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EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

OF THE

County Medical Officer of Health.

1936.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



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EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

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of Health.**

1936.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

EAST SURREY COUNTY COUNCIL



ANNUAL REPORT

County Medical Officer
of Health

1920-21
LONDON
1921

ANNUAL REPORT
OF THE COUNTY MEDICAL OFFICER OF HEALTH
1936.

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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 Report for the year 1936. This is longer than usual because more space is given to the Food and Drugs Act, which is now administered by the Public Health Department; and to a service, new to this Office, the Shops Acts, which demands attention.

Though the Tuberculosis and Cancer death rates are lower, the Maternal Mortality Rate is higher; and the very low Infant Mortality rate of 1935 has not been maintained.

I have the honour to be,

Your obedient servant,

BERNARD WOOD-WHITE,

County Medical Officer.

4th June, 1937.

GENERAL STATISTICS.

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

Population 1936 : 207,100 (As estimated by the Registrar-General).

Population, Census 1931 : 207,475.

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

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

Rateable Value : £1,022,554 (year commencing 1st April, 1936).

Sum represented by a penny rate : £3,887 (estimated). Year commencing 1st April, 1936.

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.

1936

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	} Birth rate per 1,000 of estimated population :— 13.86.
Legitimate	1,377	1,369	2,746	
Illegitimate	64	60	124	
<i>Stillbirths :</i>				} Rate per 1,000 total (live and still) births :— 37.56.
Legitimate	50	54	104	
Illegitimate	4	4	8	
<i>Deaths :</i>				} Crude death rate per 1,000 of estimated popu- lation :—12.39. Corrected death rate :—10.3.
	1,335	1,231	2,566	

<i>Deaths from Puerperal Causes :</i>	<i>Deaths.</i>	<i>Rate per 1,000 total births.</i>
Puerperal Sepsis	6	2.01
Other Puerperal Causes	7	2.35
Total	13	4.36

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	42.86
Legitimate Infants per 1,000 legitimate live births	42.97
Illegitimate Infants per 1,000 illegitimate live births	40.32
Deaths from Measles (all ages)	3
„ Whooping Cough (all ages)	7
„ Diarrhoea (under 2 years of age)	11
Cancer Death Rate per 1,000	1.61
Tuberculosis Death Rate per 1,000 ....	.56

Population.

To the simple mind the ways of the statistician are incomprehensible. The task of estimating the population is that of the Registrar-General, and the figures which are produced from year to year are his responsibility; they are of importance because they affect not only the birth and death rates, but also many others, such as tubercle and cancer, which appear in this report.

It is outside my province to criticise the statistics, nor am I qualified to do so. I draw attention, however, to what appears to me to be anomalous and puzzles me.

The figures of population of the Administrative County, produced by the Registrar-General since the census of 1931, are:—

Year	Population.		
1931	207,475 Census return.
1932	208,740 as estimated by the Registrar-General.
1933	209,320 do.
1934	209,090 do.
1935	208,500 do.
1936	207,100 do.

There is quick rise to 1933, and a somewhat slower fall to 1935, and a very heavy loss of 1,400 persons in 1936—an up and a down reminiscent of the Grand Old Duke of York and his 10,000 men; the population is now assumed to be less than it was known to be in the census year. It is difficult to find any good reason for this rise and fall. I should have expected that a gradual increase would have been shown from 1931 to 1936; my reasons are that the number of babies born in the County has always exceeded the number of persons dying; that building is continuous in the neighbourhood of certain towns, particularly those close to the coast; that the number of National Health Insured Persons (which the Clerk of the East Suffolk County Insurance Committee has kindly given me), has increased by 3,000 since January, 1935, and this rise has been continuous; on the—

1.1.35	there were	76,915	insured persons
1.1.36	„	„	77,567 „
1.1.37	„	„	79,397 „
1.4.37	„	„	80,059 „

The table below shows the population in the 19 districts in the County according to the Census of 1931 (adjusted for the alteration of districts), and the estimated population for 1935 and 1936:—

		CENSUS.		
District		1931	1935	1936
		(adjusted).		
Aldeburgh	...	2,545	2,473	2,498
Beccles	...	6,545	6,594	6,524
Bungay	...	3,100	3,125	3,100
Eye	...	1,733	1,693	1,687
Felixstowe	...	12,067	12,455	12,460
Halesworth	...	2,160	2,202	2,178
Leiston	...	4,192	4,053	4,054
Lowestoft	...	44,049	44,830	44,830
Saxmundham	...	1,260	1,377	1,370
Southwold	...	2,753	2,816	2,738
Stowmarket	...	6,428	6,319	6,346
Woodbridge	...	4,734	4,863	4,815
Total	...	91,566	92,800	92,600

				Difference between 1935/36.
	1931	1935	1936	
Blyth	19,597	18,940	18,780	—160
Deben	24,240	24,260	23,900	—360
Gipping	19,532	18,690	18,310	—380
Hartismere	18,352	17,920	17,740	—180
Lothingland	13,731	14,670	14,550	—120
Samford	13,885	14,790	14,770	— 20
Wainford	6,505	6,430	6,450	+ 20
Total ...	115,842	115,700	114,500	—1,200

It is worth while to examine these figures; the urban areas have lost 200 people in the year 1936. Bungay, curiously enough, lost 25 persons and so assumes exactly the same population as for the 1931 census; Leiston though lower than the census, added one to its population, while Lowestoft stays exactly the same.

Though in four years the rural districts lost 142 inhabitants, an average only of 35.5 a year, this year the loss is given as 1,200, or about 34 times as much; with the unexpected exception of Wainford, perhaps the most rural part of the County, every rural district shares in the decrease. Deben, a rural district obviously undergoing some urbanisation, with a population to the casual eye extending more than any other, loses most heavily of all.

I am unable to explain these figures. I suggest, with all respect, that the population probably has not varied in the way the Registrar-General's figures denote, and that it is unlikely that the population of the County to-day is 300 less than it was in 1931. In a guessing competition (and as far as I am concerned it must be guessing), I should say that the peak of 1933 did not occur, that there has not been a sudden and great fall this year, that the population is now higher than it was in 1931, and that the increase has been gradually attained throughout the years under review. It is unfortunate that a census cannot be taken every five years instead of every ten.

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
1935	2912	13.4	14.4	13.9	14.7
1936	2870	13.4	14.2	13.9	14.8

Birth Rate.

The birth rate for the County remains the same as last year; there has been no material difference since 1933. A similar static period occurred between 1926 and 1930; and the figures for the Country show the same disposition, with a more gradual fall in the early group of years, remaining steady from 1933.

The attention of the public has been focussed rather more closely upon this subject in the last twelve months than before, and statisticians calculate what will happen in the future unless a change sets in; they paint a gloomy picture.

The number of births still exceeds the number of deaths in the County; this year the excess of births over deaths is 304; in 1931 it was 585; in 1926 it was 952, and in 1921 it was 2,245.

There is a tendency each year for the number of births to decline, and this year the number of babies born is the smallest on record. The number of deaths, however, tends either to remain stationary or to rise; this is inevitable with the falling birth rate and a population which is becoming relatively older.

TABLE II.
ILLEGITIMATE BIRTHS.
(Still Births are excluded).

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	0.64
1935	136	0.5	0.7	0.6	—
1936	124	0.5	0.6	0.6	—

Illegitimate Birth Rate.

The illegitimate birth rate is lower than before, and for the first time is just under .6; this rate has declined in concert with the general birth rate, the rural slightly exceeds the urban.

TABLE III.
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.				Administra- tive County Corrected Death Rate.
		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	10.3
1935	2581	12.0	12.6	12.3	11.7	10.3
1936	2566	11.7	12.9	12.4	12.1	10.3

*Civilians only.

Death Rate.

The number of deaths this year has decreased; the crude death rate however, for the County has been higher than that for England and Wales for the last three years; although the crude death rate is not an indication of the health of the area, it is a sign that the population is aging, hence, more people die. The corrected death rate, which takes into account the age of the population is lower than the rate of the Country.

The urban and rural rates convey very little information, because they are crude rates, and it would not be possible to apply the rate factor to them, each needing a factor of its own.

TABLE IV.

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

Year.	Death Rate.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
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
1935	12.3	107	21	30	32	79	63	281	1013	955	2,581
1936	12.4	123	18	23	41	73	75	303	949	961	2,566

This table shows that 37 per cent of the persons who died in the County had exceeded the age of 75 years, and that 74 per cent. were over the age of 65 years. The figures are nearer to those of 1934 than 1935; the high number of persons dying over 65 years of age is not because elderly people live longer to-day, but because there are more of them.

There has, however, been a rise in the number of deaths of children under 1 year of age during 1936.

Infant Mortality Rate.

Deaths of children under one year.

Last year the infant mortality rate was by far the lowest on record in this area, and it was not to be expected that the rate this year would equal it, but the rate for 1936 of 42.8 per 1,000 births is low, and has only been bettered once.

The table showing the rates for the last four quinquenniums reveals a marked reduction over the last twenty years; the fall is more easily seen in five-yearly periods than from year to year. A similar reduction has occurred for England and Wales, but the Country's rate is naturally above that for the County because of the high rate in some densely populated areas.

TABLE V.

DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Births.			
		Urban.	Rural.	Administrative 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
1935	107	39	35	37	57
1936	123	39	45	43	59

TABLE VI.

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.	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
1935	26	24	23	22	12	107
1936	28	31	17	32	15	123

Fifty-nine children died within the first week of birth, compared with 50 in 1935; a large proportion of these deaths are inevitable and due to some congenital defect. Forty-seven died from one month to twelve months of age, compared with 33 last year; it is amongst this group that the death rate can be reduced.

TABLE VII.
INFANT MORTALITY.

Quinquennium.	Number of Births.	Number of Deaths.	Infant Mortality Rate.
1917-1921	20,680	1,448	70.02
1922-1926	19,017	1,060	55.74
1927-1931	16,553	832	50.26
1932-1936	14,701	628	42.72

The above table gives the infant mortality rate separated into four quinquenniums; this shows a large decrease between the first and the last lustrum.

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	95.37
1935	7	19.2	71.4	51.4	89.54
1936	5	37.7	42.3	40.0	—

For the second time the illegitimate infant mortality rate is lower than the legitimate; this happened before, in 1928, and it emphasizes what is so often found, that the illegitimate children in East Suffolk have a fairer deal than those in the rest of the Country. I think it unlikely that other Counties could show a rate so low as 40 per 1,000 births; it is a credit to the "grannies" in East Suffolk who so often take charge of the unwanted child.

II.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.**Staff.****Medical Staff.**

County Medical Officer, School Medical Officer and Chief Tuberculosis Officer (also Superintending Medical Officer of Royal Hospital School, Holbrook):

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

Deputy County Medical Officer, Deputy School Medical Officer (also Inspecting Medical Officer of Royal Hospital School, Holbrook):

Arthur George Atkinson, M.B.E., B.A., M.D., Ch.B., M.R.C.S. L.R.C.P., D.P.H.

County Bacteriologist:

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

Assistant County Medical Officers:

Hubert Charles Pedler, M.R.C.S., L.R.C.P., D.P.H., also Medical Officer of Health, Eye M.B., and Hartismere R.D.

Edith Alberta Whitney, M.B., Ch.B., D.P.H.

William Malcomson Burns, M.B., Ch.B., D.P.H.

Medical Staff (part time).

Medical Superintendent, Normanston Hospital:

Malcolm Angus MacDonald, M.C., M.B., Ch.B.

Obstetric Specialists:

Frederick Ross Stansfield, M.D., F.R.C.S. ENG.

Michael W. Bulman, M.D., F.R.C.S., M.S.

Medical Officers, Maternity and Child Welfare Centres:

Laurence Gibson, M.B., Ch.B., D.P.H.

Charles H. Bracewell, M.R.C.S., L.R.C.P.

Nursing Staff.

Inspector of Midwives and Superintendent Health Visitor:

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

Assistant Inspector of Midwives and Asst. Superintendent Health Visitor (also County Superintendent, East Suffolk Executive Committee, Suffolk Nursing Association):

Miss F. Macdonald, Certified Midwife, Queen's Nurse, Cert.R.S.I.

Health Visitors:

Miss E. M. Carter, Certified Midwife, Trained Nurse.

Miss A. Hatch, Certified Midwife, Trained Nurse, Cert.R.S.I.

A varying number of District Nurses who are Certified Midwives.

County Sanitary Staff.

County Sanitary Officer:

Arthur Edward Chapman, M.S.I.A., Cert.R.S.I.

Assistant County Sanitary Officer:

George H. Hine, M.S.I.A., Cert.R.S.I. (appointed October, 1936, commenced duties 1.1.37).

Milk Sampling Officer:

Albert V. Stubbs (temporary appointment).

Clerical Staff.

Administrative Officer: Gilbert Ranson.

Finance Clerk: Albert Knight.

General Clerks:

K. D. Johnson	}	<i>Public Health.</i>
H. E. S. Gibbs		
Miss E. Cordery		

J. L. Cobbold	}	<i>School Medical.</i>
I. Fenn		
Miss S. Bowyer		
Miss M. Gibbs		
Miss L. Gray (Clerk Shorthand-Typist)		

Shorthand-Typists:

Miss E. M. Butters	}	<i>Public Health.</i>
Miss G. Sleigh		
Miss A. B. R. Turner (part-time)		
Miss M. Bucke—County Sanitary Staff.		

Laboratory Attendants:

A. J. Kane.
D. Miller.

Staff.

COMBINATION OF COUNTY AND DISTRICT MEDICAL SERVICES—Dr. H. Pedler, Assistant County Medical Officer, who for some time has been Medical Officer of Health for Hartismere Rural District, was appointed Medical Officer of Health for the Borough of Eye from the 1st November, 1936. This appointment completed a combined sanitary area, the only one of the scheme yet accomplished; it has not been possible for any of the other Assistant County Medical Officers to take over the public health work of the districts.

The Borough of Eye had what is not an unusual outlook for District Councils, a prejudice against the employment of County Officers for their public health work, which will change only with time and experience. The reluctance to this union was so great that for a short time a local medical practitioner was appointed, but the Ministry of Health refused to sanction it, and so Dr. Pedler became Medical Officer of Health for Eye.

COUNTY SANITARY STAFF. In addition to his public health duties, the County Sanitary Officer was appointed Inspector under:—

Shops Acts on the 1st January, 1936.
Food and Drugs Acts, 1st April, 1936.
Merchandise Marks Acts, on the 26th May, 1936.
Pharmacy and Poisons Act, 26th May, 1936.
Inspector of Butter Factories, 14th July, 1936.

These multifarious duties were sufficient, if they were to be performed properly, to swamp the Public Health work for which this officer was originally appointed. In spite of much overwork during long hours, insufficient progress was made and he was behind-hand with the world. It was obvious to me, and it was recognised by the Committee, that Mr. Chapman could not continue to battle with such overwhelming circumstances, and that he must have help. An Assistant Sanitary Inspector was appointed in October, but he did not begin his duties until January, 1937.

The future will decide whether these two Officers together can combat successfully, with credit to the Council, all that lies before them.

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, succeeded by Dr. H.
Felixstowe	Dr. G. J. Conford. [C. G. Pedler.
Halesworth	Dr. A. Cursham.
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. R. Greenwood.
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.

Public Assistance 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 (deceased).
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. G. D. Shann.
Eastward Ho !	Dr. J. P. Hill.
Grundisburgh	Dr. W. W. Crawford.

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.
- Gipping.
- *Cosford.
- Eye.
- *Hadleigh.
- Hartismere.
- *Harwich Port Authority.
- 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.
- (f) Eye ... Reading Room, Eye.
- (g) Farnham ... Men's Hut, Farnham.

* <i>(h)</i>	Felixstowe	...	Salvation Army Hall, High Road, Walton, Felixstowe.
<i>(i)</i>	Halesworth	...	Old Girl's School, Halesworth.
<i>(j)</i>	Kessingland	...	Village Hall, Kessingland.
† <i>(k)</i>	Kirton	...	Church Room, Kirton.
<i>(l)</i>	Leiston	...	British Legion, Victory Road, Leiston.
† <i>(m)</i>	Martlesham	...	Sick Qtrs., Martlesham Aerodrome.
† <i>(n)</i>	Nacton	...	Bucklesham Old School.
<i>(o)</i>	Stowmarket	...	Constitutional Hall, Stowmarket.
<i>(p)</i>	Woodbridge	...	St. Mary's House, Woodbridge.
<i>(q)</i>	Wrentham	...	Town Hall, Wrentham.
<i>(r)</i>	Ipswich	...	County Hall, Ipswich.

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

†At these Centres the County Council does not arrange for the attendance of a Medical Officer. A Nurse only is provided.

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)* Lowestoft and North Suffolk Hospital. (Provided by the County Council).

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 11 financial years is as follows:—

26/27.	1927/28.	1928/29	1929/30.	1930/31.	1931/32.	1932/33.	1933/34.	1934/35.	1935/36.	1936/37.
£ 773	£ 355	£ 338	£ 333	£ 194	£ 168	£ 360	£ 441	£ 144	£ 103	£ 110

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

1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
9,178.	12,581.	21,128.	13,605.	12,063.	6,862.	10,199	11,666	9,462

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.

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

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

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; Examinations of slides.

Charges are made to Practitioners for examinations.

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

County Laboratory.

The examinations made at the County Laboratory during the year were less because of a big reduction in the number of diphtheria swabs, and specimens of urine, faeces and bloods for widal reactions for typhoid bacillus (the outbreak of paratyphoid in Lowestoft causing very high figures in 1935); the biological milks examined decreased by over 100, possibly accounted for by the Veterinary Surgeons finding a smaller number of cows with suspicious udders as their work progresses. Otherwise, there has been little change in the examinations, excepting milk samples examined for cleanliness, where the number has risen by 600, caused by the extension of accredited herds.

This year, in order to show more fairly the expense of the Laboratory, I have priced certain examinations which should have been included before, but which were omitted as they were not grant earning in the days before the block grant was established.

Specimens examined at the County Laboratory.

Examinations.	1936.	1935.	1934.	1933.	1932.	1931.	1930.
Sputa for tubercle bacilli	1,403	1,264	1,346	1,414	1,444	1,377	1,253
Throat Swabs	1,405	2,367	1,519	853	1,217	1,843	2,977
Hairs for ringworm	76	343	243	114	166	173	260
Widal reactions	68	212	31	35	39	38	4
Blood cultures	4	7	4	1	3	3	
Blood films	6	6	4	18	3	14	1
Blood counts	6	11	8	8	14	14	1
Cerebro-spinal fluids	36	32	21	18	17	17	1
Urines	403	838	235	175	210	173	222
Faeces	91	664	30	34	43	29	7
Water Analyses	334	229	191	134	54	173	7
Vaccines	1	5	4	9	5	21	
Milks—bacterial counts	2,608	2,021	436	327	383	495	35
butter fats	82	61	112	71	102	3,063	6,42
Milks biological	495	624	778	377	240	233	36
Milks microscopical	359	373	56	10	14	27	4
Biological—otherwise	38	46	38	30	37	43	7
Wassermann Reactions (for Ipswich and County)	391	334	374	344	437	383	43
Cultural for gonococci	127	112	88	101	60	104	10
Microscopical for gonococci	260	222	264	68	46	78	3
Agglutination tests for carriers of bacillary white diarrhoea in chickens	1,174	1,810	4,330	2,672	7,489	5,239	8,29
Other examinations	95	85	87	49	40	65	
TOTALS	9,462	11,666	10,199	6,862	12,063	13,605	21,12

(Signed) H. M. CADE,

County Bacteriologist.

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, who give part-time service as Health Visitor, Tuberculosis Visitor, Infant Life Protection Visitor, and Maternity Nurse.

Health Visits.

The number of health visits has been maintained; the visits to expectant and nursing mothers have been more numerous than ever before.

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

	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.	1926.
Visits to infants under 1 year	2,058	2,074	2,176	2,422	2,472	2,382	2,515	2,421	2,355	2,475	2,630
Visits to infants under 1 year	11,261	12,000	8,247	11,835	8,876	10,575	9,518	9,193	10,058	9,348	6,709
Visits to expectant mothers	9,728	8,699	7,794	7,577	6,323	7,417	8,433	5,692	5,552	4,537	3,818
Visits to children 5 years	25,344	26,141	27,720	26,811	28,670	28,121	28,068	26,755	24,701	25,601	27,999
Totals	48,391	48,914	45,937	48,645	46,341	48,495	48,534	44,061	42,666	41,961	41,156

Nursing in the Home.

The number of District Nursing Associations has been reduced from 73 to 71, by the amalgamation of Brantham with East Bergholt (though one midwife had acted for both parishes for some years), and Bealings with Grundisburgh. The number of Associations is now four less than it was at the highest peak of 75 in 1932 and 1933.

The amalgamation of districts in selected places is to be encouraged; it prevents a Nurse rusting through lack of employment in a small district, and makes it essential for the Association to provide a car for her work. All nurses working in rural areas should use a car; the number driving this year is 29, two more than last, and more than twice as many as in 1932. Twenty-nine Nurses, however, is less than half the number working in the County and there is a long way to go before all the Nurses can carry out their duties unhampered by weather and fatigue.

I give below figures showing the number of District Nursing Associations in the Administrative County for the last 16 years:—

1921	...	...	36	1929	...	...	67
1922	...	...	43	1930	...	...	70
1923	...	...	46				
1924	...	...	49	1931	...	...	73
1925	...	...	52	1932	...	...	75
				1933	...	...	75
1926	...	...	57	1934	...	...	74
1927	...	...	60	1935	...	...	73
1928	...	...	64	1936	...	...	71

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	...	...	9
Trained Nurses	...	...	19
District Nurses	...	...	47
Emergency Nurses	...	...	2
			—
Total	...	...	77
			—

MATERNITY AND CHILD WELFARE CENTRES.
TABLE IX.
1936.

Maternity and Child Welfare Centres.	Population.	Number of Openings.	Number of Attendances.		Average attendances 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	2,498	46	—	2,456	53.4	—	76	3.4
* <i>a.</i> Beccles	6,524	52	—	1,482	28.5	—	839	17.1
<i>b.</i> Brantham	2,507	24	5	683	28.5	5	144	11.0
* <i>a.</i> Bungay	3,100	45	99	1,771	39.3	99	170	4.0
<i>c.</i> Charsfield	1,494	11	7	161	14.6	7	79	7.9
<i>b.</i> Eye	1,687	24	—	330	13.7	—	63	3.0
<i>c.</i> Farnham	1,381	12	15	216	18.0	15	75	7.5
<i>a.</i> Felixstowe	12,460	52	—	2,288	44.0	—	809	18.0
<i>c.</i> Ditto (Ante-natal)	—	12	122	—	—	122	—	—
* <i>a.</i> Halesworth	2,178	47	9	1,069	22.7	9	113	3.2
* <i>b.</i> Ipswich (County Hall)	—	14	199	81	5.8	190	81	5.8
<i>b.</i> Kessingland	3,158	24	3	356	14.8	3	244	11.0
† <i>c.</i> Kirton	685	12	—	172	14.3	—	—	—
<i>a.</i> Leiston	4,054	53	—	846	16.0	—	233	10.6
† <i>c.</i> Martlesham Camp	444	10	6	76	12.6	6	—	—
† <i>b.</i> Nacton	1,144	12	—	96	8.0	—	—	—
* <i>a.</i> Stowmarket	6,346	40	8	2,287	57.2	8	151	4.0
<i>a.</i> Woodbridge	4,815	52	4	1,636	31.5	4	277	9.5
* <i>b.</i> Wrentham	1,360	24	15	952	39.6	15	398	16.6
<i>c.</i> Combs	2,000	7	—	5	7.1	—	—	—
Totals	Year 1936	573	492	17,008	29.7	483	3,752	9.3
	" 1935	575	478	16,882	29.36	374	3,018	7.88
	" 1934	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.

Combs Infant Welfare Centre.

A weighing centre commenced here in May, 1936; this is the only addition made to the Centres during the year.

Institutional Provision for Maternity Cases.

Unmarried Mothers:—The Public Health Committee has made no distinction between the service for married and unmarried mothers. There have been no special arrangements for assisting the unmarried other than by the usual Maternity and Child Welfare services of the County. The Diocesan Moral Welfare Association have in the past maintained, in certain cases, an unmarried mother and her child in a Home established for the purpose for a period of six months; though financial aid has been given in the past by the Public Assistance Committee for some cases under the Poor Law Acts, no scheme existed for help from Public Health monies.

The Association were financing, in an endeavour to promote good morals, a service largely of public health significance and value.

It is important that an unmarried mother and her child should not be parted in the early months; this so often happens when the mother is left to her own resources to maintain herself and her child, and when separation occurs breast feeding is abandoned, which is detrimental to the health of the baby, and indeed may account for the generally high illegitimate infant mortality rate. Amongst babies that survive there is a tendency to ill-health, but perhaps most important of all, the baby which is parted from his mother at birth often has a mother only in name, whilst nine months mothering often makes the relationship a real one.

It was only fair that financial help should be given to the Moral Welfare Association in this work, and it was decided that the Public Health Committee should contribute to the cost by paying for the maintenance of the mother and child in a Home for three of the six months. During 1936 the Council contributed to the cost of only one case (at the Ely Diocesan Maternity Home, Cambridge); this is a very small proportion of the 124 illegitimate live births which occurred in the County during 1936, but I wish the Association more power to its elbow, and hope that more of these unfortunate girls will accept institutional care, which may not always be attractive to them, but is certainly good both for themselves and their children.

Maternity Cases.

I give the number of persons who entered either a Maternity Home or a Hospital for confinement, under the Council's scheme for subsidizing beds:—

	1936.	1935.	1934.	1933.	1932.	1931.
Ipswich Maternity Home	53	47	52	30	31	43
Alexandra Nursing Home	—	—	—	—	—	2
Lowestoft and North Suffolk Hospital	6	7	3	3	2	—
Beccles	2	—	1	2	—	—
Melton Nursing Home	1	—	—	—	—	—
TOTALS	62	54	56	35	33	45

A very small proportion of women are confined in these institutions, and of these the majority pay the whole of the expense; only those who enter for medical reasons, or bad home conditions, are helped financially by the County Council.

