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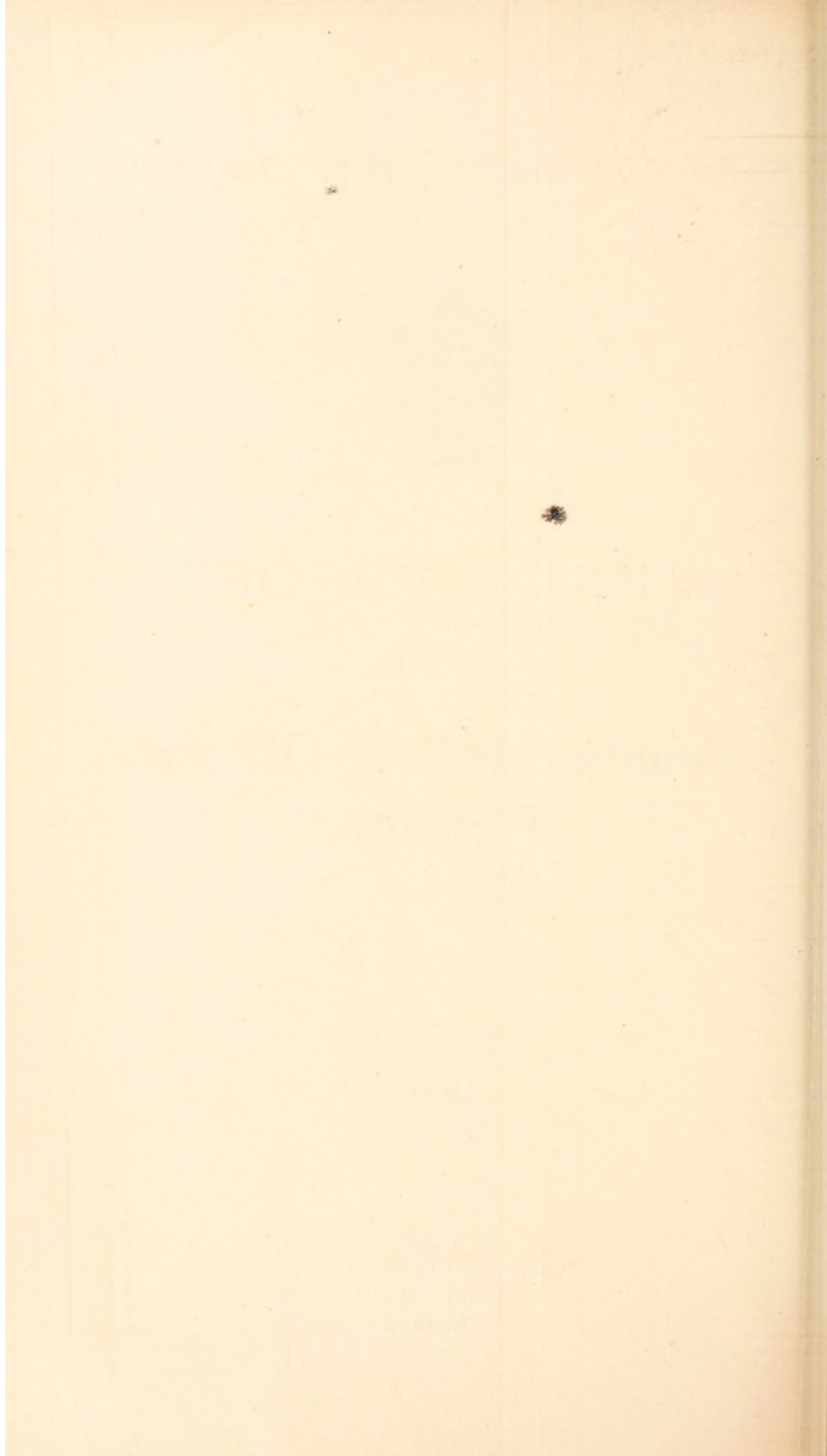
EAST SUFFOLK COUNTY COUNCIL.



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

1937

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



EAST SUFFOLK COUNTY COUNCIL. REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH, 1937.

TABLE XXX.

DISTRICT.	INSPECTION OF DWELLING HOUSES DURING THE YEAR.—								ACTION UNDER STATUTORY POWERS DURING THE YEAR.—													
	(1)		(2)		(3)		(4)		A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930.				B. Proceedings under Public Health Acts.		C. Proceedings under Sections 19 and 21 of Housing Act 1930.		(D) Proceedings under Section 20 of the Housing Act, 1930.		E. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.			
	(a)	(b)	(a)	(b)	No. dwelling houses found to be in a state so dangerous to health as to be unfit for human habitation.	No. dwelling houses referred to under the pre- ceding sub-head found not to be in all respects reason- ably fit for human habitation.	No. of de- fective dwell- ing houses rendered fit in consequence of informal action by the Local Author- ity or their Officers.	(1)	(2)	(1)	(2)	(1)	(2)	No. dwelling houses in respect of which Closing Orders were made.	No. separate tenements or underground rooms in re- spect of which Closing Orders were made.	No. dwelling houses in re- spect of which Closing Orders were made.	No. dwelling houses in re- spect of which Closing Orders were made.	(1)	(2)	(3)	(4)	
																						No. dwelling houses in re- spect of which notices were served requir- ing repairs.
Municipal Boroughs.—																						
Aldborough ... 1935	8	14	—	—	—	8	8	—	—	—	8	8	—	—	—	—	—	—	—	—	—	—
1936—763	19	23	5	10	4	19	10	—	—	—	—	—	—	—	2	—	—	—	—	—	—	
Bectles ... 1935	32	201	26	24	19	7	8	5	—	—	2	2	—	11	—	—	—	—	—	—	—	
1936—1887	52	232	14	26	7	12	9	9	—	—	—	—	6	16	—	—	—	—	—	—	—	
Eye ... 1935	41	71	NOT	GIVEN.	9	8	6	—	—	—	4	4	—	9	10	—	—	—	—	—	—	
1936—477	—	—	17	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lowestoft ... 1935	495	1612	249	2285	174	246	151	22	18	1	46	39	3	3	—	—	—	—	—	—	—	
1936—10506	565	2287	297	2214	175	105	185	44	19	—	76	43	9	3	—	—	—	—	—	—	—	
															* refers, to Dens. Orders made in 1935.							
Southwold ... 1935	58	71	40	40	4	21	19	—	—	—	28	28	—	7	—	—	—	—	—	—	—	
1936—806	17	25	4	4	4	10	3	—	—	—	8	8	—	1	4	—	—	—	—	—	—	
Urban Districts.—																						
Bungay ... 1935	—	—	NOT	GIVEN.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1936—859	—	—	NOT	GIVEN.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Fakenham ... 1935	186	363	81	180	2	74	73	7	7	—	12	12	—	4	2	2	—	—	—	—	—	
1936—2930	101	307	46	307	—	46	82	5	5	—	8	5	1	—	—	—	—	—	—	—	—	
Halesworth ... 1935	101	226	24	96	4	24	9	9	3	1	—	—	—	4	—	—	—	—	—	—	—	
1936—612	133	214	23	92	2	21	15	10	4	—	—	—	—	2	1	—	—	—	—	—	—	
Luton ... 1935	726	820	726	740	3	15	67	15	Awaiting completion	—	27	27	1	—	—	—	—	—	—	—	—	
1936—1207	530	741	530	741	3	—	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Snettisham ... 1935	100	120	24	30	8	24	15	—	—	—	—	—	—	6	—	—	—	—	—	—	—	
1936—376	15	20	—	—	5	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stowmarket ... 1935	44	103	8	30	37	7	3	4	4	—	7	7	—	20	16	—	—	1	1	1	1	
1936—1746	39	30	14	40	—	4	2	12	12	—	—	—	—	—	—	—	—	—	—	—	—	
Woodbridge ... 1935	64	139	35	77	—	17	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1936—1365	64	139	35	77	—	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rural Districts.—																						
Bolt ... 1935	382	1324	160	212	96	286	26	96	18	—	12	—	—	25	—	—	—	—	—	—	—	
1936—5284	421	1371	—	—	136	285	42	136	18	—	—	—	—	25	26	—	—	—	—	—	—	
Dixen ... 1935	1473	1964	948	1264	35	372	215	51	29	—	48	48	—	23	9	—	—	—	—	—	—	
1936—6412	322	662	281	576	82	115	96	43	30	2	48	48	—	38	4	—	—	—	—	—	—	
Oppea ... 1935	201	844	74	198	42	44	86	12	4	—	7	7	—	1	—	—	—	—	—	—	—	
1936—5254	253	881	90	214	39	42	83	4	—	—	11	11	—	12	—	—	—	—	—	—	—	
Hammerum ... 1935	359	613	192	288	90	102	25	—	—	—	—	—	—	27	—	—	—	—	—	—	—	
1936—5085	368	660	277	514	210	67	21	—	—	—	—	—	—	175	—	—	—	—	—	—	—	
Levington ... 1935	193	267	94	151	7	52	33	7	6	—	3	3	—	1	—	—	—	—	—	—	—	
1936—3829	119	206	73	130	2	40	11	1	—	—	—	—	—	4	5	—	—	—	—	—	—	
Wendling ... 1935	200	209	200	—	—	94	12	94	25	—	11	10	—	6	—	—	—	—	—	—	—	
1936—3521	112	222	110	—	4	64	55	—	—	—	12	12	—	—	2	—	—	—	—	—	—	
Worstead ... 1935	125	149	32	48	2	30	26	4	2	—	3	3	—	2	—	—	—	—	—	—	—	
1936—1741	286	426	68	148	27	41	13	43	—	—	12	9	—	—	—	—	—	—	—	—	—	

TABLE XXXVII.
 PERCENTAGE OF UNSATISFACTORY
 TUBERCULIN TESTED AND ACCREDITED
 MILK SAMPLES, 1937.

