”

This paragraph I believe is of the utmost importance. It gives several instances of a group of confinements where the mortality is less than 1.0 per thousand, while the rate for England and Wales this year is 4.6 and the County of East Suffolk 3.6; so that with certain conditions in certain places the maternal mortality rate in the country can be a very low one indeed instead of a comparatively high one.

May not the solution be found by closely investigating both methods of practice? The Committee say—“What is being done for some women can and should be done for all”—and who will disagree with this?

To establish all over the country such maternity units where district midwives are under the control of obstetrical specialists centred at obstetric hospitals would be, in fact, taking midwifery out of the hands of the general practitioner and would be a revolution in medical practice. This would without doubt meet with opposition and hostility. It would be practicable in large areas but a question of great difficulty in small urban and rural places—the present practice might be modified but hardly changed in entirety.

Statistics appear to show that if the midwifery of the country could be placed entirely in the hands of efficient obstetrical units consisting of obstetrical hospitals or departments of general hospitals under the charge of an obstetrical specialist with assistants and midwives under his supervision and control (so that all expected normal cases would be conducted by midwives who must allow normal midwifery to conduct itself, and who if any abnormalities arose must call upon an expert for assistance; and all abnormal cases being confined in the Hospital itself by a specialist accustomed to meet with every type of abnormality), there would be a remarkable fall in the mortality rate in this country.

If this is so then nothing should be allowed to prevent the development of such a system however strong old custom and tradition may be, for the matter is too serious for this. I believe that the endeavour to check mortality by augmenting the maternity service of Local Authorities here and there is bound to fail, and that until we abandon our present ways and start anew the maternal mortality rate will maintain its grim level.

The maternity services already provided for the County are as follows :—

Ante-Natal Services :

- (a) Fourteen Infant Welfare Centres six of which are equipped as Ante-Natal Clinics.
- (b) One monthly Ante-Natal Clinic.

Supply of Midwives :—

- (c) A Midwifery Service for every parish in the Administrative County.

Consultants :—

- (d) A Consultant Service for cases of difficulty in the Administrative County.
- (e) Payment for out-patient attendance at Hospital for non-contributors to Hospital Scheme.
- (f) Payment of travelling expenses for out-patient attendance for patients requiring financial aid.

Hospital Beds :—

- (g) Hospital accommodation for all cases of Puerperal Fever.
- (h) Hospital accommodation for patients suffering from complications of labour and the puerperium, and from abnormal ante-natal conditions, in the cases of those women who are not entitled to benefit under a Hospital Contributory Scheme.
- (i) Maternity Nursing Home accommodation for patients whose home conditions are unsuitable for a confinement.

Ancillaries :—

- (j) Provision of sterilised outfits for patients at cost price.
- (k) Provision of Laboratory facilities for examination without cost of pathological material submitted by Doctors.

Education :—

- (l) This is provided by occasional lectures.

TABLE XIII.
MATERNAL MORTALITY RATE.

Year.	ADMINISTRATIVE COUNTY (including Lowestoft).				ENGLAND AND WALES.											
	No. of Births.		No. of Deaths.		Mortality per 1,000 Live Births.			Mortality per 1,000 Total Births.			Mortality per 1,000 Live Births.			Mortality per 1,000 Total Births.		
	No. of Births.	peral sepsis.	Other puer-peral causes.	Total.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.
1923	4033	1	10	11	.25	2.48	2.73	—	—	—	1.30	2.51	3.81	—	—	—
1924	3803	5	8	13	1.32	2.10	3.42	—	—	—	1.39	2.51	3.90	—	—	—
1925	3546	3	6	9	.85	1.69	2.54	—	—	—	1.56	2.52	4.08	—	—	—
1926	3430	2	10	12	.58	2.92	3.50	—	—	—	1.60	2.52	4.12	—	—	—
1927	3352	7	7	14	2.09	2.09	4.18	—	—	—	1.57	2.54	4.11	—	—	—
1928	3294	4	9	13	1.21	2.73	3.94	—	—	—	1.79	2.63	4.42	1.72	2.52	4.25
1929	3303	6	11	17	1.82	3.33	5.15	1.74	3.18	4.92	1.80	2.53	4.33	1.73	2.43	4.16
1930	3441	6	2	8	1.74	.58	2.32	1.69	.56	2.25	1.92	2.48	4.40	1.84	2.38	4.22
1931	3163	5	9	14	1.58	2.84	4.42	1.52	2.74	4.26	1.66	2.45	4.11	1.59	2.35	3.95
1932	3070	5	7	12	1.62	2.28	3.90	1.56	2.19	3.75	1.61	2.63	4.24	1.54	2.52	4.06
1933	2851	2	5	7	.70	1.75	2.45	.67	1.69	2.36	1.79	2.63	4.42	1.71	2.52	4.23
1934	2998	7	4	11	2.33	1.34	3.67	2.26	1.28	3.54	2.03	2.57	4.60	1.95	2.46	4.41

* Includes Stillbirths.

TABLE XIV.

MIDWIVES.

Year.	Number of Births. (Live Births unless otherwise stated.)	Cases taken by Midwives.			Percentage of Births attended by Midwives.		Calls for Medical Aid.	Percentage of Calls.	No. of Trained Midwives practising at any time during the year.	Un-trained Midwives.	Amounts paid to Doctors for Medical Help.	
		As Mid-wife.	As Maternity Nurse.	Total.	As Mid-wife.	As Maternity Nurse.					£	s. d.
1913	4680	981	—	981	21	—	37	3.8	42	31	—	—
1922	4205	1173	—	1173	28	—	147	13.0	80	11	167	17 0
1923	4033	1055	721	1776	26	18	172	16.0	97	9	214	12 6
1924	3803	1113	693	1806	29	18	210	19.0	103	3	300	12 6
1925	3546	1160	744	1904	32	21	248	21.0	106	2	338	15 6
1926	3430	1100	778	1878	32	23	275	25.0	118	1	363	11 2
1927	3352	1129	798	1927	34	24	258	23.0	121	—	314	9 6
1928	3294	1178	939	2117	36	29	246	21.0	125	—	333	13 5
1929	*3454	1191	896	2087	34	26	311	26.0	120	—	422	18 0
1930	*3557	1399	1043	2442	39	29	393	28.0	134	—	504	6 9
†1931	*2562	973	796	1769	38	31	255	26.0	121	—	364	18 6
†1932	*2492	967	884	1851	39	35	235	24.3	135	—	365	14 6
†1933	*2354	930	859	1789	39	36	280	30.1	139	—	405	7 4
†1934	*2428	991	923	1914	41	38	319	32.2	1.7	—	458	11 8

* Number of Births includes Stillbirths.

† Figures for Lowestoft excluded.

The percentage of births in the County taken by midwives seems to have become stationary; there has been little alteration for the last four years. Likewise the percentage attended as maternity nurse varies slightly.

The County now being covered by Nursing Associations real changes are unlikely and the midwives will continue to be in contact with about 80% of all births. What happens in the remaining 20% cannot be ascertained—a proportion of these mothers are in easy circumstances and employ a private nurse for the lying-in period, as for the rest it is possible that no midwife is engaged at all and that some handywomen still pursue their old time calling.

I have watched and deprecated for many years the steady growth of midwives' calls for help. Though the change is gradual the figures for 1923—the year of my appointment—are strikingly different from the year 1934, the percentage of calls for help has doubled from 16% to 32.2% and concurrently the mortality rate is inclined to be higher than it was.

Some years ago when the work of the independent midwives of Lowestoft was included I analysed the figures of these practitioners and found a very large difference between their methods, and though one woman required no assistance at all, another called for aid in more than half her cases.

This year I have analysed the calls of the County midwives with the following results :—

Nurse.	No. of cases taken.	No. of calls made for medical help.
A.	48	5
B.	35	10
C.	30	6
D.	22	9
E.	21	6
} F.	19	7
} F.	19	7
G.	18	5
H.	16	7
} I.	14	7
} I.	14	7
} I.	14	5
* J.	13	15
K.	12	8
} K.	12	8
{ K.	12	5
} L.	11	4
} L.	11	3
M.	10	6
N.	9	8
O.	8	4
P.	6	5
Q.	5	3

* Some calls were for child as well as mother.

It is only those midwives that have conducted a number of confinements who are included in this list.

As I anticipated the calls for help depend very considerably upon the midwife herself. It can hardly be a question of chance that one midwife has undertaken 48 cases and has only called a doctor in upon five occasions, while another midwife has had 13 cases and has called in medical help on 15 occasions.

These figures will be more instructive next year for if some constancy is maintained between the two years my theory will be strengthened.

It is an advantage to discover the reasons for the issue of the calls for medical help and I give the groups of conditions for which the largest number of calls have been made :—

Ruptured perineum	....	....	....	72
Haemorrhage during pregnancy	....	....	....	32
Prolonged 2nd stage	....	....	....	31
Illness of Infant	....	....	....	27
Miscarriage	....	....	....	14
Rise of temperature	....	....	....	14
Inflamed eyes of infant	....	....	....	12
Inflamed leg	....	....	....	10

I have not previously received these particulars and, without others for comparison, they lose some of their value. It is the call for the prolonged second stage that will, I think, be inclined to mount. Advancing civilisation is accompanied by a loss of tolerance to pain, and as anaesthesia undoubtedly lessens the pangs of childbirth, this relief will as time goes by, be more frequently insisted upon and applied. The disturbance of a normal function will bring in its train increasing risks to the life of mother and child.

Annual Report of Inspector of Midwives.

1st January, 1934, to 31st December, 1934.

One hundred and thirty-nine midwives notified their intention to practice in the County during 1934 :—

	1934.	1933.	1932.
Trained Midwives	144	139	135
<i>Bona-fide</i> Midwives	—	—	—

Analysis of Trained Midwives :—

Working under Suffolk Nursing Association	98	95	96
Independent Midwives	32	29	21
Midwives employed in Public Assistance Institutions	6	7	5
Midwives who did temporary duty during 1934	11	8	13
Midwives who left the County during 1934	29	20	20
Midwives practising in the County 31/12/34	118	119	115

Cases attended by Midwives :—

As Midwife	991	930	967
As Maternity Nurse	923	859	884
	1,914	1,789	1,851
Medical help advised for the Mother	263	239	196
Medical help advised for the Child	56	41	39
	319	280	235

Stillbirths :—

As Midwife	27	22	25
As Maternity Nurse	34	34	27
	61	56	52

Deaths :—

Of Mother	3	3	2
Of Child	12	13	10
	15	16	12
Notifications of death	15	16	10
Notices of laying out dead bodies	54	74	66
" liability to be a source of infection	44	39	39
" artificial feeding	16	12	9

Stillbirths. Of the twenty-seven cases attended as Midwife :—

- 5 were macerated.
- 6 were due to prematurity.
- 2 were due to malposition.
- 7 were due to malpresentation.
- 4 were due to malformation.
- 1 was due to ante-partum haemorrhage. For two cases no cause could be found.

Deaths :—

- One mother died from Pulmonary Embolism.
- Two died in Hospital from Puerperal Sepsis.
- Twelve infants died of feebleness and prematurity.

Laying out Dead :—

- In one case death was due to maternity.

Liability to be a source of infection :—

Contact with Puerperal Fever	....	....	....	....	....	....	....	....	....	23
" " Scarlet Fever	....	....	....	....	....	....	....	....	....	5
" " Chicken-pox	....	....	....	....	....	....	....	....	....	1
" " Pemphigus	....	....	....	....	....	....	....	....	....	1
" " Whooping Cough	....	....	....	....	....	....	....	....	....	1
" " Ophthalmia Neonatorum	....	....	....	....	....	....	....	....	....	1
" " Measles	....	....	....	....	....	....	....	....	....	3
" " Diphtheria	....	....	....	....	....	....	....	....	....	2
" " Influenza	....	....	....	....	....	....	....	....	....	2
" " Septic hand of midwife	....	....	....	....	....	....	....	....	....	1
" " Erysipelas	....	....	....	....	....	....	....	....	....	3
" " Cerebro Spinal Meningitis	....	....	....	....	....	....	....	....	....	1
										—
										44
										—

Puerperal Fever or Pyrexia. Of the thirty-two cases of Puerperal Sepsis :—

- 13 were midwives cases ; of these
- 4 were institution cases ; 3 recovered and 1 died.
- 4 were nursed at home and recovered.
- 1 was nursed at home and died.
- 4 were removed to hospital ; one died and 3 recovered.

Suspension and disinfection according to the Rules of the Central Midwives Board were carried out in each case where the midwife had been in contact with infection.

Artificial Feeding :—

The number of babies who were artificially fed was 16. In two cases the infants were losing weight. One mother died and two had to go to work. In eleven cases the mothers were unable to feed their babies.

Ophthalmia Neonatorum :—

Six cases were notified. Four were treated by the District Nurses at home. Two were treated at home by relatives. All of the Nurses' cases recovered.

Analysis of Cases taken :—

										<i>Maternity</i>
										<i>Nurses.</i>
Suffolk Nursing Association Midwives	....	....	....	....	....	....	....	....	....	878
Independent Midwives	....	....	....	....	....	....	....	....	....	45
Institution Midwives	....	....	....	....	....	....	....	....	....	—
										—
										923
										—

Analysis of Records for Help :—

Suffolk Nursing Association Midwives	....	....	....	....	....	....	....	....	....	301
Independent Midwives	....	....	....	....	....	....	....	....	....	18
										—
										319
										—

Routine Inspections of Midwives	....	....	....	....	....	....	....	....	....	251
Special Visits to Midwives	....	....	....	....	....	....	....	....	....	188

MARGARET F. CHALMERS,
Inspector of Midwives.

March, 1935.

Nursing Homes Registration Act, 1927.

Fifteen applications for registration under the above Act have been received, fourteen of which have been granted, namely :—

Maternity and Nursing Homes.

- Aldeburgh Cottage Hospital, Aldeburgh.
- Felixstowe Nursing Home, "Kilbowie," Wolsey Gardens, Felixstowe.
- "Carmel," Ashmans Road, Beccles.
- Nursing Home, Bay House, Stratford St. Mary.
- "Rutland," Berners Road, Felixstowe.

Nursing Homes.

Nursing Home, Wingfield Street, Bungay.
 "Hunts," Buxhall.
 The Shottisham Nursing Home, Street Farm, Shottisham.
 Dorney-Wood Private Nursing Home, 28A, Barrack Road,
 Woodbridge.
 Kersey Towers, Tomline Road, Felixstowe.

Maternity Homes.

71, Cornwall Road, Felixstowe.
 Maternity Nursing Home, "Devoran," Looe Road, Felixstowe.
 Mrs. Baalham's Nursing Home, Duke Street, Hintlesham.
 The Maples, Easton.

NOTE.—One Home registered prior to 1931 has since ceased to function.

Eight applications for exemption from registration were received from the following, all of which have been allowed :—

Patrick Stead Hospital, Halesworth.
 Cottage Hospital, Southwold.
 Cottage Hospital, Felixstowe.
 Suffolk Convalescent Home, Felixstowe.
 Bartlet Convalescent Home, Felixstowe.
 Herman de Stern Convalescent Home, Felixstowe.
 Beccles and District War Memorial Hospital, Beccles.
 Phyllis Memorial Nursing Home, Melton.

No applications have been received during the year for premises to be registered under the Act.

III.