Provision of Milk for Children and Expectant and Nursing Mothers.

In 1934, the scheme for the provision of milk for expectant and nursing mothers and babies was revived after a lapse of fourteen years; owing to the long period intervening, it appeared in the guise of an entirely new service. New services are inclined to be looked upon with suspicion, particularly when the cost cannot be estimated and it is not known how extensive the scheme will become; in such circumstances a new scheme is inclined perhaps to begin in a modest way, so modest in fact, that it is only a feeler to ascertain how far it can be extended.

In limiting the recipients of free milk to expectant and nursing mothers, and children up to the age of one year and, in addition allowing only one pint, the Council being in the dark as to the ultimate expense, trod gingerly. The experience of twelve months, however, was enough to allow an amendment of the scheme, and in November 1935 the income scale in operation was altered, so that persons with a higher income were able to benefit by this service. The scale in operation since that time was:—

Number in family	2	...	...	7s.	6d.	net income per head per week.
"	"	3	...	7s.	0d.	" "
"	"	4	...	6s.	6d.	" "
"	"	5	...	6s.	0d.	" "
"	"	6 and over	...	5s.	6d.	" "

In May 1936, the scheme was extended and the age limit for necessitous children was raised from 12 to 24 months. The effect of this extension was not felt in an increase in the number of cases on the books until towards the end of the year, but by that time the numbers had doubled.

The defects of the scale at present are that it does not go far enough and that all children under school age should be included if the parents' financial circumstances permit; and that the scale ends abruptly so that a very small difference in income is sufficient to exclude persons from the scheme who should have some assistance, here I am in error for not suggesting a sliding scale.

This service, perhaps, is as important as any which is administered by the County Council. The research of recent years has accumulated evidence to show that a large section of the community, because of limited income, though able to buy enough food to satisfy hunger, cannot afford all the essential and expensive food that ensures full growth and health. The comparison of heights and weights with the mortality rates of children of the richer and poorer sections of the community shows a difference that is considered largely to be due to the opportunities for good feeding which the former possess and the latter are denied.

Sir John Orde, the well-known dietician, is of the opinion that with food at its present price, 7s. 0d. a week is necessary to provide a child with an adequate diet. I have confirmed this by ascertaining the weekly cost for food for boarding school boys of the elementary class, where the diet is an adequate one (for I have analysed it), but is not in any way extravagant; this falls little short of Sir John Orde's calculations, and as a large number of boys are catered for it is possible to buy at a cheaper rate than in the open market. One shilling a day is not a large sum to spend, and as a proper diet includes $1\frac{1}{2}$ pints of milk daily and an egg, $5\frac{1}{2}$ d. a day must be allotted for purchase of these articles, leaving $6\frac{1}{2}$ d. only for the rest of the daily diet, including meat. Therefore, 7s. 0d. a week is not at all an outside figure.

A farm labourer, if he has a garden of decent size, is able to grow his own vegetables, which is a great help; he may also keep some fowls, but this is not a very paying proposition and he may be able to buy eggs cheaper; on the other side, people living in the country have to pay more for articles purchased from the grocer, butcher, chemist and haberdasher.

The farm labourer in Suffolk who is paid a wage of 31s. a week, can live without difficulty and feed himself and his family well if he only has two children, but directly the number dependent for their subsistence upon his wages exceeds four, he must of necessity cut down expenses on food by replacing valuable and expensive proteins by cheap, but filling carbohydrates—such as bread and potatoes—and this will affect the health and the physique of his children.

There is no doubt that to-day conditions are far superior to a number of years ago, and that they continue to improve; that it is quite impossible at present to supply all the children in this country with one and a half pints of milk daily, because the cows do not exist to produce it, but these facts do not alter the position which is fast becoming known to all.

The inability of the country to feed all its people properly is a direct incentive to the thoughtful and the cautious to refuse parenthood or to limit the family to one child; it is useless to preach that the fall in the population will be the ruin of the country, for a man has more concern for his immediate offspring than for the state of England 100 years ahead.

I produce some particulars, the first showing the circumstances of a number of families in the County, taken at random, of patients who are in a Sanatorium; the second, from applicants for free milk.

In this table I have set aside only 2s. a week for light and coal, and 6d. a head for clothing; no allowance has been made for cleaning materials, travelling expenses, replacement of crockery, kitchen utensils, bed linen, furniture, etc.; so that the sum which is available for the purchase of food is really rather over-stated. The first group, although the numbers taken are small, should be a fair representation of family budgets in the County; six fall below 7s. a head for food, 30 per cent.; one family has less than half the 7s. a week to spend upon food.

It is a serious thing, indeed, if this group is a fair example, that nearly one-third of the families in the area are subsisting on an inadequate diet.

In the second group the cases are selected; here poverty was the cause of the application. Two in the group (269 and 270) did not obtain milk because they were above the scale and the incomes satisfied the 7s. per head for food; but the rest tell a very different story, for of the 18 remaining two only had between 5/- and 6/- a head;

four between 4/- and 5/- a head;

ten between 3/- and 4/- a head;

one between 2/- and 3/- a head;

one between 1/- and 2/- a head;

this is, of course, a collection of very poor families. Eighty children are members of these 18 families and some must be suffering from a lack of protein. Eight children in one family can have 2s. 5d. a piece for food a week; another, with 6 children, 1s. 6d. a week a piece or 2½d. a day. This table alone is a strong advocate in support of raising the age for free milk from 2 to 5 years of age.

TABLE X.

GROUP I.

FINANCIAL CIRCUMSTANCES OF PERSONS IN SANATORIUM.

Case No.	Total Weekly Income.	Rent, Rates & Insurance.	Heat and Light	No. of Occupants.		Clothing at 6d. per head.	Weekly Balance of Income.	Weekly Amount per head.	
				Ad.	Ch.				
8,156	s. d. 29 6	s. d. 10 4	s. d. 2 0	2	—	s. d. 1 0	s. d. 16 2	s. d. 8 1	Bricklayer.
8,170	106 5	22 6	2 0	2	3	2 6	79 5	15 11	Coach Painter.
8,171	64 0	3 10	2 0	4	—	2 0	56 2	14 1	Horseman
8,192	75 3	3 0	2 0	5	1	2 6	67 9	13 7	Widow.
8,138	36 0	9 10	2 0	3	1	1 6	22 8	7 7	Parish Relief & Sickness Benefit.
8,135	52 6	7 3	2 0	3	1	6	41 9	13 11	Police Matron.
7,976	49 6	6 9	2 0	5	2	2 6	38 3	7 8	Royal Navy.
7,992	134 4	11 9	2 0	9	2	4 6	116 1	12 11	Unemployed.
8,003	45 5	11 9	2 0	4	2	2 0	29 8	7 5	Labourer.
7,744	69 6	12 6	2 0	4	1	2 0	53 0	13 3	Minister.
8,074	47 0	15 6	2 0	5	1	2 6	27 0	5 5	Unemployed.
8,010	46 0	2 6	2 0	4	3	3 0	38 6	6 5	Stockman.
8,028	50 0	7 9	2 0	3	2	2 6	37 9	7 7	Widow.
8,069	50 0	2 0	2 0	3	1	1 6	44 6	14 10	Widow.
8,011	59 6	5 0	2 0	5	6	5 6	47 0	4 3	Farm Work.
8,067	30 4	12 9	2 0	2	—	1 0	14 7	7 4	Unemployed.
8,070	76 11	14 0	2 0	7	—	3 6	57 5	8 2	Fisherman.
8,085	20 0	4 0	2 0	2	2	2 0	12 0	3 0	Hairdresser.
8,088	30 0	3 7	2 0	2	3	2 6	21 11	4 5	Farm Labourer.
8,115	42 0	16 1	2 0	5	—	2 6	21 5	4 3	No occupation.

GROUP II.
FINANCIAL CIRCUMSTANCES OF PERSONS RECEIVING FREE MILK.

Case No.	Total Income.	Rent & Rates.	Heat & Light.	No. of Occupants.		Clothing at 6d. per head.	Balance of Income.	Amount per head.
				Ad.	Ch.			
265	s. d. 31 6	s. d. 4 6	s. d. 2 0	5		s. d. 2 6	s. d. 22 6	s. d. 4 6
266	32 6	5 1	2 0	6	3	3 0	22 5	3 9
267	40 0	9 0	2 0	10	8	5 0	24 0	2 5
268	30 0	3 0	2 0	6	4	3 0	22 0	3 8
269	45 0	5 5	2 0	5	3	2 6	35 1	7 0
270	60 0	4 7	2 0	5	3	2 6	50 11	10 2
271	21 0	2 6	2 0	3	1	1 6	15 0	5 0
272	29 0	4 0	2 0	6	4	3 0	20 0	3 4
273	28 6	6 9	2 0	10	6	5 0	14 9	1 6
274	32 0	3 0	2 0	5	3	2 6	24 6	4 11
275	37 0	3 0	2 0	8	6	4 0	28 0	3 6
276	41 0	1 9	2 0	7	5	3 6	33 9	4 10
277	40 11	7 0	2 0	8	6	4 0	27 11	3 6
278	40 0	6 0	2 0	5	3	2 6	29 6	5 11
279	31 0	1 6	2 0	6	4	3 0	24 6	4 1
280	39 0	2 0	2 0	9	7	4 6	30 6	3 5
283	30 0	3 0	2 0	6	4	3 0	22 0	3 8
284	25 0	2 2	2 0	5	4	2 6	18 4	3 8
285	33 0	10 0	2 0	5	3	2 6	18 6	3 8
264	32 6	4 8	2 0	7	5	3 6	22 4	3 2

Above scale.
Above scale.
Unemployed.
Unemployed.

Provision of Milk for Children and Expectant Mothers.

1936.	Number of Cases.	
4th January	31
1st February	30
7th March	44
4th April	48
2nd May	50
6th June	51
4th July	58
1st August	63
5th September	68
3rd October	65
7th November	83
5th December	105
Total Number of Gallons	...	2,749
Estimated cost	...	£274 18s. 0d.

	Expectant Mothers.	Nursing Mothers and children.	Total.
Milk supplied on 1.1.1936 ...	3	24	27
New applications—Supplies granted during 1936 ...	37	126	163
Supplies ceased during year ...	30	50	80
Milk supplied on 31.12.1936 ...	10	100	110
New applications received 1936 and above County Council's Scale	8	18	26

Obstetric Consultant Service.

The Obstetric Consultants were called upon for aid in six complicated maternity cases during 1936; Mr. Bulman, in the north, for one; and Mr. Stansfield, in the south, for five. Although this service was used more than before it is somewhat surprising that the Consultants are wanted so rarely, but I think that they will be consulted more frequently as time goes on. The total cost of this service to the Council in 1936 was £26 15s. 0d.

Home Helps.

During 1936, home helps were provided in two cases at the expense of the County Council, namely, £3 3s. 0d.

Maternal Mortality.

The following is a list of the causes of death which occurred last year, as given by the Registrar-General:—

Lowestoft:

1. { Puerperal Septicaemia.
Perineal laceration.
Childbirth.
2. { Puerperal Septicaemia.
Perineal laceration.
Childbirth.

3. { Acute cardiac failure.
Pulmonary embolism.
Childbirth.
4. { Heart failure, Toxic myocarditis.
Eclampsia and suppression of urine.

Blyth:

5. { Post partum haemorrhage
following normal delivery.
Pre-eclampsia.
6. { Exhaustion.
Prolonged labour.

Hartismere:

7. { Heart failure.
Haemorrhage.
Ruptured ectopic gestation.
8. { Cerebral haemorrhage.
Puerperal albuminuria.

Lothingland:

9. { Cardiac failure due to shock.
Difficult instrumental delivery.
Pregnancy toxæmia.

Samford:

10. { Septicaemia.
Puerperal pyrexia.
11. { Cardiac failure.
Puerperal peritonitis.
Puerperal sepsis.

Wainford:

12. Puerperal sepsis.

Deben:

13. { Broncho pneumonia.
Heart failure.
Full-time pregnancy.

Maternal Mortality Rate.

Maternal mortality in an area of the size of East Suffolk, usually has a big annual variation because of the comparatively small number of births; this is demonstrated by a heavy swing from a very low rate last year to a high one this year, the rate for 1936 being higher for the County than any since 1929. This year our rate is much higher than that of England and Wales.

Four of the deaths occurred in the Borough of Lowestoft, which is a Local Supervising Authority, giving that town the high rate of 6.06 deaths per 1,000 total births; when the Lowestoft deaths are detached from the rest of the County, the County rate falls from 4.36 to 3.87.

As the year to year happenings should not be regarded as giving a true reflection, it is necessary to take the figures over a term of years and from the average of a period to assess the real damage and to make any comparison with the Country rate. The average County rate over the past fourteen years is 3.42 per 1,000 births.

It is somewhat incongruous that this year the maternal mortality for that part of the County under the control of the County Council, is higher than any for a time, though the services of the Council are now more comprehensive than before. Details of the services were given in my report for 1935, and are not included again this year.

TABLE XI.
MATERNAL MORTALITY RATE.

ADMINISTRATIVE COUNTY (including Lowestoft).										ENGLAND AND WALES.						
Year.	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.		
		Puer- peral sepsis.	Other puer- peral caus- es.	Total.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.
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
*3454																
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
*3557																
1931	3163	5	9	14	1.58	2.84	4.42	1.52	2.74	4.26	1.66	2.45	4.11	15.9	2.35	3.95
*3288																
1932	3070	5	7	12	1.62	2.28	3.90	1.56	2.19	3.75	1.61	2.63	4.24	15.4	2.52	4.06
*3197																
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
*2960																
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
*3104																
1935	2912	3	4	7	1.03	1.37	2.40	.98	1.31	2.29	1.68	2.42	4.10	1.61	2.32	3.93
*3046																
1936	2870	6	7	13	2.90	2.43	4.53	2.01	2.35	4.36	1.40	2.41	3.81	1.34	2.31	3.65
*2982																

* Includes Stillbirths.

TABLE XII.

Notification of Births Acts, 1907 and 1915.

During the twelve months 2,158 births were notified, viz. :—
2,082 live births. 71 stillbirths.

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

Live Births.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.
Notified by Medical Practitioners	956	950	1,000	991	1,196	1,197	1,216	1,477	1,495	1,520
„ Midwives	1,125	1,141	1,197	1,071	1,071	1,086	1,207	1,015	966	801
„ Parents	1	3	6	2	3	1	3	8	5	13
„ Women acting in emergency midwifery	—	—	—	—	—	—	3	5	4	—
Totals	2,082	2,094	2,203	2,064	2,270	2,284	2,429	2,505	2,470	2,334
Unnotified, but obtained from Registrars' returns	116	104	140	123	140	147	180	203	181	179
Totals	2,198	2,198	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 Administrative County (excluding Lowestoft)	*2,239 †83	*2,267 †109	*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 births.		
Stillbirths (excluding Lowestoft) :—										
Notified by Medical Practitioners	44	67	45	54	62	64	35	77	70	49
„ Midwives	27	31	31	29	23	24	30	33	31	15
Totals	71	98	76	83	85	88	65	110	101	64

A proportion of births every year are unnotified; as these are gathered from the returns of the Registrars, in practice it amounts only to a delay, in visiting. It is difficult to take any action upon failure to notify, because the Act is so framed that the onus of notification is not placed upon any one person.

TABLE XIII.
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
1935	10	7	3	9	—	—	1
1936	4	4	—	4	—	—	—

* Another case treated in Hospital was not notified.

† Mild gastro-enteritis in a marasmic infant.

TABLE XIV.
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
1935	26	12	9	5	23	3
1936	33	12	11	10	29	4

* Another case treated in Hospital was not notified.

The County Council, who have an agreement with the County Borough of Ipswich and the Borough of Lowestoft for treatment of puerperal fever and puerperal pyrexia in their Isolation Hospitals, treated 11 cases this year, the highest number on record.

Midwives Act, 1936.

The Midwives' Act of 1936 is an outstanding piece of legislation in a period when maternal mortality has received constant attention from all quarters; its most important function is to establish over the whole country a complete service of midwives. In East Suffolk, this was already fulfilled, for some time past a midwife has been available in every parish.

An important feature is the insistence upon an adequate salary for midwives, a body of women carrying a heavy responsibility whose work brings worry in its train and who must be skilled in the branch of medicine to which they are called. The provisions of the Act assure them of an adequate salary, post-graduate courses, and relief by a competent locum tenens.

A sequel to the Act will be the elimination of the unqualified person acting as a maternity nurse under the instruction of a medical practitioner. Some midwifery work has been, and is now, performed in this way and it is time it stopped. The Minister, when a full service is assured, will make an order forbidding anyone who is not a certified midwife, or a state registered nurse, to attend a confinement for gain.

In large centres of population, whole-time midwives will be employed by the local authority; this cannot be so in East Suffolk. For many years the County Council has delegated this work to the District Nursing Associations, the nurse-midwives acting as the agents of the County Council, a grant being paid for their services. It is an easy matter for a County Borough to make a scheme and engage whole-time midwives, but it is difficult in a County area to form a scheme acceptable and fair both to the County Council and the District Nursing Associations; it was realised that it was impossible for the Council to bargain with some 70 Associations individually, and that the only possible course was to deal with the Executive Committee of the parent Association, and to allow that Committee to make the local arrangements.

The matter was complicated by the many duties which the District Nursing Associations operate for the County Council; these include:—

- Midwifery and maternity nursing.
- Infant health visiting and attendances at Clinics.
- Tuberculosis visiting.
- School nursing.
- Infant life protection visiting.
- Public Assistance cases.

For these services the County Council's grant had been allocated:—

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

(Extra payment is made for services not included in this allocation).

The Act showed that midwifery and maternity nursing were to be gathered under one head, and paid for at the rate of a whole-time health visitor, but for this area it was necessary to include all the branches of work undertaken and to decide what payment should be made for each. The principal object of the scheme was to estimate the amount of work done for the County Council and to pay for it at a proper rate. Hence, the work done in 1935 by the District Nursing Associations for the Council was ascertained under the six headings; the total number of midwifery and maternity cases was known and it was assumed that this figure would increase by 10 per cent.; 80 cases were allotted to an imaginary whole-time midwife working for twelve months, and a salary of £200 a year was allowed; the value of all the midwifery and maternity work likely to be carried out by the midwives of the County was calculated on this basis.

The payment for health visiting, tuberculosis visiting, school nursing and infant life protection visiting, was estimated upon the time taken up by these services and paid for at the rate of £150 a year, £50 less than that of a whole-time Health Visitor, because no District Nurse is a qualified Health Visitor and it would not be fair to pay the full rate of salary. Traveling expenses and payment for relief staff were included.

The estimate of the expense of the whole scheme was £7,732, an excess of £3,067 over that of 1936-37. It was expected that this large addition to the grant, helped by the amalgamation of a number of districts, would enable the District Nursing Associations to pay adequate salaries to the Nurse-Midwives in the three grades, namely:—

- Queen's Nurses.
- State Registered Nurses.
- District Nurse-Midwives.

These amalgamations however, were essential.

Owing to the gradual development of Associations over a long period of years, it was inevitable that the districts could not be developed on a comprehensive and systematic plan, each district was formed when the opportunity arose, conforming to local rather than general convenience, and parochial enmities, impeding as they were, had to be respected; hence, some districts were too small and provided insufficient work for the nurse, though perhaps one or two others were the reverse. Once a district of this character was established as a unit, change was likely to be resented. It was hoped, however, that under the new scheme some of these incongruities would be removed.

District Committees are, however, responsible for managing their own affairs, and cannot be dictated to; proposals were made by the East Suffolk Executive Committee for amalgamation of a number of districts, but these were for the most part received with strong opposition, and it was found that while the District Committees were prepared to pay their nurses a higher salary if all the extra money was provided from County funds, they were unwilling to join with a neighbouring Association or to enlarge their district by taking in other parishes. Some put forward the reason that the nurse could not do the additional work provided by the larger area, though many nurses were already doing considerably more work in other districts.

Changes were not always welcome, and sometimes neighbouring Associations are, perhaps, a little antagonistic.

A number appealed to the Minister against the County's proposed scheme. Under the Act the Minister can make a scheme for the county, but he has no power to compel Voluntary Associations to enter into it. In East Suffolk it was obvious that a breach with the Nursing Association was impossible, particularly as the opposition came from a small minority, for few could carry on without financial help from the County Council, and to take any course which would extinguish anywhere a valuable health organisation providing nursing for the sick, could not for a moment be contemplated.

The only course for the County Council was to reconsider their scheme and to provide more money in order to obtain the approval of all, and not only a majority of the Associations. It was felt that it would be wrong to disturb the principle of the scheme, but the details were altered slightly; it was found that in some other areas a lower figure than 80 cases was allowed for each midwife, and as East Suffolk is rural for the most part, 75 cases was substituted. The change gave an additional grant of £350 annually to the District Nursing Associations; as the number of amalgamations hoped for did not take place, seven instead of six relief nurses were required, and the grant for these was increased by £50.

The County Council were relieved of difficult and complicated negotiations by dealing solely with the East Suffolk Executive Committee of the Association, and they are indebted to the Chairman, Canon Wilkinson, the Honorary Secretary, Mr. Ranson, and the County Superintendent, Miss MacDonald, for their work in allocating the block grant amongst the various bodies, and for their endeavours to persuade the District Committees to agree to the changes they advocated. It was a difficult task which required much hard work and patience, and it is to their credit that they managed to persuade the great majority of the District Nursing Committees that their proposals were fair.

The extra £400 a year will be sufficient to allow each Association to pay a uniform salary to their nurse, but I hope for the good of the service that some time the amalgamations hoped for, but not achieved, will become realities.

The nurses have received in the past varying salaries, and some have been underpaid. The County Council has had a very cheap service, but from now onwards the County Nursing Association will be rewarded fairly for their work; although the money cannot perforce be evenly distributed between the districts and some will receive a grant which does not represent the full worth of the services given by the nurses, and others will be overpaid.

Annual Report of Inspector of Midwives.

1st January, 1936, to 31st December, 1936.

One hundred and forty-three Midwives notified their intention to practise in the County during 1936 :—

Trained Midwives	143
<i>Bona-fide</i> Midwives	Nil.

Analysis of Trained Midwives :—

Working under Suffolk Nursing Association	89
Independent Midwives	40
Midwives employed in Public Assistance Institutions	12
Midwives who did temporary duty during 1936	2
Midwives who left the County during 1936	18
Midwives practising in the County on the 31st December, 1936	124

Cases attended by Midwives :—

	<i>Primipara.</i>	<i>Multipara.</i>	<i>Total.</i>
As Midwife	182	713	895
As Maternity Nurse	446	507	953

	<i>Primip.</i>	<i>Multip.</i>	<i>Total</i>
Medical help advised for the Mother	77	189	266
" " " " Child	—	—	51
	42%	26.5%	

Stillbirths :—

As Midwife	23
As Maternity Nurse	20

Deaths :—

	<i>Primips.</i>	<i>Multips.</i>	<i>Total</i>
Of Mother	1	1	2
Of Child	—	—	12

Notifications :—

Of Death	14
Of laying out dead	65
Of liability to be a source of infection	55
Of artificial feeding	16

Stillbirths. Of the 23 cases attended as midwife :—

- 2 were macerated.
- 2 were malformed.
- 1 was born before the arrival of the midwife.
- 2 were macerated.
- 5 were due to difficult labour.
- 4 were due to prematurity.
- 7 were due to malpresentation.

Deaths :—

The two deaths of mother occurred in hospital from Puerperal Septicaemia.
The 12 deaths of infants were due to feebleness and prematurity.

Laying out Dead :—

One was a case where the midwife acted as maternity nurse.

Liability to be a source of infection. Contact with :—

Puerperal Pyrexia	....	....	....	....	....	30
Measles	....	....	....	....	....	5
Erysipelas	....	....	....	....	....	4
Watery blisters	....	....	....	....	....	2
Septic thumb of Midwife	....	....	....	....	....	1
Scarlet Fever	....	....	....	....	....	1
Whooping Cough	....	....	....	....	....	2
Ophthalmia Neonatorum	....	....	....	....	....	7
Septic wound	....	....	....	....	....	1
Haemolytic streptococci in midwife's throat	....	....	....	....	....	1
TOTAL						55

Puerperal Pyrexia :—

Of the 30 cases of contact with infection, 15 were midwives cases. Six were nursed at home and recovered, nine were removed to hospital, 7 recovered, and 2 died.

Disinfection :—

In each case of liability to be a source of infection the midwives carried out the rules of the Central Midwives Board with regard to suspension and disinfection.

Artificial Feeding :—

Eleven mothers were unable to feed their babies. Three were removed to hospital. One child was adopted and one child had a hare lip and cleft palate.

Ophthalmia Neonatorum :—

Four cases of Ophthalmia Neonatorum were notified. Three were nursed at home by the District Nurse Midwife, and have recovered. The other case was nursed by relatives and has recovered.

Analysis of Cases taken :—

		Midwives.	Maternity Cases.
Suffolk Nursing Association Midwives	....	788	851
Independent Midwives	....	100	94
Institution Midwives	....	7	8
TOTAL		895	953

Analysis of Records for Help :—

Suffolk Nursing Association Midwives	....	....	261
Independent Midwives	....	....	56
TOTAL		....	317

Routine Inspection of Midwives	....	....	371
Special Visits to Midwives	....	....	146

MARGARET F. CHALMERS,

Inspector of Midwives.

March, 1937.

Midwives.

One of the criticisms that medical practitioners have made of the extension of the midwifery service is the restriction of medical practice to abnormal cases; in this area, however, such criticisms fall to the ground, the figures show a strong tendency for the practitioner to gain at the expense of the midwife, and the turnover this year is most marked. In spite of the smaller number of births the doctors have taken 13 more cases than in 1935, and the midwives 75 less.

The excess of doctors' cases over those taken by midwives is 58; in 1931 the midwives triumphed by 177, and the change is accentuated by the fact that in that year only 121 midwives were practising, but in 1936 there were 143. The percentage of births not attended by midwives practising as such, or as maternity nurses, was 20; last year it was 19 per cent.; when handywomen are forbidden to act as maternity nurses this number should be greatly reduced.