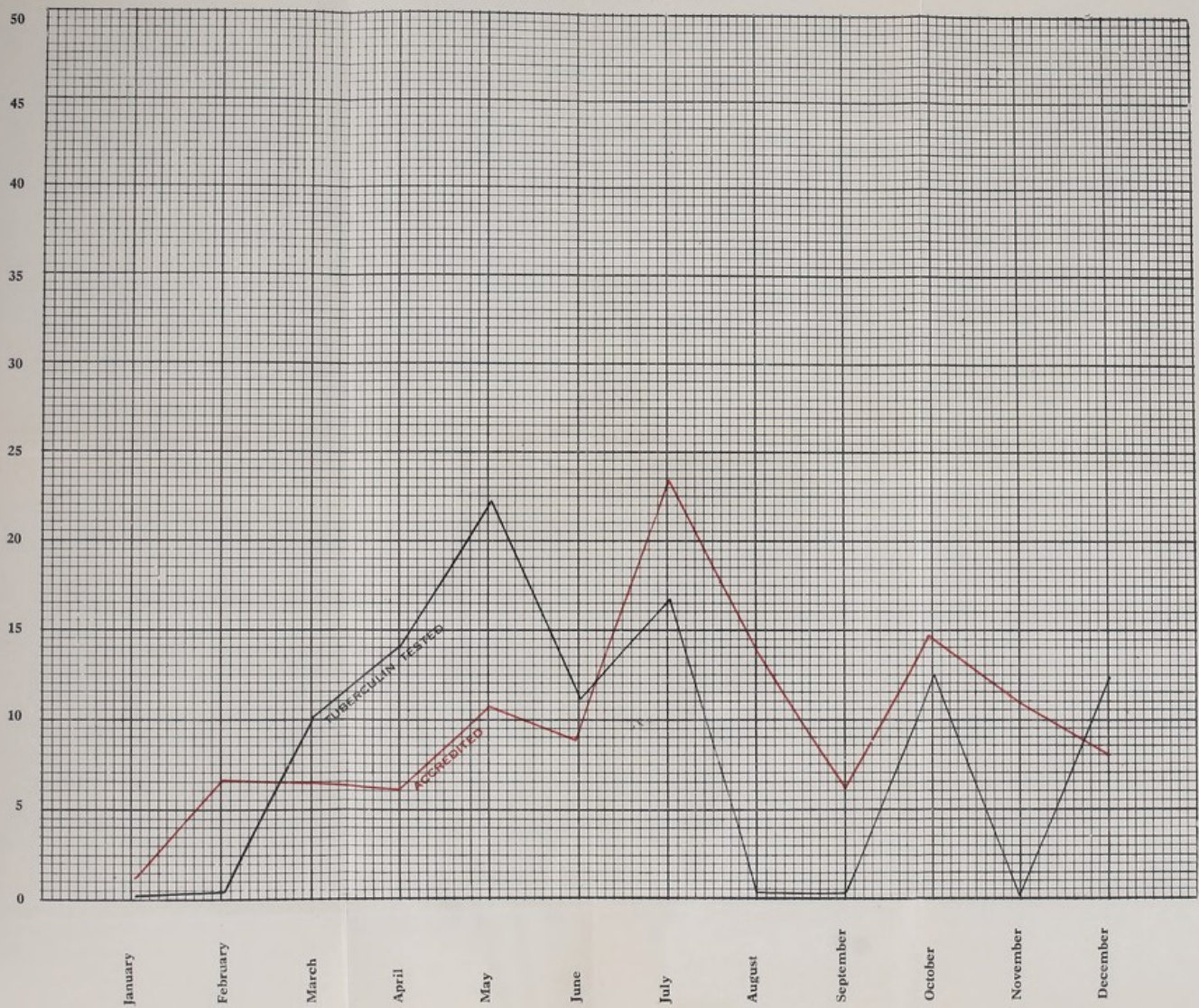
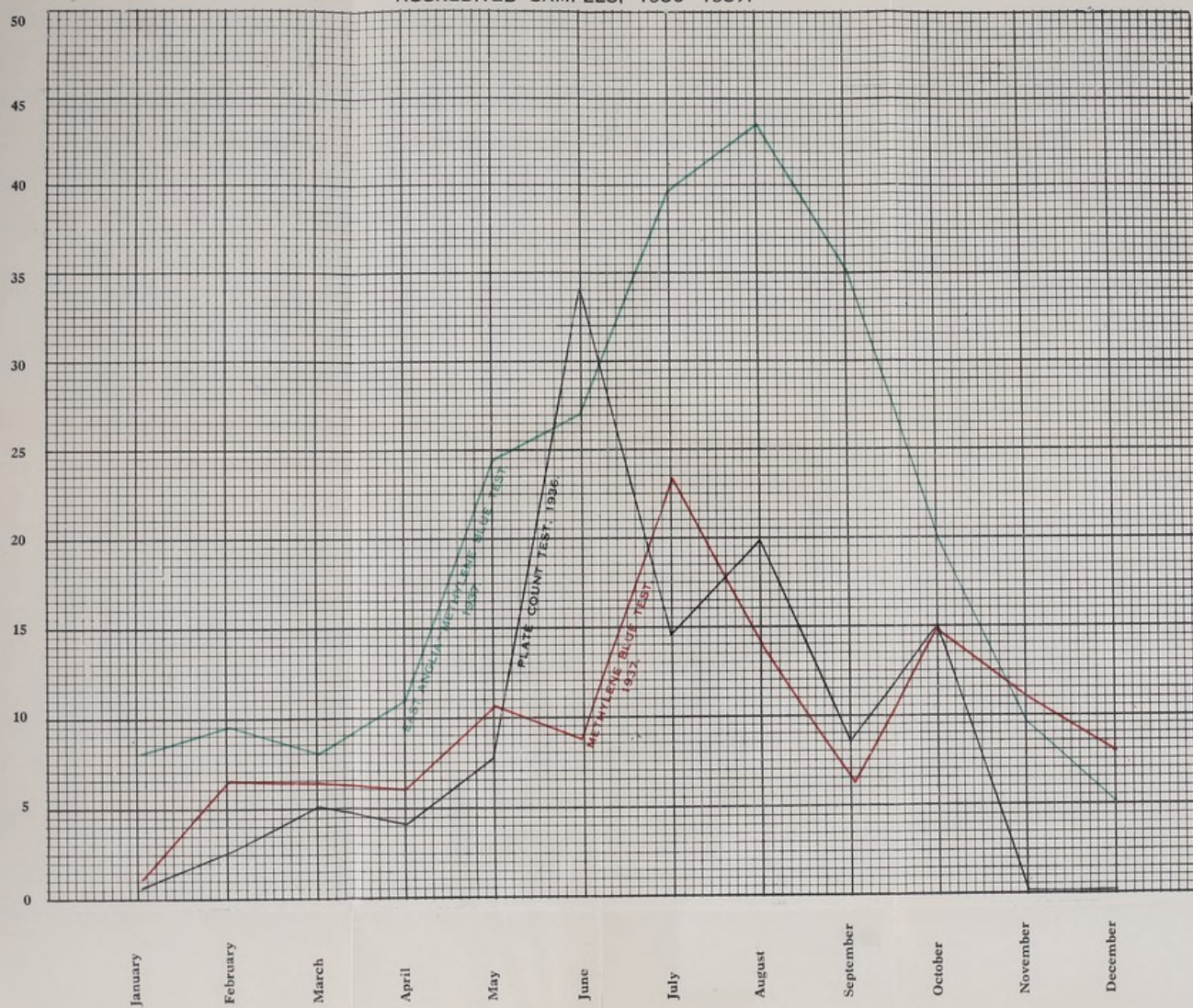



TABLE XXXVIII.

COMPARATIVE PERCENTAGES OF UNSATISFACTORY
ACCREDITED SAMPLES, 1936-1937.



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PUBLIC HEALTH DEPARTMENT,
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OF THE COUNTY MEDICAL OFFICER OF HEALTH
1937.

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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 my Report for the Year 1937. There has been no particular occurrence which has affected adversely the health of the County.

The Infant Mortality Rate has only once been lower; the Birth Rate is higher than it has been for the last four years; the corrected Death Rate remains the same. Once again the Death Rate from Tuberculosis is lower than ever before.

I have the honour to be,

Your obedient servant,

B. WOOD-WHITE,

County Medical Officer.

3rd June, 1938.

GENERAL STATISTICS.

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

Population 1937 : 205,680 (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 : £973,300 (year commencing 1st April, 1937).

Sum represented by a penny rate : £3,865 (estimated). Year commencing 1st April, 1937.

Natural and Social Conditions of the Area.

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

1937

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 :— 14.41.
Legitimate	1,451	1,378	2,829	
Illegitimate	83	52	135	
<i>Stillbirths :</i>				} Rate per 1,000 total (live and still) births :— 33.9.
Legitimate	58	45	103	
Illegitimate	1	—	1	
<i>Deaths :</i>				} Crude death rate per 1,000 of estimated population :—13.01. Corrected death rate :—10.34.
	1,357	1,320	2,677	

<i>Deaths from Puerperal Causes :</i>	<i>No. of Deaths.</i>	<i>Rate per 1,000 total births.</i>
Puerperal Sepsis	3	.97
Other Puerperal Causes	5	1.63
Total	8	2.60

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	41.16
Legitimate Infants per 1,000 legitimate live births	39.9
Illegitimate Infants per 1,000 illegitimate live births	66.6
Deaths from Measles (all ages)	13
„ Whooping Cough (all ages)	12
„ Diarrhoea (under 2 years of age)	—
„ Cancer (all ages)	373
Cancer Death Rate per 1,000	1.81
Tuberculosis Death Rate per 1,000 ....	.53

Population.

The population of the County occupied a considerable proportion of the report for 1936, because the Registrar-General spirited away 1,400 people in that year; not content with this, he has taken 1,420 in 1937—more rapacious than the dragon in the fairy tale, his appetite can only be satisfied by four victims daily.

Below are the figures of population for the Administrative County estimated by the Registrar-General since the Census of 1931 :—

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.
1937	205,680 do.

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, 1936 and 1937 :—

District	CENSUS. 1931 (adjusted).	1935	1936	1937
Aldeburgh	2,545	2,473	2,498	2,443
Beccles	6,545	6,594	6,524	6,426
Bungay	3,100	3,125	3,100	3,071
Eye	1,733	1,693	1,687	1,656
Felixstowe	12,067	12,455	12,460	12,560
Halesworth	2,160	2,202	2,178	2,159
Leiston	4,192	4,053	4,054	3,986
Lowestoft	44,049	44,830	44,830	44,440
Saxmundham	1,260	1,377	1,370	1,361
Southwold	2,753	2,816	2,738	2,696
Stowmarket	6,428	6,319	6,346	6,431
Woodbridge	4,734	4,863	4,815	4,851
Total	91,566	92,800	92,600	92,080

	1931	1935	1936	1937	Difference between 1936/37.
Blyth	19,597	18,940	18,780	18,510	—270
Deben	24,240	24,260	23,900	24,070	+170
Gipping	19,532	18,690	18,310	18,140	170
Hartismere	18,352	17,920	17,740	17,400	340
Lothingland	13,731	14,670	14,550	14,420	130
Samford	13,885	14,790	14,770	14,670	100
Wainford	6,505	6,430	6,450	6,390	60
Total	115,842	115,700	114,500	113,600	+170 —1,070

National Health Insurance Persons on Register :—

1st January, 1935 :—	76,915.
" " 1936 :—	77,567.
" " 1937 :—	79,397.
" " 1938 :—	80,537.

Why the population has decreased by 3,640 persons since 1933 is a mystery ; births still exceed deaths, more people are insured, and houses continue to be built ; yet with the exception of Felixstowe, Stowmarket and Woodbridge, all the towns are said to have lost population—Felixstowe has done best and gained 100 in the year. The total urban loss is 520 persons, but the chief sufferers are the rural areas ; Hartismere shows the biggest decline and Blyth is hit hardest next. Deben is the only rural district to have increased its population and this, perhaps, is due to some extent to the land settlement at Newbourne.

The population is said to have increased from the Census year of 1931 to 1933, and since then it has dropped with increasing velocity. However, the time of reckoning is approaching, the Census of 1941.

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
1937	2964	14.4	14.5	14.4	14.9

Birth Rate.

The reduction in population by the Registrar General makes all rates calculated upon the basis of population slightly higher. More babies were born this year than in the two preceding it, and the birth rate is higher than it has been for four years ; we must go back to 1932 to find a higher rate. However, the death rate this year is higher and the excess of births over deaths is only 288, compared with 304 last year.

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	—
1937	135	0.6	0.7	0.66	—

Illegitimate Birth Rate.

The number of illegitimate births is greater and the rate is slightly higher than last year ; as usual, the rural is higher than 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
1937	2677	12.4	13.5	13.0	12.4	10.3

*Civilians only.

Death Rate.

The corrected death rate remains the same, though more people have died in the County this year than in any year since 1929, and it is necessary to go back to 1918 before this figure is again exceeded. The aging of the population has been commented upon before, and the time must come when there will be an accumulation of elderly people with consequently a high crude death rate. There is no suggestion that this time has yet arrived, for as long ago as 1929 the figure stood out remarkably from the years before and after it.

The number of deaths for the last three five-yearly periods are :—

5 Years.	Number of Deaths.
1923 to 1927	11,968.
1928 to 1932	12,381.
1933 to 1937	12,895.

There were nearly 1,000 more deaths in the last quinquennium than in the first. This increase is significant in foreshadowing the change which is beginning and the speed with which it will proceed.

TABLE IV.

The following table shows the deaths in their appropriate age groups for the last twelve 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
1937	13.0	122	22	25	48	63	78	273	1020	1026	2,677

This table reveals no important change in the deaths of young or middle-aged persons ; as the number of live persons in these age groups grows less so, in like manner will the number of deaths decline. The increase in the death rate this year is due to a greater number of deaths in the 65–75 age group and the age group from 75 onwards ; 38 per cent. of the deaths were in persons over the age of 75, and over 76 per cent. in persons over the age of 65 years.

Infant Mortality Rate.

The infant mortality rate has remained about the same since 1932, with rather a high rate in 1934 and a very low rate in 1935 ; but this variation is not great when the comparatively small number of births and infant deaths are taken into account and it really looks as though we are to expect a stabilised rate round about 36–46 per 1,000 births, inclining towards 41, which is the figure for this year. The rate for 1937 is the lowest, with one exception, which has been recorded for the County.

TABLE V.
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	312	91	71	79	91
1917	266	73	81	77	96
1918	294	86	72	78	97
1919	296	66	88	78	89
1920	314	65	57	61	80
1921	278	63	61	62	83
1922	243	64	53	58	77
1923	199	53	47	49	69
1924	221	62	55	58	75
1925	163	40	50	46	75
1926	234	74	64	68	70
1927	193	50	63	50	69
1928	157	51	45	48	65
1929	160	51	46	48	74
1930	151	46	42	44	60
1931	171	48	59	54	66
1932	136	51	40	44	65
1933	124	47	41	43	64
1934	138	39	51	46	59
1935	107	39	35	37	57
1936	123	39	45	43	59
1937	122	44	39	41	58

TABLE VI.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Births.	Number of Deaths.	Infant Mortality Rate.
1918-1922	21,435	1,425	66.48
1923-1927	18,164	1,010	55.60
1928-1932	16,271	775	47.63
1933-1937	14,595	614	42.07

TABLE VII.
DEATHS OF INFANTS UNDER ONE YEAR.

Year.	Birth to 24 hours inclusive.	1 day to 7 days inclusive.	1 week to 1 month inclusive.	1 month to 6 months inclusive.	6 months to 1 year.	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
1937	24	38	21	22	17	122

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

Year.	Total Deaths.	Death Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive 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	88.01
1937	9	101.7	39.5	66.6	—

Illegitimate Infant Mortality Rate.