**Children Act, 1908, and
 Children and Young Persons Act, 1932.**

The following figures relate to the children being supervised by the Health Visitors at the end of each respective year :—

Year.	Number of children under supervision.
1930	357
1931	317
1932	308
1933	343
1934	519

In no case was it found necessary during the year to take action to endeavour to remove any child from a foster parent.

There are more children under guardianship this year than have been recorded since the County Council undertook the administration of this part of the Children Act in 1930.

Public Assistance—Medical Relief Districts.

Name of District.	Name of Medical Officer.
Blything.	
No. 1	Dr. J. Aylen.
No. 2	Dr. J. Aylen.
No. 3	Dr. N. M. Stephen.
No. 4	Dr. F. K. Marriott.
No. 5	Dr. F. W. Robinson.
No. 6	Dr. J. D. Borham.
No. 7	Dr. H. C. Wight.
No. 8	Dr. C. H. Bracewell.
Bosmere and Claydon.	
Bramford	Dr. L. N. Moss.
Coddenham	Dr. E. A. Addison.
Debenham	Dr. H. Henry.
Needham Market	Dr. W. R. Ranson.
East Stow.	
No. 1	Dr. J. P. Hill.
	Dr. S. C. Hounsfield (Deputy).
No. 4	Dr. Norton Stevens.
No. 5	Dr. H. S. Gaskell.
Hartismere.	
Bedfield	Dr. C. Speers.
Botesdale	Dr. K. L. Ward.
Dennington	Dr. C. W. W. Armstrong.
Eye	Dr. A. Weir.
Fressingfield	Dr. W. C. Hutley.
Hoxne	Dr. W. J. Sheehan.
Laxfield	Dr. C. W. W. Armstrong.
Mendham	Dr. E. W. Wade.
Mendlesham and Bacton	Dr. L. B. Aveling.
Rishangles	Dr. T. H. Pryce-Morris.
Stradbroke	Dr. H. G. Biddle.
Mutford and Lothingland.	
Belton	Dr. A. S. K. Anderson.
Kessingland	Dr. H. C. Barraclough.
Lowestoft	Dr. D. W. Boswell.
Plomesgate.	
No. 1	Dr. C. D. Somers.
No. 2	Dr. C. Speers.
No. 3	Dr. C. W. W. Armstrong.
No. 4	Dr. H. N. Baron.
No. 5	Dr. E. A. Collins.
No. 6	Dr. K. J. T. Keer.
Samford.	
Ipswich	Dr. W. Collins.
Capel	Dr. J. C. R. Braine-Hartnell.
Holbrook	Dr. A. H. T. Andrew.
Wangford.	
Beccles	Dr. H. G. Wood-Hill.
Bungay	Dr. L. B. Cane.
Woodbridge.	
No. 1	Dr. G. S. Lund.
No. 2	Dr. G. S. Lund.
No. 3	Dr. W. W. Crawford.
No. 4	Dr. W. F. Greer.
No. 5	Dr. P. L. Giuseppi.
No. 6	Dr. W. Collins.
No. 7	Dr. W. W. Crawford.
No. 8	Dr. K. J. T. Keer.

Public Assistance Medical Services.

In my last report I gave an account of medical out-relief. I now set out some details of the scheme to be put into commission shortly, the important feature of which is the free choice of medical practitioner by the patient requiring treatment.

East Suffolk is not the first County which has departed from the old system of the division of the area into a number of districts, each served by one medical practitioner as a Public Assistance Medical Officer, for Wiltshire has a scheme of different nature in being.

The plan that I devised on the instruction of the Committee was similar in principle to that of Wiltshire. This has been agreed to between the County Council and the British Medical Association and is based upon payment for a fixed period of 13 weeks only, and not twelve months as in Wiltshire. This is convenient in allowing the patient to change his medical practitioner without waiting unduly for he can do so at the end of a shorter period.

There is a further difference, the fee payable is graduated for larger towns, smaller towns, and rural areas. This is an endeavour to aid the rural practitioner who has high travelling expenses and who spends more time in reaching his patients.

I had hoped that any agreed scheme would be applied to most of the County so that the same type of service would be available for most of the poor law patients. It was certain, of course, that some medical practitioners would be unlikely to relinquish a Poor Law District for which they were paid a salary if it was felt that the fee paid work in that area was unlikely to produce so large an annual sum as the salary, but I hoped that in a number of areas medical practitioners would be prepared to relinquish their appointments and place their names on the panel.

Unfortunately, any medical officer that gives up his district will lose pension rights. This has prevented medical officers transferring from the old scheme to the new and, hence, the new scheme will commence in an area of only about one-third of the whole County. The larger part will continue the old system and it will only be by a process of attrition, as the present district medical officers resign their appointments, that this area will gradually grow smaller and finally cease to exist.

The East Suffolk scheme which is experimental for a period of twelve months, is shortly as follows :—

A list of practitioners will be formed willing to treat the Public Assistance cases upon the arranged terms in prescribed parishes. Any patient residing in one of these parishes may consult a practitioner whose name is on the panel. He will obtain from the Relieving Officer a medical relief form which will entitle him to treatment from the selected Medical Officer for a period of thirteen weeks.

During that time whether the Medical Officer pays one visit or a number of visits he will receive the same fee. If at the end of 13 weeks the patient still requires treatment a further relief ticket must be obtained from the Relieving Officer which again entitles the patient to a further thirteen weeks' treatment.

The patient is entitled at the end of thirteen weeks to change his doctor.

That is the basis of the scheme and in certain particulars it differs from other schemes, as far as I know, which have been formulated. The scale of payment that I devised was one of payment for each thirteen weekly period—for Lowestoft the sum of 7/-, for a number of municipal boroughs and urban districts 8/-, and all other parishes 10/6. It was impossible to gauge the cost to the County Council of the change but I felt that if this were accepted there would be probably little financial change.

The Conference, however, with representatives of the British Medical Association, disclosed the fact that my suggested scales of payment were not acceptable to them and it was urged that another method should be adopted whereby a doctor called in to a patient for medical purposes treated the case for twelve months for a single fee. It was finally decided that the following scale of fees should be paid:—

- “ (1) That in no case shall a doctor undertaking service under the proposed free choice scheme receive, in respect of an individual patient, less than £1 per annum inclusive of drugs and mileage in Felixstowe and Lowestoft, 25/- inclusive in the Aldeburgh-Woodbridge group and 30/- in the other parishes. Where the remuneration in respect of a patient falls below the amount payable for the area the County Council agrees to pay an amount to bring it up to that figure.
- (2) That the rate and method of remuneration as outlined in the County Medical Officer's scheme be utilised as a basis of the calculation of the remuneration in respect of individual patients with the proviso that adjustments be made as set out above.”

I have no doubt that the method of selection of a doctor by a patient is infinitely superior to that of the fixed District Medical Officer, nevertheless, I am afraid that the agreed scheme will cost for medical relief a considerably larger sum than was paid under the old district relief method.

Classification of Patients in Sick Wards.—During this year the patients in the sick wards of the Institutions were classified; seven classes were selected and all the persons in the sick wards are included in one or another. The following are the figures:—

(1) Persons requiring no nursing and could be accommodated in House	Nil.
(2) Permanent chronic sick	289
(3) Temporarily sick, with possibility of improvement and subsequent discharge	30
(4) Apparently chronic sick, but where efficient treatment might effect permanent cure	1
(5) Acute and sub-acute sick	7
(6) Mental patients not included in above categories	53
(7) Maternity cases—including one baby	5
TOTAL	385

The permanent chronic sick can be, for practical purposes, divided into two separate classes. The sick who require nursing and those who are merely infirm and spend most of their waking hours in the dayroom. 46.5 per cent. of the people inhabiting the sick wards were bedridden and altogether about two-thirds, or 66 per cent., require sick ward accommodation.

I suggest that about one-third can be dealt with suitably in infirm wards with a small amount of supervision by the nursing staff.

It seems probable that 275 sick beds and 137 infirm beds—a total of 412—would be sufficient for this area, if the attitude of the general public towards Public Assistance Institutions remains as at present.

If at any time these Institutions were taken over by the Public Health Committee it is possible that they would be used more generally particularly in the case of temporary illness, but that, of course, is mere supposition. Apart from Hartismere House, which was built twenty years ago and is a comparatively modern Institution, there is no Institution in the County where the sick wards, even if adaptable, do not require considerable alteration and re-construction before they can be considered adequate for sick patients.

The common deficiencies to be found in the Institutions are :—

- (1) Lack of side wards.
- (2) Lack of administrative quarters such as duty rooms and ward kitchens.
- (3) Inadequate sanitary arrangements in many, flush sluice sinks being a rarity.
- (4) Absence of cross ventilation in the wards of some Institutions.

The question of better accommodation for the sick is now having consideration and negotiations are proceeding with the Borough of Ipswich as to the possible transference of the Ipswich Borough Hospital from the Public Assistance Committee to the Public Health Committee of the Borough, and the use of the Hospital for both Borough and County cases (Southern portion).

In the North it is essential to maintain sick wards at Oulton Institution and although the project would cause a large capital outlay, the best, and taking the long view, the most economical course would be to build new sick wards here capable of taking all the sick from the North part of the County, and to use the present sick wards for house purposes, relinquishing altogether the old house which was built in 1764 and which has long since served its useful purpose.

Eye should be maintained to serve the North Western portion of the County.

The sick wards of the remainder of the Institutions should be closed.

Below I give the suggested distribution of beds if the first plan is adopted, that is of using Eye and Ipswich only, and the second allocation if Bulcamp is retained and included :—

			<i>Sick Beds.</i>	<i>Infirm Beds.</i>
Oulton Institution	....	....	140	70
Eye Institution	....	....	45	22
Ipswich Institution	....	....	90	45
			<hr/>	<hr/>
TOTAL	....	....	275	137
			<hr/>	<hr/>

In the second scheme the following would be the allocation of beds :—

			<i>Sick Beds.</i>	<i>Infirm Beds.</i>
Oulton Institution	....	....	80	40
Bulcamp Institution	....	....	60	30
Eye Institution	....	....	45	22
Ipswich Institution	....	....	90	45
			<hr/>	<hr/>
TOTAL	....	....	275	137
			<hr/>	<hr/>

The total number of beds allotted is approximately one bed for each 5,000 of the population of the County.

Dietary for Children in Public Assistance Institutions.—A dietary for children who were inmates of the seven Public Assistance Institutions was devised. The diet for children over the age of two years was correlated with that of the adult dietary, but some alteration was made and a number of additions and subtractions were applied.

No dietary was set out for children under the age of two years this matter being left in the hands of the Medical Officer of the Institution, but as a guide a dietary leaflet issued by the Association of Maternity and Child Welfare Centres was distributed to each Institution.

TABLE XV.

Table showing proportion of bedridden patients occupying the sick wards of the
Public Assistance Institutions, January, 1935.

NAME OF INSTITUTION.	MALES :			FEMALES :			TOTAL :		
	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.
Hartismere House	23	38	60.5	13	24	54.1	36	62	58.0
Red House, Bulcamp	20	36	55.5	18	29	62.0	38	65	58.4
St. Mary's Hospital, Tattlingstone	2	23	8.7	2	19	10.5	4	42	9.5
Stow Lodge, Onehouse	10	22	45.4	8	21	38.1	18	43	41.8
Plomesgate House	5	12	41.6	7	16	43.7	12	28	42.8
Shipmeadow House	6	20	30.0	10	22	45.4	16	42	38.1
Lothingland House, Oulton	31	49	63.2	24	54	44.4	55	103	53.4
TOTAL	97	200	48.5	82	185	44.3	179	385	46.5
									$\frac{1}{2}$ almost.

TABLE XVI.

Summary of Patients occupying the Sick Wards of the Public Assistance Institutions in the various age groups, January, 1935.

NAME OF INSTITUTION.	AGE GROUPS :—								TOTAL.		
	Under 30	30-40	40-50	50-60	60-70	70-80	80-90	90-100			
Hartismere House	M.	—	2	1	2	9	15	7	2	38	} 62
	F.	2	—	1	7	4	8	2	—	24	
Red House, Bulcamp	M.	1	2	3	1	8	13	8	—	36	} 65
	F.	—	2	7	2	3	10	5	—	29	
St. Mary's Hospital, Tattingstone	M.	—	1	2	4	3	4	9	—	23	} 42
	F.	3	3	2	—	3	5	1	2	19	
Stow Lodge, One-house	M.	1	1	5	2	5	5	3	—	22	} 43
	F.	—	—	3	4	4	6	2	2	21	
Plomesgate House	M.	2	—	1	—	3	4	2	—	12	} 28
	F.	1	—	1	2	3	5	4	—	16	
Shipmeadow House	M.	1	—	1	4	1	8	5	—	20	} 42
	F.	—	3	1	1	4	11	1	1	22	
Lothingland House, Oulton	M.	1	—	2	10	4	20	12	—	49	} 103
	F.	3	3	4	7	7	16	13	1	54	
Total patients in each age group		15	17	34	46	61	130	74	8	385	

Percentage of Patients over 60 years of age 70.9
 " " " " 70 " " 55.0

V.

Vaccination.

TABLE XVII.

ADMINISTRATIVE COUNTY (1933).

SUB-DISTRICT.	Total births registered.	Successfully vaccinated.	Insusceptible of vaccination.	Had small-pox.	Number of declarations from conscientious objectors.	Died unvaccinated.	Postponed by medical certificate.	Removed to other districts, the Vaccinating Officer of which has been appraised.	Removed, address unknown.	Percentage successfully vaccinated.	Excluding those who died unvaccinated. Percentage.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Beccles	202	105	1	—	87	6	1	1	1	52.0	53.6
Framlingham	97	66	1	—	23	1	—	—	3	68.0	68.8
Saxmundham	130	95	—	—	30	4	—	—	1	73.1	75.4
Lowestoft	605	71	1	—	482	21	3	10	3	11.7	12.2
Stradbroke	110	72	3	—	30	5	—	—	—	65.5	68.6
Woodbridge	197	108	1	—	75	6	4	1	—	54.8	56.5
Eye	179	124	2	—	42	5	—	5	1	69.3	71.3
Felixstowe	201	77	1	—	116	5	—	—	2	38.3	39.3
Leiston	149	83	—	—	57	8	—	—	1	55.7	58.9
Southwold	191	91	4	—	85	11	—	—	—	47.6	50.6
Stowmarket	155	44	—	—	93	8	3	—	4	28.4	29.9
Capel St. Mary	162	92	3	—	59	3	2	3	—	56.8	57.9
Needham Market	213	93	—	—	106	7	1	5	1	43.7	45.1
Kessingland	174	54	3	—	111	4	—	1	—	31.0	31.8
Totals	2765	1175	20	—	1396	94	14	26	17	42.5	44.0

ADMINISTRATIVE COUNTY EXCLUDING LOWESTOFT.

2160	1104	19	—	914	73	11	16	14	51.1	52.9
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LOWESTOFT.

605	71	1	—	482	21	3	10	3	11.7	12.2
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Vaccination.