The percentage of calls for help has risen, and is higher than ever before; there will be a tendency for these to rise still more if the percentage of first-born children increases, which is likely with a falling birth rate, for help is more often called for primipara than for multipara. This year the midwives only attended 182 primipara and the doctors 446; this is natural, for the parents prefer a medical practitioner for the first baby, which is an unfamiliar and often dreaded occasion, and there is generally enough money to pay both for the doctor and the nurse; for second and other babies the midwives took the majority of the cases, 713 to the practitioners' 507. The Inspector of Midwives reports that the midwives attended 182 primipara, and called for help 77 times, a percentage of 42; they attended 713 multipara and called for help 189 times, a percentage of 26.5. Complications arise more often with the first baby than with the others.

Excluding Lowestoft, the maternal mortality rate of cases taken by midwives was 2.23 per 1,000 births; for medical practitioners this was much higher, 4.9 per 1,000; such a disparity between the two rates is usually found.

In my reports for 1934 and 1935 I gave a table showing the analysis of calls for medical aid by some of the County Midwives; it proved to be the practice of some to call in a doctor on many occasions, of others on few. This year I do not reproduce this table, but the figures coincide with those of other years; those of one particular midwife are outstanding:—

<i>Year.</i>	<i>Number of Cases.</i>		<i>Calls for Medical aid.</i>	
1934	...	13	...	15
1935	...	25	...	20
1936	...	20	...	16

Compare these figures with those of another midwife:—

1934	...	48	...	5
1935	...	36	...	3
1936	...	39	...	2

this cannot be chance; it is a different interpretation of the rules. The midwife who requires a doctor in more than three of every four of her cases is, I suggest, temperamentally unsuited for her occupation.

Though the number of calls for medical aid was only slightly reduced, the cost of this service to the Council was much less than in 1935. This is explained by the submission of one or two very heavy bills last year for individual cases; this did not happen in 1936.

TABLE XV.
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	147	—	458	11	8
†1935	*2376	970	940	1910	41	40	326	33.6	122	—	544	16	1
†1936	*2322	895	953	1848	38	41	317	35.4	143	—	445	17	0

* Number of Births includes Stillbirths.

† Figures for Lowestoft excluded.

TABLE XVI.

CONDITIONS FOR WHICH MEDICAL AID WAS MOST
FREQUENTLY CALLED IN BY COUNTY MIDWIVES.

	1934.	1935.	1936.
Ruptured perineum ...	72	86	69
Prolonged second stage ...	31	41	35
Haemorrhage (A.P. and P.P.) ...	32	19	19
Miscarriage ...	14	20	11
Rise of temperature ...	14	18	18
Illness of infant ...	27	9	14
Inflamed and discharging eyes of infant ...	12	14	21
Inflamed leg ...	10	—	6
Inflamed vein ...	—	12	7
Albuminuria ...	—	13	11

Nursing Homes Registration Act, 1927.

Eighteen applications for registration under the above Act have been received, seventeen 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.

"The Laurels," Snape (for convalescent children).

Maternity Homes.

71, Cornwall Road, Felixstowe.

Maternity Nursing Home, "Devoran," Looe Road, Felixstowe.

Mrs. Baalham's Nursing Home, Duke Street, Hintlesham.

The Maples, Easton.

Kersey Towers, Tomline Road, Felixstowe.

Gaston End, East Bergholt.

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.

One application was received during the year for premises to be registered under the Act. This was granted.

III.

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

The following figures relate to the children under supervision of 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
1935	494
1936	484

In one case the conditions under which the foster child was living were considered unsatisfactory, owing to the age and health of the foster-parent; the child, however, became nine years of age before removal could be effected, but this was accomplished with the help of the N.S.P.C.C.

No other occasions arose in which action was required.

IV.

Public Assistance Medical Services.

Medical Out-Relief.—Less than half the County is now covered by District Medical Officers who attend persons on behalf of the Public Assistance Committee in their area, in the remainder of the County, persons requiring medical out-relief may select one of the Medical Practitioners upon a panel constructed for this purpose.

For the first time I give some particulars of the work that has been done by Practitioners upon this panel.

930 patients were seen by them.

658 „ required a Practitioner for one quarter.

168 „ required a Practitioner for two quarters.

67 „ required a Practitioner for three quarters.

37 „ required a Practitioner for four quarters.

1,457 quarterly cards were issued.

5,021 home visits were paid.

2,537 surgery visits were made.

2,401 bottles of medicine were supplied (without seeing patients).

The average for each quarter was as follows:—

Home visits	...	...	3.44
Surgery visits	...	...	1.7
Bottles of medicine issued	...	...	1.7

I give particulars for each individual Practitioner called in to a patient during the twelve months, of whom there were 44, in the table below:—

TABLE XVII.
PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.

Number of Doctor	1936. Number of cards issued for patients.	Average for 12 months for each card issued:—		
		Home visits (including medicine).	Surgery visits (including medicine).	Bottles of medicine supplied without seeing patients).
1	28	3.0	3.46	3.96
2	51	4.29	2.66	.41
3	55	6.67	1.03	9.09
4	30	4.37	.9	.3
5	47	2.9	1.45	.44
6	7	4.14	3.57	3.14
7	23	3.74	.52	1.82
8	53	12.56	1.07	.62
9	11	5.9	1.45	4.18
10	1	9.0	—	1.0
11	7	2.7	4.2	—
12	119	1.45	.96	3.23
13	5	8.4	—	2.8
14	13	6.15	.15	.15
15	37	2.89	3.49	.11
16	18	1.72	1.17	—
17	10	6.9	—	—
18	27	2.48	.70	.19
19	18	5.44	1.05	.3
20	5	12.2	—	4.8
21	1	15.0	—	—
22	32	3.53	.94	2.35
23	32	3.13	1.41	.03
24	26	1.38	7.08	—
25	16	3.44	.19	.19
26	1	9.0	—	—
27	15	7.67	1.6	1.93
28	11	3.0	1.18	.8
29	1	6.0	—	2.0
30	2	2.5	—	.5
31	2	2.5	1.5	2.0
32	85	3.02	3.02	.11
33	32	2.6	2.25	.6
34	8	1.0	1.87	.37
35	117	2.74	.28	1.86
36	323	1.91	2.53	2.21
37	6	.66	10.2	—
38	31	4.77	1.58	1.42
39	30	7.1	2.2	1.3
40	3	10.66	—	1.0
41	6	2.33	2.66	3.0
42	74	3.43	1.48	2.32
43	22	3.86	.54	4.04
44	16	2.31	1.18	3.0

It is interesting to compare the varying practices of the different Medical Practitioners; of course, it is not fair to do so with those who saw two or three patients with those who saw a number, because the few may be of the type who require more visits than usual.

One Practitioner with a large number of quarterly cards paid 12.6 home visits, made 1.1 surgery visits, and supplied .6 bottles of medicine; another, with a large number, only paid 1.4 home visits, made 1.0 surgery visits, and supplied 3.2 bottles of medicine. This shows, I suggest, a very definite difference in method.

Some Practitioners issued no medicine without seeing the patient, but one supplied 9.1 bottles of medicine for each quarterly card. It is a matter of opinion of course, but I am inclined to the view that the issue of medicine to any extent without seeing a patient is not desirable.

Each card when it arrived at my office was scrutinised, and in a few instances Medical Practitioners had never seen a patient during the whole of the period for which the card was issued, but had prescribed medicine; these Doctors were communicated with because I felt that the Public Assistance Committee would not look with favour upon this procedure. Every patient should receive at least one visit from the Medical Practitioner during the thirteen weeks for which the order is valid.

If the home and surgery consultations are considered together, it will be found that an average of just over five were made for each Medical Relief Card of 13 weeks standing.

The scale which is paid for the Medical Out-Relief Panel service is:—

Borough, Urban District or Parish.	Scale of fees payable to Medical Practitioners for attendance, including drugs and dressings:—		Minimum fee for period of 12 months after first attendance.	
	Over a period not exceeding 13 weeks.			
	s.	d.	£	s. d.
Lowestoft M.B. ...	7	0	1	0 0
Felixstowe U.D. ...				
Aldeburgh M.B. ...	8	0	1	2 9
Beccles M.B. ...				
Eye M.B. ...				
Southwold M.B. ...				
Bungay U.D. ...				
Framlingham ...				
Halesworth U.D. ...				
Kessingland ...				
Leiston U.D. ...				
Saxmundham U.D. ...	10	6	1	10 0
Stowmarket U.D. ...				
Woodbridge U.D. ...				
Other parishes ...				

Travelling expenses are included in the above fees.

As the majority of patients were only seen during one quarter and as the minimum fee payable for 13 weeks is £1 0s. 0d. I think that on the whole a fair service is being given for a fair reward.

I look forward to an extension of the panel service as by degrees District Medical Officers relinquish their appointments. Though it is possible that details of the scheme may be changed, I feel almost certain that the principle of free choice of Doctor by the patient will be maintained indefinitely.

Public Assistance Medical Out-Relief Services.

<i>Name.</i>	<i>Address.</i>
Addison, E. A.	Coddenham, Ipswich.
Anderson, Archibald Stirling Kennedy	1, Marine Parade, Gorleston.
Barracrough, H. C.	381, London Road S., Lowestoft.
Birks, Alan Herrenden	South Lodge, Woodbridge.
Borham, John Douglas	Wymering House, Southwold.
Buncombe, G. H.	The Grove, Gorleston.
Burlingham, A.	Lynton, Leiston.
Bree, Sidney	High Street, Manningtree.
Bracewell, C. H.	Wrentham House, Wrentham.
Calder, Enid	Tudor Lodge, Lowestoft.
Collins, William	47, St. Helen's, Ipswich.
Craig, Daniel Mackinnon	The Haynings, Framlingham.
Crawford, William Wardlaw	Cumberland House, Woodbridge.
Cursham, Anthony	Thoro'fare, Halesworth.
Deane, Kenneth Hamilton	Surbiton Lodge, Gorleston.
Eades, Reginald Oliver	156, Foxhall Road, Ipswich.
Edwards, Mildred May Emily Yate	Mount Pleasant, Anglesea Road, Ipswich.
Ferguson, Harry Reece	18, South Green, Southwold.
Fryer, D. W.	52, Derby Road, Ipswich.
Fryer, William Francis	11, Fore Street, Ipswich.
Garnett, D. G.	Leiston.
Gonin, Mervyn Willett	236, Felixstowe Road, Ipswich.
Grantham-Hill, Clermont	St. Peter's House, Beccles.
Greer, W. F.	"Gaza," Otley.
Groom, John Long	13, Church Street, Woodbridge.
Guiver, Frank	Ardleigh, Essex.
Hocken, Melville	10, Market Place, Halesworth.
Hounsfield, Maurice Coupland	The Beeches, Marriott's Lane, Stowmarket.
Hoyland, Stanley Wall	Wyncroft, Nelson Road, Ipswich.
Hyder, Roland Ingham	"Binnakandy," Colchester Road, Ipswich.
Jervis-White-Jervis, Beatrice	Lincoln Cottage, Rosebery Road, Felixstowe.
Keene, Reginald	12, Gordon Road, Lowestoft.
Keer, Kenneth John Taylor	Haldon House, Wickham Market.
Keer, John Cordy	Claremont House, Wickham Market.
Lehmann, Harold Paul	Lynn House, Wickham Market.
Lloyd, William Jeaffreson	East Hill, Lee Road, Aldeburgh.
Macnab, A.	Kildonan, London Road, S. Lowestoft.
Maidment, Frederick Norton Haylock	Harleston, Norfolk.
Mead, J. C.	Bryn-y-Mor, Yarmouth Road, Lowestoft.
Muriel, John	4, Church Street, Hadleigh.
McBride, John Richard Best	Rowan House, East Bergholt.
Newell, Eric Llewellyn	Duke Street, Hadleigh.
Palmer, William Hotson	Bracondale, Kirkley Park Road, Lowestoft.
Peregrine, R. L.	Kessingland.
Perry, Arnold William Hart	Suffield Lodge, Gorleston.
Poignand, Ralph Newman	The Beeches, Walsham-le-Willows.
Robinson, Victor Penrose	The Cottage, Diss.
Ranson, William Russell	The Chestnuts, Needham Market.
Speers, Charles	Earl Soham.
Sleigh, John Graham	Albany Cottage, Dedham, Essex.
Stevens, Norton	The Street, Woolpit.
Spencer, Percy John	Gosford House, Finningham.
Sheehan, William Joseph	The Firs, Hoxne.
Scott, Sidney	"Brightwell," Woodbridge Road, Ipswich.
Wade, E. W.	The Beeches, Harleston, Norfolk.
Ward, Kenneth Leslie	The Homestead, Botesdale.
Weir, Archibald	Hill House, Eye.
Wheatley, John Norman	Lawrence House, Eye.
Wight, C. H.	Wangford.
Wynn-Williams, N. R. W.	St. Annes, London Road, Lowestoft.
Vincent, G. O. B.	The Cedars, Diss.

Public Assistance—Medical Relief Districts.

Name of District.	Name of Medical Officer.
Blything.	
No. 1	Dr. J. Aylen.
No. 3	Dr. N. M. Stephen.
No. 4	Dr. F. K. Marriott.
Debenham	Dr. H. Henry.
Stow.	
No. 1	Dr. J. P. Hill.
No. 5	Dr. H. S. Gaskell.
Dennington	Dr. C. W. W. Armstrong.
Fressingfield	Dr. W. C. Hutley.
Bacton and Mendlesham	Dr. L. B. Aveling.
Stradbroke	Dr. H. G. Biddle.
Plomesgate.	
No. 4	Dr. H. N. Baron.
No. 5	Dr. E. A. Collins.
Samford.	
Holbrook	Dr. A. H. T. Andrew (decd.).
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. 5	Dr. P. L. Giuseppi.

**Relieving Officers' Districts, and
Names and Addresses of Relieving Officers for each District.**

Name of District.	Name of Relieving Officer.	Address.
Beccles	Mr. H. R. Hadingham	Hungate House, Beccles.
Capel	Mr. F. J. Barry	35, Lattice Avenue, Ipswich.
Eye	Mr. N. Billings	Lambeth Street, Eye.
Felixstowe	Mr. H. G. Meadows	Office—Cowley Road, Felixstowe. Residence—c/o. Mr. Sheldrake, The Croft, St. Andrew's Road, Felix- stowe.
Halesworth	Mr. H. W. Bond	Brook Street, Yoxford.
Lowestoft	Mr. A. Jarrold	2, Crown Street Hall, Lowestoft.
Needham	Mr. G. F. Sutton	Ivydene, Needham Market.
Oulton	Mr. E. G. Wilson	86, Victoria Road, Oulton Broad.
Saxmundham	Mr. E. G. Guy	Rendham Road, Saxmundham.
Stowmarket	Mr. V. P. Denne	Crown Street, Stowmarket.
Stradbroke	Mr. J. H. Round	Lavender Lodge, Station Road, Stradbroke.
Wickham	Mr. H. C. Taylor	Plomesgate House, Wickham Market.
Woodbridge	Mr. A. B. Creasy	New Street, Woodbridge.

Public Assistance Institutions—Sick Wards.

The number of Public Assistance Institutions was reduced from seven to six by the closing of Plomesgate House on the 11th May, 1936.

The table showing the proportion of bedridden patients at the individual institutions remains constant, the numbers for each bearing a close relation to those of the two previous years. Lothingland House, for instance, had 62 per cent. compared with 61 per cent. last year. Tattingstone, as usual, had very few bedridden patients, though the percentage has risen from 2.6 to 10.0.

The Institutions are all of the same character and treat patients of the same type; therefore, the marked difference between Tattingstone and the rest is a little bewildering.

For the third year a table summarising the age groups of the patients occupying the sick wards is given; the figures in the groups are little different from those shown before. The majority of the patients are over 60 years of age, 9 per cent. only are under 40; the figures demonstrate clearly that the Institutions are used mainly for old people who are suffering from either a chronic disease or merely old age, who require some attention and perhaps nursing which cannot be secured at home.

The summary of the diseases from which the patients are suffering confirms this; 109 are burdened with old age, and the group of mentally diseased and mentally defective, which numbers 48, is a very poor second. Here again the figures are remarkably like those of 1935.

The Institutions for the most part act as large almshouses, and until the Public Health Committee take over the institutional medical treatment from the Public Assistance Committee, the conditions will remain unchanged.

Last year I found that the deaths in Tattingstone Institution, which had the smallest number of beds other than Plomesgate House, had the largest number of deaths, excepting Lothingland House, which has twice as many beds; and I drew attention to this anomaly (I mentioned that this figure might be accidental and that next year it might be lower). As a result I was instructed to report upon the deaths in the Institutions; this contained many statistics and I do not include any of the data here.

This year, however, the position has changed very decidedly and Tattingstone no longer appears as an Institution with a number of deaths out of proportion to the others; it now falls into line with the rest.

Twelve per cent. only of the deaths in the Institutions occurred under the age of 60, and 25 per cent. under the age of 70, which is consistent with the age groups of patients occupying the sick wards. Senility, as usual, accounts for more deaths than any other condition; the numbers dying from heart disease and malignant disease are exactly the same as last year.

TABLE XVIII.

Public Assistance Institutions.

Table showing proportion of bedridden patients occupying the sick wards
January, 1937.

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, Eye	14	25	56.0	14	37	37.8	28	62	45.1
Red House, Bulcamp	9	37	24.3	21	32	65.6	30	69	43.5
St. Mary's Hospital, Tattingstone	None	14	—	4	26	15.4	4	40	10.0
Stow Lodge, Onehouse	19	36	52.8	15	32	46.9	34	68	50.0
Shipmeadow House	9	26	34.6	8	24	33.3	17	50	34.0
Lothlingland House, Oulton	31	58	53.4	35	48	72.9	66	106	62.2
TOTAL	82	196	41.8	97	199	48.7	179	395	45.3

TABLE XIX.

Public Assistance Institutions.

Summary of Patients occupying the Sick Wards in the various age groups, January, 1937.

INSTITUTION.		AGE GROUPS :—								TOTAL.
		Under 30	30-40	40-50	50-60	60-70	70-80	80-90	over 90	
Hartismere House	M.	—	1	—	—	3	10	10	1	25 { 62
	F.	5	1	2	5	6	13	5	—	
Red House, Bulcamp	M.	1	2	3	5	7	14	5	—	37 { 69
	F.	1	1	7	3	3	13	4	—	
St. Mary's Hospital, Tattingstone	M.	—	2	1	—	3	4	3	1	14 { 40
	F.	1	—	3	2	4	12	2	2	
Stow Lodge, One-house	M.	1	2	5	7	5	9	5	2	36 { 68
	F.	3	—	4	3	4	10	7	1	
Shipmeadow House	M.	2	—	—	5	3	6	9	1	26 { 50
	F.	—	2	1	1	1	11	7	1	
Lothingland House, Oulton	M.	5	1	5	6	8	15	18	—	58 { 106
	F.	3	2	6	1	11	12	9	4	
Total patients in each age group		22	14	37	38	58	129	84	13	395

Percentage of Patients over 60 years of age 71.9
 " " " " 70 " " 57.2

TABLE XX.

Public Assistance Institutions.

Summary of Diagnoses of Patients occupying Sick Wards, 1st January, 1937.

DIAGNOSIS.	Hartismere House.		Red House, Bulcamp.		St. Mary's Hospital, Tattingstone.		Stow Lodge, Onehouse.		Shipmeadow House.		Lothingland House, Oulton.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Senility	9	8	4	6	4	9	2	5	6	9	26	21	109
Mental Disease and Mental Defect	—	2	7	4	—	3	2	4	2	4	12	8	48
Heart Disease	1	2	1	1	3	3	2	4	3	—	1	1	22
Bronchitis	1	1	3	4	—	—	4	3	1	—	1	1	19
Epilepsy	—	—	2	4	1	—	5	1	—	1	—	—	14
Cerebral Haemorrhage	—	—	—	—	—	—	1	—	1	2	5	5	14
Arthritis	—	3	—	1	—	2	—	2	1	—	—	1	14
Blindness, total or partial	1	—	3	—	1	—	—	1	1	1	—	1	10
Fractures	—	1	1	—	—	2	1	—	—	2	—	1	9
Malignant Disease	2	1	—	—	—	—	1	—	3	—	—	—	8
Tuberculosis	—	1	—	—	—	—	—	—	—	—	—	—	7
Pregnancy	—	3	—	—	—	—	—	—	—	1	2	—	4
Other conditions	11	15	16	12	5	7	18	12	8	4	11	9	128
TOTAL	25	37	37	32	14	26	36	32	26	24	58	48	395

TABLE XXI.
PUBLIC ASSISTANCE INSTITUTIONS.
DISCHARGES FROM SICK WARDS, 1936.

INSTITUTION.		Destination :		Transferred to :				Total
		Own home or c/o relatives.	Not stated.	c/o Police.	House or Casual Ward.	St. Audry's Hospital, Melton.	Hospital or other Institution.	
Hartismere House,	M.	6	—	—	2	1	6	15
Eye	F.	12	—	—	—	—	3	15
Red House, Bulcamp	M.	11	11(10)	2(2)	3	3	—	30
	F.	6	—	—	1	1	1	9
St. Mary's Hospital,	M.	4	1(1)	—	2	2	2	11
Tattingstone	F.	6	—	—	3	1	—	10
Stow Lodge, One-	M.	6	4(2)	—	1	1	5	17
house	F.	6	1	—	3	2	1	13
Shipmeadow House,	M.	6	1	—	3	—	1	11
Beccles	F.	7	—	—	1	—	2	10
Lothingland House,	M.	31	4(2)	1	6	2	1	45
Oulton	F.	20	—	—	2	10	1	33
* Plomesgate House	M.	6	3(3)	—	2	—	—	11
(to 11th May, 1936)	F.	3	—	—	1	1	—	5
Total		130	25(18)	3(2)	30	24	23	235

The figures in brackets show the number of Casuals included.

* Sick wards closed on 11/5/36 and patients transferred elsewhere.

TABLE XXII.
PUBLIC ASSISTANCE INSTITUTIONS.
Summary showing Age Groups of Patients who died in Sick Wards during 1936.

INSTITUTION.		Age Groups :								Total.
		Under 30	30-40	40-50	50-60	60-70	70-80	80-90	Over 90	
Hartismere House	M.	—	—	1	3	3	12	9	—	28
Eye	F.	—	1	—	1	1	3	6	—	12
* Plomesgate House	M.	—	—	—	—	—	1	1	2	4
(to 11/5/36)	F.	—	—	—	—	1	1	1	1	4
Red House, Bul-	M.	1	1	1	2	3	12	16	3	39
camp	F.	—	—	—	2	3	6	7	2	20
St. Mary's Hospital,	M.	—	—	1	1	5	5	1	1	14
Tattingstone	F.	—	—	1	—	1	5	2	3	12
Stow Lodge, One-	M.	—	—	—	2	2	5	4	—	13
house	F.	—	—	—	1	—	3	4	2	10
Shipmeadow House	M.	—	—	—	2	1	3	4	1	11
	F.	—	—	—	—	—	2	2	1	5
Lothingland House,	M.	—	—	1	3	7	15	14	—	40
Oulton	F.	1	1	—	2	4	10	6	4	28
Total Deaths in each Age Group		2	3	5	19	31	83	77	20	240

Percentage of Patients dying over 60 years of age 87.9

" " " " 70 " " " " 75.0

* Sick wards closed and patients transferred to other P.A. Institutions on the 11th May, 1936.

TABLE XXIII.

Public Assistance Institutions.

Summary of Diagnoses of Patients who died in Sick Ward during 1936.

DIAGNOSIS.	Hartismere House, Eye.		Red House, Bulcamp.		St. Mary's Hospital, Tattingstone.		Stow Lodge, Onehouse.		Shipmeadow House.		Lothingland House, Oulton.		*Plomesgate House. (to 11/5/36).		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Senility	5	4	12	6	5	5	1	4	4	4	23	16	1	2	92
Heart Disease	1	1	4	5	3	2	3	—	2	—	2	2	1	—	26
Malignant Disease	2	—	4	1	3	1	3	—	—	—	2	—	1	1	18
Bronchitis	5	1	3	1	—	—	—	1	1	—	—	1	—	—	13
Mental Disease and Mental Defect	—	—	—	3	—	—	—	2	—	—	1	2	—	—	8
Cerebral Haemorrhage	—	2	1	—	—	—	—	—	1	—	1	1	1	—	7
Fractures	1	—	—	—	—	—	—	—	—	1	1	—	—	1	5
Tuberculosis	1	1	—	—	—	—	—	—	1	—	2	—	—	—	5
Blindness, total or partial	1	—	1	—	—	1	—	—	—	—	—	—	—	—	3
Epilepsy	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2
Arthritis	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2
Other conditions	11	2	14	3	3	3	5	2	2	—	8	6	—	—	59
TOTAL	28	12	39	20	14	12	13	10	11	5	40	28	4	4	240

* The Sick Wards at Plomesgate House were closed on 11th May, 1936, and the patients transferred to other Institutions.

TABLE XXIV.

Patients occupying Sick Wards on 1st January 1937, under 40 years of age:—

<i>Diagnosis.</i>				<i>Males and Females.</i>	
Mental disease and defect	9
Epilepsy	3
Bronchitis	2
Pregnancy	3
Rheumatoid Arthritis	1
Heart disease	1
Other conditions	17
Total				...	36=9%.

Deaths of patients under 40 years of age in Sick Wards during 1936:—

<i>Diagnosis.</i>				<i>Males and Females.</i>	
Pulmonary Tuberculosis	1
Other conditions	4
Total				...	5=2.08%.

V.

Vaccination.

The Vaccination areas changed in 1935; this alteration was made under Section 24 of the Local Government Act of 1929, when there was a redistribution of registration districts, and as the Relieving Officers act as Vaccination Officers, this meant a change in the Vaccination areas. It is not possible, therefore, to compare the individual sub-districts of 1934 with those of 1935. Aldeburgh and Kessingland have dropped out, and the figures for Framlingham and Southwold relate only to the first quarter of 1935, and will be omitted next year. The new sub-districts are Oulton, Halesworth and Wickham, and the Saxmundham district has been re-constituted.