The illegitimate infant mortality rate has this year assumed its usual position in relation to the legitimate; it is very much higher, being 66.6 per 1,000 births. This is a rate which fluctuates and if five-yearly periods are compared there is a tendency for the last quinquennium to be lower than the one before.

The rate for the County is always better than that for the country, but a comparison cannot be made for the current year because the figures for the country are never available at the time when the report is made.

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.

Orthopaedic Specialist:

Edward Charles Bell Jones, M.B., B.S., M.Ch.Orth., F.R.C.S.

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.

Beatrice Jervis-White-Jervis, M.B., B.S., M.R.C.S., L.R.C.P.

Nursing Staff.

Supervisor of Midwives and Supt. Health Visitor:

Miss M. F. Chalmers (to 30th September, 1937).

Miss Flora MacDonald (from 1st October, 1937): S.R.N., S.C.M., Certified Midwife-Teacher, Certified Health Visitor and Sanitary Inspector, Certificate of the Tuberculosis Association.

Assistant Supervisor of Midwives, etc.:

Miss G. M. Cooper (from 29th November, 1937): C.M.B., Queen's Nurse.

Health Visitors:

Miss E. M. Carter, C.M.B., Trained Nurse.

Miss A. Hatch, C.M.B., Trained Nurse, R.S.I. Cert.

A varying number of District Nurses, all holding the C.M.B. Certificate.

County Sanitary Staff.

County Sanitary Officer, Inspector under Shops Acts, Food and Drugs Acts, Merchandise Marks Acts, Pharmacy and Poisons Act, and Inspector of Butter Factories :

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.

Milk Sampling Officer:

Albert V. Stubbs (temporary appointment).

Laboratory Attendants:

Alfred J. Kane.

D. Miller.

Clerical Staff.

Administrative Officer: Gilbert Ranson.

Finance Clerk: Albert Knight.

General Clerks:

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

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

Miss E. Cordery *County Sanitary Staff.*

Shorthand Typists :

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

Staff.

MEDICAL STAFF.—Dr. H. M. Cade, the County Bacteriologist, was absent from duty for six months during the year; during that time Dr. E. Biddle, the Pathologist at the East Suffolk and Ipswich Hospital, acted for him. I am glad to say that Dr. Cade, after a serious illness, has recovered and is doing his full duty again.

ORTHOPAEDIC SURGEON.—The Medical Staff has had an important augmentation this year. Mr. E. Bell-Jones, the Orthopaedic Surgeon at the East Suffolk and Ipswich Hospital, now acts as Orthopaedic Specialist for the County Council. As part of his duties he reports upon cases of joint and bone tuberculosis, and it has been a great help to the Department to call upon Mr. Bell-Jones for his advice and opinion

about these cases. Before an orthopaedic department was established it was necessary for the Tuberculosis Officers to form their own opinions about cases which had been diagnosed as tubercle at the Hospital, and if their diagnoses differed from those of the Staff of the Hospital sometimes difficulties arose; this cannot happen now as the Hospital and the County Council both have the services of the same Surgeon.

MATERNITY AND CHILD WELFARE.—Dr. B. Jervis-White-Jervis consented to act as Medical Officer for a small rural Centre at Nacton, which opens once a month.

NURSING STAFF.—Miss M. F. Chalmers, after 15 years' service, retired owing to ill-health. Though very much regretting the severance of 15 years work together, I am sure that Miss Chalmers was wise to give up the very arduous duty in which she had been engaged for many years. Miss Chalmers had looked forward to a release from her tasks and to the long rest which she deserved and required, but, most unfortunately, after she had returned from a holiday abroad she became indisposed and suffered from an illness for several months; though she has not yet recovered, I am glad to say she is better.

Miss F. MacDonald, who had held the post of Assistant Supervisor of Midwives since November, 1934, was appointed as Miss Chalmers' successor. During 1937 Miss MacDonald obtained the diploma as a teacher of midwives; the examination is a hard one, only a limited number of persons are allowed to take it, and many fail at the first attempt. Miss MacDonald is to be congratulated in succeeding. I believe in obtaining this diploma she has added to her midwifery experience and, hence, to her value as an officer of the County Council.

Miss G. M. Cooper was appointed as Assistant Supervisor of Midwives in Miss MacDonald's place.

List of District Medical Officers of Health.

District.	Name.
URBAN.	
Aldeburgh	Dr. C. D. Somers.
Beccles	Dr. L. Gibson.
Bungay	Dr. P. G. Levick.
Eye	Dr. H. C. G. Pedler.
Felixstowe	Dr. G. J. Conford.
Halesworth	Dr. A. Cursham.
Leiston	Dr. D. G. Garnett.
Lowestoft	Dr. V. R. Walker.
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. P. G. Levick.

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 (Closed January, 1938)	Dr. H. G. Wood-Hill.
St. Mary's Hospital	Dr. P. L. Crosbie.
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.	*Hadleigh.
Gipping.	Hartismere.
*Cosford.	*Harwich Port Authority.
Eye.	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:—

Aldeburgh	...	Cottage Hospital, Aldeburgh.
Beccles	...	Red Triangle Club, Newmarket Place, Beccles.
Bramford	...	Victory Hall, Bramford.
Brantham	...	Village Hall, Brantham.
Bungay	...	18, Chaucer Street, Bungay.
Charsfield	...	Village Hall, Charsfield.
Eye	...	Reading Room, Eye.
Farnham	...	Men's Hut, Farnham.
*Felixstowe	...	Salvation Army Hall, High Road, Walton, Felixstowe.
Halesworth	...	Old Girl's School, Halesworth.
Kessingland	...	Village Hall, Kessingland.
†Kirkton	...	Church Room, Kirkton.
Leiston	...	British Legion, Victory Road, Leiston.
†Martlesham	...	Sick Qtrs., Martlesham Aerodrome.
Nacton	...	Bucklesham Old School.
Stowmarket	...	Constitutional Hall, Stowmarket.
Woodbridge	...	St. Mary's House, Woodbridge.
Wrentham	...	Town Hall, Wrentham.
*Ipswich	...	County Hall, Ipswich.

* = An Ante-Natal Clinic is held at Felixstowe monthly, and at Ipswich once a fortnight.

† = At these Centres the County Council does not provide for a Medical Officer to hold a session. A Nurse only is in attendance.

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.

(5) Orthopaedics.

East Suffolk and Ipswich Hospital.

County Laboratory.

The net loss on the Laboratory chargeable to the County rates for the last 12 financial years is :—

1926/27	1927/28	1928/29	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35	1935/36	1936/37	1937/38
£ 773	£ 355	£ 338	£ 333	£ 194	£ 168	£ 360	£ 441	£ 144	£ 103	£ 110	£ 58 s. 2

During the past 10 years the total numbers of examinations carried out at the County Laboratory are :—

1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
9,178.	12,581.	21,128.	13,605.	12,063.	6,862.	10,199	11,666	9,462	8,624.

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 County Laboratory, which originally was a general laboratory, is now devoted almost entirely to public health work. There is again a decrease in the number of examinations made during the year, but there are reasons for it; firstly, foot and mouth disease, which was widespread in the autumn, prevented sampling milk of accredited herds for cleanliness during that part of the year. The methylene blue reduction test has taken the place of the bacteriological count which is eliminated from official tests.

Another great reduction—and this is definitely a happy one—was in the number of throat swabs examined for diphtheria; never has the number been so low as this year, for the disease was strangely uncommon in the County.

Public attention was focussed intently upon the outbreak of typhoid fever at Croydon, due to a polluted water supply, and this attention has since been directed to other supplies; in fact, the man in the street generally has become acutely aware that water is a likely vehicle for spreading disease. Councils and responsible officials realise that unless they have taken the proper steps to protect the supply from pollution and have not been active in assuring themselves that it is pure, they may be called to account if a water-borne epidemic arises; and this has stimulated the examination of water for purity. 1938 will show a very great increase in this section of the laboratory work.

Specimens examined at the County Laboratory.

Examinations.	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.
Sputa for tubercle bacilli	1,330	1,403	1,264	1,346	1,414	1,444	1,377	1,253
Throat Swabs	458	1,405	2,367	1,519	853	1,217	1,843	2,975
Hairs for ringworm	40	76	343	243	114	166	173	260
Widal reactions	62	68	212	31	35	39	38	49
Blood cultures	5	4	7	4	1	3	3	4
Blood films	7	6	6	4	18	3	14	19
Blood counts	—	6	11	8	8	14	14	15
Cerebro-spinal fluids	21	36	32	21	18	17	17	15
Urines	401	403	838	235	175	210	173	220
Faeces	120	91	664	30	34	43	29	74
Water Analyses	326	334	229	191	134	54	173	77
Vaccines	2	1	5	4	9	5	21	1
Milks—bacterial counts	295	2,608	2,021	436	327	383	495	358
butter fats	55	82	61	112	71	102	3,063	6,429
Milks biological	576	495	624	778	377	240	233	368
Milks microscopical	34	359	373	56	10	14	27	49
Biological—otherwise	11	38	46	38	30	37	43	75
Wassermann Reactions	416	391	334	374	344	437	383	433
Cultural for gonococci	72	127	112	88	101	60	104	100
Microscopical for gonococci	318	260	222	264	68	46	78	36
Agglutination tests for carriers of bacillary white diarrhoea in chickens	2243	1,174	1,810	4,330	2,672	7,489	5,239	8,293
Other examinations	99	95	85	87	49	40	65	—
Methylene Blue Reduction Test	1,733	—	—	—	—	—	—	—
TOTALS	8,624	9,462	11,666	10,199	6,862	12,063	13,605	21,122

(Signed) H. M. CADE,

County Bacteriologist.

Maternity and Child Welfare.

Nursing Staff.

Supervisor of Midwives and Superintendent Health Visitor.

Assistant Supervisor of Midwives and Assistant Superintendent Health Visitor.

Health Visitors.

No whole-time official is engaged upon health visiting; this work is carried out by the District Nurses employed by the Nursing Associations in the area, who give part-time service as health visitor, tuberculosis visitor, infant life protection visitor, and maternity nurse.

There is a fall in the number of visits paid by the part-time Health Visitors; this is observed in each age group and the falling birth rate must, to some extent, account for this reduction.

TABLE IX.

SUMMARY OF VISITS PAID BY HEALTH VISITING STAFF.

	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.	1926.
First visits to infants under 1 year	1,878	2,058	2,074	2,176	2,422	2,472	2,382	2,515	2,421	2,355	2,475	2,630
Re-visits to infants under 1 year	10,145	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	8,874	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 1—5 years	24,155	25,344	26,141	27,720	26,811	28,670	28,121	28,068	26,755	24,701	25,601	27,999
Totals	45,052	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.

I give below the number of District Nursing Associations in the Administrative County for the past 17 years :—

1921	...	...	36	1930	...	...	70
1922	...	...	43	1931	...	...	73
1923	...	...	46	1932	...	...	75
1924	...	...	49	1933	...	...	75
1925	...	...	52	1934	...	...	74
1926	...	...	57	1935	...	...	73
1927	...	...	60	1936	...	...	71
1928	...	...	64	1937	...	...	66
1929	...	...	67				

The following amalgamation of districts took place during 1937 :—

Beccles and Sotterley.
Hemingstone and Coddanham.
Sutton and Bawdsey.
Kelsale and Saxmundham.
Somersham and Battisford.
Chelmondiston now employing one instead of two Nurses.

The number of Nurses driving a car for their work at the end of the year was 35.

The policy of the Suffolk Nursing Association for some years has been, wherever possible, to urge the amalgamation of districts for the promotion of efficiency and economy ; the number of districts is now 9 less than in 1933, the year when the County was completely covered by Nursing Associations.

Nursing Staff.—This has been reduced since 1936 by 2 ; at the end of that year there were 77 Nurses employed, but during 1937 five districts were amalgamated, one district employed one Nurse instead of two, thus reducing the number by six ; however, three Nurses were added to the emergency staff and one district employed a further Nurse, so that at the end of the year there were 75 Nurses and 2 vacancies.

The number of Nurses undertaking work for the County Council at the end of the year was :—

Queen's Nurses	....	14
Trained Nurses	....	16
District Nurses	....	40
Emergency Nurses	....	5
Vacancies	....	2
Total		77

The number of Queen's Nurses employed by the District Nursing Associations has increased by 5, the Trained Nurses are less by 3, and the Village Nurse-Midwives by 7. I have before in my reports urged that all the Midwives should be fully trained nurses and I have thought, and still think, that this will eventually come to pass. Nevertheless, the conclusion has been come to here that trained nurses are not so suitable in the long run as the village nurse-midwives, because when the trained nurses have obtained their training free of cost they only stay in the County for the guaranteed period of 18 months. Again, many Associations cannot pay the higher salary to which the trained nurse is entitled. On the other hand, the village nurse-midwife, having been trained by the Association, is inclined to settle down in the County after completing the three years' service required by her agreement. The fully trained nurse, although her period of training is only 9 months compared with 15 months for the village nurse-midwife, is more costly because of her short stay in the County, which rarely goes beyond that of her guaranteed service and, again, constant changes of nurse are upsetting to the District Nursing Association.