Late Union.	Registration Sub-District.	Name of Vaccination Officer.	Names of Public Vaccinators acting within the Sub-District.
Blything ...	Leiston ...	Mr. E. C. Guy.	Dr. J. Aylen.
	Southwold ...	Mr. H. W. Bond.	Dr. A. Cursham.
Bosmere and Claydon ...	Coddenham ...	Mr. G. F. Sutton.	Dr. N. M. Stephen.
	Needham Market	Ditto	Dr. F. K. Marriott.
	Debenham ...	Ditto	Dr. F. W. Robinson.
East Stow ...	Stowmarket ...	Mr. G. S. Clarke.	Dr. J. D. Boreham.
Hartismere	Eye ...	Mr. N. Billings.	Dr. C. H. Wight.
	Stradbroke ...	Mr. V. P. Denne.	Dr. C. H. Bracewell.
Mutford and Lothingland	Lowestoft	Mr. A. Jarrold.	Dr. E. A. Addison.
	Borough ...	Mr. E. G. Wilson.	Dr. W. E. Ranson.
	Kessingland ...		Dr. H. Henry.
Plomesgate	Framlingham	Mr. H. C. Taylor.	Dr. J. P. Hill.
	Saxmundham	Mr. H. C. Taylor.	Dr. H. S. Gaskell.
Samford ...	Capel St. Mary	Mr. F. Alexander.	Dr. E. C. Hardwicke.
			Dr. L. B. Aveling.
Wangford ...	Bungay ...	Mr. H. R. Hadingham.	Dr. T. H. Pryce-Morris.
	Beccles ...		Dr. T. H. Pryce-Morris.
Woodbridge	Felixstowe ...	Mr. E. R. Holland.	Dr. K. L. Ward.
	Woodbridge ...	Mr. A. B. Creasy.	Dr. H. G. Biddle.
			Dr. W. J. Sheehan.
			Dr. E. W. Wade.
			Dr. C. Speers.
			*Dr. C. W. W. Armstrong.
			Dr. W. C. Hutley.
			Dr. T. H. Pryce-Morris.
			Dr. D. W. Boswell.
			Dr. H. C. Barraclough.
			Dr. H. W. Boswell.
			Dr. H. C. Barraclough.
			Dr. A. S. K. Anderson.
			Dr. J. C. Keer.
			Dr. C. W. W. Armstrong.
			Dr. C. Speers.
			Dr. E. A. Collins.
			Dr. C. D. Somers.
			Dr. H. N. Baron.
			Dr. E. A. Collins.
			Dr. J. C. Keer.
			Dr. A. H. T. Andrew.
			Dr. J. C. R. Braine-
			Hartnell.
			Dr. S. S. Hoyland.
			Dr. L. B. Cane.
			Dr. C. Grantham-Hill.
			Dr. P. L. Giuepppi.
			Dr. W. F. Fryer.
			Dr. W. W. Crawford.
			Dr. G. S. Lund.
			Dr. W. F. Greer.
			Dr. W. W. Crawford.

* This Doctor has two districts.

Vaccination.

Vaccination becomes increasingly unpopular and there is a fall of 2% in the number of successfully vaccinated, the figure for 1932 being 44.6 compared with 42.5 for 1933.

As usual Lowestoft is a centre of anti-vaccination and the percentage of children vaccinated there has decreased from 13.5 in 1932 to 11.7

in 1933. What would happen in that town if an outbreak of virulent small-pox occurred is difficult to foresee; conditions would be in favour of easy propagation of the disease. Such a situation, human nature being what it is, would undoubtedly make vaccination less unpopular in the Borough.

I note a reduction in the number "Removed, Address Unknown," there being less than half of the previous year.

If Lowestoft were excluded from the County rate this would be 51.1 instead of 42.5, but there is a reduction in this rate the figure for 1932 being 54.1. Vaccination is gradually falling into disuse even in rural areas.

VI.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The following are the additions or alterations to the Water Supplies in the County which have occurred during 1934 :—

<i>Urban Districts.</i>	<i>Additions or Alterations.</i>
Aldeburgh M.B.	868 yards of water main extended along Leiston Road.
Beccles M.B.	Report not received at time of writing.
Bungay U.D.	Report not received at time of writing.
Eye M.B.	—
Felixstowe U.D.	—
Halesworth U.D.	—
Leiston U.D.	—
Lowestoft M.B.	Report not received at time of writing.
Saxmundham U.D.	Report not received at time of writing.
Southwold M.B.	Report not received at time of writing.
Stowmarket U.D.	—
Woodbridge U.D.	35 new water supplies laid. 3 drinking fountains, made at the expense of the Council. Open crag well completed at the auxiliary pumping station.
<i>Rural Districts.</i>	<i>Additions or Alterations.</i>
Blyth.	Several schemes in hand to alleviate shortage of water in certain districts.
Deben.	Report not received at time of writing.
Gipping.	—
Hartismere.	Report not received at time of writing.
Lothinglahd.	Report not received at time of writing.
Samford.	Water mains extended at Chelmondiston. Many wells deepened in the area owing to drought.
Wainford.	Wells sunk at St. Andrew's, Ringsfield and Westhall.

Rural Water Supplies.

I referred in my last report to the water shortage throughout the country owing to a series of dry years and the Rural Water Supplies Act, 1934, which placed £1,000,000 solely for the purpose of aiding Rural Districts to augment their supplies.

During the early part of 1934 the County Council instructed a firm of Water Engineers to make a brief survey of the County. Their report has been of considerable service to a number of Rural District Councils.

There was in many parishes, particularly in the Rural District of Hartismere (which comprises the old Rural Districts of Hartismere and Hoxne), a poor supply of water, and here the Engineers proposed the somewhat elaborate scheme of piping water from considerable distances. The Rural District Council felt that they were unable to face such an expenditure and preferred to rely on the sinking of a number of bore holes. A limited scheme was devised for this area but it was found impossible to recommend bore holes in four villages owing to the nature of the water in the underlying chalk.

Dry conditions were experienced during the first seven months of 1934, but in Suffolk there was a considerable rainfall in the latter part of the year, particularly in December. In 1935 rain has fallen at one time and another during the late winter and the spring, and ponds are mostly well filled, and where this source of supply is relied upon there is no likelihood of shortage. Wells, however, of some depth, are still affected, but generally speaking the situation is very different from last spring.

Applications for Grants under Section 57 of the Local Government Act, 1929.

The applications for grants under the above Section of the Act have come from two areas only; Wainford (which comprises the old Rural Districts of Wangford and part of Blything), and Gipping.

Wainford has sunk wells—8 in all. In each case a grant has been made by the County Council although some of them were in being before the applications were made. Occasionally small alterations were recommended and these were adopted. In no case I understand could any portion of the £1,000,000 be obtained towards the expenditure in any of these undertakings.

The Gipping Rural District Council have made two extensions from an artesian well with an engine pump and reservoir which is situated in the parish of Stonham Parva and was instituted to supply that parish. The first extension was early in the year to Mickfield and here the water was taken some considerable distance by pipes and the village was supplied with five standpipes, one being added to the proposed four.

The supply at Stonham Parva has also been extended to Earl Stonham to serve a further 31 houses, the water being available at six standpipes. The Stonham Parva well now supplies over 140 houses.

Whenever it is economical to do so the piping of a supply from one centre to others has advantages, for the reason that the pipe invariably follows roads and this gives an opportunity for many houses to obtain

water which otherwise would not be available, and by relieving prospective builders of the responsibility of providing a private supply of pure water, sometimes a costly affair, encourages the erection of houses in rural areas.

This is not the first instance of a piped supply in this Rural District. I hope that the Council will continue to extend their water supplies in this way and that other District Councils may imitate the example.

Sewage Disposal.

The following are the alterations or additions which have been made in the Urban and Rural Districts in the County during 1934 :—

<i>Urban Districts.</i>	<i>Additions or alterations.</i>
Aldeburgh M.B.	—
Beccles M.B.	Report not received at time of writing.
Bungay U.D.	Report not received at time of writing.
Eye M.B.	One privy converted to pail closet.
Felixstowe U.D.	353 linear yards new sewers and 530 linear yards of surface drains constructed. 3 pail closets converted to water closets. 4 additional water closets provided.
Halesworth U.D.	Decrease of 28 pail closets ; increase of 1 privy and 32 water closets.
Leiston U.D.	Increase of 3 water closets connected with sewerage ; 1 pail closet converted to water closet.
Lowestoft M.B.	Report not received at time of writing.
Saxmundham U.D.	Report not received at time of writing.
Southwold M.B.	Report not received at time of writing.
Stowmarket U.D.	41 water closets provided.
Woodbridge U.D.	7 new earth and water closets provided.
<i>Rural Districts.</i>	<i>Additions or Alterations.</i>
Blyth.	Public sewer constructed in 1933 at Framlingham re-constructed with the addition of 3 inspection chambers. 18 pail closets and 4 privies converted to water closets and connected with sewer. 11 privies converted to pail closets.
Deben.	Report not received.
Gipping.	Improvement to sewage system at Coddendam carried out—septic tanks and filter provided for outfall. 8 privies abolished during year—6 converted to pail closets and 2 to chemical closets.
Hartismere.	Report not received.
Lothingland.	Report not received.
Samford.	65 new drainage systems carried out. 15-inch diameter sewer extended at East Bergholt. Small sewerage purification plant installed at Holbrook. 6-inch diameter sewer extended at Shotley. 6-inch diameter sewer renewed at Sroughton. 7 privies converted to pail closets.
Wainford.	—

Local Government Act, 1929 : Section 57.*Improvement of Water Supplies.*

Applications for grants under Section 57 of the above Act from the following District Councils were dealt with during 1934 :—

RURAL DISTRICT COUNCIL.	PARISHES CONCERNED.	Extension of, or addition to, existing water supply suggested.	Whether grant sanctioned.
WAINFORD	Barsham	Provision of a public well on High Common	Yes.
	Ilketshall St.	Provision of a public well, Low St.	Yes.
	Margaret		
	South Elmham	ditto The Common	Yes.
	All Saints		
	South Elmham	ditto The Common	Yes.
	St. Michael		
	Ilketshall St.	ditto High Street	Yes.
	Margaret		
	Ringsfield	ditto Ringsfield Corner	Yes.
Westhall	ditto (1) Mill Common (	Yes.	
		(2) Cox Common (
	Ilketshall St.	ditto Top Road, St.	
	Andrew	Andrew's Common	Yes.
GIPPING	Earl Stonham	Supply with standpipes by pipe-lines from existing bore at Stonham Parva	Yes.
	Mickfield	ditto	Yes.

Improvements in Methods of Sewage Disposal.

BLYTH	Framlingham	Extension of public sewer to Saxmundham Road and Fore Street	Yes.
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VII.

Housing.

Since the Housing Act of 1930 it has been my custom in my Annual Report to draw attention to the inability of my Department to carry out effectively the duties laid upon the County Council by Part IV., paragraphs (1) and (2), and I have in addition stated that unless a Sanitary Inspector were appointed this County Council's duty must remain unfulfilled.

Had it not been for the financial emergency of 1931 which continued for at least two years, an Officer would probably have been appointed ; but this crisis prevented the County Council from engaging in any further permanent expenditure.

Fortunately the financial situation has eased and I hope that the County Council will endorse the recommendation of the Public Health Committee and the Finance Committee to establish the post of sanitary or health inspector at the next Meeting.

Last year I gave a Table of the proposed action by Rural District Councils of the demolition of houses unfit for human habitation. This Table, of course, represented the programmes of the Rural District Councils as they existed before the County Review of Districts came into force, and as the districts were very considerably altered by this—with the exception of Samford—the figures for the past cannot be applied to the new districts, and the proposals for the future must be reconsidered and recast.

The old Rural Districts of Hoxne and Hartismere decided that no demolition was necessary in either districts. The new Rural District of Hartismere, which had been formed from the two, has decided that this negation of action is incompatible with the requirements of the area and a scheme for the provision of 250 houses has been substituted.

Such a proposal is somewhat far reaching compared with those of the other old Rural Districts. The total number of houses proposed for displacement by all the old Rural District Councils was only 292.

The Housing Bill which is before Parliament at the moment of writing has not yet become an Act, and, therefore, it is impossible completely to foresee the implications of this.

The Bill, however, contains one epoch making advance in housing legislature. For the first time a standard of overcrowding has been laid down. Before, this was a matter of opinion, and Section 91 of the Public Health Act of 1875 was usually applied and it was necessary for the Medical Officer of Health to persuade not only his Council, but the Magistrates that his view was correct.

In future there can be no argument, a standard will exist.

The Act will cause considerable activities in those districts where full particulars of all housing matters are not yet at hand, for statistical returns must be made by District Councils.

When the Local Authorities built houses it was often the case that those families that were most overcrowded were unable to occupy Council houses because they could not afford to pay the rent required, and, in addition, Local Authorities were sometimes reluctant to let their houses to tenants with many children as it was suspected they would not take sufficient care of the property.

At last it is to be hoped that the family that requires a large house more than any other and who as a rule can afford to lay out very little in rent, will be able to acquire one, and will be provided with healthy housing conditions which for so long have been denied.

If the Housing Bill becomes an Act of Parliament without substantial alteration, it will amplify the present Housing Acts indeed and will strengthen the hands of Medical Officers of Health in their endeavour to promote healthy households in their areas. Though sufficiency of proper food is the first essential in health, housing is certainly second.

Housing (Rural Workers) Acts, 1926 and 1931.

An analysis of the work done during the year 1934 is as follows :—

Provision of water supply	18
Reconditioning work	81
Re-roofing	4
Enlargement of existing dwellings	28
Conversion of buildings into dwellings	2
Improvement to drainage system	—

(Total number of dwellings concerned :—105).

The great acceleration which marked applications under this Act last year has been maintained. In 1932 30 houses were involved, in 1933, 101, and this year 105.

At the end of 1932 work had been finished on 255 houses since the Act came into force in 1926. By this year this figure had risen to 461 ; as the actual amount of grant paid by the Council had, during the same period, almost doubled, more extensive work has been done on the 206 houses completed in the last year than the 255 completed during the whole of the previous period.

The actual expenditure last year was £6,000 ; this year £9,000. A most satisfactory twelve months' work.

There is no slacking off in the demand and with so many examples that now exist throughout the County of the results of this beneficial Act there can be little chance of owners being ignorant of its possibilities. I think that the acceleration in the last two years is accounted for by example and imitation.

The new Housing Bill may have a marked effect upon this one. I anticipate and hope that the result will be an increase in applications of landlords for grants to improve the accommodation of houses whose tenants are overcrowded, under the definition laid down in the new Bill. Where overcrowding exists if this is not remedied by the owner of the house the Local Authority will be able either to build fresh houses for the overcrowded, or to acquire the houses themselves and to reconstruct them if this is necessary.

I hope that as far as it is possible there will be a general re-construction of the old houses which are overcrowded, either by owners or by Local Authorities, rather than a wholesale building of new dwellings.

I am not taking this point of view because I am anxious to keep the beauty of the countryside at the expense of those whose lot it is to inhabit the cottages. Old houses have some advantages over new ones ; in addition, to that of enhancing the beauty of the rural scene rather than detracting from it as modern erections sometimes do, they are often warmer in the winter and cooler in the summer, this is particularly so when the roof is thatched, again the rooms are constantly bigger than those it is found economical to construct to-day.

Many of the disadvantages such as sloping bedroom ceilings with small windows on floor level, and lack of sufficient bedroom accommodation, can be overcome by the Act, and when an ancient cottage has been treated with sympathy architecturally, and with wisdom from the health standpoint, the resulting house is often vastly superior to a new cheaply built house ; furthermore, it is not only a constant joy to passers-by but also provides a more congenial environment for its tenants.