There has been a continuous decline in the number of children successfully vaccinated since 1932:—

		1932	1933	1934	1935
Percentage successfully vaccinated	...	44.6	42.5	42.1	41.6
Percentage successfully vaccinated, excluding those who died un- vaccinated	... ..	46.0	44.0	43.6	42.7

The figure which gives the best idea of the protection of the population against Smallpox is the percentage successfully vaccinated.

Lowestoft stands out as usual as the area in the County where vaccination is almost unaccepted, one one-ninth of the babies born in that district were protected against Smallpox in 1935. There is no change in the percentage of successful vaccinations between 1934 and 1935 for the Administrative County when the figures for Lowestoft are extracted. The urban places invariably fall below the rural. Felixstowe, Oulton and Stowmarket are all under 40 per cent.

Vaccination.

TABLE XXV.
ADMINISTRATIVE COUNTY (1935).

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 successfully vaccinated.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Beccles	222	131	—	—	83	7	—	—	1	59	61
Capel	163	92	—	—	59	4	—	1	7	56	58
Eye	185	118	1	—	56	3	—	5	1	64	65
Felixstowe	206	78	—	—	110	9	4	—	4	38	40
*Framlingham	21	11	—	—	4	—	—	4	2	52	52
†Halesworth	99	62	—	—	33	2	1	1	—	63	64
Lowestoft	652	72	—	—	527	16	2	5	3	11	11
Needham ..	181	64	—	—	105	7	1	3	1	35	37
Oulton	229	81	1	—	138	4	—	2	3	35	36
‡Saxmundham {	* 23	15	—	—	6	—	—	1	1	63	65
†196	124	—	—	—	63	6	1	—	2	—	—
*Southwold	43	21	—	—	22	—	—	—	—	49	49
Stowmarket	171	63	1	—	103	1	—	—	2	37	37
Stradbroke	117	70	1	—	41	4	1	—	—	60	62
†Wickham	98	70	—	—	18	5	2	1	2	71	75
Woodbridge	203	97	1	—	86	6	1	—	5	48	50
Totals	2809	1169	5	—	1454	74	13	23	34	41.6	42.7

ADMINISTRATIVE COUNTY EXCLUDING LOWESTOFT.

2157	1097	5	—	927	58	11	18	31	50.8	52.3
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* 1st January—31st March, 1935.

† 1st April—31st December, 1935.

‡ District re-constituted.

Vaccination.

Registration Sub-District. *Name of Vaccination Officer.

Beccles ...	Mr. H. R. Hadingham.
Capel ...	Mr. F. J. Barry.
Eye ...	Mr. N. Billings.
Felixstowe ...	Mr. H. G. Meadows.
Halesworth ...	Mr. H. W. Bond.
Lowestoft ...	Mr. A. Jarrold.
Needham ...	Mr. G. F. Sutton.
Oulton ...	Mr. E. G. Wilson.
Saxmundham ...	Mr. E. G. Guy.
Stowmarket ...	Mr. V. P. Denne.
Stradbroke ...	Mr. J. H. Round.
Wickham ...	Mr. H. C. Taylor.
Woodbridge ...	Mr. A. B. Creasy.

* For address, see Relieving Officer.

Vaccination.

NAMES AND ADDRESSES OF PUBLIC VACCINATORS.

Aldeburgh	...	Lloyd, W. J., East Hill, Lee Road.
Alderton	...	Lund, G. S.
Beccles	...	Grantham-Hill, C., Market Street.
Bungay	...	Cane, L. B., 19, Trinity Street.
Botesdale	...	Ward, K. L., The Homestead.
Brockford	...	Aveling, L. B., Bridge House.
Coddenham	...	Addison, E. A.
Debenham	...	Henry, H., The Sycamores.
Earl Soham	...	Speers, C.
East Bergholt	...	McBride, J. R. B., Rowan House.
Eye	...	Weir, A., Hill House.
Felixstowe	...	Giuseppi, P. L., "Trevoze."
Framlingham	...	Armstrong, C. W. W., Pembroke Lodge.
Fressingfield	...	Hutley, W. C., Oaklands.
Great Yarmouth	...	Anderson, A. S. K., 1, Marine Parade, Gorleston-on-Sea.
Halesworth	...	Aylen, J., Quay Street.
Harleston (Norfolk)	...	Cursham, A., Quay Street. Wade, E. W., The Beeches, London Road.
Holbrook	...	Andrew, A. H. T., The Beeches, (deceased).
Hoxne	...	Sheehan, W. J., The Firs.
Ipswich	...	Fryer, W. F., 11, Fore Street. Hoyland, S. S., 39, Berners Street.
Leiston	...	Burlingham, A., Aldeburgh Road.
Lowestoft	...	Barracrough, H. C., 381, London Road South. Boswell, D. W., Tudor Lodge.
Needham Market	...	Ranson, W. R., Burnley House.
Orford	...	Baron, H. N., The High House.
Otley	...	Greer, W. F., Gaza.
Peasenhall	...	Stephen, N. M., Brookdene.
Saxmundham	...	Collins, E. A., The Chantry.
Southwold	...	Boreham, J. D., Wymering House.
Stowmarket	...	Gaskell, H. S., The Corner House. Hill, J. P., The Limes, Ipswich Road.
Stradbroke	...	Biddle, H. G., The Cottage.
Wangford	...	Wight, C. H.
Wickham Market	...	Keer, J. C., Claremont House.
Woodbridge	...	Crawford, W. W., Cumberland House.
Woolpit	...	Stevens, N.
Wrentham	...	Bracewell, C. H.
Yoxford	...	Marriott, F. K., The White House.

VI.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply and Sewage Disposal.

At the time of writing I have received a few only of the annual reports from the District Medical Officers of Health and, therefore, I am unable to give particulars of any additions to, or alterations of, the water supplies or sewerage schemes made during 1936, except in those cases where applications for grants have been made to the County Council under Section 57 of the Local Government Act, 1929.

Rural Water Supplies.

Water schemes instituted because of series of droughts, which culminated in the grant of £1,000,000 by the Ministry of Health for water undertakings, are still afoot; those which were devised by many District Councils to solve the problems of waterless parishes (and there were many), continue to materialise and to come before the County Council for financial aid. The districts of Blyth, Gipping, Lothingland and Wainford between them, submitted seven schemes, and grants were allowed in all but one.

Blyth. This District Council has followed the policy of sinking bore wells for individual parishes and using wind for power. This is a method which in rural districts where the supply will be carried and not piped, with a consequent small consumption, is not to be despised if the storage capacity is sufficient; as, however, the wind may fail at times, a reasonable margin of stored water is essential. Five gallons a head for the population served for five days is a sufficient insurance.

The Blyth scheme, in which twelve parishes were to be served by thirteen bores, a somewhat unusual practice was followed, perhaps occasioned by the influence of mass production that permeates the modern world, by proposing to provide varying populations with tanks of a similar size, so that the three smallest groups of people were presented with a sufficient reserve, but the two largest were only allowed half this amount. I consider it irrational to instal a number of 1,000 gallon tanks without taking into account the population, and that if my reserve is too large, and the proper quantity is two-and-a-half day's supply and not five, then the tanks for the three small populations are too large and, hence, extravagant. The District Council were able to produce the powerful argument that an enquiry had been held in each case by the Ministry of Health, and that every scheme had been approved. In these circumstances, the County Council agreed to make a grant, but in spite of it, I do not depart from my opinion that the actions of the District Council in devising the scheme, and the Ministry of Health in acquiescing, were illogical. It is estimated that the total cost of this scheme was £4,700; the County Council helped with a sum equal to one-third of the deficit on the loan charges.

In a second scheme Blyth proposed to supply Cold Fair Green and Knodishall with water by mains from the Urban District of Leiston, who have a piped supply. Sixty houses were to be served with 1,000 gallons daily, with the qualification that a further 1,000 gallons could be taken if necessary. This scheme was a satisfactory one, and water could be laid to the inside of the houses.

The supply was badly wanted, for six of the wells in use were known to be polluted, and the remaining nine were suspect.

The scheme cost £700 and the County Council agreed to assist in the same way as with the other schemes.

Gipping R.D.C. This R.D.C. put forward a more ambitious and comprehensive scheme than the multiple bores of Blyth. They proposed to serve the parishes of Creting St. Mary, Crowfield, Gosbeck, Mickfield, Pettaugh and Stonham Aspal, by a piped supply from a bore hole in the parish of Crowfield, and to erect a 36,000 gallon tank at Stonham Parva; a 36,000 gallon tank at Crowfield; and to dismantle the existing 9,600 gallon tank at Stonham Parva and re-erect it at Stonham Aspal. The scheme extends and to some extent supersedes, the existing water supply at Stonham Parva. It is often found in this area that water from the chalk strata is ferruginous; it is so here, but not excessively. Though, of course, a hard water with disadvantages for washing purposes, it is a pure and constant supply.

Two hundred and seventy-two houses, 4 schools and 8 farms will be served. The necessary power will be produced by an internal combustion engine and a storage capacity of 44 gallons per head is reserved. The cost of the complete scheme is £8,576 and the County Council agreed to help financially in the usual way.

A similar type of scheme to provide a water supply for the parish of Ashbocking also came before the Council. Thirty-one houses and 2 farms were to be served by a bore with an engine and pump of 4,800 gallons storage; the storage capacity per person is 32 gallons. This scheme supplanted two wells, one bore and twenty-five ponds, which had failed in the previous dry summers.

It is interesting to compare the Gipping schemes with those of Blyth. Here, although the engine takes the place of the windmill in the one scheme, there is a reserve of five gallons a head for nearly eight days; and in the other, there is a reserve of five gallons a head for over six days, but some of the parishes of Blyth must be content with two-and-a-half day's supply only. There is this difference, however, that in the Gipping schemes water will be laid on to some of the houses and, consequently, more will be used.

Lothingland R.D.C. This Council put forward a scheme to provide a piped supply to serve nearly every house in the urban part of the parish of Kessingland, which is at present supplied with 162 shallow wells, liable to become contaminated or to fail in times of drought. The new supply was to come from two wells which it was thought would yield over 60,000 gallons a day; electric power was to be used for pumping and a tank of 60,000 gallons capacity was to be erected, 526 houses were to be served, with a storage capacity of 33 gallons a person a day, or a reserve of 5 gallons a head over a six days supply.

The estimated cost of the scheme was £11,610. The County Council agreed to make the usual grant, but the Ministry of Health refused a loan because there was a doubt about the yield of the wells.

Wainford R.D.C. This District Council have followed their usual policy of digging wells with an ordinary pump attached, but they have departed from this method in one instance. Their scheme for the parish of Rumburgh is more elaborate; water is obtained from a bore-hole and there are over 3,000 yards of 2-in. mains and fourteen stand-pipes; the power used is wind.

The population served is 284, at four persons a house; the storage capacity is 3.4 gallons a head for five days, but this is not enough; however, its deficiency is supposed to be compensated, as a portable engine can be attached in the absence of wind.

The County Council agreed to make their usual contribution; in this particular case a bore had been sunk previously, but the water obtained was not fit for drinking as it was brackish. The cost of this failure was £250, and the total cost (including this) was £1,847.

Wainford R.D.C. applied for a grant for a well already sunk at Brampton; this was refused in 1935 because bacillus coli was found in the water. The question of a grant was raised again this year, but as the water was still contaminated no help was given.

Sewage Disposal.

Deben R.D.C. put forward a sewerage scheme for Trimley St. Martin and Trimley St. Mary. The houses of these parishes, which mainly front the Ipswich-Felixstowe Road, are an example of "ribbon development," and were erected long before this expression was invented.

A scheme was required for these somewhat closely congregated dwellings; pail closets, cesspools and soakaways serve at present. The waste from the Laundry caused some thought, and after much consideration it was decided to exclude it owing to the high cost that purification of the effluent would entail.

The County Council approved the scheme, but the amount of assistance to be given has not yet been decided.

Local Government Act, 1929: Section 57.

Applications for grants under Section 57 of the above Act, from the following District Councils, were dealt with during 1936:—

Improvement of Water Supplies.

RURAL DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested extension of, or addition to, existing water supply.	Whether grant sanctioned.
BLYTH	Knodishall (Coldfair Green) ...	Extension from Leiston U.D.C. main ...	Yes.
Ditto	Badingham (2), Bruisyard, Chediston, Cratfield, Dennington, Huntingfield, Kelsale, Linstead Parva, Middleton, Peasehall, Sibton, Ubbeston. ...	New public supply; Bore wells with exception of the parish of Middleton which has a dug well ...	Yes.
GIPPING.	Ashbocking ...	New public supply; bore well and pipe lines ...	Yes.
Ditto	Creeting St. Mary, Crowfield, Gosbeck, Mickfield, Pettaugh, Stonham Aspal ...	Extension of supply from Stonham Parva and new supply from Crowfield, bore well and pipe lines ...	Yes.
LOTHING-LAND.	Kessingland ...	New public supply; two wells and pipe lines ...	Yes.
WAINFORD	Brampton ...	New well ...	No.
Ditto	Ilketshall St. Andrew ...	Dug wells at Becks Green and Big Common ...	Yes.

Improvements in Methods of Sewage Disposal.

DEBEN	Trimley St. Martin ... Trimley St. Mary ...	Scheme of sewers and sewage disposal works.	Scheme approved but amount of grant not settled.
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Pollution of Rivers: Byle Fleet.

The Public Health Committee of the Felixstowe Urban District Council drew my attention to the pollution of the Byle Fleet, a small stream arising as a ditch in the Deben Rural District and emptying into the sea in Felixstowe as a Fleet.

The complaint concerned the waste from the Laundry in Trimley, which discharged at the source of the Byle Fleet. There was no doubt about the pollution. The laundry waste formed the major portion of the flow of the ditch.

There was only one dwelling, Blofield Hall, near to the stream, apart from this one spot, the brook ran through fields. The pollution was marked from the source to some way past this old house and throughout this part of the stream, every now and then, the smell of decomposing sewage arose.

Two families live in Blofield Hall, which is divided into two houses, and there were some complaints of the smell from both.

Past this point there was little evidence of pollution where the Byle Fleet had been dredged, and this was so for several hundred yards. Further down, the stream was overgrown and the mud in it was black, but there was no smell. By the "Ferry" Inn, the pollution disappeared altogether and there was no more sign of it.

The pollution was evident, but no-one was affected except the people at Blofield Hall. The samples which were taken and examined at the Laboratory did not show, except the effluent itself, an impurity figure which could cause complaint; all were under 10.

As the District Council had complained to the County Council, I suggested a conference between all the parties concerned, but for some reason the Felixstowe District Council preferred to go no further, and the County Council then decided to take no action.

VII.

Housing.

Housing of the working classes has for the first time received the systematic attention of the County Council and its Officers, despite the fact that the first County Medical Officer of Health was appointed under the Housing Act of 1909. The real responsibility of the Council began with the Housing Act of 1930, which imposed duties and conferred powers upon this Authority. Apart from four complete parish housing inspections, three of which were compelled by ratepayers complaints to the County Council against the District Councils, nothing had been done; this was not from lack of will, but from want of time; for the staff available could do no more than man the defences. This state was endured until the end of 1935, when a County Sanitary Officer was added to the Staff, to rectify somewhat the previous neglect; this year, housing has been tackled seriously for the first time.

The first thing to decide was where and how to start, whether to take one rural district and to inspect the whole area, or to sample each. The housing programmes of the Rural District Councils had their influence, they were examined and where it was shown that there was evidence of activity, by proposals of the Council to demolish and replace a large number of houses, these were set aside for a later inspection; for it was thought a more useful purpose would be served in discovering whether this activity should not be displayed by a Rural District Council with a modest programme.

Wainford appeared to fall into this class, and as there were fewer houses in that area than in the others, it provided a convenient place for a general inspection; hence, this area was chosen for the first survey.

Wainford is probably the most completely rural area in the county, and possibly as rural as any in the country; the inhabitants depend almost entirely for their subsistence upon agriculture and, as it is not far remote from the coast, the harvest of the sea.

Cottage building in rural Suffolk has been a very occasional and spasmodic affair; the reason is not very far to seek. The prosperity of the County was at its height probably in the 16th and 17th centuries, and when weaving moved northwards there was nothing more for the Suffolk man but to till and to fish. Though the population of the country increased at an almost incredible pace during the industrial revolution, Suffolk retained its rural nature unchanged, and if there was any natural increase in the rural population the surplus drifted to towns; and even to-day there is still a population fall in some of the rural areas.

In this way there has never been an urgent need for new cottages in Suffolk to house a growing people; Wainford is an example of this, for as one journeys through this pleasant countryside, except for a few Council houses which have been built since the War, no new buildings meet the eye. Many of the houses are very old with artistic value which, I am afraid, is often enhanced by decay; many, badly and hastily built by some energetic husbandmen long ago, stand upon what was once a roadside waste, with a narrow strip of garden often backed by a watery ditch; crazy dwellings, yet with some beauty of colour and form. Then there are rows of houses, sometimes remote from others, and built nearer to our time, which have the flavour of "*urbe in rus*"; here a few country people live "*cheek by jowl*," with tiny waste-lands attached, the very antithesis of gardens.

The life of the country folk is very different from that of their fellows in towns; for water they cannot turn on a tap in the house, there are no convenient sewers, nor is refuse collected. In this respect they must perforce lead lives very similar to those of their forbears, for civilisation is much further removed from the country than the town, and extra labours and duties are imposed upon countrymen which the town-dweller does not experience; those who leave the town for the country miss the comfort of a bath and indoor sanitation and do not forget to impress this on an Inspector. The time when these differences can be removed will, I fear, be distant, particularly for isolated houses, but it must come, and villages where houses are clustered together will have their own water supplies and sewerage systems, and baths and drains to every house. I do not think I am over colouring this picture of future happiness, for it is not long since rich people in prosperous towns had no bathroom, and relied entirely for their ablutions upon the itinerant slipper bath.

Wainford has no baths nor sewerage systems, water must be fetched from outside the house from shallow wells, nor did we advocate after our inspection, except perhaps for one or two villages, that this could be changed. However, I do not wish it to be thought these conditions must remain so for ever.

Houses stand or fall under the Housing Act upon certain grounds, which are distinctly laid down; the County Sanitary Officer on the one hand (quite rightly) follows these somewhat strictly in forming his opinion; I, on the other hand, am inclined to be swayed by personal feelings, and wonder whether I could be happy and content living in the house myself, and I often find that these two points of view do not coincide. However, Housing Acts are drawn up by experienced persons with definite objects in view.

Rural housing is worse, and better, than it was in the past; worse, inasmuch as the older houses become more decrepit as one season succeeds another; better, because of smaller numbers inhabiting them as the family of a "round dozen" is replaced by one a quarter of the size. It would be interesting to know how overcrowded some of the houses were 100 years ago, and in what close contact people of those days lived.

One of the strongest impressions I gained from the housing survey of Wainford was the lack of size of the rooms in so many cottages; this, I believe, is a grave hindrance to a life of reasonable comfort. It was common to find a living room about 10-ft. or 11-ft. square and a scullery of lilliputian dimensions; these were most likely to be found in houses in rows, or double-dwellers. Here housework is a burden, there is insufficient room for furniture, and members of the family must live on top of each other. Although this is not a defect mentioned in the Housing Act (unless it can be included under bad arrangement), nevertheless, in my opinion it is one of the most serious drawbacks from which a house can suffer.

The efforts of the householders to make unfit dwellings presentable, fills me with admiration for their courage and skill; the country housewife is a clever paperhanger, many rooms are re-papered annually by the tenants in a professional manner, and newly-married couples invariably made a brave show in the most unpropitious circumstances. Here were to be found neat bedrooms and furniture, with eider-downs, bed covers, curtains, dressing-table covers, all selected to create a colour scheme; this state, I think, will be maintained unless the burden of a large family breaks down these meritorious efforts. Perhaps the hire-purchase system is partly responsible, but there is no doubt that the influence of a wider and wiser education is at the back of it all.

Another feature that impressed me was the large number of two-bedroomed houses. In the two villages where all the dwellings were inspected:—

3	had	one	bedroom.
66	„	two	bedrooms.
32	„	three	bedrooms.
1	„	four	bedrooms.
1	„	five	bedrooms.

So that only 33 per cent. had three, or more, bedrooms.

A small family is the rule even in rural areas to-day and no more than six persons occupied any house inspected. Though there is a definite need for two-bedroomed dwellings for old couples, single persons, and married people without children, nevertheless, the percentage of houses with three bedrooms should be nearer 66.

It is well to conduct a housing inspection in the winter, for this season shows defects better than any other; this year the winter has been a singularly wet one and the reeking dampness of some of the cottages had to be seen to be realised.

Some cases are hard and should not be pressed. I have in mind old people who have bought the ancient cottage, in which they have lived for many years—often the whole of their married life—and attachment to their abode is naturally of the strongest character; and their dearest wish is to die where they have always dwelt. Acts of Parliament cannot be sentimental and may be unintentionally cruel; in these instances it is neither politic nor necessary to force the Act home. I think that the ownership, long association, and the few years remaining, are sufficient to warrant the suspension of demolition until the house becomes vacant.

Full particulars of the Wainford Housing Survey are to be found in the two reports of the County Sanitary Officer; it was not possible, though perhaps desirable, to inspect all the 1,688 dwellings in that area, but it was decided to take the two parishes of Ilketshall St. Andrew and Southelmham St. James, and to inspect in each, all the working-class dwellings. This was the subject of the first report of the County Sanitary Officer; every house which he thought should be demolished was visited by me as well, and where we both agreed the houses were classified so in the report.

In these two villages we found that over one-third of the houses were unfit and should be demolished; we did not assume a standard approaching an idealistic state and another inspecting might find dwellings fit only for destruction which we let go. One is, however, influenced to some extent by the general conditions of the area and the standard of housing in Rural Wainford is not high.

When these two villages were finished, the County Sanitary Officer visited the other parishes and selected for inspection those houses which he judged from external appearance might require improvements to satisfy the Acts, or were unfit and could not be saved at a reasonable cost.

In Ilketshall St. Andrew and South Elmham St. James, 147 dwellings stood; 106 were inspected and of these:—

39, or 37 per cent. were irretrievable.

46, „ 43 „ „ were defective, but could be repaired at reasonable cost.

21, „ 20 „ „ only were found to be satisfactory.

These two parishes were chosen for a complete inspection and they were almost the worst in the whole of Wainford; the rest, 31 in all, formed the basis of the County Sanitary Officer's second report; here 331 houses were inspected and two-thirds found wanting, and it is reasonable to suppose that some unfit were missed—just more than one-fifth of the whole being inspected.

In Wainford there are 1,688 houses; 437 were inspected, and of these 251 were classed as unfit for habitation, or 14.9 per cent. The business of pulling down and replacing these dwellings belongs to the District Council, it is a task of some magnitude for a small, low rated area to set about, but it is not impossible, and the matter is one which can, and should be, dealt with as soon as possible.

Wainford Housing.

<i>Place.</i>	<i>Number of Inspections.</i>	<i>No. of Houses partially unfit.</i>	<i>No. of Houses totally unfit.</i>
Barsham	1	1	—
Blyford	8	4	4
Brampton	15	10	5
Ellough	10	1	9
Flixton	4	2	2
Holton St. Peter ...	41	13	28
Homersfield		None.	
Ilketshall St. John ...		None.	
Ilketshall St. Lawrence	12	4	8
Ilketshall St. Margaret	18	4	14
Mettingham	17	5	12
North Cove	13	3	10
Redisham	11	2	9
Ringsfield	10	1	8
Rumburgh	26	4	22
Shadingfield	9	—	9
Shipmeadow	8	5	3
Sotherton		None.	
Sotterley	6	6	—
South Elmham			
All Saints			
St. Cross			
St. Margaret	37	17	20
St. Michael			
St. Peter			
Spexhall	7	—	7
Stoven	16	4	12
Westhall	31	18	13
Weston	1	1	—
Willingham	3	—	3
Wissett	22	13	9
Worlingham	5	4	1
	<hr/> 331	<hr/> 117	<hr/> 208

Houses capable of repair under the Housing (Rural Workers) Act are included in the above figures. These inspections were carried out by the County Sanitary Officer only.

Wainford has not, in the years since the War, had a progressive housing policy, or the many miserable dwellings which we saw, and which must give rise to great discomfort and discontent, would not exist; it is high time that the legal powers which the Housing Authorities possess should swiftly be put into motion to right these wrongs.

Many of these inadequate cottages have an undoubted charm of structure, a trick known so well to old-time builders, enhanced by the fullness of years, and the contemplation of what will replace them is not a happy employment; but the passing pleasure of a casual visitor, or the more lasting enjoyment of neighbours in happier circumstances, are small things compared with the penalties suffered by those condemned to live in these habitations. A cottage that can be restored to usefulness by repair and alteration and its beauty maintained, should be preserved; but it is the height of folly to eke out a few more years of life by patching a cottage that can never be a proper dwelling, and whose time has truly come.

It is fortunate that demolished houses are replaced by local authorities and not by private speculators; the former have a great responsibility, not only to us, but to posterity. New houses are a delicate vane, showing how a Council is doing its duty; if the designs which the Ministry of Health provide are followed, then we are in comparatively safe hands, and the countryside will not be desecrated by those abominations which continually spring up around, faulty in line, a jumble of periods, and fantastic with extravagant decoration; horrors that are a constant rebuke to this generation of the 20th century which allows them.

Housing (Rural Workers) Acts, 1926 and 1931.

For the first year the Public Health Department has been actively connected with the administration of the Housing (Rural Workers) Act, previously the practical side of this work has been dealt with entirely by the County Architect's Department; the appointment of the County Sanitary Officer has made co-operation possible. This year, every house for which application to the Council for a grant was made was visited by Mr. Chapman, sometimes by me as well, and our views were submitted in person to the Committee.

The Housing (Rural Workers) Act can be very beneficial in preserving cottages which are valuable not only as dwellings, but as legacies of the past. It is an Act, however, which may bring with it abuse and great care should be taken in selecting those houses which are appropriate for improvement and restoration; if this care is omitted the County Council may expend money upon a building which later, and well within the twenty years of existence which the Act pre-supposes, is considered by a District Council, fit only for demolition. This puts the District Council in somewhat of a quandary and the County Council in an unenviable position.