The Midwives Act of 1936 has advanced the position of the midwife and it is possible that eventually legislation will be passed allowing trained nurses only to qualify as midwives.

MATERNITY AND CHILD WELFARE CENTRES.
TABLE X.
1937.

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	2,443	47	—	2,039	43.4	—	51	2.5
<i>*a.</i> Beccles	6,426	52	22	1,626	31.3	22	819	17.4
<i>c.</i> Bramford opened January, 1937	2,197	12	—	239	19.9	—	147	18.4
<i>b.</i> Brantham	2,507	24	14	713	29.7	16	146	12.2
<i>*a.</i> Bungay	3,071	50	74	2,118	42.4	2	210	4.7
<i>c.</i> Charsfield	1,494	12	—	125	10.4	—	93	9.3
<i>c.</i> Combs (closed December, 1937)	2,000	11	—	56	5.1	—	—	—
<i>b.</i> Eye	1,656	22	—	327	14.9	—	47	2.9
<i>c.</i> Farnham	1,381	12	2	270	22.5	2	158	17.5
<i>a.</i> Felixstowe	12,560	51	—	2,271	44.5	—	815	19.0
<i>c.</i> Ditto (Ante-natal)	—	11	191	—	—	153	—	—
<i>*a.</i> Halesworth	2,159	43	3	1,006	23.4	1	124	3.4
<i>*b.</i> Ipswich (County Hall)	—	23	158	49	2.1	158	49	2.1
<i>b.</i> Kessingland	3,158	24	—	329	13.7	—	236	7.9
† <i>c.</i> Kirton	685	12	—	164	13.7	—	—	—
<i>a.</i> Leiston	3,986	52	—	934	18.0	—	213	8.9
† <i>c.</i> Martlesham Camp	444	4	—	26	6.5	—	—	—
<i>b.</i> Nacton	1,144	11	—	160	14.5	—	53	13.2
<i>*a.</i> Stowmarket	6,431	43	10	2,485	57.8	10	202	5.2
<i>a.</i> Woodbridge	4,851	52	55	1,481	28.5	45	370	15.4
<i>*b.</i> Wrentham	1,360	24	1	816	34.0	1	542	22.6
Summary for year :—	1937	592	530	17,234	29.1	410	4,275	10.3
	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.

Infant Welfare Centres.

The Combs weighing centre which began in May, 1936, was closed in December, 1937; it was decided that it was not worth while to keep this open owing to the small attendance; also, the Stowmarket centre is not very far away.

Wrentham.—Dr. C. H. Bracewell, the Medical Officer of the Centre, pointed out that the parish room which was used for the clinic was divided into two rooms of equal size and was not suitably planned, as the room which was not used for consultation purposes became overcrowded. The County Council agreed to pay for making one room larger at the expense of the other; so that now there is a small consulting room and a large general room. The owners of the parish room made it possible for this to be done by granting the County Council a lease of the premises.

Bramford.—A new centre at Bramford formed this year, it is held monthly.

The rural Centre at Nacton has increased from an average attendance of 8.0 to 14.5 children per session. This clinic opens fortnightly, but a woman Medical Officer, in private practice in Felixstowe, now attends once a month and this may have increased the attendance.

The average attendance at Charsfield has dropped from 14.6 to 10.4 per session.

There has been a fall of 10 per session at Aldeburgh, but that is the only marked change in any of the bigger clinics.

No clinic exists at Framlingham, Wickham Market, or Saxmundham, all small towns which could support one.

Institutional Provision for Maternity Cases.

Unmarried Mothers.—The County Council has an agreement with the Diocesan Moral Welfare Association to give financial help towards maintaining an unmarried mother and her child in one of the Association's Homes; during the year the Council contributed towards six cases.

The number of persons who entered either a maternity home or a hospital for confinement under the Council's scheme for subsidising beds is given in the table below:—

TABLE XI.

	1937.	1936.	1935.	1934.	1933.	1932.	1931.
Ipswich Maternity Home	50	53	47	52	30	31	43
Alexandra Nursing Home	—	—	—	—	—	—	2
Lowestoft and North Suffolk Hospital	1	6	7	3	3	2	—
Beccles Hospital	1	2	—	1	2	—	—
Melton Nursing Home	2	1	—	—	—	—	—
Aldeburgh Cottage Hospital	1	—	—	—	—	—	—
Norfolk and Norwich Hospital	1	—	—	—	—	—	—
East Suffolk and Ipswich Hospital	1	—	—	—	—	—	—
TOTALS	57	62	54	56	45	33	45

Most maternity cases dealt with entered the Ipswich Maternity Home ; there has been, occasionally, difficulty in arranging for admission to this Home. However, part of Heathfields—the Public Assistance Institution for the County Borough of Ipswich—has been handed over to the C.B. Public Health Committee ; this is now the Borough General Hospital and maternity cases are taken there. This will act as a relief to the Maternity Home and as it is no longer under Public Assistance administration expectant mothers should not be deterred from entering it.

Provision of Milk for Children and Expectant and Nursing Mothers.

The scheme for the provision of free milk, which virtually commenced in 1934, has been extended gradually ; at that time it included expectant and nursing mothers and children up to one year only ; it was later enlarged so that children up to 2 years of age were brought in, and this year the very important step was taken of allowing children up to school age to benefit if the finances of the parents warranted it.

Although the scheme from the beginning has been known to the Health Visitors (who are all District Nurses), many persons who should have benefited by it have failed to do so, and this no doubt was due to ignorance of the existence, or the scope, of the scheme. However, when the extended scheme came into operation in November, 1937, the attention of all Health Visitors was again called to it, and the number of applications began to grow rapidly. There are still a number of persons who are eligible who are not obtaining milk ; only recently a case was brought to my notice, through the report of a School Nurse, where the family was very poor and the income was well within the scale, yet the Health Visitor had failed to secure milk for this family, although she had a copy of the scale and could easily have ascertained the income of the household. I hold the view that a Health Visitor is failing in her duty to the children under her supervision if she allows such a situation to arise.

An endeavour was made to make some provision for those people whose incomes were a little over the scale, for it was definitely a hardship for those just outside to have none ; to take an extreme example—a family of six with an income of 5s. 7d. a head a week was ruled out altogether, but a neighbour with the same sized family with an income of 5s. 6d. a head a week received two to three pints of milk daily. Another scale, therefore, was introduced to include families whose net income came within 6d. of the original scale, and these families were allowed $\frac{1}{2}$ -pint of milk daily for every member eligible. Hence, the scale does not end quite so abruptly as it did before.

After much consideration £3,500 was placed in the estimates for 1938/39 to meet the cost of milk and it is possible that even this amount will not be sufficient. The great advantage of the scheme is that obvious malnourishment does not enter into the matter, the family income is

the sole criterion and this prevents the crippling of the scheme. I do not know what other Counties are spending upon this service, but I imagine that East Suffolk is well to the front.

The scheme was also extended to include dried milk foods, cod liver oil and malt, and virol, when a medical certificate was furnished that it was necessary.

The service is most valuable in this rural County with a community of agriculturalists who earn a wage insufficient to provide a proper dietary for a family with a number of children. The effect of the scheme really is to subsidize the wages of the agricultural labourer with a family of young children; indeed, milk was provided in one extreme case which cost the County Council 8s. 9d. a week, an addition of one-quarter to the family income. This, however, is an augmentation of wages of a wise nature; the increase cannot be spent stupidly as the money is not handled, and a most valuable food, essential for the health of children, is given to those who could not possibly obtain it in any other way.

One or two cases have occurred in which the family could only receive free milk when the father was in work and during a period of unemployment the income of the families rose sufficiently to prevent the scale operating for their benefit. This anomalous position arose because the wage earner was insured otherwise than as an agricultural worker, but obtained work as a labourer.

It would be difficult to imagine a more absurd situation than this. The worker's duty to the community is in direct opposition to his duty towards his family and no one could blame a man in such a position for desiring to avoid work—however irksome this might be to him—if his children were to be penalised by his industry.

This scheme is to some extent preventing to-day the ill-effects which our economic system promotes upon the poorer classes of the community, and it is perhaps neutralising somewhat the results of past under-feeding—that is to say, under-feeding in the sense of a lack of high-class protein. However, good as this scheme is, it must be realised that the grant stops when the child becomes 5 years old and enters school and, hence, though the child has a good start in life an artificial line is drawn far too soon, for the growing child needs protein during the whole growth period. Although in most schools one-third of a pint of milk can be obtained for half the ordinary cost, and under-nourished children in poor circumstances can have it free, this is a poor substitute for the whole pint.

As I have said many times before, under-nourishment is not a condition which always manifests itself to be gauged by a Medical Officer at an examination; the number of children who are officially under-nourished must be small compared with the number who are actually in this state. Therefore, I look forward to the day—which cannot be postponed indefinitely—when all children of necessitous parents will be able to have at least 1 pint of free milk a day during their years of growth, and perhaps the optimum amount of $1\frac{1}{2}$ pints may be forthcoming. The benefits which would accrue if this were to obtain would be out of all proportion to the cost.

**Provision of Milk for Children and Expectant
and Nursing Mothers.**

1937.		Number of Pints.
2nd January	...	108
6th February	...	124
6th March	...	141
3rd April	...	152
1st May	...	180
5th June	...	213
3rd July	...	219
7th August	...	227
4th September	...	228
2nd October	...	361
6th November	...	563½
4th December	...	634½
Total Number of Gallons	...	12,418 approximately.
Estimated cost	...	£1,241 16s. 0d.

Again, I reproduce the financial circumstances of a number of families in the County; the same allowances are made as before, 2/- a head for light, coal, cleaning materials, travelling expenses, replacement of crockery, kitchen utensils, bed linen, furniture, etc., which is a figure undoubtedly on the low side; 6d. a head is allowed for clothing. Therefore, the sum available for food is probably overstated.

The cases in Table XII. are taken at random from persons receiving free milk. The table shows the family income and the amount a head per week which is available for each person for food; the families dealt with are of course amongst the poorest in the County, but amongst those who benefit the difference between the financial circumstances is very great. Family No. 336 has 1s. 5d. a head a week for food, or 2½d. a day; a supply of free milk is vital to members of this family.

It is obvious that those people who benefit by the scheme are in very poor circumstances indeed, and as 7/- a head per week for food is the amount prescribed to buy an adequate diet, many children are under-fed. Such a table as this is sufficient to press home the argument that all children in such families, and not only those under 5 years, should have the daily pint of milk.

Table XIII. deals with cases in a sanatorium; these are not persons taken purely from the poorest members of the community and they give a more general picture of what exists.

Of 20 families, 9 had over 7/- a week a head for food and 11 did not, though some came within reach of it. 30 per cent. had about 6d. a day or under for food, one family had only 2s. 10d. a head a week, or 5d. a day, or 1½d. a meal, a case of "jam yesterday and jam tomorrow, but never jam to-day."

TABLE XII.
FINANCIAL CIRCUMSTANCES OF PERSONS RECEIVING FREE MILK.

Case No.	Total Income.	Rent & Rates.	Heat & Light, Etc.	No. of Occupants.			Clothing at 6d. per head.	Balance of Income.	Amount each person.	Remarks
				Total	Ad.	Ch.				
287	s. d. 25 0	s. d. 6 9	s. d. 2 0	6	2	4	s. d. 3 0	s. d. 13 3	s. d. 2 2½	Unemployed.
290	36 0	4 0	2 0	6	2	4	3 0	27 0	4 6	
294	30 0	3 0	2 0	6	2	4	3 0	22 0	3 8	
298	43 6	12 9	2 0	10	2	8	5 0	23 9	2 4½	Unemployed.
302	20 0	4 0	2 0	4	1*	3	2 0	12 0	3 0	*Woman living apart from H's band
306	28 6	12 0	2 0	4	2	2	2 0	12 6	3 1½	Unemployed.
311	42 6	14 10	2 0	5	2	3	2 6	23 2	4 7½	Unemployed.
314	38 0	1 11	2 0	4	2	2	2 0	32 1	8 0½	Above scale.
320	40 0	3 3	2 0	4	2	2	2 0	32 9	8 2½	Above scale.
327	40 0	3 0	2 0	8	2	6	4 0	31 0	3 10½	
331	34 3	3 0	2 0	5	2	3	2 6	26 9	5 4½	Above scale.
336	22 6	11 0	2 0	5	2	3	2 6	7 0	1 5	Unemployed.
340	32 6	3 0	2 0	7	2	5	3 6	24 0	3 5	
343	46 4	9 3	2 0	9	2	7	4 6	30 7	3 4½	
347	30 0	3 0	2 0	3	2	1	1 6	23 6	7 10	Above scale.
359	25 0	5 9	2 0	3	2	1	1 6	15 9	5 3	
375	38 6	3 0	2 0	7	2	5	3 6	30 0	4 3½	
383	32 6	3 0	2 0	5	2	3	2 6	25 0	5 0	
399	32 0	4 0	2 0	4	2	2	2 0	24 0	6 0	
415	35 0	7 6	2 0	5	2	3	2 6	23 0	4 7	Unemployed.