Progress of Scheme approved by the Minister of Health under the Housing (Rural Workers) Acts, 1926, and 1931.

Position at 31st December, 1934.

ASSISTANCE BY WAY OF GRANTS BY THE COUNCIL.

Purpose for which assistance required.	Number of dwellings in respect of which applications for grants have been :—			Assistance promised by the Council :—		Assistance given by the Council :—		Number of dwellings :—	
	Made to the Council.	Refused by the Council.	Withdrawn by applicants.	Total Amounts of grants promised.	Number of dwellings concerned.	Total Amounts of grants paid.	Number of dwellings concerned.	On which work has been finished.	On which work has been commenced but not finished.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(i) Conversion of buildings not previously used as dwellings into dwellings ...	43	5	14	£ 2,203 . 10 . 8	23	£ 21,66 . 4 . 0	22	22	1
(ii) Improvement of existing dwellings ...	736		65	£ 40,265 . 14 . 11	555	£ 29,392 . 7 . 2	433	439	53
(iii) Total ...	779	5	79	£ 42,469 . 5 . 7	578	£ 31,508 . 11 . 2	455	461	54

VIII.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The biological examination of 100 samples of milk for the presence of tubercle bacilli and taken from herds in the Sanitary areas in the County has been carried on as usual during 1934. The County Council on the one hand carry out the biological examination, while the Officers of the District Councils upon the other select and collect the milk which they desire to be tested at the County Laboratory.

During the year 102 samples were tested in this way ; seven of these were found to contain tubercle bacilli. The following Table shows the number of samples tested each year and the result of such examination since the inauguration of the County Council's scheme in 1927 :—

TABLE XVIII.

Year.	Number of samples tested.	Tubercle bacilli absent.	Tubercle bacilli found.	Percentage of samples found to contain tubercle bacilli.
1927	33	31	2	6.0
1928	88	84	4	4.5
1929	106	105	1	.9
1930	103	101	2	1.9
1931	106	103	3	2.8
1932	106	99	7	6.6
1933	101	96	5	4.9
1934	102	95	7	6.9
Totals	745	714	31	4.2

There has, perhaps, been no subject concerning Public Health which has recently had more prominence than milk.

An important addition has been made to the Public Health service during the year ; the Suffolk Diseases of Animals Joint Sub-Committee decided to appoint two whole-time Veterinary Surgeons to work jointly in the Counties of East and West Suffolk to carry out the duty laid upon the County Councils by the Milk and Dairies Act of 1915.

I have long advocated regular examination of cows. This tends to prevent the retention in a herd until the last possible moment, of cows suffering from advanced tuberculous mastitis. Although such inspections cannot exclude tuberculosis from herds and prevent tubercle bacilli being present in some supplies, nevertheless they should lead to a reduction of milk heavily laden with this organism and so lessen massive infection.

The percentage of positive samples this year is higher than ever before and this has slightly increased the percentage for the total examinations which are now between 700-800. 4.2 is not a high percentage when those of some areas are compared with it, but as extremely low figures were found in 1929 and 1930, the average percentage will tend to increase for a time.

The examination of the 100 samples taken for the County Council at random by District Sanitary Inspectors is valuable in so much as it gives an indication, rough perhaps, of the extent to which milk in an area is infected.

It is a common experience for me to find that the investigations which follow upon the discovery of tubercle bacilli in a bulk supply by the biological method result in failure, and this year the failure is more apparent than ever before.

Of eight investigations performed because tubercle bacilli were discovered in a mixed sample, only one, the first, was partially successful, one cow being isolated and slaughtered. In this case one of the mixed samples taken at the inspection though positive, at the second investigation when the milk of each of the three cows concerned was examined, all proved to be negative.

Amongst the rest no cows were isolated although in two cases cows had been removed from the herd before the investigation and were, therefore, possibly the infectors of the milk.

I reviewed the East Suffolk results of some years recently in the preparation of a Paper, and I then found that in only 15% of the cases up to that date investigated, were the offending animal, or animals, isolated. I am not prepared to put forward reasons of worth why the investigations this year failed; it is probable that two did so because the offender was removed, but that leaves six unaccounted for.

It may be that the cows originally passing tubercle bacilli did this for a period and ceased to do so by the time the investigation was instituted. It has been suggested to me that in such cases the original milk is not infected from the udder of the cows but by faeces, which contain this organism, obtaining access to the milk.

Whatever the cause may be, however, I have been unable to discover it.

There was a further investigation which was not carried out because tubercle bacilli were found in a sample of milk, but because two babies both contracted tuberculosis from which they subsequently died, and on that account I suspected that the origin of their infection was bovine rather than human. Both these children had only received milk for a short period, probably not more than three weeks, but this was sufficient to produce disease, and here, as almost one-third of the cows were passing tubercle bacilli in the milk, the infection to which the children were subjected was very heavy indeed.

I was unfortunately unable to prove the bovine infection by the cultivation of the organisms, for the Hospital authorities concerned were unable to arrange for culture. As there was no question of human infection in the vicinity there can be no doubt whatsoever as to the origin of the disease.

This is a tragic example of what some milk producers deny is a possibility.

Provision of Milk for School Children.

The Board of Education, in conjunction with the Milk Marketing Board, prepared a scheme for providing children at school with milk at half price. I have dealt with this matter in my School Report and I do not propose to go into any details here. It is sufficient to say that the cost of any check kept upon the milk must be borne by the Public Health Committee and milk that is consumed at school is as far

as possible examined for cleanliness at the County Laboratory every three months.

Any expense in examining this milk for the presence of tubercle bacilli must also be borne by the Public Health Committee. I have had a few examined to test the efficacy of the method of two or three pasteurised supplies but none were found to contain tubercle bacilli.

Particulars of Veterinary Surgeons' Investigations.

An investigation was carried out in respect of each herd where the sample of milk was found to contain tubercle bacilli: the following are the particulars relating thereto:—

(1) Number of cows in herd:—10. A special sample of milk was taken from one cow and tubercle bacilli were found to be present both microscopically and biologically. The cow was slaughtered; the post mortem report stated—"Tuberculosis of the udder—not advanced."

Three mixed milk samples were taken from the remainder of the herd: two proved to be negative to the biological test; the third, involving three cows, showed tubercle bacilli to be present. A second investigation was thus required.

2nd investigation: A special sample was taken from each of the three cows concerned in the positive mixed milk No. III., but all proved negative to the biological test.

The first investigation was successful in discovering one cow responsible for infecting the original sample; the second investigation, however, did not show which cow was infecting the positive mixed milk taken at the first inspection.

(2) Number of cows in herd:—29 (4 dry). Two special samples and six mixed milk samples were taken from this herd, but all proved negative to the biological test. This investigation, therefore, was unsuccessful in revealing the animal responsible for infecting the original sample.

In this instance, however, one cow had been removed from the herd prior to the investigation; the owner stated that this animal was not concerned in the original positive sample.

(3) Number of cows in herd:—17 (1 dry). Two special samples were taken and proved to be negative upon biological examination. Four mixed milk samples were submitted to the biological test from the remainder of the herd; three samples proved to be negative, but the guinea pig inoculated with No. IV. died from an intercurrent infection; a repeat sample was taken from the cows concerned and again guinea pig died from a similar cause.

The investigation, therefore, failed to reveal the cow or cows responsible for infecting the original sample.

(4) Number of cows in herd:—11 (1 dry). A special sample and two mixed samples taken from this herd all returned a negative result upon biological examination. Therefore, the investigation was unsuccessful in discovering which cow was passing tubercle bacilli in the milk when the original sample was taken.

(5) Number of cows in herd :—4 (1 dry). A special sample was taken from each cow and examined biologically, but all proved negative. This investigation was, therefore, unsuccessful in isolating the offending animal at the time when the original sample was taken.

(6) Number of cows in herd :—5. A special sample was taken from each of the five cows; three proved negative to the biological test. The guinea pigs inoculated with the other two milks died; repeat samples were taken and a negative result returned in each case. Therefore, the investigation failed to reveal the cow or cows responsible for infecting the original sample.

(7) Number of cows in herd :—20. 4 special samples and 3 mixed milk samples were taken from this herd and submitted to the biological test; no tubercle bacilli were found and, therefore, the investigation was unsuccessful in revealing the cow responsible for infecting the original sample. In this instance, however, one animal had been removed from herd prior to the investigation.

(8) On receipt of information from the Medical Officer of Health for Lowestoft that tubercle bacilli had been found in a sample of milk taken from a farm in this area, an investigation of the herd concerned was arranged, but on arrival at the farm it was found that all the cows had been milked; the Veterinary Surgeon, therefore, revisited the next day when he took the following samples of milk which were submitted to the County Laboratory for biological examination :—

Number of cows in herd :—20. Special samples taken :—7. Mixed milk samples taken :—3. All these milks proved to be negative to the biological test and, therefore, the investigation was unsuccessful in discovering whether any of the cows in the herd at the time of inspection was responsible for infecting the original positive sample.

It was noted, however, that one cow which had been ailing had been removed from the herd by the owner and slaughtered prior to the investigation.

In the undermentioned case an investigation of the herd was made because of information received from the Medical Officer of Health of the Sanitary Authority concerned that he suspected two children had been infected with Tuberculosis through consuming milk supplied from this herd :—

(9) Number of cows in herd :—18. Special samples of milk taken :—8. Mixed milk samples taken :—2. All these milks were examined biologically at the County Laboratory. 5 of the special samples were found to contain tubercle bacilli, the remaining three and the two mixed milk samples being negative.

The five cows returning the positive samples were slaughtered and the post mortem reports stated :—

2 cows Lesions present in various glands; animals suffering from advanced Tuberculosis.

3 cows Udders of all three animals affected by Tuberculosis.

Milk (Special Designations) Order.

The following are the names and addresses of owners who are licensed by the East Suffolk County Council to sell designated milk ("Grade A") in the Administrative County :—

Name and Address of Producer.	Parish.	Date of Issue of Licence.
The Lady Eve B. Balfour, New Bells Farm, Haughley	Haughley	14/7/26.
Mr. A. Harwood, Rookery Farm, Washbrook	Washbrook	16/12/26.
Capt. J. St. V. B. Saumarez, Broke Hall Home Farm, Levington	Levington	4/7/27.
Mr. F. C. R. Hancock, Red House, Leiston	Leiston	11/8/27.
Mr. P. C. Hounsfield, Cedars Farm, Stowmarket	Stowmarket	16/2/28.
Mr. H. Fulcher, Aldeburgh Hall, Aldeburgh	Aldeburgh	4/8/28.
Mr. P. M. Faraday, Grange Farm, Theberton	Theberton	9/9/30.
Mr. N. Stanley, Ambleside, Valley Road, Ipswich....	Trimley	31/12/31.
Mr. A. Chisnall, Hill Farm, Sproughton	Sproughton	2/3/32.
Mr. G. Gall (Greenwich Hospital Estate), Wall Farm, Holbrook	Holbrook	2/6/33.
Mr. A. W. Symes, Red House Farm, Witnesham....	Witnesham	8/10/34.

Six producers who were licensed the previous year dropped out during 1934; one further licence was issued, making a total of 11 "Grade A" Milk Producers in the area.

The establishment of the Milk Marketing Board has been responsible for somewhat of a revolution in milk production. Previously, in spite of the institution of designations it was worth the while of few producers to obtain licences. Notwithstanding the passing of the Milk and Dairies Act of 1915, with the subsequent regulations of 1926, made under the Act, which assure if put into force that premises are kept clean and that clean methods of milking are carried out, both were very considerably neglected.

Much of the milk in the area has been produced in—to say the least of it—unsavoury conditions. Here and there recently when making "Grade A" inspections conditions have been found which should never have been allowed to exist.

It is obviously poor business to produce an article of food in a cleanly manner and simultaneously endeavour to persuade the Public to consume more, when large numbers of the medical profession are aware of the facts and are constantly stating that as an article of food milk is dangerous unless treated by some method of heat.

The Milk Marketing Board, assuming command, have endeavoured to put its house in order.

Although the first scheme of the Board was not acceptable to local authorities, a later one was agreed to. On the one hand the Board pay one penny a gallon extra to the producer for all milk produced under "Grade A" licences (which are, as before, issued by the County Council); the County Council on the other hand collect and examine the milk at their own expense and arrange for quarterly veterinary examinations of the herds. Two at least of these inspections will be carried out by one of the whole-time Veterinary Surgeons employed by the Suffolk Diseases of Animals Joint Sub-Committee.

This scheme was launched in 1935 somewhat precipitantly and a large amount of inspection was placed on the Public Health Staff, some 150 farms being visited in the short space of six weeks.

The trend of events seems to point towards the production of clean milk by all producers but such a change in a conservative community will take time ; if such a vast transmogrification can be brought about by the Milk Marketing Board in the course of a few years it will redound to their credit.

The following are the names and addresses of owners who are licensed by the Ministry of Health to sell designated milk in the Administrative County of East Suffolk :—

Name and Address of Producer.	Parish.	Nature of Licence.	Date of issue of Licence.
Mr. R. H. Brittain, Gulpher Hall Farm, Felixstowe	Felixstowe	Certified and Grade " A " T.T.	26/10/28.
Mr. E. K. Bannister, Whitton Farm, Oulton Broad	Oulton Broad	Grade " A " T.T.	23/8/28.
Mr. H. R. Dashwood, Caldecott Hall Farm, Fritton	Fritton	Ditto	20/12/28.
Mr. D. G. Wigan, Loudham Park Farm, Pettistree	Pettistree	Ditto	7/2/30.
Mr. W. W. Flatt, Manor Farm, Lound	Lound	Ditto	17/9/30.
Mr. P. W. Mobbs, Carlton Hall, Lowestoft	—	Ditto	10/7/34.

One producer of " Certified and Grade ' A ' T.T. Milk " relinquished his licence during the year, but as another producer was licensed in respect of " Grade ' A ' T.T. Milk " the number of licensees under the Ministry of Health for supplying designated milk in the area remained the same.

SALE OF FOOD AND DRUGS ACT.

This Act is not administered by my Department ; it is the duty of the Chief Constable whose report I include in my Annual Report.

TABLE XIX.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Formal Samples.