The County Council has done much work under this Act, possibly as much relatively as any in the country. There are examples, I think, where judgment has been at fault and unworthy houses have been repaired, and some time or another some of these "chickens will come home to roost."

Some difficult problems come before us, particularly the repair of old houses; sometimes a scheme is put forward to face the external walls of a clay lump or wattle and daub cottage with cement; we have already seen an example where this has been done in the early days of the Act, and the concrete is already coming away from the old structure, it is probable that cement and mud do not mate successfully. It is a mistake to perpetuate for a period, even though it may only be for twenty years, a row of decrepit houses with poor accommodation, thick to the acre, in country towns or even in the open country, and I hope that no money will be granted to such schemes in the future.

Many schemes that come before the Committee are incomplete, but the majority of owners are willing to accept the suggestions of the Committee for improvement.

There is no doubt that the great impetus and forward thrust of the last two years is fading; this is confirmed by the fact that the grants promised between 1935 and 1936 were only £5,700, whereas the promises for 1934 and 1935 were nearly £16,000. The table is somewhat confusing, because work started in one year is finished in the next, and therefore, there are always figures to be carried over. It would seem that this year a larger number of applications were withdrawn, actually more than twice as many; the reason is that many cases outstanding for a long time have been removed from the books.

Whenever a house can be made, and is worth making, into a proper dwelling, the Act should be put into force; naturally, the longer the matter is delayed the more expensive will be the repair, and it is possible that if action is delayed too long the house will become irreparable. But it is imperative that the Act should be used only in those cases where good and permanent work can be done.

Housing (Rural Workers) Acts, 1926 and 1931.

An analysis of the work done during 1936 is as follows:—

Provision of water supply	...	...	...	17
Reconditioning work	...	...	...	128
Re-roofing	...	...	...	1
Enlargement of existing dwellings	...	...	...	5
Conversion of buildings into dwellings	...	...	...	8
Improvement to drainage system	...	...	...	—

Year.	Total number of dwellings concerned.
1931	83
1932	30
1933	101
1934	105
1935	152
1936	146

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

Position at 31st December, 1936.

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 :—	
(1)	Made to the Council.	Refused by the Council.	Withdrawn by applicants.	Total Amounts of grants promised.	(5)	Total Amounts of grants paid.	(7)	On which work has been finished.	On which work has been commenced but not finished.
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(i) Conversion of buildings not previously used as dwellings in- to dwellings	49	6	14	£ 2,708 . 4 . 0	28	£ 2,608 . 4 . 0	27	27	—
(ii) Improvement of existing dwell- ings	1,047	83	122	£ 61,263 . 7 . 1	809	£ 53,744 . 1 . 11	730	735	50
(iii) Total 1936	1,096	89	136	£ 63,971 . 11 . 1	837	£ 56,352 . 5 . 11	757	762	50
1935	978	66	80	£ 58,203 . 10 . 2	776	£ 42,906 . 3 . 11	607	607	67
1934	779	5	79	£ 42,469 . 5 . 7	578	£ 31,508 . 11 . 2	455	461	54

VIII.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The policy of examining 100 samples of milk from County herds for the presence of tubercle bacilli has continued; the Officers of the District Councils select the farms, collect the milk samples, and send them to the County Laboratory for examination, which is made at the expense of the County Council.

During 1936 one sample only of 100 was found to contain tubercle bacilli. Last year the same tale was told, but I hesitated to assume the reason for the reduction was the systematic inspection by the Veterinary Officers; however, with another year showing the same fall, I feel more confident in believing that the Veterinary Officers' examinations are influencing the figures. One out of 100 samples is very low, and the average cost over the ten years is lower than is found in most areas.

TABLE XXVI.

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
1935	102	101	1	1.0
1936	100	99	1	1.0
Total	947	914	33	3.5

I notified the Veterinary Officer upon four occasions that tubercle bacilli had been found in milk produced in this area. Particulars of his investigations are given; the first failed to reveal the animal responsible for infecting the original sample of milk; the second was successful, one cow was slaughtered and at post-mortem was found to be suffering from tuberculosis, the udder being affected. The third and fourth cases were also unsuccessful; here, after the first investigations proved fruitless, the Veterinary Officer re-visited later and took further samples of milk, but again these were negatived to the biological test.

It is the rule to discover the offending animal in less than half of the investigations.

Particulars of Investigations made by Veterinary Surgeons.

The Veterinary Surgeons carried out investigations in respect of four herds in the County where samples of milk had been reported to contain tubercle bacilli:—

Tubercle bacilli found in sample of milk taken under—

(1) County Council's arrangement with District Council:—

Number of cows in herd	... ..	17 (2 dry.)
Individual special milk samples taken	...	3
Mixed milk samples taken from groups		5

The eight samples of milk were examined biologically; no tubercle bacilli were found in any of these and, therefore, the investigation failed to reveal which cow was responsible for infecting the original sample.

- (2) Corporation of London—Report from Medical Officer of Health^h that tubercle bacilli had been found in two samples of milk produced in East Suffolk:—

Number of cows in herd	12
Individual special milk samples taken ...	1
Mixed milk samples taken from groups ...	4

Tubercle bacilli were found to be present in one of the mixed milk samples in which three cows were concerned; these animals were examined clinically and one, a black poll, was slaughtered; post-mortem examination revealed tuberculosis of one quarter of the udder, lungs, mesenteric and lymphatic glands.

The individual special sample and the other three mixed milk samples were examined biologically and each proved to be negative.

- (3) Borough of Lowestoft—Report received from Medical Officer of Health that tubercle bacilli had been found in samples of milk taken in Lowestoft supplied from two separate farms in the County:

(a) Number of cows in herd	53 (2 dry.)
Individual special milk samples taken ...	1
Mixed milk samples taken from groups ...	11

The twelve samples were examined biologically, but no tubercle bacilli were found. Six cows had, however, been removed to another farm since the original infected sample was taken; therefore, an additional inspection was made of this herd:—

(b) Number of cows inspected	6
Individual special milk samples taken ...	1
Mixed milk samples taken from groups ...	2

These three samples of milk were tested biologically, but no tubercle bacilli were found.

A representative bulk sample of milk taken in March, 1937, from whole herd proved to be negative to biological test.

In this case the investigation failed to reveal the animal responsible for infecting the original sample of milk.

(4) Number of cows in herd	39 (4 dry.)
Individual special milk samples taken ...	2
Mixed milk samples taken from groups ...	5

No tubercle bacilli were found to be present in either of the individual special sample, or in the mixed milk samples, upon biological examination.

A representative bulk sample of milk from whole herd taken in March 1937, was tested biologically, but no tubercle bacilli were found. This investigation was unsuccessful in identifying the animal infecting the original sample.

DISEASES OF ANIMALS ACTS, (1894-1925).

Tuberculosis Order, 1925.

The Diseases of Animals Act is administered by a Joint Committee for East and West Suffolk, and the figures given in the table previously inserted have related to the combined area; this year, however, I am able to show the number of animals relating to East Suffolk only for the two years, 1935 and 1936. I am indebted to Mr. Gildea, the Chief Veterinary Officer, for obtaining these figures for me:—

Year.	Analysis of cows slaughtered.				Total.
	Tuberculosis of Udder.	Tuberculous emaciation.	Other Tubercular conditions.	Not affected with Tubercle.	
1935 ...	50	21	84	1	156
1936 ...	45	36	82	—	163

For East Suffolk alone the number of cows slaughtered in both 1935 and 1936 is more than twice that of any previous year recorded for the combined area of East and West Suffolk; this is because of the constant examination of cows by the Veterinary Officers.

Last year there were two whole-time Veterinary Officers and a number of part-time Veterinary Surgeons, but this year the Staff has changed and another whole-time Veterinary Officer was appointed to take the place of the part-time Surgeons; this I consider to be an advance, for the County Veterinary Officers are specialists in detecting tubercle in cows.

Though routine inspection of herds cannot eradicate bovine tuberculosis, it largely prevents gross infection of milk, and when infection occurs the diseased cows are removed from the herds very much earlier than they otherwise would be. Now there should be less chance of bovine infection for consumers of milk than in the old days when the discovery of diseased cows was left to the producer.

Accredited Herds—The table on page 70 was supplied to me by the County Veterinary Officer; it gives details of accredited and non-accredited herds and the approximate number of cows in them. More than one-third of the cows in the Administrative County belong to accredited herds, but only one-sixth of the herds are accredited.

The larger herds are naturally more inclined to be accredited than the smaller. In Lothingland two to one of the cows are accredited, far in advance of the other Rural Districts. Wainford has only one-fifth accredited, and Blyth, with more cows than any other district, has a little over one-quarter.

It would be a mistake to lower the standard in order to induce producers to come into the scheme, which was not conceived for the purpose of providing extra payment for the producer, but to stimulate the production of clean milk; to lower the standard, as some may desire, would be "begging the question," in fact it would hardly be possible to do so without abetting producers in law breaking.

TABLE XXVII.

Herds and Farms in East Suffolk on the 1st January, 1937:—

District.	Number of Farms.		Number of cows in Herds.	
	Accredited.	Non-Accredited.	Accredited.	Non-Accredited.
Rural Districts:—				
Blyth ...	36	366	900	3,436
Deben ...	47	149	1,436	1,969
Gipping ...	35	189	766	1,427
Hartismere ...	36	379	1,142	2,278
Lothingland	68	91	1,816	922
Samford ...	21	66	624	831
Wainford ...	19	167	498	2,032
Boroughs and Urban Districts:	28	74	709	703
Total ...	290	1,481	7,891	13,598
	1,771		21,489	

Milk (Special Designations) Order.

I am now able to report upon a full year's work under this Order, since the tidal wave of the Milk Marketing Board's scheme almost engulfed the Public Health Staff. During the year the Designations Order of 1936 changed the names of designated milk from "Grade A" to "Accredited," and "Certified and Grade A Tuberculin Tested" to "Tuberculin Tested"; this has wiped out altogether the term "Grade A," a useful piece of work, as this grandiose name often led to misconceptions of the order of merit of the different types of milk.

A valuable feature of the Order is the abolition of the milk count, which was so often an untrue indication of clean or dirty milk; a count that passed the test was a happy refuge for a careless, but lucky producer, and was used for cudgelling the County Sanitary Officer in defending dirty methods. There has been little experience yet of the methylene blue reduction test, but it looks as though this is more likely to show up back-sliders than the count. The new Order is an improvement upon the last.

The number of accredited milk licences granted to the end of 1936 was 285, an increase of 39 on the number of 246 at the end of 1935; during the twelve months 20 licences were suspended, and 17 restored following suspension.

The Milk Designations Order is administered differently; in some Counties the Veterinary Surgeon or Agricultural Organiser is the Official responsible to the County Medical Officer of Health; in others, as in East Suffolk, the County Sanitary Officer. Not only, however, is there a difference in the Officer inspecting, but if accounts are true there is a great variation in the interpretation of the proper methods of production and conditions of premises. This is unfortunate, for a County border may divide two areas with very diverse ways, and the laxity of one will be held up to emphasize what is considered the officiousness and unfairness of the other.

Human nature is so constituted that most men will make as much money as they can with as little trouble as possible; therefore, it is to be expected that when a producer finds that a glaring difference exists he will grumble at his lack of good fortune in having what he thinks an overbearing authority to deal with. In administering the Order in this County it is a *sine qua non* that the Milk and Dairies Order must be carried out in full; this is an Order which all cow-keepers are required to fulfil, but it is a piece of legislation to which little attention has been paid, and the law has been, and is, constantly broken.

This conclusion has been come to because of the conditions that have been found since the Milk Marketing Board Scheme operated, and the opportunity has been given for the County Staff to inspect a large number of cowsheds. This year the Committee decided upon my recommendation, that steam sterilisation should be a requirement for every farm where accredited milk is produced; this type of sterilisation, which I had always felt was advisable, was recommended; firstly, because paragraph 10 of the official Circular No. 1533, issued in connection with the Milk (Special Designations) Order, 1936, states:—

“A Licensing Authority may properly take the requirements of the Order of 1926 as a minimum, and it is for them to exercise their discretion in deciding whether further requirements may be necessary in order reasonably to ensure that the conditions of the licence will be regularly complied with. The Minister is advised that it is necessary for this purpose that there should be steam sterilisation of utensils and containers.”

Secondly, in the 17th Annual Report of the Ministry of Health, 1935-36, page 60, it is stated:—

“One application for a licence had been refused owing to the absence of proper facilities for the sterilisation of the utensils at the farm. In this case the appeal was dismissed on the ground that provision for steam sterilisation of all utensils and containers is necessary in order to ensure that the milk shall comply throughout the whole year with the prescribed bacterial standard.”

This was sufficient to urge that in this County, steam sterilisation should be a condition of holding an accredited milk licence; in point of fact, before the recommendation was made, most of the licensees had procured steam sterilizers, and at the time of writing there is only one producer who has failed to instal one; he appealed to the Minister.

There is no doubt that a steam steriliser is far more convenient than a copper; it is labour saving and if used night and morning, and the steam brought to a proper temperature, it is far more efficient than boiling water. A copper as a rule is too small to take a cooler at all and the utensils only one by one, which means if the job is to be done thoroughly it will occupy a man half a morning; this being the case, it is not likely always to be done thoroughly. I produce figures which the County Sanitary Officer has procured for me:—

<i>Accredited Farms</i>	<i>Total No. of samples taken.</i>	<i>Unsatis- factory samples.</i>	<i>Percentage of unsatisfactory samples.</i>
Using sterilisers properly ...	1,152	41	3.6
Using steriliser once a day ...	220	45	20.5
Having steriliser but not using it	12	4	33.3
Farms with inefficient steril- isers	35	11	31.4
Farms using box over copper ...	144	15	10.4
Farms using coppers	303	43	14.2
Total	1,866	159	8.5

These figures are interesting, and although the numbers are small, they show that efficient steam sterilisation is far the best, if the tests are worth anything at all, and that copper sterilisation makes a poor show against it.

Inefficient steam sterilisers, however, (although there are very few, which somewhat invalidates the figures), are very bad indeed. Steam sterilisation done once a day, which means that half the time there is no sterilisation, also comes out very badly, with many examples. Some of the figures, though of interest, are too small to be of comparative value.

It is a difficult matter to detect a producer who purposely lays himself out to deceive, and it is only when a test betrays him that he can be brought to book; there is, I am glad to say, a very general improvement in the methods of production of accredited milk in a number of the registered farms, mainly due I believe to the quiet and pertinacious way in which the County Sanitary Officer has approached producers; his work has not been easy, often tiring and disheartening, but he has never relaxed his vigilance and has invariably retained his good humour.

A certain amount of Press publicity has been given to those who would like the regulations relaxed, and to this I cannot reply. I should like here to state that it is my invariable experience to find that people who are proud of their work are glad for others to see it; therefore, I think it probable that the premises and methods of a producer, who complains somewhat bitterly about "hordes of officials," are not above suspicion, and that he is crying out because he expects to be hurt.

A Sub-Committee of the Public Health Committee has been formed upon which farmers who are not likely to become producers of designated milk are represented; this Sub-Committee now grants all the licences upon the recommendation of the County Medical Officer; this is extremely helpful, for it removes personal responsibility and also enables members of the Committee to see the conditions which exist at farms.

Milk (Special Designations) Order, 1936.

Accredited Milk Licences:—

Licences granted at end of 1936	285
Licences suspended during 1936	20
Licences restored following suspension during 1936	17

Tuberculin Tested Milk Licences:—

<i>Name and Address of Producer.</i>	<i>Date of Issue of Licence.</i>
Mr. R. H. Brittain, Gulpher Hall Farm, Felixstowe ...	26.10.28
Mr. E. K. Bannister, Whitton Farm, Oulton Broad ...	23.8.28.
Mr. H. R. Dashwood, Caldecott Hall Farm, Fritton ...	20.12.28.
Capt. D. G. Wigan, Loudham Park Farm, Pettistree ...	7.2.30.
Capt. W. W. Flatt, Manor Farm, Lound ...	17.9.30
Mr. P. W. Mobbs, Carlton Hall, Lowestoft ...	10.7.34.
Mrs. I. Okeden, Stutton House Farm, Stutton ...	3.5.35.
Mr. B. Poole, Akenham Hall Farm, Akenham ...	10.10.35.
Messrs. J. R. Keeble & Son, Brantham Hall, Manningtree	31.8.36
Mrs. E. B. S. Steward, Fairstead, Spexhall, Halesworth ...	17.9.36.

REPORT OF COUNTY SANITARY OFFICER.**Accredited Milk.**

Number of applications received during year ...	54
Number of visits paid to farms (pre licence) ...	169
Number of routine visits paid (after licences issued) ...	658
Number of Special visits paid with County Medical Officer regarding renewal of licences ...	19
Number of accredited licences in force at end of 1935	246
Number of new licences issued during 1936 ...	45 285

291

Number of licences withdrawn ...	6
----------------------------------	---

Number of producer-retailers (included in total) ...	21
--	----

Number of licences suspended during 1936 (for failure to maintain satisfactory milk standard) ...	20
---	----

Number of suspensions revoked after due compliance ...	17
--	----

The following are particulars of routine milk samples collected and examined during the year:—

Total number taken ...	1,866
Number found unsatisfactory ...	159
Percentage of unsatisfactory samples ...	8.5

Month.	1936.			1935.		
	Total	Unsatis.	Percentage	Total	Unsatis.	Percentage
January	156	1	.6	—	—	—
February	136	4	2.9	—	—	—
March	151	8	5.3	—	—	—
April	146	6	4.1	—	—	—
May	171	14	8.2	37	12	32.4
June	78	27	34.6	71	16	22.5
July	202	30	14.9	131	28	21.4
August	189	38	20.1	144	39	27.1
September	173	15	8.7	137	24	17.5
October	158	16	10.1	121	19	15.7
November	155	—	—	121	7	5.8
December	151	—	—	138	8	5.7
Totals	1,866	159	8.5	900	153	17.0

Legal Proceedings.—Legal proceedings were taken against one producer-retailer for using the designation "Accredited" to milk while no licence was in force permitting its use. The producer-retailer's licence had been suspended, and he continued to use the designation during the suspension. The producer was fined £1.

Tuberculin Tested Milk.

Number of Tuberculin Tested licences in force at the end of December, 1936	...	...	...	...	10
Number issued previously by Ministry of Health	...	...	...	...	8
Number issued by County Council since June 1st	...	...	...	...	2
Number of applications for licences received from June 1st to August 31st	...	...	...	...	7
Number of applications withdrawn	...	...	...	...	2
Number of visits paid to farms before licences recommended	...	...	...	...	17
Number of routine visits paid (after licences issued)	...	...	...	...	11

As only two farms (where a licence was in force) came under our jurisdiction during the year, only six routine milk samples were taken. Five proved satisfactory and one unsatisfactory.

The procedure prior to the issue of a licence to produce Tuberculin Tested milk is the same as that for Accredited Milk, with, of course, the testing with tuberculin of the whole of the animals of the herd.

A. E. CHAPMAN,

County Sanitary Officer.

Sale of Food and Drugs Acts.

Until the 1st April, 1936, the Food and Drugs Acts were administered by the County Police on behalf of the Public Health Committee for the Administrative County, with the exception of Lowestoft; this was a practice of long standing. The appointment of a County Sanitary Officer enabled the Council to transfer the work to the Public Health Department, which was natural and proper. There was an exception to this arrangement, however, for the Council of the Borough of Lowestoft continued to collect 150 samples each year, all expenses (except the time of the Inspectors) being borne by the County Council; a rate of 3.4 samples for each 1,000 of the population are examined for that Borough.

For the rest of the County in 1935, the Police took 138 samples, a rate of .8 per 1,000 of the population, so that Lowestoft received preferential treatment. The County Council authorised that the number of samples taken in the area, excluding Lowestoft, should be increased to 350 each year, a rate of 2.1 samples per 1,000 of the population.

Five hundred samples will now be taken amongst the whole of East Suffolk annually, which is equivalent to 2.4 samples for each 1,000 of the population. The cost of analysing these 500 samples is a little under £350 a year. During 1936 the County Sanitary Officer had no assistant and for the nine months he collected every sample personally.

The table which follows gives the samples taken in Lowestoft and those taken in the rest of the County:—

TABLE XXVIII,

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following particulars relate to samples taken in the County, and Lowestoft, during the year 1936.

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Acelet	—	1		
Apple rings	1	—		
Apricot jam	2	—		
Apricots (tinned)	—	1		
Arrowroot	1	—		
Aspirin	2	1		
Baking powder	4	—		
Beans (tinned and tomato sauce)	1	—		1
Beer, mild	1	—		
Beer, old	1	—		
Beetox concentrated extract	—	1		
Bisto	—	1		
Boracic ointment	1	—		
Brawn	3	4		
Bun flour (ginger)	—	1		
Butter	10	6		
Cafe-au lait	—	1		
Californian syrup of figs ...	1	—		
Camphorated oil	1	—		
Cambridge cheese	—	1		
Candied peel	3	1		
Cascara sagrada	1	—		
Cheddar roll cheese	1	—		
Cheese cake mixture	—	1		
Chicken and ham roll	—	1		
Chop sauce	1	—		
Cocoa	1	3		
Cod liver oil and malt	1	—		
Coffee	1	3		
Cornflour	1	—		
Cookeen	—	2		
Cooking fat	1	—		
Cooked macaroni in cream sauce with cheese	—	1		
Cream, fresh	1	3		
Cream, tinned	1	—		
Custard powder	1	2		
Daisy powder	1	—		
Dates	—	4		
Demerara sugar	3	—		
Dried mint	—	1		
Dripping, beef	1	2		
Duck, savoury	—	1		
Egg powder	1	2		
Extract of coffee with chicory	2	1		
Formalin throat tablets ...	1	—		
Fruit junket	—	1		
Gin	1	—		
Ginger wine	1	—		
Glacé cherries	2	—		
Glycerine	1	—		
Golden consommé	1	—		
Grape fruit drink	1	—		
Green peas (dry)	1	—		
Grey powder	1	—		
Ground almonds	6	—		
Ground oatmeal	1	—		
Ground rice	2	—		
Ham & tongue (galantine) ...	1	—		1
Haslet	—	2		
Honey, pure	—	1		
Ice cream	2	—		

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Icing sugar	2	—		
Indian relish	1	—		
Iodine ointment	1	—		
Iodized throat tablets	1	—		
Jellied marmalade	1	—		
Jelly, dessert	1	—		
Jelly, ribbon	—	1		
Jelly, table	—	4		
Lard	3	6		
Lemonella	1	—		
Lemon barley water	1	—		
Lemonade crystals	1	1		
Lemon curd	1	1		
Lemon orangeade powder sweetened	—	1		
Lemon squash	1	—		
Lime juice cordial	1	—		
Margarine	6	4		
Mercury ointment	2	—		
Milk	94	50	1	*30
Milk cocktail	1	—		1
Milk, condensed machine skimmed	—	1		
Milk, condensed	—	1		
Mincemeat	1	2		
Mixed dry fruit	1	—		
Moist sugar	1	—		
Mustard mixture	—	1		
Olive oil	1	—		
Paste, fish	—	2		
Pearl barley	1	—		
Potted meat	—	3		
Plum jam	1	—		
Plum pudding	—	1		
Prunes	—	2		
Raisin wine	2	—		
Raspberry & apple jam	1	—		
Raspberry jam	4	—		
Sage, dried	—	1		
Salad cream	1	—		
Sausages	8	8		
Sausage meat	—	1		
Saveloys	—	1		
Self raising flour	2	—		
Sherbert	1	—		
Stuffing, egg and thyme	—	1		
Stuffing, riss, sage and onion	—	1		
Stuffing, parsley, thyme and lemon	—	1		
Suet, beef	2	2		
Sugar rock (Yarmouth)	1	—		
Sweet spirits of nitre	1	—		
Tapioca, siftings	1	—		
Tapioca, flaked	—	1		
Tea	4	6		
Tinned peas	3	—		1
Tinned tomatoes	1	—		
Tomato soup	1	—		
Unsweetened tinned milk	1	—		
Vinegar	8	—		
Whisky	1	—		
White pepper	2	1		
White wine	1	—		
Totals	244	155	1	34

* { East Suffolk from 1.4.36. ... 19
East Suffolk (Police) ... 3
Lowestoft ... 8

Forty-four informal samples were taken in Lowestoft and these were all genuine.

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.
Milk ...			13% deficient in milk-fat.	Roundsman prosecuted and fined £1 and 10/6 costs. Producer's case dismissed.
Milk ...			2% deficient in milk-fat.	Producer cautioned.
Milk ...			25% deficient in milk-fat.	Producer and retailer prosecuted. Both cases dismissed.
Milk ...			16% deficient in milk-fat. (In course of delivery).	
Milk ...			3% deficient in milk-fat. (Appeal to cow).	
Milk ...			3% deficient in milk-fat.	Producer cautioned.
Milk ...			6% deficient in milk-fat.	Producer cautioned.
Milk ...			5% deficient in milk-fat. (Appeal to cow).	
Milk cocktail ...			2% deficient in milk-fat.	Vendor cautioned.
Milk ...			9% deficient in milk-fat.	Retailer cautioned (giving up business).
Milk ...			2% deficient in milk-fat.	Producer cautioned.
Milk ...			8% deficient in milk-fat.	Producer cautioned.
Milk ...			9% deficient in milk-fat.	
Milk ...			3% deficient in milk-fat. (Appeals to cow).	
Milk ...			5% deficient in milk-fat.	Retailer prosecuted and fined £1.
Milk ...		Added water not less than 7½%.	—	Vendor prosecuted and fined £10, with £2/2/- costs.
Milk ...			1% deficient in milk-fat.	Producer cautioned.
Milk ...			11% deficient in milk-fat.	Producer cautioned.
Milk ...			5% deficient in milk-fat.	
Milk ...			13% deficient in milk-fat. (Appeals to cow).	
Milk ...			11% deficient in milk-fat.	Producer cautioned because of carelessness of roundsman.
Milk ...			*6% deficient in milk-fat.	Producer cautioned.
Milk ...			*20% deficient in milk-fat.	No action, as samples "in course of delivery" were low in milk-fat.
Milk ...			*6% deficient in milk-fat.	
Milk ...			*13% deficient in milk-fat.	
Milk ...			*15% deficient in milk-fat. (In course of delivery).	
Milk ...			*2% deficient in milk-fat.	Producer cautioned.
Milk ...			*3% deficient in milk-fat.	No action.
Milk ...			*5% deficient in milk-fat.	No action.
Milk ...			†6% deficient in milk-fat.	Roundsman prosecuted and fined 10/-.
Milk ...			†6% deficient in milk-fat.	