TABLE XIII.

FINANCIAL CIRCUMSTANCES OF PERSONS IN SANATORIUM OR HOSPITAL.

Case No.	Total Weekly Income.	Rent, Rates & Insurance.	Heat and Light Etc.	No. of Occupants.			Clothing at 6d. per head.	Weekly Balance of Income.	Weekly Amount per head.	Employment (if any).
				Total	Ad.	Ch.				
8,425	s. d. 36 0	s. d. 7 9	s. d. 2 0	4	3	1	s. d. 2 0	s. d. 24 3	s. d. 6 1	Labourer.
8,347	41 0	13 6	2 0	7	2	5	3 6	22 0	3 2	Unemployed.
8,355	32 6	5 7	2 0	4	2	2	2 0	22 11	5 9	Labourer.
8,370	43 0	5 7	2 0	8	2	6	4 0	31 5	3 11	Labourer with disability pension 8/- per week.
8,187	82 6	35 5	2 0	3	2	1	1 6	43 7	10 11	Fruiterer.
8,215	36 0	6 1	2 0	3	2	1	1 6	26 5	8 10	Cowman.
8,245	18 6	9 4	2 0	2	1	1	1 0	6 2	3 1	Widows Pension.
8,070	76 11	14 0	2 0	6	6	—	3 0	57 11	9 8	Waitress.
8,160	25 0	8 5	2 0	2	2	—	1 0	13 7	6 9	Relief.
8,110	29 0	14 0	2 0	3	2	1	1 6	11 6	3 10	Unempl. Benefit
2,278	16 0	4 10	2 0	1	1	—	1 6	8 8	8 8	Widow, Pub. Ass.
8,252	29 0	4 0	2 0	2	2	—	1 0	22 0	11 0	Farm Labourer.
8,344	60 8	15 1	2 0	3	2	1	1 6	42 1	14 0	Fitter.
8,259	41 0	4 2	2 0	5	2	3	2 6	32 4	6 6	Bricklayer.
8,264	71 0	14 10	2 0	4	4	—	2 0	52 2	13 0	Factory Hand.
8,303	30 6	14 1	2 0	4	2	2	2 0	12 5	3 1	Sickness Benefit and Super'ation.
8,388	50 0	3 2	2 0	5	5	—	2 6	42 4	8 6	Widow.
8,401	20 0	8 0	2 0	3	2	1	1 6	8 6	2 10	Sickness Benefit.
8,410	60 0	7 10	2 0	6	4	2	3 0	47 2	7 10	Factory Hand.
8,418	39 0	9 8	2 0	4	2	2	2 0	25 4	6 4	Window Cleaner.

Obstetric Consultant Service.

The Obstetric Consultants were called upon for aid in 10 complicated maternity cases during 1937. In the south, Mr. Stansfield was called in upon 7 occasions and Mr. Bulman, in the north, 3 times. The total cost of this service to the Council for 1937 was £49 5s. 0d. This is a small increase in the number of calls—10 this year compared with 6 last—and the cost is up by £23.

This service should extend as time passes, indeed, it is surprising that such a small percentage of births obtain the help of a specialist, the probable reason is that patients often are sent into hospital after consultation with the Specialist on the telephone.

Home Helps.

A home help was provided on 10 occasions this year; the charge to the Council was 10/- to 12/6 a week and the help remains for two weeks with each patient. In 1936 home helps were provided in two cases only.

It is remarkable that homes can be run without assistance during this difficult fortnight, with the mother a bed patient and a newly-born baby to be cared for, and there must be many instances where no neighbour is at hand to give assistance.

Maternal Mortality.

A circular upon the prevention of maternal mortality was issued by the Ministry of Health in May, 1937; this circular was the outcome of an important report issued by the Ministry of Health upon an investigation into maternal mortality; and the intention of the circular was to draw the attention of local authorities to various services that could be provided, and which might in some way lessen the chance of death during child-birth; the County Council provided some of them already.

Consultant services were advised; these had been established in the County a long time. Emergency units were recommended; it is hoped to obtain the service of a unit from Norwich for the northern part of the County, and from Ipswich for the southern.

The need for maternity beds, both for complicated and uncomplicated cases was stressed. A lack of these beds may arise as on occasions there has been difficulty in getting cases into the Ipswich Maternity Home, which takes uncomplicated cases only. Again, there is always the possibility that the East Suffolk and Ipswich Hospital may decide to exclude the treatment of complicated maternity cases from the benefits of the contributory scheme; if so, the County Council would undoubtedly have to make provision for such patients.

The position in the north is different; the Norfolk and Norwich Hospital, the only large hospital suitable for dealing with these cases, has never provided hospital accommodation for difficult confinements; however, a special block is being built for this alone, but all local authorities using the block will pay for the privilege—it is expected that this will be operating in 1938; and the County Council are to make arrangements for East Suffolk cases in the north to use it when the need arises.

Ante-natal clinics have been established a long time and lately expectant mothers remote from clinics have been able to have an ante-natal examination by a private practitioner; this year 21 such examinations have been made and paid for by the County Council.

Mothers are always urged to attend the clinics for post-natal examination; this, however, is not yet very popular for it takes some time for people to get used to innovations. It is proposed that the mother who is out of reach of a clinic may, if she wishes, have a post-natal examination by a General Practitioner in the same way as she now may have an ante-natal examination.

The circular encourages the provision of dental treatment; this, of course, must be costly if comprehensive; it is no use treating a case here and there and spending £100 or so on the service and pretending that the matter is being tackled seriously. It is somewhat illogical to neglect the teeth of girls from school age until they become expectant mothers; and, again, to neglect the teeth of potential mothers between pregnancies. No doubt some day dental treatment for women will be provided throughout the child-bearing period and not at very special times. The Committee decided to begin dental treatment in a small way and so £500 was placed in the estimates this year.

The proposal was made that doctors specially proficient in midwifery should be selected to act when midwives required assistance, to the exclusion of the others.

Maternal Mortality.

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

<i>Lowestoft</i> :	1.	{ Heart Failure. Eclampsia (Puerperal). No previous indication of albuminuria.
<i>Leiston</i> :	1.	{ Septic Peritonitis. Rupture of uterus. Obstructed labour of 4 days' duration.
<i>Stowmarket</i> :	1.	{ Heart Failure. Pulmonary Embolus.
<i>Deben</i> :	1.	{ Inanition and Heart Failure. Hyperemesis. Pregnancy.
<i>Hartismere</i> :	2.	{ Multiple emboli. Puerperal Sepsis. Anaemia. Terminal broncho-pneumonia. Puerperal Septicaemia. Puerperal Septicaemia.
<i>Blyth</i> :	2.	{ Forceps delivery. Retained placenta. Uterine inertia. Cardiac failure. Ac. dilatation of stomach. Toxaemia. Intestinal obstruction following mesenteric thrombosis. Embolus of pelvic veins in connection with pregnancy.

TABLE XIV.
MATERNAL MORTALITY RATE.

Year.	No. of Births.	ADMINISTRATIVE COUNTY (including Lowestoft).			ENGLAND AND WALES.						
		No. of Deaths.		Mortality per 1,000 Live 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 mortal- ity.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mortal- ity.	Total puer- peral mortal- ity.
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	4.25
1929	3303	6	11	17	1.82	3.33	5.15	1.80	2.53	4.33	4.16
1930	*3454	6	2	8	1.74	.58	2.32	1.92	2.48	4.40	4.22
	3441										
	*3557										
1931	3163	5	9	14	1.58	2.84	4.42	1.66	2.45	4.11	3.95
1932	*3288	5	7	12	1.62	2.28	3.90	1.61	2.63	4.24	4.06
1933	*3197	2	5	7	.70	1.75	2.45	1.79	2.63	4.42	4.23
1934	2851	7	4	11	2.33	1.34	3.67	2.03	2.57	4.60	4.41
	*2960										
1935	2998	3	4	7	1.03	1.37	2.40	1.68	2.42	4.10	3.93
	*3104										
1936	2870	6	7	13	2.90	2.43	4.53	1.40	2.41	3.81	3.65
	*2982										
1937	2964	3	5	8	1.01	1.69	2.70	.97	2.26	3.23	3.11
	*3068										

* = Includes Stillbirths.

This year the County has been fortunate in losing very few mothers. Only three deaths occurred from puerperal sepsis and five from other causes. With a limited number of births annually there must be fluctuation in deaths and, consequently, the rates; in 1936 the rate was high and in 1935 extremely low; so that it is impossible to take the figure for any year as a guide for the future. A low rate should not produce elation, or a high one depression.

The average rate for the last five years (1933/37) was 3.15; for the previous five years (1928/32) 3.94; and for the period 1923/27 it was 3.27; so that when death rates are collected into three quinquenniums there is still a marked variation, due to chance, for the period with the highest rate is the middle one. Therefore, we are not in a position to say—depending upon an optimistic or a pessimistic point of view—either that things are getting better or worse.

TABLE XV.

Notification of Births Acts, 1907 and 1915.

During the twelve months 2,156 births were notified, viz. :—

2,077 live births. 79 stillbirths.

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

Live Births.	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.
Notified by Medical Practitioners ...	983	956	950	1,000	991	1,196	1,197	1,216	1,477	1,495	1,520
Notified by Midwives	1,093	1,125	1,141	1,197	1,071	1,071	1,086	1,207	1,015	966	801
" Parents	1	1	3	6	2	3	1	3	8	5	13
" Women acting in emergency midwifery	—	—	—	—	—	—	—	3	5	4	—
Totals	2,077	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	140	116	104	140	123	140	147	180	203	181	179
Totals	2,217	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)	*2,255 †83	*2,239 †83	*2,267 †109	*2,349 †79	*2,266 †88	*2,396 †96	*2,465 †97	*2,676 †90 * Live births.	*2,645 †120	2,577 † Still births.	2,575 —
Stillbirths (excluding Lowestoft) :—											
Notified by Medical Practitioners	48	44	67	45	54	62	64	35	77	70	49
Notified by Midwives	31	27	31	31	29	23	24	30	33	31	15
Totals	79	71	98	76	83	85	88	65	110	101	64

As usual, a number of births have not been notified; it is somewhat surprising that the percentage is so small for the Practitioner, whose life is a busy one, has in addition to his labours the irritation of completing an increasing number of forms.

TABLE XVI.
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	—	—	—
1937	12	4	§8	9	1	1	—

* Another case treated in Hospital was not notified.

† Mild gastro-enteritis in a marasmic infant.

§ One case still under treatment at end of year.

The County Council is responsible for providing hospital treatment for ophthalmia neonatorum when this is required, and the disease is now notified to the County Medical Officer of Health instead of to the District Medical Officer—which previously was the practice.

For the first time for many years a case of total blindness was caused by ophthalmia neonatorum. The child in question was treated as soon as possible but, unfortunately, this did not save the sight of the child. It is a matter of regret to report this tragic occurrence.

TABLE XVII.
PUERPERAL 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
1937	24	10	12	2	22	2

* Another case treated in Hospital was not notified.

The County Council has an agreement with the County Borough of Ipswich, and the Borough of Lowestoft, for the treatment of puerperal pyrexia in their Isolation Hospitals; during this year 12 cases were treated in these Institutions.

The number of cases of puerperal pyrexia was less this year; more cases were treated in hospital by the County Council, one half of the total compared with one-third the previous year; very few were treated in hospital on their own account.

Annual Report of Supervisor of Midwives.

1st January, 1937, to 31st December, 1937.

Notifications of Intention to Practice in the County 132

Analysis :—

Working for East Suffolk Nursing Association	91	132	15	18
Independent Midwives	21		—	
Employed in Institutions	9		—	
Nursing Homes and Cottage Hospitals	11		3	
Nurses practising on 31st December, 1937	114			

Ceased during 1937.

Cases attended by Midwives :—

	Primipara.	Multipara.	Total.
Midwifery	157	689	846
Maternity	496	534	1030
	653	1223	1876

Analysis :—

	Midwifery.	Maternity.
District Nurses	750	909
Independent Midwives	53	44
Nursing Homes	23	77
Institution	20	—
	846	1030

Medical Aid Forms :—

(a) Requisitions for medical aid :

	Primipara.	Multipara.	Total.
For Mothers	69	209	278
For Infants	—	—	54

(b) Notifications of stillbirth :

Nineteen were notified, viz. :—

- 9 were macerated.
- 6 were due to malposition.
- 3 were due to malformation.
- 1 was premature.

(c) Notifications of death :

	Primipara.	Multipara.	Total.
Mothers	1	2	3
Infants	—	—	6

All maternal deaths occurred after removal to hospital. One was due to sepsis, and two were due to difficult labour.

The infant deaths were due to feebleness and prematurity.