During the year 1934 the following samples were taken for examination :—

Nature of Sample.	Number taken.	Genuine.	Containing preservatives.	Number adulterated.	Poor, of doubtful quality.	Broken in transit.
Apricots, Dried ...	2	2				
Baking Powder ...	6	6				
Beef pie ...	1	1				
Butter ...	14	13			1	
Cheese ...	4	4				
Cheese, Cream ...	1	1				
<i>Carried forward</i>	28	27			1	

TABLE XIX.—*continued.*

Nature of Sample.	Number taken.	Genuine.	Containing preservatives.	Number adulterated.	Poor, of doubtful quality.	Broken in transit.
<i>Brought forward</i> ...	28	27				
Chocolates ...	1	1				
Cocoa ...	1	1				
Cocoanut, Dessicated ...	1	1				
Cocoanut Ice ...	1	1				
Cream ...	2	2				
Custard powder ...	5	5				
Dripping, Beef ...	2	2				
Figs ...	1	1				
Flour, Saffron ...	2	2				
Flour, Self-raising ...	1	1			1	
Fry Fat ...	1	1				
Jam, Raspberry ...	1	1				
Jam, Strawberry ...	1	1				
Jelly Crystals ...	1	1				
Jelly, Strawberry ...	1	1				
Jelly, Table ...	2	2				
Kako ...	1	1				
Ko-Ko-Cups ...	1	1				
Lamb tongue ...	1	1				
Lard ...	5	5				
Lemon Cheese ...	1	1				
Lemonade Crystals ...	1	1				
Margerine ...	9	9				
Marmalade, Orange ...	1	1				
Milk ...	158	135			23	
Mincemeat ...	1	1				
Milk Cheese ...	1	1				
Mustard compound ...	1	1				
Oats, Breakfast ...	1	1				
Pearl Barley ...	1	1				
Peas, Dried ...	1	1				
Pepper ...	2	2				
Pork cheese ...	1	1				
Potted meat ...	10	8		2		
Prunes ...	2	2				
Raspberry powder ...	1	1				
Salmon and Lobster Roll ...	1	1				
Sausage, Beef ...	2	2				
Sausage, Pork ...	7	7				
Savoury ducks ...	1	1				
Sponge pudding powder ...	1	1				
Suet, Beef ...	1	1				
Sugar, Moist ...	1	1				
Tea ...	7	7				
Trex ...	1	1				
Veal, Ham and Tongue Roll ...	1	1				
Veal, Ham and Egg Roll ...	1	1				
Vinegar, Malt ...	2	2				
Wine, Raisin ...	1	1				
	279	253		2	24	

G. S. STAUNTON,
Chief Constable of East Suffolk.

County Chief Constable's Office,
Ipswich.

19th February, 1935.

List of Samples containing Preservatives, Adulterated, or of Doubtful Quality, and Action taken.

Nature of Sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Butter			Excess of water 18%	Cautioned.
Milk			Genuine Milk 97%, Milk devoid of fat 3%.	Cautioned.
Milk			Genuine Milk 92%, Milk devoid of fat 8%.	Cautioned.
Milk			Genuine Milk 90%, Milk devoid of fat 10%.	Cautioned.
Milk			Genuine Milk 98%, Milk devoid of fat 2%.	Cautioned.
Milk			Genuine Milk 97%, Milk devoid of fat 3%.	Cautioned.
Milk			Genuine Milk 73%, Milk devoid of fat 27%.	Cautioned.
Milk			Genuine Milk 72%, Milk devoid of fat 28%.	Cautioned.
Milk			Genuine Milk 97%, Milk devoid of fat 3%.	Cautioned.
Milk			Genuine Milk 93%, Milk devoid of fat 7%.	Cautioned.
Milk			Genuine Milk 87%, Milk devoid of fat 13%.	Cautioned.
Milk			Genuine Milk 85%, Milk devoid of fat 15%.	Cautioned.
Milk			Genuine Milk 81%, Milk devoid of fat 19%.	Cautioned.
Milk			Genuine Milk 98%, Milk devoid of fat 2%.	Cautioned.
Milk*			Genuine Milk 89%, Milk devoid of fat 11%.	No action, subsequent samples from same source were genuine.
Milk*			Genuine Milk 97%, Milk devoid of fat 3%.	Ditto.
Milk*			Genuine Milk 97%, Milk devoid of fat 3%.	Ditto.
Milk			Genuine Milk 94%, Milk devoid of fat 6%.	Cautioned.
Milk			Genuine Milk 82%, Milk devoid of fat 18%.	Prosecution, Fined £1.
Milk			Genuine Milk 76%, Milk devoid of fat 24%.	Cautioned.
Milk			Genuine Milk 96%, Milk devoid of fat 4%.	Cautioned.
Milk			Genuine Milk 97%, Milk devoid of fat 3%.	Cautioned.
Milk*			Genuine Milk 87%, Milk devoid of fat 13%.	No action. Other samples from same source were genuine.
Milk			Genuine Milk 86%, Milk devoid of fat 14%.	Cautioned.
Potted Meat*		17% added starchy matter.		Cautioned.
Potted Meat*		17.3% added starchy matter.		Cautioned.

All non-genuine samples marked * were taken by the Sanitary Inspector for the Borough of Lowestoft.

G. S. STAUNTON,
Chief Constable of East Suffolk.

County Chief Constable's Office, Ipswich.
19th February, 1935.

TABLE XX.
PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
REGULATIONS, 1927.

Nature of Sample.	Number of samples examined for the presence of a preservative.	Number in which preservative was reported to be present and percentage of preservative found in each sample.
Milk	158	Nil.
Cream	2	Nil.

G. S. STAUNTON,
Chief Constable of East Suffolk.

County Chief Constable's Office, Ipswich.
19th February, 1935.

IX.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Isolation Hospital Accommodation.

The following are the Isolation Hospitals now operating in the County, showing the various districts served :—

<i>Name of Hospital.</i>	<i>District Served.</i>
Lowestoft Isolation Hospital.	Municipal Borough of Lowestoft ; Southwold.
Oulton Isolation Hospital.	Mutford and Lothingland and Wangford Rural Districts ; Bungay Urban District ; Loddon Rural District (Norfolk).
Stowmarket Isolation Hospital.	Stowmarket Urban District ; Eye Municipal Borough ; East Stow Rural District ; Hartismere Rural District ; Thedwastre Rural District (West Suffolk).
*Barham Isolation Hospital (Scarlet Fever cases only).	Bosmere and Claydon and Samford Rural Districts.
Ipswich Isolation Hospital.	County Borough of Ipswich ;
	Aldeburgh Halesworth } Urban
	Felixstowe Saxmundham } Districts.
	Leiston Woodbridge } Rural
	Blything Plomesgate } Districts.
	Hoxne Woodbridge } West
	Cosford Hadleigh U.D. } Suffolk.

*Only opened when required.

The scheme put forward by the County Council for Isolation Hospital accommodation has not yet had the consideration of the Ministry of Health.

Scarlet Fever.—The attack rate is considerably higher than any of the preceding eight years and it exceeds that for England and Wales. Streptococcal infection has been more rife not only in this County but in the country throughout during 1934. The raised incidence was followed by a parallel increase in the number of deaths, the death rate again is less than 1%.

Diphtheria.—The incidence was greater than that for the two previous years, the attack rate doubling that of 1933. The mortality rate was 13.6, higher than is usual but a little lower than last year.

Enteric Fever.—A low attack rate was experienced; fewer cases only occurring once in the previous eight years. No deaths occurred.

Puerperal Fever and Pyrexia.—Unfortunately the number of deaths this year was high having been equalled once only since 1926. The case mortality was 17%—which greatly exceeds the mortality rate for the previous year.

Pneumonia.—The number of cases and the deaths from this notifiable condition have increased.

Encephalitis Lethargica.—Three cases have been notified and six deaths during the year have occurred. The number of notifications since 1926 are 32, but the number of deaths have exceeded this figure by 8—40 in all. This is probably due to the difficulty of recognising this disease when it occurs.

Poliomyelitis.—Three cases of Poliomyelitis were notified this year and one death.

Small-pox.—No case of this disease was notified in the area during the year.

TABLE XXII.
INFECTIOUS DISEASES.
Attack Rate per 1,000 living.

Disease.	Administrative County.						England and Wales, 1934.
	1929.	1930.	1931.	1932.	1933.	1934.	
Small-pox	0.005	0.000	0.000	0.000	0.000	0.000	0.004
Scarlet Fever	1.700	1.491	1.548	0.991	1.557	4.423	3.760
Diphtheria	1.014	0.996	0.755	0.460	0.263	0.521	1.700
Enteric Fever	0.075	0.075	0.015	0.043	0.076	0.019	0.030
Puerperal Fever	0.085	0.043	0.083	0.034	0.038	0.091	0.060
Puerperal Pyrexia	0.110	0.162	0.137	0.110	0.096	0.105	0.150
Pneumonia	1.109	0.686	0.696	0.695	0.836	1.071	—
Poliomyelitis	0.005	0.000	0.005	0.024	0.009	0.014	—
Erysipelas	0.300	0.238	0.216	0.172	0.157	0.316	0.510
Encephalitis Lethargica	0.005	0.014	0.010	0.000	0.015	0.014	—

TUBERCULOSIS.

The number of deaths from tuberculosis has remained strangely constant for the last four years—between 131 and 134. If the previous sixteen years be divided into four-yearly periods a regular decrease is observed :—

<i>Four-yearly Period.</i>	<i>No. of Deaths.</i>
1919-1922	834
1923-1926	759
1927-1930	639
1931-1934	528

The following shows the fall when five-yearly periods are taken :—

<i>Quinquennium.</i>	<i>No. of Deaths.</i>
1920-1924	1002
1925-1929	837
1930-1934	688

During the last few years the death rate has been inclined to fall suddenly, to hang fire, to increase up to a point, and then to fall markedly again. I anticipated after the dramatic drop in 1931, by 30 deaths to 132, there would be a subsequent increase; this has not occurred but there has not yet been a further reduction.

The fall of non-pulmonary deaths has been greater than that of pulmonary, and in the three quinquennial periods while pulmonary deaths have fallen in the ratio of 7 : 6 : 5, non-pulmonary have fallen in the ratio of 5½ : 4 : 3. This follows the general experience that the pulmonary decline lags behind the non-pulmonary.

The statistics reveal how very mortal a disease is pulmonary tuberculosis once it has become a clinical entity, and the chance of recovery, particularly in patients with positive sputum, is slight indeed. Sanatorium treatment and a careful life at home may put off the evil day but it rarely does more than this.

Though we have a low death rate from pulmonary tuberculosis in East Suffolk we have a high mortality amongst the cases.

The following facts clearly show the position and are most significant; the last eight years is the period dealt with.

The names of 47 patients who have at one time had a positive sputum have been removed from the register as cured. 126 patients diagnosed as suffering from Pulmonary Tuberculosis without a positive sputum have been removed from the register as cured. In all 173.

There is no doubt that the first group of 47 all suffered from the disease. It is probable that some of the 126 patients did not suffer from pulmonary tuberculosis, the diagnosis being incorrect.

The number of deaths during the same period was 1,063, so that for every case of Pulmonary Tuberculosis with a plus sputum that was cured during this period 23 cases died. The chance of recovering once a positive sputum is established is remote, not 5%.

It is hardly an exaggeration to say that Pulmonary Tuberculosis, once the sputum becomes positive, is a more deadly disease than cancer, If the negative cases are brought in the position improves and the

deaths are then only six times that of cures, but the accuracy of the cures is suspect, for it is easy to cure those who have not suffered and some of these are likely to be included.

Artificial Pneumothorax Treatment.

The following Table shows the number of patients receiving artificial pneumothorax treatment during the last three years :—

TABLE XXIII.
NEW CASES.

Institution.	1931.	1932.	1933.	1934.
Ipswich Sanatorium	3	7	5	8
Brompton Hospital	1	1	1	—
East Anglian Sanatorium	1	—	—	—
Preston Hall	—	1	—	—
Totals	5	9	6	8

The particulars given below relate to those cases receiving treatment during 1934, similar information being given in respect of patients treated in my Reports for 1933 and 1932, respectively :—

OLD AND NEW CASES.

Case No.	Date of Induction.	Whether continuing treatment; if not, date of cessation.	Reason for cessation of treatment.
5,138.	1930-31.	Continuing.	—
5,663.	17/11/31.	17/1/34.	Advanced disease.
5,864.	27/1/32.	Continuing.	—
5,522.	22/6/32.	Continuing.	—
6,575.	20/1/32.	Continuing.	—
6,111.	31/1/33.	29/5/34.	Uncontrollable expansion of lung.
6,091.	3/1/33.	Continuing.	—
6,379.	15/3/33.	Continuing.	—
6,314.	16/5/33.	Continuing.	—
6,376.	2/5/33.	Continuing.	—
6,678.	30/11/33.	Continuing.	—
6,506.	11/4/34.	Continuing.	—
6,631.	15/5/34.	Continuing.	—
6,694.	13/3/34.	Continuing.	—
6,742.	10/10/34.	26/12/34.	Advanced disease.
6,524.	17/4/34.	Continuing.	—
6,885.	17/6/34.	Continuing.	—
6,894.	3/7/34.	Continuing.	—
6,801.	22/12/34.	Continuing.	—
6,930.	24/7/34.	Continuing.	—
7,023.	Decr., 1932.	Novr., 1934.	Removed from County.

The number of new artificial pneumothorax cases does not now increase and most cases are not suitable for this form of treatment. Three cases which had been induced were discontinued; two of the patients unfortunately had advanced disease and in one the lung expanded on its own account and could not be compressed.

I quote the figures of expenditure for the treatment of Tuberculosis, excluding Normanston Hospital during the last nine financial years :—

	1926/7	1927/8	1928/9	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35
Pulmonary	£ 3968	£ 2925	£ 3324	£ 2711	£ 2532	£ 3019	£ 3488	£ 3645	£ 3678
Non-Pulmonary	2267	1641	2057	2690	2676	2480	2554	2060	1709
Totals	£6235	£4566	£5381	£5401	£5208	£5499	£6042	£5705	£5387

The cost of the treatment of tuberculosis has this year decreased and is slightly under the estimate. The reduction is due to a smaller expenditure on non-pulmonary tuberculosis, which, having stayed at a high figure for four years has been reduced by nearly £1,000 since 1933.

The following Institutions are used by the County Council for treating patients suffering from Tuberculosis :—

Pulmonary Tuberculosis :—

Normanston Hospital, Oulton Broad (belonging to the East Suffolk County Council).
 Ipswich Sanatorium, Foxhall, Ipswich.
 Ipswich Isolation Hospital, Ipswich.
 Maltings Farm Sanatorium, Nayland, Suffolk.
 East Anglian Sanatorium, Nayland, Suffolk.
 Brompton Hospital, London, S.W.3.
 British Legion Village, Aylesford, Kent.

Non-Pulmonary Tuberculosis :—

East Suffolk and Ipswich Hospital, Ipswich.
 Lowestoft and North Suffolk Hospital, Lowestoft.
 Beccles and District War Memorial Hospital, Beccles.
 East Anglian Sanatorium, Nayland, Suffolk.
 Norfolk and Norwich Hospital, Norwich.
 Lord Mayor Treloar Cripples' Hospital, Alton, Hants.
 Heatherwood Hospital, Ascot, Berkshire.
 Felixstowe Cottage Hospital, Felixstowe.
 Normanston Hospital, Oulton Broad (occasional cases).

Other approved Institutions are used when the occasion requires.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken in the County under the above Regulations during 1934.

Public Health Act, 1925, Section 62.

No action was taken in the County under Section 62 of the above Act during 1934.

Tuberculosis Statistics.

In the following Tables Pulmonary Tuberculosis indicates Tuberculosis of the Lungs and Lymphatic Glands of the Thorax, and is classified as follows :—

T.B. Minus when the sputum is negative to tubercle bacilli.

T.B. Plus when the sputum contains the tubercle bacillus. (Cases in this category are divided into Groups 1, 2 or 3, according to the stage of the disease).

Non-Pulmonary Tuberculosis indicates Tuberculosis of

- (1) Bones and Joints.
- (2) Abdomen.
- (3) Other Organs.
- (4) Peripheral Glands.

TABLE XXIV.

Cases Notified as suffering from Tuberculosis.

Primary Notifications.