Nature of Sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Milk ...			†9% deficient in milk-fat	Vendor and producer cautioned.
Ham and tongue (Galantine)			Slight trace of tin.	Vendor cautioned.
Tinned peas ...			Slight trace of tin.	Vendor cautioned.
Beans and tomato sauce (tinned)			Slight trace of tin.	Vendor cautioned.

* Lowestoft cases.

† Police cases.

Milk Samples.

Of 144 samples of milk taken, 35 were unsatisfactory, or 24.3 per cent. The reason for this large proportion of bad samples is because there is a legal standard for milk. The bulk of milk can easily be increased by adding water; it is essential for the roundsman to plunge before he removes any milk from the can, and if he does not do so customers at the end of the round may get milk deficient in fat. If the Inspector takes a sample of milk from a careless roundsman at the end of his round, it is possible that fat deficiency will be revealed in the analysis; the cow, of course, may be producing milk which has a natural fat deficiency, but when an unsatisfactory sample is forthcoming this is checked by an appeal to the cow.

During the year, in five cases, prosecutions were instituted; in two, the producers' case was dismissed; in one of these the roundsman was fined £1 and 10/- costs, and in the other the prosecution against the retailer was also dismissed.

I give particulars of the case where the prosecution against both the producer and retailer was dismissed by the magistrates:—

A sample of milk was taken from a retailer in a small town and upon analysis proved to have a marked deficiency in milk fat, namely, 25 per cent. the largest found during the year. The Inspector then met the producer when he delivered his milk at the shop, and took a sample in course of delivery, this had a fat deficiency of 16 per cent. The Inspector then appealed to the cow, and this milk sample had a fat deficiency of 3 per cent.

The defence produced as witnesses all the persons who had handled the milk, and they gave evidence that nothing had been added or taken away; thereupon, the magistrates dismissed the County Council's case. Yet in another prosecution where there was a deficiency of 6 per cent. fat in the milk sample, the roundsman who was prosecuted, was fined 10/-.

I should not be prepared to go so far with my colleague Mr. Bumble, as to say that "the law is a ass—a idiot," but I venture to suggest that it is quite impossible to forecast the outcome of litigation.

One sample of milk was found to be adulterated by the addition of water. £10, with £2 2s. 0d. costs, was the penalty imposed in this case.

Thirty-one samples of milk were deficient in fat in quantities ranging from 1 per cent. to 25 per cent. of the minimum quantity proper to normal milk.

Food and Drugs.

It is rather striking that though 255 samples were taken and analysed during the year, not one was found by the Analyst to be adulterated; three tinned foods were found to contain a slight trace of tin, namely:—

Ham and tongue, galantine.

Tinned peas.

Tinned beans and tomato sauce.

The table below gives particulars of samples (including milk) which have been taken in the County during the last five years:—

TABLE XXIX.

Year.	No. samples taken, including milks.	No. of milks.	No. food samples unsatisfactory.	No. milk samples unsatisfactory.	Percentage of unsatisfactory milks.
1932 ...	277	167	—	18	10.8
1933 ...	281	164	—	25	15.2
1934 ...	279	158	2	24	15.2
1935 ...	290	174	—	26	15.1
1936 ...	399	144	—	35	24.3

These figures show that although 128 samples of milk of 807 (over the five years) were found not to be genuine, 2 samples only of 719 other articles were found to be adulterated, a percentage of .28 for the quinquennium.

The Annual Report of the Ministry of Health for 1935/36 states that the percentage of adulterated samples (excluding milk) found that year in England and Wales was 3.33; or, relatively, twelve times as many adulterated samples were found in the country as in the County. I cannot give any explanation of this strange difference.

On the other hand, the percentage of unsatisfactory milk samples found in the country during the year was 7.37, a very much lower percentage than for East Suffolk during 1936.

IX.

Shops Acts 1912 to 1936.

The law of this country and its administration has always been the pride of the profession which is largely responsible for it; but when the layman comes into contact with individual Acts he is often confused by the intricacies, and confounded by the anomalies, contained therein, and when he meets for the first time unfamiliar legislation both appear accentuated. The Shops Acts, which are administered now by a member of the Public Health Staff (the County Sanitary Officer), are a group peculiarly puzzling and curious, so much so that with the foolhardy zeal of the novice I should be prepared to advise their cancellation and substitution by a simple and effective Act.

I take it that these Acts were designed to protect the shop assistant from exploitation, to allow the shopkeeper to carry on his business unhampered and to prevent, as far as possible irritation of the public. If I am right in these conjectures, I have little doubt that the Acts fail in each respect for it is impossible to achieve three objects so diverse from each other. To endeavour to compromise, or to keep an even balance between the three, has produced farcical situations, all likely to arouse annoyance, to invite criticism, and to make the task of the Shops Inspector both difficult and invidious.

As a Medical Officer of Health I am drawn towards the interest of the shop assistant; the law protects an assistant who is under the age of 18 years, the hours of his work being quite rightly restricted, but beyond that age he is more or less at the mercy of his master who is only controlled by the regulation of the hours during which he is allowed to sell his ware. The public are permitted to buy certain articles of food and selected merchandise until closing time, but others are forbidden: so the absurd situation exists in which the shop-keeper may keep his shop open and sell one thing, but must not sell another. Here there is no protection for the assistant who serves in the shop, the shop-keeper is penalised, and the public are bewildered; no one reaps the benefit of the restriction and all that matures is an incentive for all to break a stupid law.

The only way to enforce the law is for the Shops Inspector to set a trap and to employ someone unknown to the shop-keeper to ask for a prescribed article during the time which it cannot legally be sold. If this is done the Inspector is looked upon as an 'agent provocateur' and is likely to be held in scorn both by the magistrates and the world at large for what is looked upon as unsporting and un-English, two words synonymous in this country. If the Inspector ignores the breach of the law he may be faced with the charge of neglect of duty.

Ignorance of the law is held to be no defence, but the Shops Acts have become so involved that the small shop-keeper cannot reasonably be expected to understand completely the manifold meanderings of the legislation.

Tobacco appears to be particularly a difficult article to control; it must not be sold in a general shop after 8 p.m., but chocolates may be sold on the same premises until 9.30 p.m. If, however, a cup of coffee is taken at the same time, tobacco may be considered to be part of the meal and purchased after hours, though chewing tobacco is only restricted to a small section of the community. If a devotee has exhausted his supply, and nature demands an immediate release from abstinence, he may obtain his weed from any licensed premises during hours when intoxicating liquor may be sold upon the premises; or if it is against his principles to enter such a place, he still has another loop-hole, for tobacco may be obtained at any cinema, music hall, or similar place of entertainment, so long as the purchaser becomes a member of the audience for a moment.

Newly cooked provisions which are edible articles may, if they have just been dished up, be sold after the prescribed closing hours; hot fried fish can be obtained, but if your palate prefers fried fish cold, then you must cool your fish at home.

You may not buy a plain cake, but if you wish for an iced one this is regarded as sugar confectionery and you will not be denied. If you wish for a shave or a hair-cut, you may have this at 12 mid-night provided you enter the premises before 8 p.m.

Legal draftsmen may be able to reconcile these strange differences with complete satisfaction to themselves, but to the uninitiated they are not only incongruous, but ridiculous. The entanglements of the Acts seem too dense for unravelling, but until this confused legislation is replaced by simple the bewilderment will remain.

I suggest, respectfully, that a shop should either be closed, or open wholly and not partially; that the shop assistants should be protected; that the public should be educated to do their shopping at reasonable hours and that no shop should be open after 7 p.m.

The shop-keepers, the assistants, and the public, should know clearly how they stand, until they do, there will be wailing and gnashing of teeth.

Report of County Sanitary Officer:—

Shop Acts 1912—1934.

Duties in connection with the administration of the Shop Acts 1912-1934 were taken over by the Public Health Department on the 1st January, 1936. Before that date these duties had been carried out by the County Police.

The law relating to shops at the end of the year 1936 was contained in the following Acts.

Shops Act 1912.—This Act consolidated the Shops Acts 1892-1911.

Shops Act 1913.—An Act, amending the Shops Act 1912, in its application to premises for the sale of refreshments.

Shops (Hours of Closing) Act 1928.—An enactment to provide for the compulsory closing of shops.

Hairdressers & Barbers Shops (Sunday Closing) Act 1930.—This Act forbids the opening of Hairdressers' and Barbers' Shops on Sunday.

Shops Act 1934.—An Act to regulate the hours of employment of young persons employed about the business of a shop, and makes provision as to the arrangements in shops for the health and comfort of workers.

The County Council is the Local Authority in the administrative county, excluding municipal boroughs, for administering the Shops Acts, except for parts of section 10 of the Act of 1934; these which are enforced by the Sanitary Authority deal with adequacy of sanitary conveniences, suitability of ventilation and the sufficiency of adequate temperature.

The undermentioned Orders have been made from time to time by the County Council and subject to subsequent Acts of Parliament remain in force.

Orders Suspending Weekly Half-Holiday. Shops Act 1912. Section 11. in the following parishes:—

Thorpe for the months of July, August, September.

Blythburgh with Bulcamp and Hinton for the months of July, August, September.

Corton for the months of June, July, August, September.

Dunwich for the months of July, August, September.

Felixstowe	„	„	„	„	„
Fritton	„	„	„	„	„
Hopton	„	„	„	„	„
Herringfleet	„	„	„	„	„
Lound	„	„	„	„	„
Somerleyton	„	„	„	„	„
Walberswick	„	„	„	„	„

Orders fixing the day for Weekly Half Holiday.—Shops Act 1912 Section 4 (2).

Felixstowe, fixing Wednesday. Felixstowe and Walton Half Holiday Order 1913.

Halesworth fixing Thursday. Halesworth Half Holiday Order 1913.

Kessingland fixing Thursday. Kessingland Half Holiday Order 1913.

Walberswick fixing Wednesday. Walberswick Half Holiday Order 1912.

Wenhaston fixing Wednesday. Wenhaston with Mells Hamlet Half Holiday Order 1913.

Closing Orders Shops Act 1912.—Section 5.

Felixstowe for Costumiers, Drapers and Milliners, Felixstowe Closing Order 1917.

Felixstowe for Grocers and Provision Shops, Felixstowe and Walton Closing Order 1913.

Kessingland for various trades, Kessingland Closing Order 1913.

There are considerably over 3,000 shops in the area administered by the County Council.

The following is a statement of the particulars of shops inspections carried out during the year.

Number of shops inspected (Primary Inspection)	...	335
Number of re-inspections	... ..	113
Number of shops found on first inspection to comply with the Acts	... ..	168
Number found not to comply at first inspection	.....	167
Number found without adequate washing facilities	...	3
Number found without sufficient light	... ..	—
*Number found without sufficient sanitary conveniences	...	12
*Number found without sufficient adequate ventilation	...	1
*Number found without sufficient means of maintaining a suitable temperature	... ..	3
Number of cases where young persons employed more than 52 hours a week	... ..	6
Failure to close at fixed evening time	... ..	7
Failure to close in afternoon for one half day weekly	...	2
Number of cases where half holiday not granted to employees	...	3
Reminder letters re contravention still outstanding	... ..	3
Number of notices served, excluding those cases where Sanitary Authority are responsible	... ..	169

*These cases referred to District Councils.

Letters of caution for illegal employment of young persons were sent in 6 cases and these letters have had the desired effect.

Legal proceedings were instituted against two shopkeepers for each of the following offences:—

1. Intervals for meals not allowed to shop assistant.
2. No half holiday for shop assistant.

The Magistrate convicted and imposed the maximum penalty for a first offence, namely £1 in each case, with 10/6 cost against each defendant.

The average shopkeeper is not conversant with the complete law relating to shops, and an inspection of a shop generally resolves itself into a long explanation, by the Inspector to the shopkeeper, of the conditions. It is genuine ignorance of the law in many cases. It is found however, that there are many who knowing that they are doing wrong, break the law, and then plead the difficulties of Shops Law. It is sometimes very difficult to obtain conclusive evidence of contravention, especially that of the Shops (Hours of Closing) Act.

The experience of Shops Inspection in the county convinces me that the Acts are honoured more in the breach than in the observance.

In October, a lecture on the Shops Acts was given to a meeting arranged by the Stowmarket Chamber of Commerce. A large number attended and at the conclusion, expressed their appreciation.

The whole of the Shops Inspections have been carried out by myself and that with great difficulty owing to the pressure of many other duties. I have, nevertheless, as the result will show, endeavoured to allot as much time and energy as possible to the work.

A. E. CHAPMAN,

Inspector under the Shops Acts.

3rd June, 1937.

X.

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.
Oulton Isolation Hospital:	Municipal Borough of Southwold.
	Lothingland R.D.
	Bungay U.D.
	Wainford R.D.
	Loddon R.D. (Norfolk).
Stowmarket Isolation Hospital:	Stowmarket U.D.
	Municipal Borough of Eye.
	East Stow R.D.
	Hartismere R.D.
	Thedwastre R.D. (West Suffolk).
Ipswich Isolation Hospital:	County Borough of Ipswich
	Municipal Borough of Aldeburgh.
	Felixstowe
	Halesworth
	Saxmundham
	Woodbridge
	Blyth
	Hartismere
	Deben
	Cosford and Hadleigh (West Suffolk).
Barham Isolation Hospital (Scarlet Fever cases; hospital only opened when required);	Gipping
	Samford

Urban Districts.

Rural Districts.

Rural Districts.

The scheme that the County Council adopted for isolation hospital accommodation is still before the Ministry of Health, and a decision is awaited.

INFECTIOUS DISEASES.
TABLE XXX.

Infectious Disease.	1926.		1927.		1928.		1929.		1930.		1931.		1932.		1933.		1934.		1935.		1936.	
	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.	Cases Notified.	Number of Deaths.
Scarlet Fever	374	4	506	3	435	3	356	1	313	1	316	1	206	2	326	3	925	8	389	4	305	4
Diphtheria	100	10	74	7	270	12	215	21	209	15	154	13	97	7	55	8	110	15	141	7	63	6
Enteric Fever....	35	6	22	3	27	3	16	1	16	0	3	1	9	2	16	2	4	—	120	3	6	—
Puerperal Fever and Puerperal Pyrexia	27	2	55	7	45	4	41	6	48	6	45	5	29	5	28	2	41	7	32	3	37	6
Pneumonia	216	131	231	94	183	95	233	145	144	89	142	113	145	94	175	94	224	120	144	92	189	118
Poliomycelitis	17	1	2	—	1	—	1	—	—	—	1	—	5	1	2	2	3	1	—	—	3	—
Encephalitis	9	7	7	4	4	7	1	2	3	2	2	3	—	—	3	9	3	6	1	2	2	7
Lethargica	—	—	—	—	8	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Scarlet Fever.—There were fewer cases of scarlet fever notified this year, 305, and four deaths, with a mortality rate of just over 1%.

Diphtheria.—This disease was less prevalent than last year, 63 cases notified and 6 deaths, a mortality rate of almost 9.5%.

Enteric Fever.—This disease assumed normal proportions, six cases and no deaths. In 1935, owing to a large epidemic in Lowestoft, there were 120 cases.

Puerperal Fever and Pyrexia. Though there were only five more cases this year than last, 37 in all, there were six deaths compared with three. Therefore, the mortality rate was very much higher, 16.2%.

Pneumonia.—The number of cases of pneumonia notified varies considerably annually, and the mortality rate is always very high. This year it was 63%.

Encephalitis Lethargica.—As usual the number of notifications are exceeded by the deaths from this disease. This is due to the true condition being unrecognised at the stage where notification is required, the diagnosis being made when secondary manifestations have set in and clinched the diagnosis, the death often occurring a long time after the onset. Seven deaths from this condition were recorded this year.

Smallpox.—No cases of smallpox have been notified in the County since 1929.

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

Disease.	Administrative County.								England and Wales, 1936.
	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	
Small-pox	0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.00
Scarlet Fever	1.700	1.491	1.548	0.991	1.557	4.423	1.866	1.480	2.53
Diphtheria	1.014	0.996	0.755	0.460	0.263	0.521	0.676	0.299	1.39
Enteric Fever	0.075	0.075	0.015	0.043	0.076	0.019	0.576	0.039	0.06
Puerperal Fever	0.085	0.043	0.083	0.034	0.038	0.091	0.048	0.082	—
Puerperal Pyrexia	0.110	0.162	0.137	0.110	0.096	0.105	0.106	0.111	—
Pneumonia	1.109	0.686	0.696	0.695	0.836	1.071	0.690	0.961	1.11
Polio-myelitis	0.005	0.000	0.005	0.024	0.009	0.014	0.000	0.014	—
Erysipelas	0.300	0.238	0.216	0.172	0.157	0.316	0.331	0.290	0.40
Encephalitis Lethargica	0.005	0.014	0.010	0.000	0.015	0.014	0.005	0.009	—

XI.

TUBERCULOSIS.

Medical Staff.

Chief Tuberculosis Officer:

Dr. B. Wood-White.

Assistant Tuberculosis Officers (part-time):

Dr. A. G. Atkinson.

Dr. H. C. G. Pedler.

Dr. W. M. Burns.

Medical Superintendent, Normanston Hospital:

Dr. M. A. MacDonald (part-time).

Nursing Staff.

Two official Health Visitors (part-time).

A varying number of District Nurses who act as Tuberculosis Visitors.

Deaths from Tuberculosis.

The deaths from tuberculosis have declined in the country for many years and the County rate has fallen likewise. This year again, there are fewer deaths from tuberculosis than ever before, 116 against 120 last year, the reduction being divided equally between pulmonary and non-pulmonary; the pulmonary rate still shows a greater inclination to decline than the other, and is almost a third of what it was in 1918, the worst year recorded.

There has been little material change in the non-pulmonary rate since 1926 in the County, though the rate for England and Wales has been reduced by a third; the pulmonary rate, however, since this time has markedly improved. The rate for England and Wales is not available for the current year and, therefore, cannot be compared with the County rate, but there is little doubt that as usual there will be less deaths proportionately in East Suffolk than in the rest of England and Wales; this is to be expected owing to the rural nature of the county with only one large town in it and a situation on an eastern sea-board.

A better conception of the decline in mortality from this disease is obtained from the table showing the number of deaths grouped in five-yearly and ten-yearly periods.

The very marked fall in the deaths from Tuberculosis is perhaps the most gratifying feature of this annual report, for it is a disease which affects so many people in the prime of life, and is a very deadly one; the recovery rate amongst patients who develop a positive sputum is very small indeed.

The following table shows the number of deaths from tuberculosis, according to the Registrar-General's returns, during the last five quinquenniums:—

Five-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1912-1916	848	261	1,109
1917-1921	874	250	1,124
1922-1926	782	201	983
1927-1931	622	149	771
1932-1936	512	120	632

For the last twenty years the figures are as follows :—

Ten-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1917-1926	1,656	451	2,107
1927-1936	1,134	269	1,403

TABLE XXXII.
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.
1911	1.09	1.47	.81	1.06	.28	.41
1912	1.04	1.37	.80	1.02	.24	.35
1913	1.00	1.35	.76	.99	.24	.36
1914	1.00	1.36	.76	1.02	.24	.34
1915	1.26	1.51	.97	1.14	.29	.37
1916	1.3	1.53	1.00	1.16	.30	.37
1917	1.3	1.62	1.03	1.23	.27	.39
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	.76	.52	.63	.12	.13
1935	.58	.72	.45	.61	.12	.11
1936	.56	—	.44	—	.12	—

TABLE XXXIII.
*Cases Certified as having died of Tuberculosis :
Figures furnished by the Registrar-General.*

Year.	Pulmonary.	Non-Pulmonary.	Total.
1911	164	58	222
1912	165	50	215
1913	158	49	207
1914	157	51	208
1915	185	56	241
1916	183	55	238
1917	182	50	232
1918	221	61	282
1919	182	51	233
1920	145	43	188
1921	144	45	189
1922	171	53	224
1923	155	39	194
1924	163	44	207
1925	178	36	214
1926	115	29	144
1927	124	29	153
1928	131	23	154
1929	129	43	172
1930	134	26	160
1931	104	28	132
1932	112	19	131
1933	105	26	131
1934	109	25	134
1935	94	26	120
1936	92	24	116

Treatment of Tuberculosis.

Artificial Pneumothorax Treatment.

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

TABLE XXXIV.
NEW CASES.

Institution.	1931.	1932.	1933.	1934.	1935	1936
Ipswich Sanatorium	3	7	5	8	3	5
Brompton Hospital	1	1	1	—	2	—
East Anglian Sanatorium	1	—	—	—	—	—
Preston Hall	—	1	—	—	—	—
Maltings Farm Sanatorium	—	—	—	—	1	—
Totals	5	9	6	8	6	5

The particulars below relate to those cases receiving treatment during 1936; similar information has been given in respect of patients in my annual reports since 1932:—

Case No.	Date of Induction.	Whether continuing treatment; if not, date of cessation.	Reason for cessation of treatment.
6,575	20-1-32.	Continuing.	—
6,678	30-11-33.	2-10-36.	Treatment completed
6,694	13-3-34.	Continuing.	—
6,524	17-4-34.	5-11-36.	Treatment completed
6,885	17-6-34.	1-10-36.	Treatment completed
6,894	3-7-34.	Continuing.	—
6,801	22-12-34.	Continuing.	—
6,930	24-7-34.	Continuing.	—
7,157	18-1-35.	18-2-36.	Advanced disease.
7,156	27-11-35.	Continuing.	—
7,211	9-7-35.	Continuing.	—
7,343	24-7-35.	Continuing.	—
7,014	15-8-35.	10-1-36.	Advanced disease.
6,919	8-4-36.	Continuing.	—
7,629	18-6-36.	Continuing.	—
7,680	7-4-36.	Continuing.	—
7,293	11-6-36.	Continuing.	—
7,744	3-11-36.	Continuing.	—
7,755	22-8-35.	Continuing.	—

(Hertfordshire).

Five patients received this form of treatment for the first time this year; a small proportion only of the patients have it, the decision for giving it is in the hands of the Medical Officers of the Institutions.

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

	1926/7	1927/8	1928/9	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35	1935/36	1936
Pulmonary	£ 3968	£ 2925	£ 3324	£ 2711	£ 2532	£ 3019	£ 3488	£ 3645	£ 3678	£ 3251	£ 3266
Non-Pulmonary	2267	1641	2057	2690	2676	2480	2554	2060	1709	1820	2711
Totals	£6235	£4566	£5381	£5401	£5208	£5499	£6042	£5705	£5387	£5071	£5977

There is a heavy increase in the cost of treatment of Tuberculosis this year; three times only, in eleven years, has the expenditure exceeded £6,000. The cost of treating pulmonary cases does not vary to the same extent as that of non-pulmonary; this year the amount spent upon pulmonary is a little lower, but that of non-pulmonary has risen by more than half, and has never before been so high.

The cost of cases treated at the East Suffolk and Ipswich Hospital is now always on the low side, for that institution does not desire long stay cases, and these are diverted to other institutions, such as, the Lord Mayor Treloar Cripples' Hospital, Royal Sea Bathing Hospital, Margate, or St. Michael's Orthopaedic Hospital, Clacton; this, however, does not apply to the Lowestoft and North Suffolk Hospital, and in 1936, £956 was paid to that Institution.

Institutions 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.

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.
 Royal National Orthopaedic Hospital, London.
 St. Michael's Orthopaedic Hospital, Clacton.
 Normanston Hospital, Oulton Broad (occasional cases).
 Royal Sea Bathing Hospital, Margate.

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 1936.

Public Health Act, 1925, Section 62.

No action was taken in the County under Section 62 of the above Act during 1936.

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 XXXV.

*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
1935	65	60	51	45	221
1936	67	41	52	39	199

The number of cases notified as suffering from Tuberculosis is under 200 for the first time since 1919, when a very small number of non-pulmonary cases were reported; the low numbers in the non-pulmonary group that year cannot be considered as reliable, and I suggest that some escaped notification. I think that this year's figures are actually the lowest yet experienced.

Notification is not always a true indication, because some are not accepted as real cases, but it does give an idea of the way the wind blows; since 1931 there has been a steady reduction. The most notable decline is the notification of pulmonary tuberculosis in females.

TABLE XXXVI.

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
1935	.59	.78	.42	.56	.52	.58
1936	.65	.83	.48	.49	.49	.56

The death rate from tuberculosis in Lowestoft, except on one occasion, has always been higher than that for the rest of the County; this year it is higher than it has been since 1932. When the Lowestoft deaths are excluded, the County rate improves very much and is reduced from .56 to .49; the urban rate, excluding Lowestoft, and the rural rate for the County are practically the same.

TABLE XXXVII.

Notified Cases Dying of Tuberculosis.

Year.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Pulmonary	—	—	—	—	100	139	161	108	109	117	111	125	92	102	101	100	89	86
Non-Pulmonary	—	—	—	—	12	22	23	18	15	5	29	19	20	15	16	15	17	19
Totals	—	—	—	—	112	161	184	126	124	122	140	144	112	117	117	115	106	105

This Table never agrees with the Registrar-General's figures, because all patients who die from the disease are not notified, and their deaths are picked up from the registrar's returns. The numbers this year are lower than recorded before.

TABLE XXXVIII.

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

Year.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936
Deaths according to the figures of the Registrar General	214	144	153	154	172	160	132	131	131	134	120	116
Notified Deaths	184	126	124	122	140	144	112	117	117	115	106	105
Unnotified Deaths	30	18	29	32	32	16	20	14	14	19	14	11
Percentage of un-notified Deaths	14%	13%	19%	21%	19%	10%	15%	11%	11%	14%	12	9%

Only 11 deaths were unnotified, a smaller number and percentage than before recorded; it is inevitable that some will escape, for in some the Practitioner believes the patient has been notified; in others, the diagnosis is in doubt until death supervenes.

TABLE XXXIX.