(d) Notifications of Laying Out a Dead Body 58

(e) Notifications of Liability to be a Source of Infection 57

Contact with Puerperal Sepsis	23
“ “ Scarlet Fever	5
“ “ Rise of Temperature	6
“ “ Measles	3
“ “ Erysipelas	2
“ “ Ophthalmia Neonatorum	7
“ “ Influenza	1
“ “ Mastitis	3
“ “ Tonsillitis	1
“ “ Pemphigus	1
“ “ Diphtheria	1
“ “ Impetigo	1
“ “ Infective Meningitis	1
“ “ Phlegmasia alba dolens	2

Disinfection :

Routine disinfection was carried out by each midwife in attendance.

Of the twenty-three Puerperal Sepsis cases, fifteen were removed to hospital. One died, and the others have all recovered.

(f) *Artificial Feeding of Infants :*

Thirteen mothers were unable to feed their babies owing to illness, or insufficiency of milk.

(g) *Ophthalmia Neonatorum :*

Fourteen notifications were received.

9 cases were removed to hospital.

5 cases were nursed by district nurses.

1 child is completely blind and one has impaired vision.

Routine Inspections of Midwives 271

Special Visits to Midwives 103

F. MACDONALD,

Supervisor of Midwives.

February, 1938.

Midwives.

The midwives in the County are acting less as midwives and more as maternity nurses. Nurses acting as midwives took 127 cases less this year than they did in 1931, but as maternity nurses they took 234 more ; the Medical Practitioners have more and more opportunities of conducting normal midwifery cases.

In spite of the smaller number of cases taken by Nurses as midwives there were even more calls for medical aid and the percentage this year has risen to 39. Every year the figure increases and I can see no good reason for this. It is probable that the midwives are becoming more timid and less willing to accept the responsibility of their calling. The two facts, firstly, that mothers obtain the services of a Doctor increasingly as years go by and, secondly, that midwives taking cases by themselves find it necessary to have a Doctor's help more constantly, suggest that the midwife as a midwife may become defunct and will eventually work entirely under the control of a Doctor—in fact, becoming merely a maternity nurse. This may, or may not, be desirable, depending upon the point of view.

The midwives, as usual, varied in their practice. One midwife in 1936 has 9 cases and 10 calls for help, and in 1937 11 cases and 14 calls ; it would be better if this midwife did not act as a midwife at all, but only as a maternity nurse, which for all practical purposes she is. Two other midwives had 13 cases with 10 calls, and another had 16 cases with 10 calls. Such things suggest that midwifery may be a passing and dying profession.

Midwives attended a small proportion of primipara and almost half of the multipara ; this is to be expected. The proportion of first babies of the total is the same as in 1936, namely, 34 per cent. or one in three is a first child. The primipara naturally carried more calls for help, 44 per cent. ; the multipara calls for help were 30 per cent.

It is often found that midwives have a lower death rate for cases taken primarily by them, than is found amongst the doctor's cases. The midwives had three deaths in 846 cases and the doctors 3 deaths in 1492 cases, so that the midwives figures are not so good ; the midwives rate is 3.5 per 1,000 and the practitioners is only 2.0 per 1,000.

TABLE XVIII.
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
†1937	*2338	846	1050	1876	45	55	332	39.2	132	—	447	12	6

* Number of Births includes Stillbirths.

† Figures for Lowestoft excluded.

TABLE XIX.

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

	1934.	1935	1936.	1937.
Ruptured perineum ...	72	86	69	73
Prolonged second stage ...	31	41	35	36
Haemorrhage (A.P. and P.P.) ...	32	19	19	20
Miscarriage ...	14	20	11	22
Rise of temperature ...	14	18	18	23
Illness of infant ...	27	9	14	20
Inflamed and discharging eyes of infant ...	12	14	21	23
Inflamed leg ...	10	—	6	9
Inflamed vein ...	—	12	7	6
Albuminuria ...	—	13	11	18
Complicated Labour ...	—	—	—	14

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.

On 3rd July, 1928, the County Council delegated to the Lowestoft Borough Council the powers and duties of the County Council under the Nursing Homes Registration Act, 1927, so far as they relate to the Borough of Lowestoft.

III.

Child Life Protection.

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
1937	437

Child Life Protection.—The Public Health Act of 1936 altered the law in one respect; previously, any child under the age of 9 years at a residential school, whatever the type, had to be registered with the

County Council under the Children's Act, 1908, and the Children and Young Persons Act, 1932. However, Section 219 of the Public Health Act allows the Welfare Authority to grant a certificate of exemption in these cases. Proprietors of preparatory schools who had registered children, or who had registered children in the past, were asked whether they wished to be relieved of their present obligations and in every case an affirmative answer was received. Each School was inspected and exemption from registration was granted. In one or two instances the Act was being neglected and children under 9 years of age were not registered; therefore, before recommending exemption the registration of these children was required.

This provision will not remove many children from the register, for the majority are placed singly, or in small numbers, with foster parents. This County is used rather extensively by those well known Societies who make themselves responsible for unwanted children.

IV.

Orthopaedic Treatment.

The treatment of crippling defects, excluding those of tubercular origin, has not in the past been provided by the County Council, because the large hospital serving the area had neither an orthopaedic department nor skilled orthopaedic staff. Recently, the East Suffolk and Ipswich Hospital appointed an Orthopaedic Surgeon and built a new clinic in a modern way; and the County Council has now an orthopaedic scheme based upon this clinic.

The Maternity and Child Welfare Committee assumed the responsibility for the treatment of cripples to the age of 5 years; though the scheme began on the 1st April, 1937, only four cases requiring assistance arose, namely:—

	£	s.	d.
1 in-patient	30	18	3
Provision of boots		17	6
2 X-rays		15	0

A considerable proportion of crippled children are sent direct to the hospital by their medical advisers, this happens usually in cases of non-pulmonary tuberculosis. There should not be many admissions to hospital through the Council's scheme in an average year, for when tuberculosis is excluded crippling is uncommon.

At present no subsidiary clinic has been set up, because it has been thought unlikely with the present knowledge of the work that sufficient cases would be attracted to any focal point to justify its formation. It may be advisable to hold an occasional clinic at Halesworth, but it is improbable that any other will be needed.

V.

Public Assistance Medical Services.

Medical Out-Relief.

There are still two methods of giving medical out-relief, the old and the new. In some areas the patient has no choice of Doctor, but must call in the District Medical Officer, and in others there is a choice of any Practitioner whose name is on the panel. The panel system is gradually replacing the District system as District Practitioners with

tenure of office retire. One district fell in, owing to the death of Dr. A. H. T. Andrew, leaving 17 districts of the original 48 ; about one-third of the area and population is still served by the District Medical Officers.

Last year particulars were given of the work of Practitioners upon the panel, showing the number of home visits, surgery visits, bottles of medicine supplied without seeing the patients, the number of patients and the number of cards issued for each. This year, owing to a different method of dealing with the cards, which pass through the Public Assistance and Accountant's Departments before they reach the Public Health Department, it would require much work for the clerical staff to obtain these full particulars. I have, however, personally obtained statistics for three Practitioners who had a large number of cards during the year. It is perhaps more interesting to scrutinise closely the cards of a few than to publish general figures.

These three Doctors have between them 300 quarterly cards. I thought that most of the patients would be elderly, but it is not so ; the patients of the three Practitioners are placed in three age groups :—

	Over 60 yrs. Per cent.	60-18 yrs. Per cent.	Under 18 yrs. Per cent.
Dr. A.	43	30	27
Dr. B.	33	38	29
Dr. C.	35	29	36

The preponderance of cards which have been issued for women is striking :—

	Per cent.
Dr. A.	87
Dr. B.	73
Dr. C.	76

This is no doubt due to several causes, some being :—

1. That there are more women than men.
2. That women live longer than men and, therefore, being aged, are more likely to require medical treatment.
3. That many women between 18 and 60 years who are married may not be insured, although their husbands are, and they cannot afford medical attention, except by Public Assistance out-relief.
4. That women are more inclined to seek medical advice than men.

The method of practice of the three Doctors varies very considerably ; the following gives an average for these Doctors :—

	Home visits, including medicine.	Surgery visits, including medicine.	Bottles of medicine, without seeing patient.
Dr. A.	5.3	.6	1.3 per patient.
Dr. B.	3.0	.2	2.3 „ „
Dr. C.	2.0	1.0	4.0 „ „

Each Doctor differs, though B. and C. see their patients an equal number of times. It is perhaps old-fashioned to give medicine freely, without seeing the patient, but old-fashioned patients accept old-fashioned ways and are often more satisfied by magic in a bottle than words of wisdom from a seer.

On looking into the details on the cards a few points were found worthy of comment :—

A patient aged 80 years, after the issue of the card, received medicine for 48 days before being seen by the Doctor ; yet the patient died 17 days after the first visit was paid—a delay of 7 weeks before a visit was paid to a patient sufficiently ill to die in 9 weeks.

A child suffered from a septic condition and was said to be cured, but was only seen once by the Doctor at the beginning of the trouble—the cure must have been reported and not personally observed.

A patient was said to be improved, yet had not been seen for nearly three months ; others were said to be improved though they had not been seen for 76, 50 and 39 days respectively. There were many other such instances. Another patient was said to be worse though not seen for 32 days. A case of tuberculosis, not in the early stages, was seen by the Doctor once only during a whole quarter—this is inadequate.

A family of children suffering from sore throats were given medicine, but were not seen until 12 days after the issue of the cards. It seems to be a risky thing to refrain from visiting for so long and to prescribe medicine for a sore throat which might have turned out to be either diphtheria or scarlet fever.

Form P.A. 61 cannot properly be completed by the Medical Practitioner if he has not seen the patient for some time, and in order to complete the card he must rely on hearsay evidence. Before the completion of the card the Doctor should see the patient to assure himself of the patient's condition before he certifies it. It is now the rule that no payment can be made to a Doctor for any quarter for which a patient is not seen once and this has prevented a visitless quarter, which used before this occasionally to occur.

In spite of these instances, and of course drawbacks must attach to any system, it is probable that the panel method is the best possible for providing medical out-relief. The service would be a better one if there was competition everywhere, but in East Suffolk many practices are unopposed and in these places there is virtually no choice.

With the panel system there is no financial stimulus for the Doctor to attend more than once, or for the patient to restrain over visiting as in private practice ; so the matter is left in the hands of the Doctor with the result that some Doctors see their patients far more often than others. For example :—

Dr. D. visited each patient on an average 15 times ; there were no surgery visits, and no medicine was issued apart from a visit. This suggests an attentive and industrious Practitioner ; perhaps he may be considered by some to spoil his patients, for that many people are fond of their own illnesses and are only too ready to welcome constant visits if no fee is to be paid. Probably, over visiting is as harmful as under-visiting to the mental outlook of the patient.

Patients suffering from chronic illnesses which require medical care throughout the year are not well treated when they receive a visit once a quarter only, and in the circumstances a feeling of neglect may arise in spite of a regular supply of bottles of medicine. A Doctor's visit is reassuring to an aged invalid and it is regrettable that it is sometimes so occasional.

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.
Bailey, J. Shackleton	Lawrence House, Eye.
Barraclough, H. C.	381, London Road S., Lowestoft.
Birks, Alan Herrenden	South Lodge, Woodbridge.
Borham, John Douglas	Wymering House, Southwold.
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.
Cordeaux, E. C.	18, South Green, Southwold.
Craig, Daniel Mackinnon	The Haynings, Framlingham.
Crawford, William Wardlaw	Cumberland House, Woodbridge.
Crosbie P. L.	Termone, Holbrook.
Cursham, Anthony	Thoro'fare, Halesworth.
Deane, Kenneth Hamilton	Surbiton Lodge, Gorleston.
Eades, Reginald Oliver	156, Foxhall Road, Ipswich.
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.
Parry, W. E. C.	The Beeches, Holbrook.
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.
Sleigh, J. G.	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.
Vincenzi, J. E. G.	Earl Soham.
Wade, E. W.	The Beeches, Harleston, Norfolk.
Ward, Kenneth Leslie	The Homestead, Botesdale.
Weir, Archibald	Hill 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.
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	2, Chesham Road, 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 (retired).	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	Queen Street, Stradbroke.
Wickham	Mr. H. C. Taylor	Plomesgate House, Wickham Market.
Woodbridge	Mr. A. B. Creasy	New Street, Woodbridge.

*Since transferred to Oulton District.

Public Assistance Institutions.

The total number of patients in the sick wards on the 1st January, 1938, and the figures for males and females, remain almost identical with last year; there is a smaller percentage of bedridden patients, 41 compared with 45 last year. At Lothingland House this fell from 62 to 41 per cent. Tattingstone has a higher percentage than usual, though still very much lower than any of the other Institutions.

TABLE XX.

Public Assistance Institutions.

Table showing proportion of bedridden patients occupying the sick wards
1st January, 1938.