Year.	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
1919	66	90	19	15	190
1920	76	97	27	38	238
1921	99	105	51	38	293
1922	84	92	55	27	258
1923	116	105	60	55	336
1924	115	94	42	42	293
1925	121	123	72	55	371
1926	76	85	68	40	269
1927	65	79	28	41	213
1928	97	88	52	33	270
1929	92	68	55	48	263
1930	69	89	49	39	246
1931	84	89	38	45	256
1932	74	73	42	48	237
1933	88	74	38	31	231
1934	67	80	42	32	221

The number of notifications of persons suffering from tuberculosis does not indicate so accurately the position as the deaths from this disease. In a certain number of notifications the diagnosis is not confirmed by the Tuberculosis Officers; nevertheless, it is a guide to the position. Except for a remarkably low figure in 1927 there are less notifications this year than any since 1920.

TABLE XXV.

Death Rates—Tuberculosis.

Year.	All Forms.		Pulmonary.		Non-Pulmonary.	
	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.
1918	1.59	1.60	1.25	1.30	.34	.37
1919	1.21	1.28	.95	.99	.26	.28
1920	.93	1.13	.72	.87	.21	.26
1921	.92	1.12	.70	.88	.22	.24
1922	1.07	1.12	.82	.89	.25	.23
1923	.93	1.06	.74	.84	.19	.23
1924	.98	1.06	.77	.84	.21	.21
1925	1.02	1.04	.85	.83	.17	.21
1926	.69	.96	.55	.77	.14	.19
1927	.73	.97	.60	.79	.14	.18
1928	.73	.93	.62	.75	.11	.18
1929	.82	.96	.61	.79	.20	.17
1930	.76	.89	.64	.73	.12	.16
1931	.65	.89	.50	.74	.14	.15
1932	.62	.84	.54	.69	.09	.15
1933	.62	.82	.50	.69	.12	.13
1934	.64	—	.52	—	.12	—

The death rate maintains the low figure of .64 per thousand of the population; a better position than that of England and Wales.

The advantage that the County has over the Country is almost entirely due to the lower death rate from pulmonary tuberculosis. The non-pulmonary is much the same as that for the Country. This rate, because of the small number of individuals concerned, has been a very fluctuating one, in fact, in 1929 the rate was double that for the previous year. The pulmonary rate, however, is much more consistent, larger figures being concerned.

This particular rate has now been verging on 50 for four years but has not yet been lower.

TABLE XXVI.

Cases Certified as having Died of Tuberculosis.

Figures Furnished by the Registrar-General.

Year.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Pulmonary	182	145	144	171	155	163	178	115	124	131	129	134	104	112	105	109
Non-Pulmonary	51	43	45	53	39	44	36	29	29	23	43	26	28	19	26	25
Totals	233	188	189	224	194	207	214	144	153	154	172	160	132	131	131	134

TABLE XXVII.

Death Rates—Tuberculosis (all forms).

Year.	Urban (including Lowestoft).	Lowestoft.	Urban (excluding Lowestoft).	Rural.	Adminis- trative County (excluding Lowestoft).	Adminis- trative County (including Lowestoft).
1928	.91	1.17	.63	.60	.61	.73
1929	.86	1.00	.73	.71	.77	.82
1930	.90	1.04	.75	.66	.68	.76
1931	.67	.63	.70	.63	.65	.65
1932	.81	.90	.70	.49	.55	.62
1933	.71	.80	.63	.56	.58	.62
1934	.67	.82	.52	.62	.59	.64

This Table demonstrates the higher death rate from tuberculosis in the only closely populated area of any size. Except for 1931 Lowestoft has always had a higher death rate from tuberculosis and this year follows the rule. The death rate for Lowestoft is .82 while that for the rest of the County is .59—a very considerable difference.

TABLE XXVIII.

Notified Cases Dying of Tuberculosis.

Year.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Pulmonary	—	—	—	—	100	139	161	108	109	117	111	125	92	102	101	100
Non- Pulmonary	—	—	—	—	12	22	23	18	15	5	29	19	20	15	16	15
Totals	—	—	—	—	112	161	184	126	124	122	140	144	112	117	117	115

TABLE XXIX.

Analysis of Deaths (Notified and Unnotified), giving percentage of Unnotified Deaths.

Year.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.
Deaths according to the figures of the Registrar General	214	144	153	154	172	160	132	131	131	134
Notified Deaths	184	126	124	122	140	144	112	117	117	115
Unnotified Deaths	30	18	29	32	32	16	20	14	14	19
Percentage of un- notified Deaths	14%	13%	19%	21%	19%	10%	15%	11%	11%	14%

These are due mainly to cases in which the diagnosis was obscure but the death certificates required a diagnosis. Many of these unnotified deaths are caused by meningitis.

TABLE XXX.

Deaths of Notified Cases of Tuberculosis during 1924.

Period between Notification and Death.	Pulmonary.		Non-Pulmonary.		Total
	Males.	Females	Males.	Females	
Notified after Death	—	1	—	1	2
Within 1 week after notification	2	1	2	3	8
Died from 1 week to 1 month	4	9	2	—	15
" " 1 month to 3 months	3	7	1	2	13
" " 3 months to 6 months	6	6	1	—	13
" " 6 months to 1 year	7	7	—	—	14
" " 1 year to 2 years	11	9	—	1	21
" " 2 years to 5 years	9	6	1	—	16
" " 5 years to 10 years	6	3	—	—	9
" " over 10 years	2	1	1	—	4
Totals	50	50	8	7	115

As in 1933, 38 cases died within three months of notification—one-third of the notified cases. As usual the greatest number of persons died between one and two years of notification.

TABLE XXXI.

New Cases and Mortality during 1934.

Age Periods.	Primary Notifications and other New Cases.				Deaths from Tuberculosis.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0	—	—	3	—	—	—	3	1
1	1	1	9	6	1	—	2	2
5	3	1	8	7	—	—	—	1
10	2	4	14	6	—	3	2	1
15	4	12	5	3	3	8	1	1
20	11	17	3	5	11	6	—	1
25	29	21	3	6	7	11	1	—
35	10	19	—	1	11	11	—	—
45	12	10	1	1	14	5	—	—
55	9	4	2	3	5	6	—	3
65	4	7	2	2	4	3	3	3
Totals	85	96	50	40	56	53	12	13

There is very little, if any, difference between the death rate of the two sexes. This was the experience of the previous twelve months. As a rule the death rate is considerably higher amongst males than females.

TABLE XXXII.

Cases removed from Register during 1934.

Reason for Removal.	Cases examined by Tuberculosis Officer.		Cases not examined by Tuberculosis Officer.		Total.
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.	
Deaths from Tuberculosis	86	8	22	17	133
Deaths from Other Causes	—	—	2	—	2
Transferable Deaths	—	—	1	—	1
Disease Cured	18	54	—	—	72
Not Tuberculous	83	20	1	—	104
New Contacts not Tub.	77	1	—	—	78
Old Contacts not Tub.	4	1	—	—	5
Refused Examination	19	12	3	2	36
Removed from Area	19	11	9	1	40
Doctors' Private Patients	1	—	3	1	5
Asylum Inmates	—	—	1	—	1
Totals	307	107	42	21	477

TABLE XXXIII.

Source of Infection.

	Old Cases.	New Cases.	Total.
Probably due to house infection	62	17	79
Known family history of Tuberculosis	153	52	205

TABLE XXXIV.

Examinations by Tuberculosis Officers.

Examinations during year.	1928.	1929.	1930.	1931.	1932.	1933.	1934.
At Tuberculosis Dispensaries	353	386	403	422	400	314	225
At Homes of Patients	1101	1160	1230	1200	1173	989	983
Consultations with Doctors at Homes of Patients	40	30	40	28	16	25	12
Other Consultations	125	135	115	111	107	85	93
New Contacts examined at School	—	—	46	45	89	54	62
Totals	1619	1711	1834	1806	1785	1467	1375

TABLE XXXV.

Figures Furnished by the Registrar-General.

Districts.	Number of Cases Dying of Tuberculosis (all forms).															
	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Urban	114	78	80	101	92	88	97	68	80	82	78	81	57	72	63	62
Rural	119	110	109	123	102	119	117	76	73	72	94	79	75	59	68	72
Administrative County	233	188	189	224	194	207	214	144	153	154	172	160	132	131	131	134

Owing to what I consider to be the inaccuracy of the Registrar-General's rate for persons dying from tuberculosis from certain causes I again analyse the certified cases of tuberculosis into four groups; namely :—

- | | |
|---|-----|
| (1) Those persons who actually died from Tuberculosis and who developed the disease in the County | 115 |
| (2) Those persons who died from Tuberculosis and entered the County suffering from that condition | 13 |
| (3) Those persons not suffering from Tuberculosis and who died from other causes | 4 |
| (4) Those persons who suffered from Tuberculosis, but who did not die from that condition | 2 |

As usual a considerable number of persons came into this County suffering from Tuberculosis and died in the area. These persons number 13 in all, and only 121 natives of Suffolk were certified as dying from tuberculosis. An analysis of the 13 cases who removed from other areas to this County and died here is given below :—

Leicester City	1
London	6
Middlesex	1
Bournemouth	1
Cambridge	1
Ireland	2
Brighton	1
	—
	13
	—

This figure is about 10% of the County death rate and is an example of how statistics can be fallacious unless all sorts of corrections are made, and rural rates are increased and urban rates decreased through migration. This is particularly so in Counties bordering on the sea.

In addition to the cases under this heading there are four where full particulars could not be obtained and where there was a very strong doubt as to the accuracy of the diagnosis.

The following is a correction of the rates for the County when the aforementioned deaths have been excluded :—

	<i>Tuberculosis.</i>
	<i>All Forms.</i>
Official County Rate .....	.64
Rate with immigrants excluded .....	.58
Rate with immigrants and deaths from other causes excluded .....	.55

Again there is a decrease in the number of cases remaining on the register at the end of the year. The decrease, however, is not so marked as the previous year. This, of course, affects the number of visits paid by Tuberculosis Officers.

TABLE XXXVI.

Working Capacity of Cases on Register on 31st December, 1934.

Capacity for Work.	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
Full-time	55	58	88	91	292
Part-time	42	30	4	9	85
Getting about	62	50	20	17	149
Confined to bed	21	34	8	8	71
Totals	180	172	120	125	597

Considerably more than half the persons on the register are either at full or part-time work; the actual number of invalids being only 220. Though only one-fifth of the non-pulmonary cases are unable to work, only one half of the pulmonary cases are in this state.

TABLE XXXVII.

Specimens of Sputum examined for Dispensary Cases 1934.

Tubercle Bacilli found.	No Tubercle Bacilli found.	Total Examinations.
186	319	505

TABLE XXXVIII.

Number of Patients for whom Specimens of Sputum were examined, 1934.

Result of Examination.	Old Cases.	New Cases.	Total.
Tubercle Bacilli found	117	58	175
No Tubercle Bacilli found	67	56	123
Totals	184	114	298

TABLE XL.
Cases treated as In-patients in Residential Institutions. PULMONARY TUBERCULOSIS. 1934.

Name of Residential Institution.	Under Treatment on the 1st January, 1934.			Admitted.			Discharged.			Died.			Remaining under treatment on 31st December, 1934.							
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.				
Normanston Hospital	21	—	—	21	44	—	—	44	33	—	—	33	11	—	—	11	21	—	—	21
Ipswich Sanatorium	2	15	—	17	3	36	1	40	3	28	—	31	—	2	—	2	2	21	1	24
Ipswich Isolation Hospital	—	1	—	1	3	6	1	10	1	1	1	3	2	5	—	7	—	1	—	1
Brompton Hospital and Frimley San.	1	3	—	4	1	3	1	5	1	5	1	7	—	—	—	—	1	1	—	2
Maltings Farm Sanatorium	—	—	—	—	—	6	—	6	—	2	—	2	—	1	—	1	—	3	—	3
British Legion Village, Preston Hall	1	—	—	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Totals	25	19	—	44	51	51	3	105	39	36	2	77	13	8	—	21	24	26	1	51

M. = Males. F. = Females. Ch. = Children.

Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—

Brompton Hospital to Ipswich Sanatorium 1 Female.
 Ipswich Sanatorium to Ipswich Isolation Hospital .. 1 Male.
 Ditto 2 Females.

TABLE XLI.
Cases treated as In-patients in Residential Institutions. NON-PULMONARY TUBERCULOSIS, 1934.

Name of Residential Institution.	Under Treatment on the 1st January, 1934.			Admitted.			Discharged.			Died.			Remaining under treatment on the 31st December, 1934				
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	
East Suffolk and Ipswich Hospital ..	2	—	2	4	5	6	20	31	6	6	21	33	1	—	1	1	
Lowestoft and North Suffolk Hospital	2	—	—	2	5	2	3	10	6	1	2	9	—	—	1	2	
Beccles Hospital	—	1	1	2	—	1	2	3	—	2	3	5	—	—	—	—	
Lord Mayor Treloar Cripples' Hospital	1	—	5	6	—	—	2	2	1	—	2	3	—	—	1	4	
Royal National Orthopaedic Hospital	—	1	—	1	1	1	—	2	—	2	—	2	1	—	—	—	
East Anglian Sanatorium ..	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	
Heatherwood Hospital, Ascot ..	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	
Normanston Hospital	—	—	—	—	3	—	—	3	1	—	—	1	—	—	—	2	
Ipswich Isolation Hospital ..	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	
Black Notley Sanatorium ..	—	—	—	—	—	1	—	1	—	1	—	1	—	—	—	—	
Royal Sea Bathing Hospital ..	1	—	—	1	1	—	—	1	—	—	—	—	—	—	2	2	
Norfolk and Norwich Hospital ..	—	—	—	—	5	—	1	6	5	—	—	5	—	—	1	—	
Totals	6	2	10	18	20	11	29	60	19	12	29	60	2	—	3	5	
																7	13

M. = Males. F. = Females. Ch. = Children.

Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—
 East Suffolk and Ipswich Hospital to Lord Mayor Treloar Cripples' Hospital 1 Child.
 East Suffolk and Ipswich Hospital to East Anglian Sanatorium 1 Child.
 Lowestoft and North Suffolk Hospital to Royal Sea Bathing Hospital 1 Male.
 Beccles Hospital to Royal National Orthopaedic Hospital 1 Female.
 Norfolk and Norwich Hospital to Normanston Hospital 2 Males.

TABLE XLII.

Return showing the immediate results of Treatment of definitely Tuberculous Patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Gd. Tl.					
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				Totals.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ..	2	1	—	1	1	—	2	1	—	—	—	—	5	3	—	8	
		Not quiescent ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Died in Institution	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	
	Class T.B. plus. Group 1.	Quiescent ..	—	—	—	2	2	—	1	—	—	—	—	—	3	2	—	5	
		Not quiescent ..	—	—	—	2	1	—	1	2	—	—	—	—	3	3	—	6	
		Died in Institution	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	
	Class T.B. plus. Group 2.	Quiescent ..	—	—	—	3	—	—	1	—	—	—	—	—	4	—	—	4	
		Not quiescent ..	1	2	—	3	7	—	7	5	—	3	3	—	14	17	—	31	
		Died in Institution	3	—	—	1	1	—	1	—	—	—	—	—	5	1	—	6	
	Class T.B. plus. Group 3.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	2	—	—	2	1	2	—	—	2	1	—	4	5	1	10	
		Died in Institution	3	1	—	1	2	—	1	2	—	—	—	—	5	5	—	10	
	Totals (pulmonary)		10	6	—	14	17	1	16	10	—	5	4	—	45	37	1	83	
	NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ..	—	—	2	—	—	2	—	—	—	1	1	1	1	1	5	7
			Not quiescent ..	1	—	2	1	—	2	—	1	—	—	—	—	2	1	4	7
			Died in Institution	—	—	—	1	—	1	—	—	—	—	1	1	—	2	—	3
Abdominal.		Quiescent ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Other Organs.		Quiescent ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Not quiescent ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peripheral Glands.		Quiescent ..	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	2	
		Not quiescent ..	—	—	4	—	—	1	—	—	—	—	—	—	—	—	5	5	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals (non-pulmonary)		5	1	9	2	—	6	—	1	—	1	1	2	8	3	17	28		

TABLE XLIII.