Deaths of Notified Cases of Tuberculosis during 1936.

Period between Notification and Death.	Pulmonary.		Non-Pulmonary.		Total
	Males.	Females	Males.	Females	
Notified after Death	—	1	1	3	5
Within 1 week after notification	4	4	2	4	14
Died from 1 week to 1 month	2	1	1	1	5
" " 1 month to 3 months	7	3	1	—	11
" " 3 months to 6 months	3	3	—	—	6
" " 6 months to 1 year	10	6	1	—	17
" " 1 year to 2 years	9	9	1	—	19
" " 2 years to 5 years	7	6	1	1	15
" " 5 years to 10 years	4	3	—	1	8
" " over 10 years	3	1	—	1	5
Totals	49	37	8	11	105

Thirty-five persons died within three months of notification; 42 from three months to two years, and 28 after two years, roughly one-third of the total deaths in each of these periods. Five persons died after 10 years from notification, which shows how chronic the disease may be occasionally, or how it may be dormant for a while, only to claim its victim in the long run.

TABLE XL.

New Cases and Mortality during 1936.

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	—	—	—	2	—	—	—	2
1	—	—	9	9	—	—	3	2
5	1	2	19	9	—	—	—	2
10	3	—	12	3	1	1	—	1
15	5	10	5	6	6	5	—	2
20	16	11	2	5	6	6	1	—
25	20	10	3	4	11	13	1	1
35	11	12	4	4	11	10	1	3
45	17	5	4	4	9	3	2	—
55	8	3	2	1	9	—	2	1
65	3	2	—	—	1	—	—	—
Totals	84	55	60	47	54	38	10	14

Though last year there was little difference between the number of male and female deaths from pulmonary tuberculosis, which is unusual, this year male deaths predominate according to custom.

Again, the experience of female deaths in this County is different from that which obtains generally throughout the country; instead of the preponderance being found before 25 years of age, here it is between 25 and 35. The male deaths are, however, spaced, and the older age groups suffer where the females escape; the larger number of male deaths occur after the age of 35 years, but twice as many female deaths occurred before then.

TABLE XLI.

Cases removed from Register during 1936.

Reason for Removal.	Cases examined by Tuberculosis Officer.		Cases not examined by Tuberculosis Officer.		Total.
	Pulmon- ary.	Non-Pul- monary.	Pulmon- ary.	Non-Pul- monary.	
Deaths from Tuberculo- sis	74	9	18	15	116
Deaths from Other Causes	3	3	—	1	7
Transferable Deaths	1	—	—	1	2
Disease Cured	23	37	—	—	60
Not Tuberculous	80	28	1	1	110
New Contacts not Tub.	69	2	—	—	71
Old Contacts not Tub.	1	—	—	—	1
Refused Examination	16	4	2	—	22
Removed from Area	18	15	3	—	36
Doctors' Private Pat- ients	3	—	2	—	5
Asylum Inmates	—	—	2	1	3
Totals	288	98	28	19	433

TABLE XLII.

Source of Infection.

	Old Cases.	New Cases.	Total.
Probably due to house infection	85	9	94
Known family history of Tuberculosis	186	38	224

TABLE XLIII.

Examinations by Tuberculosis Officers.

Examinations during year.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
At Tuberculosis Dispensaries	353	386	403	422	400	314	225	260	202
At Homes of Patients	1101	1160	1230	1200	1173	989	983	1084	916
Consultations with Doctors at Homes of Patients	40	30	40	28	16	25	12	22	27
Other Consultations	125	135	115	111	107	85	93	87	93
New Contacts examined at School	—	—	46	45	89	54	62	58	54
Totals	1619	1711	1834	1806	1785	1467	1375	1511	1292

The examinations recorded are fewer than since 1928; this figure naturally declines as the numbers on the register grow less. I expect that a constant fall in the examinations will be noted in future.

TABLE XLIV.

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	1935	1936
Urban	114	78	80	101	92	88	97	68	80	82	78	81	57	72	63	62	55	60
Rural	119	110	109	123	102	119	117	76	73	72	94	79	75	59	68	72	55	56
Administrative County	233	188	189	224	194	207	214	144	153	154	172	160	132	131	131	134	120	116

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 ... 102
- (2) Those persons who died from Tuberculosis and entered the County suffering from that condition 11
- (3) Those persons not suffering from Tuberculosis and who died from other causes ... 3
- (4) Those persons who suffered from Tuberculosis, but who did not die from that condition ... —

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

	<i>Tuberculosis, All Forms.</i>
Official County Rate ... ..	.56
Rate with immigrants excluded ... ..	.51
Rate with immigrants and deaths from other causes excluded ... ..	.49
No fixed abode	1
Manchester	1
London	3
West Suffolk	1
Northamptonshire	1
Leicestershire	1
Ireland	1
Essex	1
Midlands	1

In addition, 4 cases very doubtful.

Eleven persons entered the County suffering from Tuberculosis, and died from the condition during the year; three came from London, and their deaths should be rightly allotted to the capital town. It is a little surprising that so few cases come into the County from Ipswich and Yarmouth, towns from which one might expect many immigrants; this year, neither of these towns have added to our death rate for Tuberculosis.

TABLE XLV.

Working Capacity of Cases on Register on 31st December, 1936.

Capacity for Work.	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
Full-time	55	44	96	83	278
Part-time	33	35	6	7	81
Getting about	58	49	15	17	139
Confined to bed	30	23	14	15	82
Totals	176	151	131	122	580

Ninety-nine Pulmonary cases were working full time out of a total of 327, a somewhat small proportion. Approximately half the patients on the register were working either full or part time, the other half were invalids. Most of the non-pulmonary cases work full time; these patients are likely to recover completely, but their names cannot be removed from the register until the period prescribed by the Ministry has elapsed.

TABLE XLVI.

Specimens of Sputum examined for Dispensary Cases, 1936.

Tubercle Bacilli found.	No Tubercle Bacilli found.	Total Examinations.
148	395	543

The number of specimens of sputum examined has increased by 41; there is a reduction of 20 this year in those found to contain tubercle bacilli, and a rise of 61 in the number of those where no tubercle bacilli were found; this is satisfactory, for it is a true indication of definite cases which exist, and will affect the future death returns.

TABLE XLVII.

Number of Patients for whom Specimens of Sputum were examined, 1936.

Result of Examination.				Old Cases.	New Cases.	Total.
Tubercle Bacilli found ....	....	....	....	102	44	146
No Tubercle Bacilli found ....	....	....	....	87	52	139
Totals ....	....	....	....	189	96	285

Forty-four new cases only had tubercle bacilli in their sputum, compared with 58 last year; 102 old cases had positive sputums, whereas last year the number was 110.

TABLE XLVIII.

Return showing the work of the Dispensary for the year 1936.

DIAGNOSIS.	PULMONARY.		NON-PULMONARY.		TOTAL.		GRAND TOTAL.						
	Adults.		Children.		Adults.			Children.					
	M.	F.	M.	F.	M.	F.		M.	F.				
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ..	50	30	2	—	12	12	25	15	62	42	27	15	146
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	9	10	5	4	28
(c) Non-tuberculous	—	—	—	—	—	—	—	—	21	27	19	10	77
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ..	2	—	—	—	—	1	3	1	2	1	3	1	7
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	—	3	1	4
(c) Non-tuberculous	—	—	—	—	—	—	—	—	3	10	36	22	71
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	10	11	1	1	9	9	10	9	19	20	11	10	60
(b) Non-tuberculous	—	—	—	—	—	—	—	—	36	44	61	39	180
D.—NUMBER OF CASES on Dispensary Register on December 31st, 1936:—													
(a) Definitely tuberculous ..	173	149	3	2	49	67	82	55	222	216	85	57	580
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	4	5	10	5	24

1. Number of cases on Dispensary Register on January 1st, 1936 ..	620	7. Number of consultations with medical practitioners :—	
		(a) Personal ..	35
		(b) Other ..	93
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..	33	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ..	943
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	56	9. Number of visits by Nurses or Health Visitors to homes for Dispensary Purposes ..	2170
4. Cases written off during the year as Dead (all causes) ..	86	10. Number of :—	
		(a) Specimens of sputum, etc., examined ..	543
		(b) X-Ray examinations made ..	81
		in connexion with Dispensary work.	
5. Number of attendances at the Dispensary (including Contacts) ..	202	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above ..	2
New Contacts examined by T.Os at School ..	54		
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	222	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ..	249

TABLE XLIX.
Cases treated as In-patients in Residential Institutions. PULMONARY TUBERCULOSIS. 1936.

Name of Residential Institution.	Under Treatment on the 1st January, 1936.			Admitted.			Discharged.			Died.			Remaining under treatment on 31st December, 1936.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Normanston Hospital	13	4	17	33	23	56	19	8	27	13	8	21	14	11	25
Ipswich Sanatorium	7	11	18	20	19	41	16	18	34	—	1	1	11	11	24
Ipswich Isolation Hospital	3	—	3	3	1	4	3	—	3	1	1	2	2	—	2
Brompton Hospital and Frimley San.	2	—	2	8	1	9	8	1	9	1	—	1	1	—	1
Maltings Farm Sanatorium	—	2	2	—	—	1	—	2	2	—	—	—	—	—	1
Royal National Sanatorium	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Totals	25	18	43	64	44	111	46	30	76	15	10	25	28	22	53

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:—

Normanston Hospital to Ipswich Sanatorium	... 2 Males.
Normanston Hospital to Ipswich Isolation Hospital	... 3 Males.
Ipswich Sanatorium to Normanston Hospital	... 1 Male and 1 Female.
Ipswich Sanatorium to Brompton Hospital	... 2 Males.
Brompton Hospital to Ipswich Sanatorium	... 2 Males.
Brompton Hospital to Normanston Hospital	... 1 Female.
Maltings Farm Sanatorium to Normanston Hospital	... 1 Female.
Maltings Farm Sanatorium to Ipswich Isolation Hospital	... 1 Female.

TABLE L.
Cases treated as In-patients in Residential Institutions. NON-PULMONARY TUBERCULOSIS, 1936.

Name of Residential Institution.	Under Treatment on the 1st January, 1936.				Admitted.				Discharged.				Died.				Remaining under treatment on the 31st December, 1936.			
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.
East Suffolk and Ipswich Hospital ..	1	—	1	2	4	4	11	19	4	3	11	18	—	—	1	1	1	1	—	2
Lowestoft and North Suffolk Hospital	—	—	—	—	7	3	13	23	5	3	7	15	1	—	1	2	1	—	5	6
Beccles Hospital	—	—	—	—	1	—	2	3	1	—	2	3	—	—	—	—	—	—	—	—
Lord Mayor Treloar Cripples' Hospital	—	—	4	4	—	—	1	1	—	—	2	2	—	—	—	—	—	—	3	3
Royal National Orthopaedic Hospital	—	—	2	2	—	1	—	1	—	1	—	1	—	—	—	—	—	—	2	2
East Anglian Sanatorium	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
St. Michael's Orthopaedic Hospital	—	2	—	2	—	—	1	1	—	—	—	—	—	—	—	—	—	2	1	3
Royal Sea Bathing Hospital ..	4	—	—	4	2	—	—	2	—	—	—	—	1	—	—	1	5	—	—	5
Norfolk and Norwich Hospital ..	—	—	—	—	1	1	1	3	1	1	1	3	—	—	—	—	—	—	—	—
Totals	5	2	8	15	15	9	29	53	11	8	23	42	2	—	2	4	7	3	12	22

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

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 Royal Sea Bathing Hospital 1 Male.
 Beccles Hospital to Royal Sea Bathing Hospital 1 Male.

TABLE LI.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions (other than Poor Law 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 m'ths but exceeding 28 days.			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 ..	—	—	—	—	4	—	2	—	—	—	—	—	2	4	—	6
		Not quiescent ..	1	1	—	—	1	—	2	—	—	—	—	—	3	2	—	5
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus, Group 1.	Quiescent ..	1	—	—	—	—	—	2	—	—	—	—	—	1	2	—	3
		Not quiescent ..	1	—	—	3	1	—	3	—	—	—	—	—	7	1	—	8
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus, Group 2.	Quiescent ..	—	1	—	1	1	—	5	—	—	—	—	1	7	—	8	
		Not quiescent ..	4	1	—	7	3	—	3	3	—	—	—	14	7	—	21	
		Died in Institution	2	1	—	2	—	—	1	—	—	—	—	5	1	—	6	
	Class T.B. plus, Group 3.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	1	—	—	2	1	—	1	—	—	—	1	—	4	2	—	6
		Died in Institution	2	2	—	2	3	—	2	2	—	1	—	—	7	7	—	14
	Totals (pulmonary)		12	6	—	17	14	—	14	12	—	1	1	—	44	33	—	77
	NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ..	—	—	1	—	1	—	—	—	—	—	1	—	1	2	3
			Not quiescent ..	1	—	—	1	—	1	—	—	—	—	—	2	—	1	3
			Died in Institution	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
		Abdominal.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not quiescent ..			—	—	1	—	—	2	—	—	—	—	—	—	—	3	3	
Died in Institution			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.		Quiescent ..	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	
		Not quiescent ..	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peripheral Glands.		Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	—	4	—	—	—	—	—	—	—	—	—	—	4	4	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals (non-pulmonary)		2	—	6	1	2	3	—	—	—	1	—	1	4	2	10	16	

TABLE LII.

Result of Observation of Doubtfully Tuberculous cases Discharged from Residential Institutions during the Year, 1936.

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
Non-Tuberculous	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	—	—	1	—	—	—	—	—	—	—	1	1	—	1

TABLE LIII.

Number of Patients receiving Residential Treatment.

Year.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Pulmonary	196	185	185	200	183	165	149	157	144	136	146	153	143	145	145	140
Non-Pulmonary	73	51	77	63	67	85	63	81	69	81	63	75	67	72	57	65
Totals	269	236	262	263	250	250	212	238	213	217	209	228	210	217	202	205

TABLE LIV.

Number of Cases Refusing Residential Treatment during 1936.

	Old Cases.	New Cases.	Total.
Pulmonary Tuberculosis	5	10	15
Non-Pulmonary Tuberculosis	—	1	1
Total Number of Cases	5	11	16

XII.

Venereal Diseases.

Lowestoft Clinic. The heating of this Clinic has given trouble since the beginning; it was originally heated electrically, controlled by a thermostat, but this was found to be very expensive and the amount of electricity used had to be reduced. Electric fires were used instead, and, finally, a portable oil stove was installed; this, however, did not give a temperature high enough for the comfort of either the staff or the patients, nor did it prevent the continual condensation of moisture upon ceilings and walls. It looks as though the only solution will be to provide central heating.

TREATMENT OF VENEREAL DISEASES.

TABLE LV.

Lowestoft V.D. Clinic.

Area from which patients came.	No. of New Cases.			Total No. of attendances.			Aggregate No. of In-patient days.		
	1934.	1935.	1936.	1934.	1935.	1936.	1934.	1935.	1936.
East Suffolk	65	90	96	2370	3346	2983	212	34	163
Gt. Yarmouth	16	29	41	330	720	1932	—	7	189
Norfolk	6	9	3	150	180	82	—	—	—
TOTAL	87	128	140	2850	4246	4997	212	41	352

Each year since the Lowestoft Clinic has been established, the work has increased; it was found impossible for the Medical Officer to deal adequately with the patients at two weekly clinics and, therefore, in June 1936, a further session was arranged, but this was not advertised to the public, the Medical Officer using this for treating patients by appointment.

The increased work comes from Great Yarmouth, more than five times as many attendances were recorded as in 1934, and almost three times as many as in 1935. The attendances of Great Yarmouth patients are higher in proportion to the number of new cases, but this is not so for East Suffolk patients; also, the higher number of new cases recorded is attributable more to Great Yarmouth than to East Suffolk. The aggregate number of in-patient days are divided between the two areas, but Great Yarmouth predominates. Norfolk has used the Clinic very little this year.

The large number of attendances shows how very valuable the Lowestoft Clinic is to patients living in the north of the County and in the County Borough of Great Yarmouth.

TABLE LVI.

1936.

Venereal Diseases.

Centres.	No. of East Suffolk 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.
	Syphilis.	Soft Chancre.	Gonorrhoea.				
Lowestoft	28	—	20	48	96	2983	163
Ipswich	13	—	12	21	46	997	123
Other Treatment Centres	—	—	4	2	6	109	—
TOTALS	41	—	36	71	148	4089	286

Table LVI denotes the conditions for which the new patients attended the Clinics. It is noteworthy that there is in the County a very large fall in the number of patients suffering from syphilis and gonorrhoea who presented themselves for treatment this year for the first time, 77 compared with 141 in 1935, but the number of persons who attended with conditions which proved not to be venereal has almost trebled, the increase being almost restricted to the Lowestoft Clinic, 48 this year compared with 4 last year. These two sets of figures explain the reduction in attendances this year at the Lowestoft Clinic for East Suffolk patients.

There has been littler alteration in the incidence of syphilis, the fall being confined chiefly to gonorrhoea. At the Lowestoft Clinic there were only 20 new cases of gonorrhoea compared with 55 last year; at the Ipswich Clinic 12 this year to 36 last. The decline of new cases of this condition is welcome.

In spite of the fact that treatment is available at Lowestoft, and the Clinic is largely used, there were fewer new cases of gonorrhoea in 1936 than in any year since 1927.

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
1935	44	—	97	141
1936	41	—	36	77

XIII.

TABLE LVII.

CANCER DEATH RATE.

Year.	No. of Deaths.			Death Rate per 1,000 Population.			
	Males.	Females.	Total.	Urban.	Rural.	Administrative 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	1.56
1935	198	216	414	1.79	2.14	1.98	1.58
1936	161	173	334	1.60	1.62	1.61	—

The cancer death rate which was so high last year has fallen in 1936; this was to be expected as the rate for 1935 was excessive and departed from the usual by a margin which had to be looked upon as accidental. In spite of the great reduction, the rate for this year has only been exceeded upon three occasions, and equalled once (in 1930).

The rate for England and Wales has grown without exception from year to year since 1920 and the County rate has generally exceeded that of the country.

The number of persons dying from cancer in the Administrative County has only been higher upon four occasions, the first time being in 1930. As usual, the number of female deaths is greater than the number of male deaths, but it must be remembered that the expectation of life amongst women is longer than that of men, and as cancer is a disease which takes its greatest toll amongst older persons, there are, therefore, more women at risk than men. It can only be discovered when the census is taken, when the population is divided into age groups, whether or not there is an increase in the incidence of the disease, for the older the age of the population the greater will be the number of persons suffering, and dying, from this disease.

TABLE LVIII.
DEATHS FROM CANCER.

1936.

Administrative County of East Suffolk:— (Males and Females)	All Ages.	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
	334	—	1	—	1	2	3	18	38	84	97	90
	<i>Males:</i>											
Aggregate of Urban Districts ...	61	—	—	—	1	1	—	3	5	13	27	11
Aggregate of Rural Districts ...	100	—	1	—	—	—	1	3	9	31	21	34
Total ...	161	—	1	—	1	1	1	6	14	44	48	45
	<i>Females:</i>											
Aggregate of Urban Districts ...	87	—	—	—	—	—	1	6	10	24	23	23
Aggregate of Rural Districts ...	86	—	—	—	—	1	1	6	14	16	26	22
Total ...	173	—	—	—	—	1	2	12	24	40	49	45

This year the Ministry of Health require the above table, showing the age distribution of deaths from cancer, and in the case of Counties the aggregates of urban and rural areas given.

Treatment of Cancer.

For the first time, the Minister of Health requires a detailed statement of the facilities available in the area for the diagnosis and treatment of cancer, distinguishing between facilities provided by the Local Authority (in East Suffolk the County Council), and those provided by national or regional radium centres or other voluntary hospitals.

In this area the hospitals serving the County were circularised; no reply came from three, including the Lowestoft and North Suffolk Hospital which is the second largest in the County, and no statistics were forthcoming from the Norfolk and Norwich Hospital about East Suffolk cases, which is the regional radium centre for the area.

The Minister asks that reference should be made to any local investigations undertaken on the lines suggested in the Ministry's series of Circulars on Cancer, in particular Circular 1136, dated 31st July, 1930. In my report for 1931 I dealt in detail with this Circular, discussing the difficulties of carrying out the suggestions and the expenses entailed, and no action has been taken.

I produce a table showing the information which I received from the hospitals in reply to my circular:—

TABLE LIX.

TREATMENT OF CANCER.

Information received from Hospitals serving Administrative County of East Suffolk:—

Name of Hospital.	Nature of facilities.	Number of East Suffolk patients treated in 1936.	Number of East Suffolk cases admitted in 1936.	Number of E. Suffolk cases in Hospital at end of 1936.
Beccles and District War Memorial Hospital	Operative.	7 (1 uterus and 6 other sites).	7	—
Essex County Hospital, Colchester.	Operative; Deep X-Rays (medium).	No other information given.		
All Hallows Hospital, Ditchingham.	Operative.	2 (1 uterus; and 1 rectum).	2	—
Felixstowe Cottage Hospital.	Operative.	16 (1 uterus; 4 breast; 1 lip; 10 other sites).	16	1
Patrick Stead Hospital, Halesworth.	Operative X-Ray.	6 (2 uterus; 4 other sites).	6	—
East Suffolk and Ipswich Hospital.	Operative Radium treatment.	124 (3 uterus; 10 tongue and mouth; 27 breast; 6 lip; 6 skin; 1 larynx; 1 bladder; 35 rectum; 35 other sites).	119	—
Southwold Cottage Hospital.	Operative Radium treatment.	8 (3 uterus; 4 skin; 1 bladder).	—	—
Norfolk and Norwich Hospital (Regional Radium Centre).	Operative Radium.	No statistics	furnished.	

No reply to circular received from the following Hospitals:—

Lowestoft and North Suffolk Hospital.
 Gorleston Cottage Hospital.
 Great Yarmouth General Hospital.

XIV.

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

TABLE LX.

Age Groups.	Figure of Value.	Tuberculosis.		Cancer.		Heart Disease.		Bronchitis.	
		No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.	No. of Deaths.	Dam- age.
0-1	5	2	10	—	—	—	—	2	10
1-2	6	1	6	1	6	—	—	—	—
2-5	8	4	32	—	—	1	8	1	8
5-15	11	5	55	1	11	—	—	1	11
15-25	18	25	450	2	36	3	54	—	—
25-45	25	52	1300	21	525	11	275	2	50
45-65	15	26	390	122	1830	114	1710	7	105
65-75	3	1	3	97	291	220	660	14	42
75-100	0	—	—	90	—	356	—	48	—
TOTALS	—	116	2246	334	2699	705	2707	75	226

The following are the total numbers of deaths from the four diseases:—

1. Heart Disease	...	...	...	...	705
2. Cancer	...	...	...	...	334
3. Tuberculosis	...	...	...	...	116
4. Bronchitis	...	...	...	...	75

while the figures below indicate the comparative damage to the community in respect of the four causes of death:—

1. Heart Disease	...	...	...	...	2,707
2. Cancer	...	...	...	...	2,699
3. Tuberculosis	...	...	...	...	2,246
4. Bronchitis	...	...	...	...	226

This year I have omitted from this table the figures for Influenza.

The object of this table is to show how in spite of the large number of deaths from heart disease, and the small number from tuberculosis, there is little difference in the economic effect upon the community for the two diseases, because people certified as dying from heart disease are old, but those dying from tuberculosis are in the prime of life.

With the lower number of deaths from tuberculosis, this disease now takes third place in the damage to the community, though in 1930 it assumed first place. This year, however, in spite of the number of deaths being four less than in 1935, the economic effect was worse; the damage figure for 1935 was 2,008, but this year it is 2,246. For both heart disease and cancer the figures of damage are reduced this year.

XV.

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 it 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.

Mental Defectives in East Suffolk.

As on 1st January, 1937.

Alleged Defectives ascertained :—	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1925.
Males	586	554	529	495	440	384	323	228
Females	672	672	640	604	565	545	439	281
TOTAL	1258	1226	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	2	14	16
Royal Eastern Counties Institution, Colchester	14	11	25
Under voluntary supervision	301	280	581

Dealt with by the Joint Committee :—

<i>In Institutions.</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	42	68	110
Imbeciles	37	24	61
Idiots	12	10	22
Moral defectives	—	—	—
TOTAL	91	102	193
<i>On leave of absence from Institutions.</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	5	10	15
Imbeciles	—	7	7
Idiots	1	—	1
TOTAL	6	17	23

<i>Under Guardianship.</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....	....	—	7	7
Imbeciles	....	....	....	....	4	9	13
Idiots	....	....	....	....	1	—	1
TOTAL					5	16	21

Under Statutory Supervision.

Males	....	....	....	....	90
Females	....	....	....	....	101
TOTAL					191

<i>During the year there have—</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Been discharged from Orders	....				—	—	—
Been discharged to Asylums	....				—	—	—
Died	....	....	....	....	2	2	4

XVI.

EAST SUFFOLK COUNTY ASSOCIATION FOR THE BLIND.

During the year Miss P. Clark was appointed as Secretary of the Association, and a new precedent was created by making her a member of the Public Health Staff of the County Council; this is purely for the purpose of salary and she is seconded for duty to the East Suffolk County Association for the Blind.

BLIND PERSONS ACT, 1920.

1936.

TABLE LXI.

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.	—	10	6	5	11	20	40	41	58	2	195
F.	—	8	6	8	7	25	35	60	79	—	226
Total	—	18	12	13	18	45	75	101	137	2	421

Age at which Blindness occurred.

Sex.	0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	Over 70	Unknown & Gradual.
M.	40	5	11	7	11	18	26	25	24	11	15
F.	47	2	3	14	16	17	20	26	34	26	23
Total	87	7	14	21	27	35	46	51	58	37	38

Employment—Age Periods 16 and upwards.

Sex.	Employed.	Trained but unemployed.	Under training.	No training but trainable.	Unemployable.	Total.
M.	36	3	3	2	141	185
F.	16	—	1	3	198	218
Total	52	3	4	5	339	403

Occupations of Employed.