INSTITUTION.	MALES :		FEMALES :		TOTAL :	
	Number of patients in sick wards.	Number and percentage bedridden patients.	Number of patients in sick wards.	Number and percentage bedridden patients.	Number of patients in sick wards.	Number and percentage bedridden patients.
Hartismere House, Eye	27	10=37.0%	39	21=53.8%	66	31=46.9%
Red House, Bulcamp	34	9=26.5%	34	23=67.6%	68	32=47.0%
St. Mary's Hospital, Tattingstone	22	5=22.7%	26	4=15.4%	48	9=18.7%
Stow Lodge, Onehouse	40	14=35.0%	32	18=56.2%	72	32=44.4%
*Shipmeadow House, Beccles ...	20	9=45.0%	20	7=35.0%	40	16=40.0%
Lothingland House, Oulton	57	23=40.3%	46	20=43.5%	103	43=41.7%
TOTAL	200	70=35.0%	197	93=47.2%	397	163=41.06%

* Shipmeadow Institution was closed in January, 1938, and the patients transferred to other Public Assistance Institutions.

The table of age groups shows little change; there is still a tendency for numbers to increase in the groups over 60 years. In 1936 the number of patients under 50 years of age was 73, this year 49. The percentage of patients over 60 years has risen from 72 to 77. The table indicates the class of case which the sick wards are housing, they act as almshouses—the table dealing with the diagnoses of patients confirms this, for by far the largest group is diagnosed as suffering from senility; mental disease and defect comes next, though there is a slight reduction from last year.

It was hoped that when Kedington Institution was reconstructed to take mental defectives of East and West Suffolk who were maintained in Public Assistance Institutions, that most of these persons

would be transferred to Kedington and that the move would extinguish the minor bedlam existing at Oulton where defectives and people of unsound minds are congregated together in a most unsuitable environment and controlled by untrained attendants. Unfortunately, Kedington has had no appreciable effect upon Oulton Institution and the conditions which appertain to the 19th century still remain. Though the Kedington scheme was originally devised to relieve the Public Assistance Institutions of the mental defectives, by the time the Institution was opened a large number of beds had been used at the Royal Eastern Counties Institution for Suffolk cases which did not rightly belong to Suffolk and these patients were unloaded on Kedington. This so much restricted the number of defectives who could be transferred from the Public Assistance Institutions that the mental wards of Oulton still remain a slur on the administration of the County.

TABLE XXI.

Public Assistance Institutions.

Summary of Patients occupying the Sick Wards in the various age groups, January, 1938.

INSTITUTION.		AGE GROUPS :—								TOTAL.
		Under 30	30-40	40-50	50-60	60-70	70-80	80-90	over 90	
Hartismere House	M.	—	—	—	—	6	14	7	—	27
	F.	1	—	2	4	12	13	7	—	39
Red House, Bulcamp	M.	1	1	3	4	4	14	7	—	34
	F.	1	—	6	5	6	8	7	1	34
St. Mary's Hospital, Tattingstone	M.	—	1	—	—	8	8	5	—	22
	F.	1	—	3	2	4	11	4	1	26
Stow Lodge, One-house	M.	1	2	3	5	8	14	5	2	40
	F.	3	—	1	5	3	8	11	1	32
Shipmeadow House Beccles (closed January, 1938).	M.	1	—	—	4	4	3	7	1	20
	F.	—	—	2	1	—	11	4	2	20
Lothingland House, Oulton	M.	6	2	1	7	11	12	18	—	57
	F.	1	2	4	5	6	15	11	2	46
Total		16	8	25	42	72	131	93	10	397

Percentage of Patients over 60 years of age 77.08

" " " " 70 " " 58.9

TABLE XXII.

Public Assistance Institutions.

Summary of Diagnoses of Patients occupying Sick Wards, 1st January, 1938.

Diagnosis.	Hartismere House, Eyc.		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	7	13	3	9	10	12	3	4	5	5	27	24	122
Mental Disease and Mental Defect	—	2	6	5	—	2	2	5	2	2	7	10	43
Heart Disease	—	7	2	1	3	3	—	3	2	2	1	1	25
Bronchitis	4	—	3	2	3	1	7	1	1	—	—	—	22
Cerebral Haemorrhage	1	—	—	—	—	—	1	—	1	2	8	3	16
Epilepsy	—	—	2	4	—	—	3	2	1	1	1	—	13
Blindness, total or partial	2	—	2	—	—	1	—	2	1	1	—	1	10
Arthritis	1	1	1	1	—	1	1	1	1	—	—	1	9
Fractures	—	1	1	—	—	1	—	—	—	1	—	1	5
Malignant Disease	2	—	—	—	—	—	2	1	—	—	—	—	5
Tuberculosis	—	1	—	—	—	—	—	—	—	1	1	—	3
Pregnancy	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	10	14	14	12	6	5	21	13	7	5	12	5	124
TOTAL	27	39	34	34	22	26	40	32	20	20	57	46	397

The table showing the number of discharges is uneven—Tattingstone had fewer than any other, 12 in all. Oulton had 80, if casuals are excluded. On the other hand Tattingstone had a higher proportion of deaths to beds than any other Institution—this large number of deaths is curious when taken in conjunction with the small number of patients who are bedridden.

The table of the diagnoses of patients who died remains very constant and the first seven headings are in the same sequence as last year.

The percentage of patients under 40 years of age occupying the sick wards was reduced from 9 to 6, and the number of deaths under 40 years was the same as last year.

XXIII.

PUBLIC ASSISTANCE INSTITUTIONS.

DISCHARGES FROM SICK WARDS, DURING 1937.

INSTITUTION.		Destination :		Transferred to :			Total.
		Own home or c/o relatives.	Not stated.	House or Casual Ward.	St. Audry's Hospital, Melton, or other Mental Institution.	Hospital or other Institution.	
Hartismere House,	M.	7	—	3	1	1	12
Eye	F.	13	4	3	2	3	25
Red House, Bulcamp	M.	2	42(35)	9	2	—	55
	F.	2	13(1)	3	2	1	21
St. Mary's Hospital,	M.	3	—	2	1	—	6
Tattingstone	F.	1	—	2	2	1	6
Stow Lodge, One-	M.	4	27(21)	19	1	3	54
house	F.	5	10	4	—	7	26
Shipmeadow House,	M.	2	2	2	2	1	9
Beccles	F.	4	3	—	6	2	15
Lothingland House,	M.	5	24(6)	6	4	3	42
Oulton	F.	10	17	5	12	—	44
Total		58	142(63)	58	35	22	315

The figures in brackets show the number of Casuals included.

TABLE XXIV.
PUBLIC ASSISTANCE INSTITUTIONS.

Summary showing Age Groups of Patients who died in Sick Wards during 1937.

[illegible]

TABLE XXV.

Public Assistance Institutions.

Summary of Diagnoses of Patients who died in the Sick Wards during 1937.

[DIAGNOSIS.	Hartismere House.		Red House, Bulcamp.		St. Mary's Hospital, Tattingstone.		Stow Lodge, Onehouse.		Shipmeadow House.		Lothingland House.		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Senility	8	9	6	4	8	5	—	2	5	2	24	11	84
Heart Disease	3	1	4	1	6	11	2	3	2	—	2	3	38
Malignant Disease	2	3	1	—	3	1	—	—	3	2	2	1	18
Bronchitis	—	—	2	2	—	—	3	1	—	—	1	1	10
Mental Disease and Defect	—	—	1	2	—	—	1	—	—	—	4	2	10
Cerebral Haemorrhage	—	—	—	—	3	—	1	1	—	2	—	2	8
Fractures	—	—	—	—	—	1	—	—	—	1	1	—	4
Arthritis	—	1	—	—	—	1	—	1	—	—	—	—	3
Epilepsy	—	—	—	—	—	1	—	1	—	1	—	—	2
Tuberculosis	—	—	—	—	—	—	—	—	—	—	1	—	1
Other conditions	4	4	14	8	1	7	7	6	5	2	3	5	66
TOTAL	17	18	29	17	20	26	15	14	15	10	38	25	244
	35		46		46		29		25		63		

TABLE XXVI.

Public Assistance Institutions.

Patients under 40 years of age, occupying Sick Wards on the 1st January, 1938 :—

<i>Diagnosis.</i>	<i>Males and Females.</i>
Mental disease and defect	5
Epilepsy	2
Bronchitis	1
Heart disease	1
Impetigo and scabies	4
Encephalitis lethargica	2
Other conditions	9
TOTAL	24 = 6%.

Deaths of patients under 40 years of age in Sick Wards during 1937 :—

<i>Diagnosis.</i>	<i>Males and Females.</i>
Pneumonia and pleurisy	1
Bronchitis	1
Mental	1
Other conditions	2
TOTAL	5 = 2%.

VI.

Vaccination.

Vaccination dies hard, but surely ; the percentage of living children successfully vaccinated has fallen 1 per cent. in 1936 and 4 per cent. in five years. The sub-district of Lowestoft has always returned by far the smallest proportion of vaccinated babies and there is a fall from 11 to 9 per cent. ; no other district approaches Lowestoft in this increasing opposition. Urbanisation and a disregard for vaccination are closely associated. Felixstowe, next in population and in importance, returns the second lowest percentage, but even so, this is three times higher than Lowestoft. The rural districts, the strongholds of vaccination, slowly begin to avoid it. The percentage for Halesworth has dropped from 64 to 59, and Eye from 65 to 61. One can only hope that smallpox will not arise, but if it occurs again in Lowestoft, the Medical Practitioners of that town will be hard at work and vaccination will temporarily be popular.

TABLE XXVII.

	1932.	1933.	1934.	1935.	1936.
Percentage of children successfully vaccinated....	44.6	42.5	42.1	41.6	40.3
Percentage successfully vaccinated, excluding those who died unvaccinated	46.0	44.0	43.6	42.7	41.7

Vaccination.

TABLE XXVIII.

ADMINISTRATIVE COUNTY (1936).

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	218	126	1	—	84	6	—	1	—	57.8	59.4
Capel	189	108	2	—	68	6	—	1	4	57.0	59.0
Eye	162	96	1	—	55	5	—	4	1	59.2	61.1
Felixstowe	211	62	—	—	130	13	3	1	2	29.4	31.3
Halesworth	130	75	—	—	51	2	—	—	2	57.7	58.6
Lowestoft	649	57	—	—	527	19	1	6	—	8.8	9.0
Needham	151	56	—	—	89	5	—	1	—	37.0	38.3
Oulton	246	99	3	—	132	10	—	—	2	40.2	42.0
Saxmundham	178	102	1	—	66	4	—	—	5	57.1	58.6
Stowmarket	152	60	1	—	88	2	—	—	1	39.4	40.0
Stradbroke	115	67	—	—	40	7	—	—	1	58.5	62.0
Wickham	149	100	—	—	40	4	—	4	1	67.0	69.0
Woodbridge	182	94	—	—	70	5	3	1	6	51.6	53.1
Totals	2732	1102	9	—	1440	88	7	19	25	40.3	41.7

ADMINISTRATIVE COUNTY EXCLUDING LOWESTOFT.

2083	1045	9	—	913	69	6	13	25	50.1	51.9
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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. (Resigned).
East Bergholt	...	McBride, J. R. B., Rowan House.
Eye	...	Weir, A., Hill House.
Felixstowe	...	Giuseppi, P. L., "Trevose."
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. (Resigned).
	...	Cursham, A., Quay Street.
Harleston (Norfolk)	...	Wade, E. W., The Beeches, London Road.
Holbrook	...	Crosbie, P. L.
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	...	Barraclough, 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	...	Borham, 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.

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 (retired)
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.

† Since transferred to Oulton Sub-District.

VII.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supplies.

The Local Government Act of 1929 has brought the County Council into close touch with water supplies, for section 57 made it possible for the County Council to give grants towards their provision: the section has since been incorporated in section 307 of the Public Health Act, 1936, and as the County Council is prepared to help suitable schemes, it is not likely that any go forward without an application for a grant.

This year, as last, has been one of activity and local authorities are realising the benefit that a pure and constant supply confers. This has been emphasised by the wide publicity given to the outbreak of typhoid fever at Croydon, and the criticisms to which that Council and their Officers were subjected.

Piped supplies serving a large population with water from a single source are becoming common in the County, and are replacing the shallow wells and ponds which are so often polluted or liable to pollution; but it is well to bear in mind that a population taking its supply in small groups from polluted wells will never suffer a widespread water borne infection, and that when a large population is served from a single source, and that source becomes polluted, there is then every chance of a widespread epidemic. It is therefore essential that a main supply should be protected in every possible way from contamination and that it should be examined constantly to ensure that if pollution occurs it is discovered at the earliest moment.

Schemes of 1937 :—

Urban Districts.

Bungay.—A small scheme which extends the existing mains 350 yards; about 40 houses will benefit.

Eye.—This Borough has always needed a proper supply. The Borough has a large acreage, but the town itself is a collection of houses, most of them old and built closely together with yards rather than gardens—crowded by a jumble of decrepit outbuildings, fowl houses, closets, and shallow wells, a condition of things common to many ancient towns; obviously, a town requiring a piped water supply.