Result of Observation of Doubtfully Tuberculous cases Discharged from Residential Institutions during the Year, 1934.

Diagnosis on Discharge from Observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous	—	1	1	—	—	—	—	1	—	—	—	—	—	2	1
Non-Tuberculous	—	1	—	2	—	1	—	—	—	—	—	—	2	1	1
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	2	1	2	—	1	—	1	—	—	—	—	2	3	2

TABLE XLIV.

Number of Patients receiving Residential Treatment.

Year.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Pulmonary	196	185	185	200	183	165	149	157	144	136	146	153	143	145
Non-Pulmonary	73	51	77	63	67	85	63	81	69	81	63	75	67	72
Totals	269	236	262	263	250	250	212	238	213	217	209	228	210	217

TABLE XLV.

Number of Cases Refusing Residential Treatment during 1933.

	Old Cases.	New Cases.	Total.
Pulmonary Tuberculosis	10	16	26
Non-Pulmonary Tuberculosis	—	—	—
Total Number of Cases	10	16	26

NORMANSTON HOSPITAL.

Normanston Hospital was built with duplicate accommodation so that male and female patients could be admitted. From the start, however, it was decided that the Institution should deal only with males and this has been adhered to until now.

Work has been hampered somewhat by the lack of beds for advanced female cases in Lowestoft, and, as a large proportion of the patients come from the North of the County, this often resulted in patients in the last stages of the disease returning home to die amongst their relations and friends when they were in an extremely infectious condition—often to homes where risk of infection was enhanced owing to unsatisfactory housing accommodation.

It was necessary to provide beds for female cases in the North and Lowestoft was, of course, most conveniently situated for this.

The two possibilities were, firstly, to amplify Normanston Hospital by building a female block, and, secondly, to use the Hospital for advanced cases of both sexes. As I am of the opinion that a Hospital of under 100 beds (and Normanston has only 26 and would always have under 40), can never really be a satisfactory tuberculosis unit, I advised the Council to adopt the second suggestion and this has been done. Before the end of 1935 I hope that female patients will be accommodated at Normanston.

The change has required further building. An army hut which has been used will be dismantled and a dining room and male and female recreation rooms will be built in its stead.

In this way both sexes can be accommodated conveniently at Normanston Hospital and this will do away with previous disadvantages which the lack of beds caused.

Diseases of Animals Acts (1894-1925).*Tuberculosis Order, 1925.*

The following figures relate to the number of cows slaughtered under the above Order during the last eight years :—

	1934	1933	1932	1931	1930	1929	1928	1927
Number of cows slaughtered	77	52	49	52	54	68	71	68
<i>Analysis :—</i>								
Tuberculosis of the udder	5	16	6	8	3	10	8	8
Tuberculous emaciation	29	12	19	23	19	22	28	33
Other Tuberculous conditions	43	23	24	21	32	34	34	27
Not affected with Tubercle	—	1	—	—	—	2	1	—

Two Veterinary Surgeons have been appointed for the whole County of Suffolk and the number of cows slaughtered under this Act has risen, being higher than ever before. It is to be expected that next year this figure will increase.

Curiously enough the number of cows found to be suffering from tuberculosis of the udder declined during the year.

XI.

Venereal Diseases.

The Venereal Diseases statistics are no longer comparable with those of previous years. The institution of the Clinic at Lowestoft has almost doubled the work that was performed in the past, and the great need for a Clinic in the Northern area of the County has been very obviously demonstrated by the work that has been carried out in the last twelve months.

The total number of new East Suffolk cases attending the Lowestoft Clinic equals the number of new County cases attending Ipswich, Norwich and other treatment centres, while the number of out-patient County attendances at Lowestoft is double that of the County attendances at all the other Centres.

The Lowestoft Clinic provides skilled treatment for a large number of persons requiring it, and, being situated in the centre of a large population, is conveniently placed for the attendance of patients in the neighbourhood, with the result that visits for treatment can be made without difficulty and treatment is not likely to be neglected—a very important factor in promotion of cure.

TABLE XLVI.
Venereal Diseases.

Centres.	No. of Persons seen for the first time and found to be suffering from :—			Conditions other than Venereal.	Total.	Total No. of Attendances at the Out-patient Clinics of East Suffolk Patients.	Aggregate No. of In-patient days of East Suffolk Patients.	Number of Doses of Salvarsan Substitutes given to Patients.
	Syphilis.	Soft Chancere.	Gonorrhoea.					
Lowestoft	21	1	20	23	65	2370	212	355
Ipswich	13	1	20	23	57	1041	169	144
Norwich	2	—	2	—	4	136	—	48
Other Treatment Centres	—	1	1	2	4	40	—	—
TOTALS	36	3	43	48	130	3587	381	547

The comparison between the figure for Lowestoft this year and Norwich in 1932 is very striking. In 1932, 21 new East Suffolk cases attended Norwich, compared with 65 for Lowestoft this year; again, 363 attendances only were made at Norwich while 2,370 were made at Lowestoft. This reveals the inadequacy of arrangements for East Suffolk cases to receive treatment at Norwich.

The distance prevented the majority of patients going to the Clinic at all, and those that did made very few attendances.

The Lowestoft Clinic, in addition to supplying the needs of East Suffolk patients, was also visited by patients from Great Yarmouth and from Norfolk. The following Table gives the figures for the last year :—

1934.

Area from which patients came.	No. of New Cases.	Total No. of attendances.	Aggregate No. In-patient days.	No. doses Salvarsan substitute.
East Suffolk	65	2370	212	355
Gt. Yarmouth	16	330	—	22
Norfolk	6	150	—	—

A substantial proportion of the new patients, in fact 25 per cent., came from outside the area, and the number of attendances made by patients from other areas was between one-fifth and one-sixth of the total.

Great Yarmouth is nearer to Lowestoft than to Norwich, communications are much easier and transit is cheaper, and it seems advantageous for Yarmouth patients to obtain their treatment at Lowestoft rather than at Norwich. It is to be hoped that an agreement will be made between the two Authorities for the Lowestoft Clinic to serve the Borough of Yarmouth, and, as the agreement with the Norwich V.D. Clinic has now been terminated by East Suffolk, the time is opportune for Great Yarmouth to make the change.

The gross cost of the Clinic for the last financial year was £866, a sum short of my original estimation of what the gross cost would be.

This, however, should be reduced when other Authorities take their share in paying for the upkeep.

This constant use to which the Clinic is being put justifies the expenditure.

The new Clinic at Lowestoft, which at the end of the year had been in use for twelve months, was found to be inadequately heated; not only was this so but as the Clinic was divided up by means of partitions which neither reached the floor nor the ceiling, the Medical Officer felt that real privacy was not possible and that voices carried from one part of the Clinic to another. In order to overcome this defect the partitions were extended to the floor and ceiling, and electric heaters were placed in the various compartments. This has ensured privacy and increased the temperature.

The Ipswich figures have remained very much the same as before.

The following figures relate to the number of new cases seen for the first time at the Clinics each year :—

Year.	Syphilis.	Soft Chancre.	Gonorrhoea.	Total.
1927	29	4	34	67
1928	29	—	40	69
1929	39	1	44	84
1930	25	2	46	73
1931	22	2	40	64
1932	25	—	42	67
1933	36	1	44	81
1934	36	3	43	82

XII.

TABLE XLVII.

CANCER DEATH RATE.

Year.	No. of Deaths.			Death Rate per 1,000 Population.			
	Males.	Females.	Total.	Urban.	Rural.	Adminis- trative County.	England and Wales.
1918	95	138	233	1.38	1.27	1.32	1.19
1919	103	152	255	1.45	1.23	1.32	1.18
1920	116	135	251	1.14	1.34	1.25	1.16
1921	112	138	250	1.14	1.27	1.22	1.21
1922	122	150	272	1.05	1.50	1.31	1.22
1923	110	168	278	1.29	1.37	1.33	1.26
1924	109	159	268	1.28	1.27	1.27	1.29
1925	130	150	280	1.45	1.26	1.34	1.33
1926	152	168	320	1.43	1.61	1.54	1.36
1927	146	164	310	1.48	1.48	1.48	1.37
1928	133	167	300	1.54	1.35	1.43	1.42
1929	154	172	326	1.42	1.65	1.55	1.43
1930	157	182	339	1.56	1.66	1.61	1.45
1931	198	189	387	1.92	1.88	1.90	1.48
1932	151	180	331	1.60	1.57	1.58	1.51
1933	153	199	352	1.67	1.69	1.68	1.52
1934	136	185	321	1.47	1.59	1.54	—

The number of deaths from cancer has decreased, fewer deaths being recorded this year than since 1928, and the rate has fallen to 1.54. The cancer death rate is one which is influenced greatly by the age of the population and, hence, the factor which has been given this year by the Registrar-General for the general death of the County could be applied probably with some degree of fairness to this rate. If this were done it would have the effect of lowering the rate from 1.54 to 1.29, which is lower than any death rate for England and Wales since 1929.

The reason for the fall is the lower number of deaths amongst males. The figure for females is much as it has been for the last five years.

XIII.

TABLE XLVIII.

THE ECONOMIC EFFECT UPON THE COMMUNITY OF THE
FIVE PRINCIPAL CAUSES OF DEATH.

Age Groups.	Figure of Value.	Tuberculosis.		Cancer.		Heart Disease.		Bronchitis.		Influenza.	
		No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.
0-1	5	4	20	—	—	—	—	6	30	1	5
1-2	6	2	12	—	—	—	—	2	12	—	—
2-5	8	3	24	—	—	—	—	—	—	—	—
5-15	11	7	77	—	—	2	22	—	—	1	11
15-25	18	31	558	2	36	5	90	1	18	—	—
25-45	25	41	1025	17	425	9	225	1	25	2	50
45-65	15	33	495	121	1815	93	1395	15	225	1	15
65-75	3	7	21	114	342	202	606	20	60	2	6
75-100	0	6	—	67	—	334	—	59	—	18	—
TOTALS	....	134	2232	321	2618	645	2338	104	370	25	87

The following are the number of deaths from the five diseases :—

1. Heart Disease	....	....	....	....	645
2. Cancer	....	....	....	....	321
3. Tuberculosis	....	....	....	....	134
4. Bronchitis	....	....	....	....	104
5. Influenza	....	....	....	....	25

while the following figures indicate the comparative damage to the community in respect of the five causes of death :—

1. Cancer	....	....	....	....	2,618
2. Heart Disease	....	....	....	....	2,338
3. Tuberculosis	....	....	....	....	2,232
4. Bronchitis	....	....	....	....	370
5. Influenza	....	....	....	....	87

I have given this Table for some years in order to show that the number of deaths amongst the five principal causes is not so significant as may appear, and in particular that those deaths grouped under heart disease are due mostly to degenerative changes associated with old age, and that only a small proportion are caused by heart disease in young and middle aged persons induced by infections rheumatic and otherwise. It is surely time that the Registrar-General divided this group into its component parts.

Of the 645 deaths from the condition, only 16 occurred before the age of 45. Compare this with tuberculosis where 88 died before the age of 45.

There is little difference between the damage caused by Cancer, Heart Disease, and Tuberculosis; Cancer as usual leading. Compared with last year's figures all the five damage figures are rather less.

XIV.

MENTAL DEFICIENCY ACTS, 1913 to 1927.

The East and West Suffolk Joint Committee for the Care of the Mentally Defective is responsible for the administration of these Acts in East Suffolk, and for the maintenance of such persons in Institutions when this is found to be required and can be provided. I am indebted to the Clerk of the Committee for the figures that I include.

The County Medical Officer and his Deputy, and one of the Assistant County Medical Officers are certifying Officers under the Act, but apart from this the public health service has no connection with Mental Deficiency.

Again there is an increase in the number of defectives ascertained; this will continue for a number of years until the number of ascertained defectives dying equals the number of defectives certified under the Education Act.

Mental Defectives in East Suffolk.

As on 1st January, 1935.

Alleged Defectives ascertained :—	1934.	1933.	1932.	1931.	1930.	1925.
Males	529	495	440	384	323	228
Females	640	604	565	545	439	281
TOTALS	1169	1099	1005	929	762	509

Dealt with at the instance of Parents or by the Suffolk Mental Welfare Association :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Training Homes	1	17	18
Royal Eastern Counties Institution, Colchester	15	13	28
Under voluntary supervision	299	291	590

Dealt with by the Joint Committee :—

<i>In Institutions.</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....	33	64	97
Imbeciles	....	....	....	32	31	63
Idiots	....	....	....	11	9	20
Moral Imbeciles	....	....	....	1	1	2
Discharged from Orders	....	....	....	2	1	3
Discharged to Asylum	....	....	....	3	2	5
Deaths	....	....	....	19	15	34
TOTALS				101	123	224
<i>On leave of absence from Institutions.</i>						
				<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....	—	10	10
Imbeciles	....	....	....	2	7	9
TOTALS				2	17	19
<i>Under Guardianship.</i>						
				<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....	—	8	8
Imbeciles	....	....	....	5	10	15
Idiots	....	....	....	1	—	1
TOTALS				6	18	24

Under Statutory Supervision.

Males	....	....	....	76
Females	....	....	....	85
TOTAL				161

XV.

1934.

BLIND PERSONS ACT, 1920.

TABLE XLIX.

Age Periods.

Sex.	0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	Over 70	Not known.	Total
M.	1	11	4	3	15	20	38	35	69	2	198
F.	2	7	3	7	10	20	35	54	73	1	212
Totals	3	18	7	10	25	40	73	89	142	3	410

Age at which Blindness occurred.

Sex.	0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	Ov'r 70	Unknown & Gradual.
M.	41	6	8	7	10	19	22	21	31	17	16
F.	48	8	5	12	12	15	22	26	26	16	22
Totals	89	14	13	19	22	34	44	47	57	33	38

Employment—Age Periods 16 and upwards.

Sex.	Employed.	Trained but unem- ployed.	Under training.	No training but trainable.	Unem- ployable.	Total.
M.	44	4	1	2	135	186
F.	21	—	—	3	179	203
Totals	65	4	1	5	314	389

Occupations of Employed.

<i>Males.</i>		<i>Females.</i>	
Poultry Farmers	.... 3	Knitters	.... .... 9
Boot Repairers	.... 2	Straw Bagmakers	.... .... 2
Business	.... .... 3	Musicians	.... .... 2
Mat Makers	.... .... 8	Domestic Servants	.... .... 3
Labourers	.... .... 8	Seamstresses	.... .... 2
Tuners	.... .... 3	Caner	.... .... 1
Basket-Makers	.... .... 9	Postmistress	.... .... 1
Carpenters	.... .... 1	Mat-Maker	.... .... 1
Netting	.... .... 1		
Organist	.... .... 1		
Gardeners	.... .... 4		
Caner	.... .... 1		
	44		21

Physically and Mentally Defective.