<i>Males.</i>			<i>Females.</i>		
Poultry Farmers	....	2	Knitters	....	9
Boot Repairers	....	2	Musicians	....	1
Business	....	2	Domestic Servants	....	3
Mat Makers	....	5	Seamstress	....	1
Labourers	....	6	Caner	....	1
Tuners	....	3	Mat Maker	....	1
Basket Makers	....	7			
Hawker	....	1			
Organist	....	1			
Gardeners	....	3			
Caner	....	1			
Netting	....	2			
Factory Hand	....	1			
		36			16

Physically and Mentally Defective.

Sex.	Mentally Defective.	Physically Defective.	Deaf.	Total.
M.	17	8	16	41
F.	23	9	19	51
Total	40	17	35	92

School Age Periods (5-16).

Sex.	Normal at School.	Normal not at School.	Mentally Defective.	Physically Defective.	Total.	Total Defectives.
M.	7	—	3	—	10	3
F.	6	—	2	—	8	2
Total	13	—	5	—	18	5

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.

TABLE LXII.

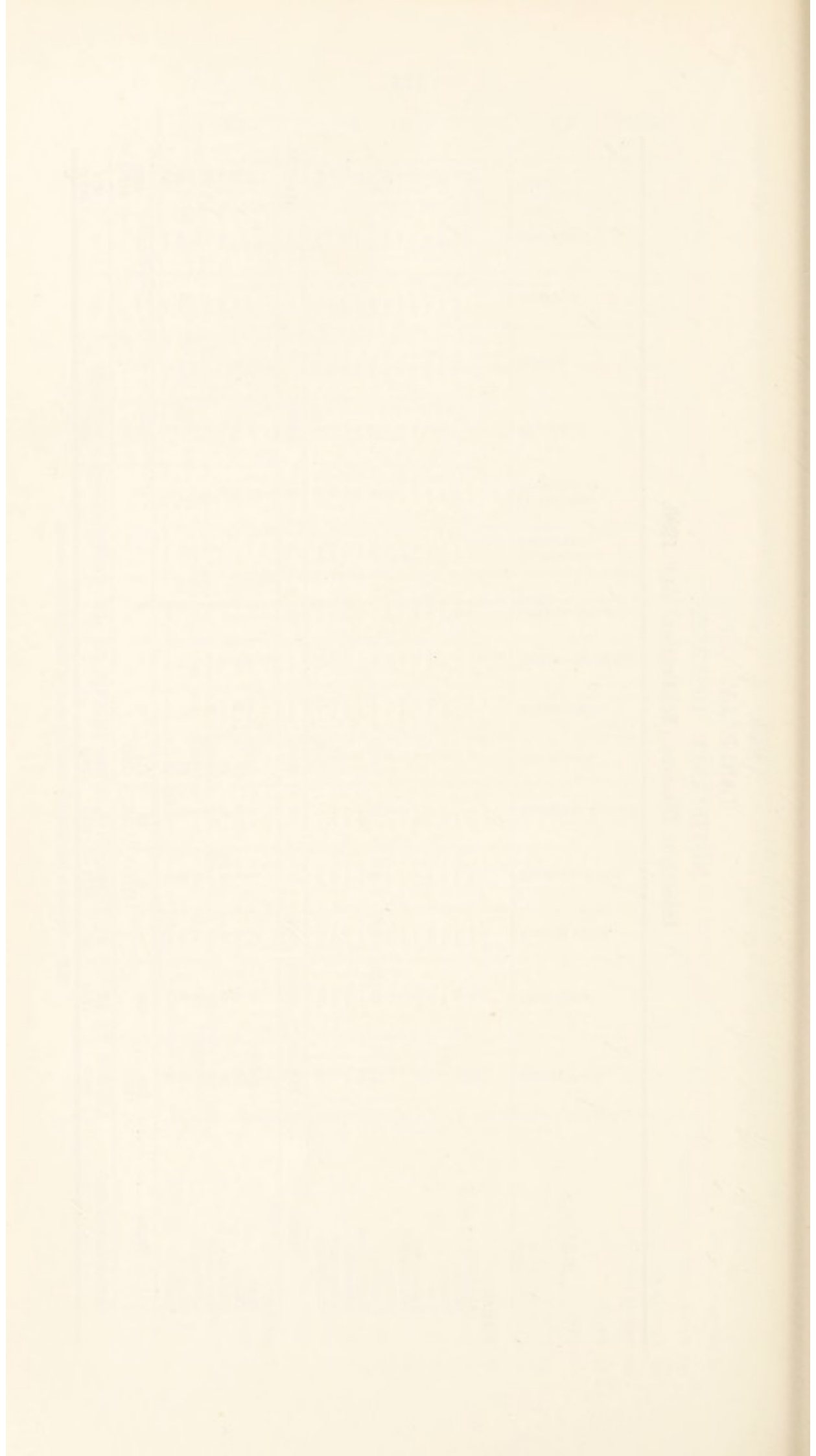
Causes of Death in each District during the Year 1936.

CAUSE OF DEATH.	URBAN DISTRICTS.												RURAL DISTRICTS										ADMINISTRATIVE COUNTY TOTAL.
	Aldeburgh.	Beccles.	Bungay.	Eye.	Felixstowe.	Halesworth.	Leiston.	Lowestoft.	Saxmundham.	Southwold.	Stowmarket.	Woodbridge.	TOTAL.	Blyth.	Deben.	Gipping.	Hartismere.	Lothingland.	Samford.	Wainford.	TOTAL.		
1. Typhoid and Para- Typhoid Fevers ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
2. Measles ..	-	-	-	-	-	-	-	1	-	-	-	-	3	-	-	-	-	-	-	-	-	3	
3. Scarlet Fever ..	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	1	-	3	4	
4. Whooping Cough ..	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	1	1	1	1	6	7	
5. Diphtheria ..	-	-	-	-	-	-	-	2	-	-	-	-	2	-	1	1	1	1	-	-	4	6	
6. Influenza ..	-	-	-	1	2	-	-	5	-	1	1	2	12	3	4	3	4	2	1	1	18	30	
7. Encephalitis Lethar- gica ..	-	-	-	-	-	-	-	4	-	-	-	-	4	-	1	-	1	1	-	-	3	7	
8. Cerebro-spinal Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	
9. Tuberculosis of the Respiratory System ..	-	-	1	2	4	2	2	30	-	-	1	2	44	7	9	6	8	8	7	3	48	92	
10. Other Tuberculous Diseases ..	-	4	-	1	1	-	1	7	-	-	-	2	16	1	2	1	1	2	1	-	8	24	
11. Syphilis ..	-	-	-	-	-	-	1	3	-	-	-	-	4	1	2	-	-	2	-	-	5	9	
12. General Paralysis of the Insane, Tabes Dorsalis ..	-	-	-	-	-	-	1	4	-	-	-	-	5	2	1	-	1	1	-	-	5	10	
13. Cancer, Malignant Disease ..	2	12	3	7	22	1	3	70	1	8	10	9	148	32	38	32	27	19	32	6	186	334	
14. Diabetes ..	1	2	1	-	2	1	1	5	-	1	2	1	17	6	4	5	5	3	2	1	26	43	
15. Cerebral Haemorrhage, etc. ..	3	5	1	3	13	2	-	25	2	1	3	5	63	21	29	16	18	5	7	6	102	165	
16. Heart Disease ..	6	23	8	8	51	16	19	119	2	11	7	15	285	101	77	65	78	44	31	24	420	705	
17. Aneurysm ..	-	1	-	-	-	-	1	-	-	-	-	-	2	2	-	1	1	-	-	-	5	7	
18. Other Circulatory Diseases ..	-	7	1	-	11	-	3	25	2	2	1	-	52	16	11	14	11	16	5	7	80	132	
19. Bronchitis ..	1	2	1	-	2	-	-	10	-	1	5	3	25	9	6	16	10	3	1	5	50	75	
20. Pneumonia (all forms)	1	2	1	-	11	1	1	24	-	1	-	6	48	11	12	8	12	12	12	3	70	118	
21. Other Respiratory Diseases ..	-	1	1	-	-	-	-	1	-	-	1	-	4	2	4	4	1	1	2	1	15	19	
22. Peptic Ulcer ..	-	-	1	-	3	-	-	5	-	-	-	-	9	2	1	1	4	3	2	-	13	22	
23. Diarrhoea, etc. (under 2 years) ..	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1	-	1	-	-	1	4	5	
24. Appendicitis ..	-	-	-	-	-	-	-	3	-	-	2	-	5	2	-	1	1	-	2	-	6	11	
25. Cirrhosis of Liver ..	-	1	-	-	1	-	-	2	-	-	2	1	7	-	1	1	2	-	-	-	4	11	
26. Other Diseases of Liver, etc. ..	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	5	-	2	-	10	11	
27. Other Digestive Dis- eases ..	3	3	-	1	1	-	2	3	2	-	1	1	17	6	6	3	6	4	5	1	31	48	
28. Acute and Chronic Nephritis ..	3	-	2	-	10	-	-	8	1	2	1	6	33	6	14	4	10	6	7	2	49	82	
29. Puerperal Sepsis ..	-	-	-	-	-	-	-	2	-	-	-	-	2	-	-	-	1	-	2	1	4	6	
30. Other Puerperal Causes	-	-	-	-	-	-	-	2	-	-	-	-	2	2	1	-	1	1	-	-	5	7	
31. Congenital Debility, Premature Birth, Mal- formation, etc. ..	3	1	-	-	8	-	-	18	-	1	2	-	33	3	10	4	8	9	6	5	45	78	
32. Senility ..	1	15	1	1	2	-	1	49	2	2	3	2	79	10	13	8	9	10	6	4	60	139	
33. Suicide ..	2	1	1	-	2	-	-	5	-	-	1	-	12	4	5	1	6	2	1	1	20	32	
34. Other Violence ..	1	2	-	1	4	2	3	22	-	-	1	2	38	11	4	4	10	7	6	1	43	81	
35. Other Defined Diseases	2	4	4	-	18	1	3	50	2	5	9	5	103	19	30	24	19	18	19	3	132	235	
36. Causes ill-defined or unknown ..	-	2	-	-	-	-	1	1	-	-	-	1	5	-	-	-	-	2	-	-	2	7	
ALL CAUSES ..	30	88	27	25	168	26	43	506	14	36	54	66	1083	284	286	226	264	184	162	77	1483	2566	

1936.
TABLE LV.
NOTIFIABLE DISEASES.
Infectious Diseases (Notification) Act, 1899.

DISTRICT.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Polioencephalitis.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Erysipelas.	Malaria.	Smallpox.	Dysentery.	Total.
URBAN.															
Aldeburgh ..	26	3	—	—	2	2	—	—	—	—	1	—	—	—	31
Beccles ..	5	—	—	—	—	6	—	—	—	—	—	—	—	—	8
Bungay ..	2 (3)	—	—	—	—	3	—	—	—	—	—	—	—	—	10
Eye ..	1	—	—	—	1	3	—	—	—	—	—	—	—	—	7
Felixstowe ..	6	2	—	1	—	4	—	—	1	—	—	—	—	—	14
Halesworth ..	—	1	—	—	—	2	—	—	—	—	2	—	—	—	5
Leiston ..	7	1	—	—	1	1	—	—	—	—	—	—	—	—	10
Lowestoft ..	43	22 (21)	6 (8)	5	2	43	—	—	—	4	15	—	—	—	140
Saxmundham ..	10	—	—	—	—	1	—	—	—	—	1	—	—	—	11
Southwold ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Stowmarket ..	4	—	—	—	—	2	—	—	—	—	—	—	—	—	8
Woodbridge ..	14	—	—	—	1	12 (13)	—	—	—	—	2 (1)	—	—	—	29
Totals ..	118 (119)	29 (28)	6 (8)	6	7	76 (77)	—	—	1	5	26 (25)	—	—	—	274 (276)
RURAL.															
Blyth ..	33 (31)	3	—	3	1	9 (11)	—	—	—	—	6	—	—	—	55
Deben ..	31	4	—	1	3	23	1	—	—	—	12	1	—	—	76
Gipping ..	22	4	—	2 (3)	1	17	—	—	—	2	5	—	—	—	53
Hartismere ..	28	13	—	— (1)	5	20 (21)	1	—	1	—	5	—	—	—	73
Lothlingland ..	60 (63)	9	—	—	2	15 (21)	1	1	—	—	3	—	—	—	91
Samford ..	9	1	—	2	2	17	—	—	—	—	1 (3)	—	—	—	32
Wainford ..	4	—	—	1	1 (2)	12	—	—	—	1	1	—	—	—	20
Totals ..	187 (188)	34	—	9 (11)	15 (16)	113 (122)	3	1	1	3	33 (35)	1	—	—	400 (415)
Administrative County ..	305 (307)	63 (62)	6 (8)	15 (17)	22 (23)	189 (199)	3	1	2	8	59 (60)	1	—	—	674 (691)

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



APPENDIX.

EAST SUFFOLK COUNTY COUNCIL.

SEVENTEENTH
ANNUAL REPORT

—of—

NORMANSTON HOSPITAL.

1936.

NORMANSTON HOSPITAL.

Staff.*Medical Superintendent (Part time) :*

Dr. M. A. MacDonald.

Matron :

Miss M. Dixon.

Nursing Staff :

Sister—Miss A. Kerr.

2 Assistant Nurses.

2 Probationer Nurses.

Domestic Staff :

Cook—Miss H. Carter.

2 Housemaids.

1 Kitchen Maid.

1 Ward Maid.

Groundsmen :

Mr. W. J. Foreman.

2 Assistant Groundsmen.

NORMANSTON HOSPITAL, OULTON BROAD.

ANNUAL REPORT FOR THE YEAR 1936.

There were resident in the Hospital on January 1st, 1936, the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	17	13	4
Other Areas	....	nil	—	—
TOTALS	....	17	13	4

There were admitted to the Hospital during the year 1936 the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	56	34	22
Norfolk County Council	....	1	1	—
TOTALS	....	57	35	22

		<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Walking Cases	....	16	11	5	—	—
Ambulance Cases	....	35	20	15	—	—
By Car	....	6	2	3	1	—
TOTALS	....	57	33	23	1	—

There were discharged from the Hospital (including deaths) during the year 1936, the following number of Patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	47	31	16
Norfolk County Council	....	1	1	—
TOTALS	....	48	32	16

		<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Walking Cases	....	15	8	7	—	—
Ambulance Cases	....	8	7	1	—	—
By Car	....	4	3	—	1	—
Died	....	21	13	8	—	—
TOTALS	....	48	31	16	1	—

There were resident in the Hospital on 31st December, 1936, the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	26	15	11
Other Areas	....	—	—	—
TOTALS	....	26	15	11

The average number of Beds occupied during the year was 24.59.

Of the cases who completed a course of treatment:—

(a) Diagnosis and stage of pulmonary disease on discharge (or death).

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>	
		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female.</i>
Advanced, Stage 3 ...	20	14	6	—	—
Intermediate, Stage 2 ...	17	11	6	—	—
Early, Stage 1 ...	11	6	4	1	—
Observation ...	—	—	—	—	—
Non-Pulmonary ...	—	—	—	—	—
Disease arrested ...	—	—	—	—	—
TOTALS ...	48	31	16	1	—

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

T.B. Laryngitis ...	...	...	...	2
T.B. Meningitis ...	...	...	...	2
T.B. Otitis ...	...	...	...	1
T.B. Hip and Knee Joint ...	...	...	...	1
T.B. Glands of Neck ...	...	...	...	1
Parenchymatous Nephritis and T.B. Pyelitis ...	...	...	...	2
Fistula in Ano ...	...	...	...	2
Diabetes ...	...	...	...	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	—
1935	26.42	37.73	32.08	3.77	—
1936	41.66	35.42	22.92	—	—

(c) State on Discharge.

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>	
		<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
(1) Improved.					
Working 4 hours daily ...	—	—	—	—	—
Working 3 hours daily ...	—	—	—	—	—
Working less than 3 hours ...	5	1	4	—	—
Not on work ...	14	9	4	1	—
(2) In Statu Quo ...	8	8	—	—	—
(3) Retrogressive ...	—	—	—	—	—
(4) Died ...	21	13	8	—	—
TOTALS ...	48	31	16	1	—

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
1935	26	4	9	2	12	53	49.1
1936	5	14	8	—	21	48	9.33

					<i>Admitted.</i>	<i>Discharged. (or died).</i>
(d) Cases from Administrative County (including Lowestoft)	...	...	...	...	56	47
Cases from Other Areas	...	...	...	...	1	1
TOTALS	...	...	...	...	57	48

					<i>Admitted.</i>	<i>Discharged. (or died).</i>
(e) Discharged Soldiers and Sailors	...	...	...	...	5	3
Civilians	...	...	...	...	52	45
TOTALS	...	...	...	...	57	48

(f) Duration of Treatment:—

Average for patients discharged (excluding deaths) was 21 weeks.
Maximum period of treatment (excluding deaths) was 58 weeks 5 days.

Treatment Results.

Those patients who were discharged as "improved on work," had made good progress, some were able to follow their former employment.

The high percentage of deaths is explained by the fact that of 57 cases admitted, 46 were of the Advanced and Intermediate types (many being in a hopeless state of emaciation), and that no patients were discharged in a retrogressive condition.

Of the cases admitted:—

(a) Place of Residence before Admission.					<i>Number of Patients.</i>
Aldringham	...	...	...	...	1
Beccles	...	...	...	...	6
Badingham	...	...	...	...	1
Blyford	...	...	...	...	1
Brightwell	...	...	...	...	1
Bungay	...	...	...	...	1
Buxhall	...	...	...	...	2
Chelmondiston	...	...	...	...	1
Crowfield	...	...	...	...	1
Debenham	...	...	...	...	1
Eye	...	...	...	...	1
Felixstowe	...	...	...	...	2
Halesworth	...	...	...	...	2
Haughley	...	...	...	...	1
Hopton	...	...	...	...	1
Horham	...	...	...	...	1
Leiston	...	...	...	...	1
Letheringham	...	...	...	...	1
Lowestoft and Oulton Broad	...	...	...	...	27
Norfolk	...	...	...	...	1
Saxmundham	...	...	...	...	1
Wenhaston	...	...	...	...	1
Wangford	...	...	...	...	1
TOTAL					57

(b) Occupation.					<i>Number of Patients.</i>
Butcher	...	...	...	...	1
Carpenter	...	...	...	...	1
Compositor	...	...	...	...	1
Domestic Servants	...	...	...	...	9
Draper	...	...	...	...	1
Factory Hand	...	...	...	...	1
Farmer	...	...	...	...	1
Farm Labourers	...	...	...	...	2
Fisherman	...	...	...	...	1
Fish worker	...	...	...	...	1
Gardener	...	...	...	...	1
Grocer	...	...	...	...	1
Handyman	...	...	...	...	1
Housewives	...	...	...	...	9
Knitter	...	...	...	...	1
General Labourers	...	...	...	...	5
Lorry Driver	...	...	...	...	1
Market Gardener	...	...	...	...	1
Millstone Dresser	...	...	...	...	1
Painter	...	...	...	...	1
Postmen	...	...	...	...	2
Press Hand...	...	...	...	...	1
Porter	...	...	...	...	1
Shoe Repairer	...	...	...	...	1
Shop Assistants	...	...	...	...	4
Well Sinker	...	...	...	...	1
Of no occupation (mentally deficient)	...	...	...	...	1
Discharged Soldiers and Sailors	...	...	...	...	5

Visiting Committee.

There were eleven ordinary meetings throughout the year 1936.

During the illness of the Chairman, Major S. W. Humphery, the Chair was taken by the Deputy-Chairman, Mr. A. Jenner.

I should like to take this opportunity of expressing to the Chairman and Committee my appreciation of their kindness and help in all matters concerning the work of the Hospital.

Chaplain.

I am grateful to the Honorary Chaplain, the Rev. Canon Enraght, who throughout the year 1936 conducted the weekly services, and paid special visits to those patients who were very ill.

Staff.

Probationer Nurses: Miss C. Fenn was appointed in April 1936, *vice* Miss H. Kerry (dismissed).

Miss C. West was appointed in November 1936, *vice* Miss Francis (completed 2 years' service).

Maids: Miss I. Bunn was appointed *vice* Miss E. Locke (resigned).

Miss A. Vogt *vice* Miss E. Hales (resigned).

Supplies.

Supplies were purchased as formerly, under contracts of a period of six months.

Poultry and Garden Produce.

					£	s.	d.
2,034 eggs, marketable value	...	...	...	...	10	0	11
Old hens	„	„	...	...	1	13	6
					<hr/>		
Cost of food	...	...	...	...	£11	14	5
					4	15	3
					<hr/>		
Profit	...	...	...	...	£6	19	2
					<hr/>		

The profit was £5 13s. 11d. less than in 1935, several sittings of eggs having been deserted or destroyed, and the number of eggs laid being 1,434 less than in 1935.

Potatoes	...	...	...	...	21½	tons.
Pears	...	...	...	...	71	lbs.
Plums	...	...	...	...	59½	lbs.
Tomatoes	...	...	...	...	125½	lbs.
Currants	...	...	...	...	59	lbs.
Raspberries	...	...	...	...	166	lbs.
Gooseberries	...	...	...	...	24	lbs.
Apples	...	...	...	...	22	cwt.
Onions	...	...	...	...	5½	cwt.

Root and Green vegetables were also good, and there was a generous supply of flowers.

An untidy piece of ground on the North side of the Hospital was cleaned and levelled, and a lawn laid.

More rambler roses were planted, also bulbs.

Gifts.

The County Librarian sent books for the Patients' Library, and many friends of the Hospital provided papers and magazines.

Gifts of grapes, etc., were sent from the Church after the Harvest Thanks giving services.

Many gifts were received at Christmas time from old patients and others.

The sum of £6 was received from the Hon. Secretary of the T.B. After-care Committee (a gift from the Christmas Seals Sale), and this provided a present of clothing to every patient.

Recreation.

It was not possible to arrange concerts, but during the winter the Lowestoft Branch of Toc H. entertained the patients on many occasions, with their cinematograph. Mr. Brookes, the blind pianist, gave them several pleasant hours.

Of course there were Whist Drives.

All through the summer, Bowls was as popular as ever, and visiting teams from Lowestoft and Beccles were entertained.

At the invitation of the Rector of Lowestoft, a match was played at the Sparrow's Nest, and though Normanston lost every point, patients and staff had a delightful afternoon.

Mr. Randlesome very kindly sent the sum of 16s. 8d. to be expended on Bowls prizes.

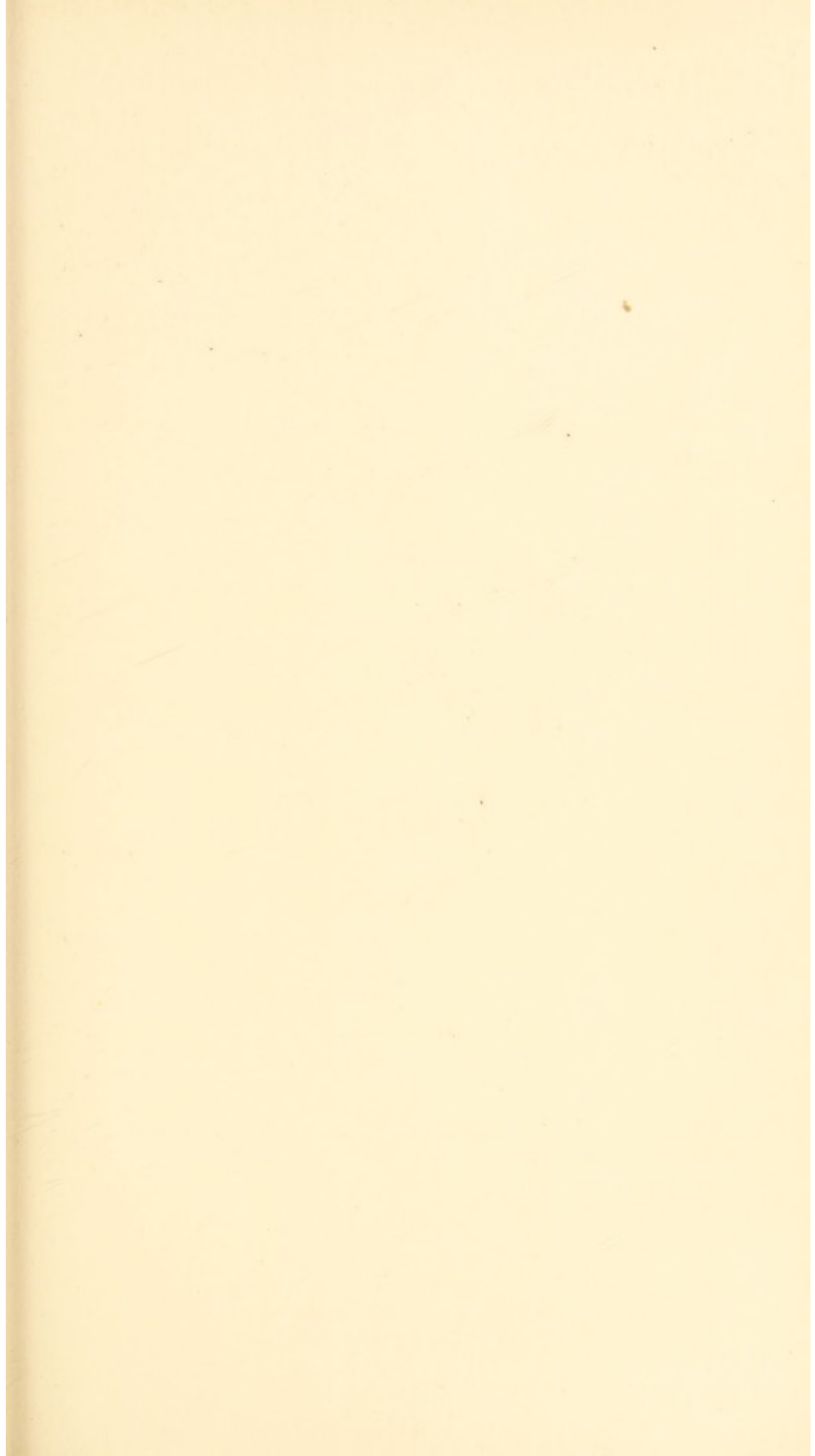
M. A. MACDONALD,

Medical Superintendent.

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EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

OF THE

County Medical Officer of Health.

1936.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