Sex.	Mentally Defective.	Physically Defective.	Deaf.	Total.
M.	15	7	16	38
F.	23	9	17	49
Totals	38	16	33	87

School Age Periods (5-16).

Sex.	Normal at School.	Normal not at School.	Mentally Defective.	Physically Defective.	Total.	Total Defectives.
M.	8	—	1	—	9	1
F.	6	1	2	—	9	2
Totals	14	1	3	—	18	3

Percentage of Defectives in Total 16.6

XVI.

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.

TABLE L.

Causes of Death in each District during the Year 1934.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS (To 31/3/34).							RURAL DISTRICTS (From 1/4/34, except where marked with an asterisk).							ADMINISTRATIVE COUNTY				
	Aldeburgh.	Beccles.	Bungay.	Eye.	Felixstowe.	Halesworth.	Leiston.	Lowestoft	Saxmundham.	Southwold.	Stowmarket.	Woodbridge.	TOTAL.	Blything.	Bosmere and Claydon.	East Stow	Hoxne.	Mutford and Lothingland.	Plomesgate.	Woodbridge.	Blyth	Deben.	Gipping.	*Hartismere.		Lothingland.	*Samford.	*Wainford.	TOTAL.
1. Typhoid and Para-Typhoid Fevers ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Measles ..	-	-	1	-	-	-	-	9	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2
3. Scarlet Fever ..	-	-	-	-	-	-	-	2	-	-	-	-	2	-	-	-	-	1	-	-	1	1	1	-	1	1	-	6	
4. Whooping Cough ..	-	-	2	1	-	1	-	-	-	-	-	-	5	-	-	-	-	-	-	-	1	-	2	-	-	-	-	4	
5. Diphtheria ..	-	-	-	-	-	-	12	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3	
6. Influenza ..	-	1	-	-	1	-	-	-	-	-	5	-	7	1	-	-	1	1	2	2	2	2	-	4	-	1	1	18	
7. Encephalitis Lethargica ..	-	1	-	-	-	-	3	-	-	-	-	-	4	-	-	-	-	-	-	-	1	-	1	-	-	-	-	2	
8. Cerebro-spinal Fever ..	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Tuberculosis of the Respiratory System ..	2	4	2	-	2	3	1	33	-	-	4	1	52	2	3	1	-	2	2	2	3	10	6	13	6	4	3	57	
10. Other Tuberculous Diseases ..	-	3	-	-	1	-	4	1	-	-	1	-	10	2	-	-	1	-	-	-	3	2	-	3	3	1	-	13	
11. Syphilis ..	-	-	-	-	-	-	1	-	-	-	2	1	4	-	-	-	-	-	-	1	-	2	-	-	1	-	-	4	
12. General Paralysis of the Insane, Tabes Dorsalis ..	-	-	-	-	-	-	2	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
13. Cancer, Malignant Disease ..	5	6	1	3	28	1	5	66	1	4	9	8	137	5	3	3	1	9	5	6	27	37	18	30	16	16	8	184	
14. Diabetes ..	1	3	1	1	2	-	3	6	3	3	2	1	26	1	1	-	-	-	-	-	1	2	3	7	1	5	2	23	
15. Cerebral Haemorrhage, etc. ..	5	3	1	1	6	3	2	30	1	-	6	7	65	4	6	-	8	1	5	7	12	16	14	22	6	8	2	111	
16. Heart Disease ..	5	21	10	6	46	10	9	103	3	22	10	25	270	25	12	4	8	8	11	10	49	67	38	57	31	42	13	375	
17. Aneurysm ..	-	-	1	-	-	-	3	-	-	-	-	1	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	
18. Other Circulatory Diseases ..	-	3	2	1	7	1	4	31	1	4	-	5	59	4	1	1	1	1	-	2	8	8	6	6	9	8	7	62	
19. Bronchitis ..	1	4	2	-	4	4	1	14	1	2	6	4	43	6	3	2	6	2	2	2	7	5	8	6	3	6	3	61	
20. Pneumonia (all forms) ..	1	5	5	-	5	-	-	18	-	1	1	5	41	8	6	3	4	5	2	6	9	6	1	10	4	11	4	79	
21. Other Respiratory Diseases ..	1	-	-	-	1	-	7	-	-	-	-	-	9	1	1	1	-	-	2	1	-	1	2	2	2	-	2	13	
22. Peptic Ulcer ..	-	3	-	1	-	-	6	-	-	-	1	-	11	-	-	-	1	-	-	-	-	3	1	4	1	3	1	14	
23. Diarrhoea, etc. (under 2 years) ..	-	-	-	-	1	-	1	-	-	-	-	2	4	-	-	-	-	-	-	-	2	1	1	-	-	-	-	4	
24. Appendicitis ..	-	-	-	1	-	-	2	-	-	-	-	3	-	-	-	-	-	-	-	1	1	2	-	-	1	1	-	6	
25. Cirrhosis of Liver ..	-	-	-	-	1	-	3	-	-	-	1	5	-	-	-	-	-	-	-	1	-	-	1	3	-	-	1	6	
26. Other Diseases of Liver, etc. ..	-	-	-	1	2	-	4	-	-	1	-	8	-	-	-	-	-	-	-	2	1	1	-	-	-	2	-	6	
27. Other Digestive Diseases ..	4	4	-	2	7	-	1	10	-	-	2	2	32	2	2	-	-	-	-	-	7	6	7	3	1	7	2	37	
28. Acute and Chronic Nephritis ..	1	1	2	-	3	-	3	7	-	1	1	5	24	3	1	-	1	-	3	3	5	9	6	8	7	8	2	56	
29. Puerperal Sepsis ..	-	-	-	-	1	-	1	-	-	-	-	-	2	-	-	-	-	-	-	1	-	2	-	3	-	-	-	5	
30. Other Puerperal Causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	2	-	-	4	
31. Congenital Debility, Premature Birth, Malformation, etc. ..	-	5	2	-	4	-	-	17	1	-	1	2	32	5	2	2	2	1	1	2	8	8	6	8	4	7	8	64	
32. Senility ..	4	9	2	1	2	-	-	35	-	1	7	4	65	2	2	1	3	4	5	4	5	5	1	7	6	13	4	62	
33. Suicide ..	-	-	-	-	2	-	-	4	-	-	1	1	8	1	-	-	-	1	-	1	5	3	3	2	1	-	1	18	
34. Other Violence ..	-	3	2	-	5	3	-	15	-	2	2	3	33	-	1	1	1	3	3	2	5	9	7	6	5	3	1	47	
35. Other Defined Diseases ..	4	5	3	2	13	7	4	36	3	2	5	10	94	13	3	2	5	5	6	6	21	18	16	19	13	17	3	147	
36. Causes ill-defined or unknown ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	2	1	-	1	-	-	-	7	
ALL CAUSES ..	34	84	39	21	144	33	34	484	15	42	66	89	1085	87	47	21	43	46	49	61	188	227	152	225	127	164	69	1506	
SPECIAL CAUSES INCLUDED IN NO. 35 ABOVE, VIZ. :-																													
Polioccephalitis ..	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	

NOTIFIABLE DISEASES.

(Infectious Diseases (Notification) Act, 1899).

DISTRICT.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Poliomylitis.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Erysipelas.	Malaria.	Smallpox.	Dysentery.	Total.
URBAN.															
Aldeburgh	1	3	—	—	—	—	—	—	—	—	—	—	—	—	7
Beccles	26	—	—	—	—	—	—	—	—	—	—	—	—	—	26
Bungay	—	—	1	1	1	1	2	—	—	—	—	—	—	—	5
Eye	7	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Felixstowe	20	5	1	—	—	—	—	—	—	—	—	—	—	—	26
Halesworth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Leiston	15	—	—	—	—	—	—	—	—	—	—	—	—	—	15
Lowestoft	337	65	1	3	7	2	1	1	—	2	22	—	—	—	456
Saxmundham	12	—	—	—	—	—	—	—	—	—	—	—	—	—	12
Southwold	18	—	—	—	—	—	—	—	—	—	—	—	—	—	18
Stowmarket	28	1	—	—	—	—	—	—	—	—	—	—	—	—	29
Woodbridge	42	1	—	1	—	15	—	—	—	1	4	—	—	—	64
Totals	506	75	3	7	11	78	3	1	2	4	37	—	—	—	727
RURAL. (To 31/3/34) :—															
Blything	16	—	—	—	—	13	—	—	—	—	—	—	—	—	32
Bosmere and Claydon	7	—	—	—	1	4	—	—	—	—	—	—	—	—	14
East Stow	3	—	—	—	—	4	—	—	—	1	—	—	—	—	10
Hartismere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45
Hoxne	38	—	—	2	—	3	—	—	—	—	—	—	—	—	45
Mutford and Lothingland	19	—	—	—	1	6	—	—	—	—	—	—	—	—	27
Plomesgate	14	—	—	—	—	4	—	—	—	—	—	—	—	—	19
Samford	30	1	—	1	—	15	—	—	—	—	—	—	—	—	48
Wangford	1	—	—	—	—	4	—	—	—	—	—	—	—	—	5
Woodbridge	16	—	—	1	2	10	—	—	—	—	—	—	—	—	29
From 1/4/34 :—															
Blyth	23	—	—	—	—	16	—	—	—	—	—	—	—	—	40
Dében	95	7	1	2	3	20	—	—	—	1	7	1	—	—	134
Gipping	41	1	—	1	1	11	—	—	—	—	—	—	—	—	57
Hartismere	48	1	—	4	1	7	—	—	—	—	—	—	—	—	65
Lothingland	17	7	—	—	—	2	—	—	—	1	—	—	—	—	30
Samford	44	18	—	1	—	21	—	1	—	—	—	—	—	—	88
Wainford	9	—	—	—	2	6	—	—	—	—	—	—	—	—	18
Totals	419	35	1	12	11	146	—	1	1	4	29	2	—	—	661
Administrative County	925	110	4	19	22	224	3	2	3	8	66	2	—	—	1388

N.B.—Figures in brackets were those returned to the Registrar General.

APPENDIX.

EAST SUFFOLK COUNTY COUNCIL.

FIFTEENTH
ANNUAL REPORT

—of—

NORMANSTON HOSPITAL.

1934.

NORMANSTON HOSPITAL.

Staff.*Medical Superintendent :*

Doctor M. A. MacDonald.

Matron :

Miss M. Dixon.

*Nursing Staff :*Sister—Miss A. Kerr.
2 Assistant Nurses.
2 Probationer Nurses.*Domestic Staff :*Cook.
2 Housemaids.
Kitchen Maid.
Ward Maid.*Groundsmen :*Mr. W. J. Foreman.
2 Assistant Groundsmen.

(b) Complications of Tuberculous disease (including cases discharged or died).

T.B. Laryngitis	....	....	....	2
T.B. Epididymitis	....	....	....	1
T.B. Peritonitis	....	....	....	2
Renal Tuberculosis	....	....	....	1
Fistula in ano	....	....	....	2
Pleural Effusion	....	....	....	1

Year.	Advanced.	Intermediate.	Early and Observation.	Non-Pulmonary.	Disease arrested.
1928	36.23	33.33	26.09	2.90	1.45
1929	39.29	46.43	12.50	1.78	—
1930	36.00	42.00	12.00	10.00	—
1931	44.23	23.08	19.23	11.54	1.92
1932	30.51	50.85	18.64	—	—
1933	28.85	30.77	28.84	11.54	—
1934	21.74	34.79	41.30	2.17	—

(c) State on discharge.

			<i>Total.</i>	<i>East Suffolk.</i>	<i>Other Areas.</i>
(1) Improved.					
Working 3 hours daily	....		16	16	—
Working less than 3 hours daily			7	7	—
Not on grade work	....	....	6	5	1
(2) In Statu Quo.	....	....	6	6	—
(3) Retrogressive	....	....	—	—	—
(4) Died	....	....	11	11	—
		TOTALS	46	45	1

			<i>Admitted.</i>	<i>Discharged (including deaths).</i>
(d) Cases from Administrative County (including Lowestoft)	....	....	47	45
Cases from Other Areas	....	....	—	1
		TOTALS	47	46

			<i>Admitted.</i>	<i>Discharged (including deaths).</i>
(e) Discharged Soldiers and Sailors	....		1	2
Civilians	....	....	46	44
		TOTALS	47	46

(f) Duration of Treatment :—

Average for patients discharged (excluding deaths) was 29.4 weeks.
Maximum period of treatment (excluding deaths) was 101 weeks
4 days.

(g) Of the cases who completed a course of treatment :—

Year.	On Work.	Improved but not working.	In Statu Quo.	Retrogressive.	Died.	Total.	Discharged On work %.
1928	33	—	10	13	13	69	47.8
1929	21	9	3	8	15	56	37.5
1930	20	8	6	8	8	50	40.0
1931	12	18	1	8	13	52	23.1
1932	29	11	—	5	14	59	49.1
1933	27	3	10	3	9	52	51.9
1934	23	6	6	—	11	46	50.0

Treatment Results.

Of the cases discharged 62.9% made good progress. 50% being on grade work, comprising one to three hours work (which in most cases included gardening) daily.

Visiting Committee.

There were eleven ordinary Meetings throughout the year. Mr. A. Jenner was elected to the Chair in May, 1934, to succeed the late Mr. W. J. Bailey, who had been Chairman since October, 1931.

Mr. C. H. Jacobs and Mr. C. G. N. Trollope resigned from the Committee, which, on the appointment of new members, became constituted as follows :—

Mr. A. Jenner (*Chairman*).
Mrs. C. H. Jacobs.
Major S. W. Humphery.
Mr. A. E. Jordan.
Mr. W. Smith.
Mr. W. Turrell.
Captain E. W. Tuttle.

I should like to take this opportunity of expressing to the Committee my thanks for their kind help in all Hospital matters.

Buildings.

A long-felt want was supplied in the building of a ward kitchen on the East side of the Hospital. A room was also fitted up as a locker room, providing every patient with a separate cupboard for his clothing.

Wireless Set.

An "Ecko" wireless set was installed, replacing the set which was purchased by local public subscription in 1926.

Supplies.

Contracts for a period of six months were made as usual.

Poultry and Garden Produce.

Fowls to the weight of 97-lbs. and 1,931 eggs were received for use—the total market value being £13 12s. 8d., showing a profit of £6 13s. 11d. The chicken run was moved to the orchard, and houses altered, or repaired.

Owing to the dry summer potatoes were less plentiful than in 1933—2-tons being lifted, a decrease of 1½-tons. Root vegetables were very good, also green vegetables. Apples, 11½-cwts. Other fruit, 327-lbs. Tomatoes, 64-lbs. Flowers were lovely all through the spring and summer.

A new lawn was made in line with the bowling green made in 1933, and further ground taken for vegetables. Some fruit and other trees were planted. Fences were repaired and privet hedges renewed where necessary.

Staff.

Miss Hilda Kerry and Miss K. Francis, Probationer Nurses, were appointed *vice* Miss R. Day and Miss M. Fakes, resigned.

Miss E. Pointer replaced Miss D. Blackwood, Assistant Nurse, resigned.

M. A. MACDONALD,
Medical Superintendent.

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WEST BURLINGTON COUNTY COUNCIL



ANNUAL REPORT

County Medical Officer
of Health

1924

EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

OF THE

**County Medical Officer
of Health.**

1934.