The scheme for sinking a bore, building a storage tower to hold 40,000 gallons and laying pipes in all the main streets, was put forward by the Borough Council and accepted by the County Council as an adequate scheme.

At the end of the year the boring had begun. The estimated yield is 90,000 gallons a day or 52 gallons a head, and the storage capacity proposed is 23 gallons a head.

Rural Districts.

Blyth.—A combined scheme for Framlingham and Saxtead was devised to supply water to the town of over 2,000 inhabitants and its neighbouring village. The description of Eye is applicable to Framlingham and Framlingham, as Eye, urgently required a water supply. The wells were shallow, although one or two affluent townsmen had sunk a bore on their own account.

The Enquiry was actually held in 1936; the scheme comprised a deep bore into the chalk and a 30,000 gallon reservoir; the water is

to be forced from the reservoir into the mains by an electrical pump. The yield of the bore is 2,500 gallons an hour. The storage capacity allows 20 gallons a head for the people of Framlingham and 10 for the people of Saxtead, the difference being that the houses of Framlingham are supplied direct from the mains and Saxtead is served by standpipes.

Deben.—The comprehensive scheme to serve the north-west quarter—details of which were given in my report for 1935—has proceeded. As time has advanced, however, it has been necessary to re-arrange the scheme in some ways and particulars are given of the scheme in its changed form :—

The original proposal to obtain water from Framsdon and Cretingham has been abandoned, and instead bores have been driven at Tuddenham, which will serve the north-west and Wickham Market areas, and part of the original south-west area. These bores are in duplicate, 12" and 10", and are 200 feet deep, and yield about 8,000 gallons an hour.

Water will be pumped from these bores to a water tower at Swilland, from which the whole north-west area and the Wickham Market area will be served. 70 miles of main are being laid.

The South-west Regional Scheme has been modified to supply the parishes of Kesgrave, Rushmere, Purdis Farm and part of Martlesham. The supply for this scheme is obtained from springs at Tuddenham, actually at the site of the bore holes for the larger scheme, from there it is pumped to a water tower at Rushmere.

Alderton.—A scheme was drawn up by the District Council to provide a water scheme for the parish of Alderton. The supply of water was to be obtained from a land drain, the gathering ground being uncertain—it was possible that the water came from a moat. The scheme was not satisfactory, the lease allowed was only 44 years; 5 gallons only a head were available—quite insufficient, and, worse still, no allowance had been made for any increase in population.

The scheme was not recommended for grant and I understand that nothing more has been done in the matter.

Gipping.—Two years ago a small scheme to supply the parishes of Charles Tye and Ringshall was submitted to the County Council; the County Council advised that this small isolated scheme should not be proceeded with and suggested a larger scheme serving Battisford, which should include Charles Tye, would be more serviceable. This led to the formulation by the District Council of a larger scheme for the supply of nine parishes, namely :—

Barking.
Battisford.
Combs.
Little Finborough.
Needham Market.
Offton.
Ringshall.
Somersham.
Willisham.

A large diameter bore is being sunk into the chalk at Ringshall to about 400' depth. A storage tank for 102,000 galls. is being built and a softening plant will be installed which can soften 600 gallons of water an hour. There will be 22 miles of main pipes; the pumping

capacity is 42,000 galls. a day, or over 11 galls. a head. The annual cost will be £1,800.

This scheme will serve the area well. Since the Ministry of Health enquiry the large aerodrome being built at Ringshall is included and to meet the greater demand the diameter of the bore has been enlarged, with a consequent increase in cost.

Another scheme is afoot to serve four parishes :—

Ashfield.
Debenham.
Framsden.
Winston.

Water is to be pumped from a bore to a tank with a capacity of 59,915 galls., and, in addition, there will be a softening plant. There are 8 miles of pipes and at one point this supply is joined to the existing Crowfield scheme.

This scheme is required and is part of a number which are gradually forming a network of water supplies over the whole of the area.

The R.D. Council of Gipping are providing a water supply for the inhabitants of their area in a manner worthy of notice and emulation. In all there are five schemes; these, when completed, will be placed so that it will not be difficult to fill the spaces with other schemes which are only proposed at present; eventually, a network of watermains will permeate the area.

The supplies constructed by the Gipping R.D. Council are economical because direct labour is employed. Mr. R. C. Riches, the Water Engineer, a whole-time officer of the Council, is to be congratulated upon the good work he is carrying out.

Hartismere.—During the year Hartismere submitted schemes to supply 10 parishes by means of 11 bore wells, each supplied with a hand pump, at a cost of £3,000. Hartismere is a very rural area with houses and hamlets widely spread; in some places it is only economically possible to sink wells.

A Ministry of Health Inquiry was held to consider an application to borrow £65,200 for purposes of water supply.

The proposals were as follows :—

- (i.) To sink bores at Syleham and Horham, and lay mains to provide a supply of water to the parishes of Athelington, Brundish, Fressingfield, Horham, Laxfield, Metfield, Southolt, Stradbroke, Syleham, Tannington, Weybread, Wilby, Wingfield, and Worlingworth.
- (ii.) To sink a bore at Finningham and lay mains to serve the following parishes :—Cotton, Finningham, Gislingham, Westhorpe, Wyverstone, Bacton.
- (iii.) To sink a bore at Rickingham, with mains to serve Rickingham Superior and Botesdale.
- (iv.) To sink a bore at Palgrave in order to provide a main supply to that parish.
- (v.) To sink bore wells and provide hand pumps at Mellis, Mendlesham, Brome, Burgate and Wickham Skeith.

This scheme has been started, but no request for grant has yet been put before the County Council, only a tentative enquiry. It is improper for a rural district council to finish a scheme and then to apply to the County Council for a grant and to expect a large contribution towards the net cost; the County Council, if they are to be partners in such an undertaking, should be consulted before the work is put in

hand in order that they may be in a position to comment upon the scheme, either by way of criticism or constructive suggestion.

This District Council may not propose to ask for any grant from the County Council towards this large scheme and, if this is so, these remarks fall to the ground; but it is highly unlikely that the District Council would miss the opportunity to obtain some relief from the heavy expenditure to which they are committing themselves, and I have little doubt that the County Council will be approached for a contribution. There is no legal obligation for the County Council to make a grant and if the practice continues a refusal by the County Council might have a salutary effect.

Wainford.—A scheme was submitted to supply the parish of Rumburgh; it is one which goes further than any other which Wainford has previously devised; the others were merely wells, but here a windmill, a 6" bore, a storage tank with 4,800 gallons capacity, and two miles of mains, are proposed. The storage capacity is small for the population served, for there is only a reserve of 3.4 gallons a head a day for five days, and five gallons are necessary; this small reserve for a windmill scheme was allowed because arrangements were made for connecting an engine to the pump in the event of failure of the wind.

A supply here was necessary and the scheme—for Wainford—was ambitious.

Local Government Act, 1929 : Section 57.

Applications for grants under Section 57 of the above Act, from the District Councils in the area, dealt with during 1937 :—

Improvement of Water Supplies.

DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested extension of, or addition to, existing water supply, and proposed cost.	Whether grant allowed.
DEBEN R.D.C.	Alderton	New supply, £1,140	No.
EYE BOROUGH	Eye	New public supply bore well and mains, £4,845	Yes.
GIPPING R.D.C.	Barking, Battisford, Combs, Lt. Finborough, Needham Market, Offton, Ringshall, Somersham, Willisham	New public supply, bore well and pipe lines, £22,875 + 10% increase in costs	Yes.
GIPPING R.D.C.	Ashfield, Debenham, Framsdon and Winston	New public supply, bore well and mains, £12,260	Yes.
HARTISMERE R.D.C.	Braiseworth, Stuston, Thrandeston, Wortham	New public supply, four bore wells and hand pumps, £596....	Yes.
HARTISMERE R.D.C.	Bedfield, Denham, Hoxne, Kenton, Monk Soham, Redlingfield	New public supply, seven bore wells and hand pumps, £2,214 17s. 8d.	Yes.
WAINFORD R.D.C.	Rumburgh	New public supply, bore well, windmill tower, tanks and pipe lines, £1,847	Yes.
BUNGAY U.D.C.	Bungay	Extension of mains to serve 40 houses, approx., £348	Yes.

Sewage Disposal.

Deben.—Trimley sewerage scheme was referred to in the report last year; it is now almost completed, after much delay through striking running sand. The scheme is good and will serve 465 houses and a population of about 2,000. The estimated amount of daily sewage is 40,000 gallons, but the works are designed to treat 120,000 gallons, and to treat partially another 120,000 gallons. Full treatment is given to three times the dry weather flow and partial treatment to six times. The sewerage works are placed near the Byle Fleet, well away from dwellings. The only habitation near the works at all is Blofield Hall, about 300 yards distant. Works are badly needed to supplant the unsatisfactory cesspools and pail closets.

Wickham Market.—A sewerage scheme was proposed for this small country town. For many years it was urgently needed, much sewage being discharged direct into the river—sufficient to prevent the river below the town being used as a bathing place. This town was a part of Plomesgate which was taken over by Deben after the review of county districts. The scheme consists of sewers laid through the main streets, conducted to a sewage disposal works down by the river.

Hartismere.—An application was made by the Rural District Council for a grant towards the cost of the proposed sewers and sewerage works at Stradbroke; a Ministry of Health enquiry was held. The scheme was wanted and satisfactory with certain exceptions. A block of eight Council houses approximately 500' from the end of the sewer should have been included. The proposed method of sewage disposal was unsuitable for the clay subsoil. Again, the sewers often avoided the streets and were to be laid in the fields beyond the back gardens—an undesirable method from a legal point of view. Since the date of application nothing more has happened.

Laxfield.—A Ministry of Health enquiry was held and an application received from the District Council for the County Council to make a grant to provide a scheme for this village. The scheme had certain disadvantages; the proposed sewer stopped short of a housing site on which ten Council houses were built and eleven more planned and it was essential that this block of houses should be served by extending the sewer 440 feet. The effluent was to be piped into a watercourse running into cattle drinking ponds and the pipe should extend beyond the ponds. The proposed position of the sewers was not altogether satisfactory. This scheme has not been proceeded with so far.

Eye.—In company with the water scheme for Eye, the Borough wisely decided to relay the sewers and instal a modern sewage disposal works. The scheme is needed and is adequate. The works will consist of a detritus tank, dortman sedimentation tanks, dosing chamber, revolving sprinklers and humus tank; the effluent will discharge into the River Dove below the Waterloo Plantation.

At present five old defective sewers convey untreated sewage direct into the River Dove. Although there is a tank in the meadow below the Church, no purification of sewage takes place and the river is constantly polluted. The cost of the scheme will be £10,856. 390 houses and 54 other premises will be served.

Local Government Act, 1929 : Section 57.

Application for grants under Section 57 of the above Act, from the following District Councils, were dealt with during 1937 :—

Improvements in Methods of Sewage Disposal.

DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested scheme.	Whether grant sanctioned.
DEBEN R.D.C.	Trimley St. Martin, Trimley St. Mary	Sewerage and Sewage Disposal Works	Yes.
DEBEN R.D.C.	Wickham Market	Ditto	Yes.
EYE BOROUGH	Eye	Ditto	Yes.
SAXMUNDHAM U.D.C.	Saxmundham	Existing Sewerage Works	Yes.
HARTISMERE R.D.C.	Laxfield, Stradbroke	Sewerage and Sewage Disposal Works	Application deferred.
BUNGAY U.D.C.	Bungay	Extension of Sewers	Yes

Pollution of Rivers.

River Gipping.—This river, which is becoming historic as a nuisance in the annals of the County, has again—after a dormant period—obtruded itself. In June, 1936, a complaint was received from the Sanitary Inspector of Gipping R.D. Council that the river was polluted and that the pollution was coming from Stowmarket. The same day the County Sanitary Officer met the Sanitary Inspectors of Stowmarket and Gipping and the whole course of the river was inspected. Several works border on the river during its course through Stowmarket and five different pollutions were observed.

The owner of the mill and farm below Stowmarket again complained a day or two later that his stock was being affected. The County Sanitary Officer visited those responsible for conducting the industries and pointed out the effect of their trade wastes. It appeared that fish were killed in the lower reaches of the river whenever the mill owner, who was the chief complainant, opened his sluice gates to get rid of foul water which had collected in his reach of the river. As a result of the activities of the Sanitary Inspectors and the onset of heavy rain (the latter probably had most effect) the mill owner wrote to say that there had been a wonderful change in the river.

No more grumbles were received until June, 1937, almost exactly a year after the last noticeable pollution, that is to say, one which produced complaints. Again, a large number of fish were killed through heavy pollution moving down the river and from that time onwards investigations have proceeded.

The County Sanitary Officer has spent much time on the river investigating and taking samples of the trade effluents. Many visits were necessary because pollutions are often intermittent, particularly if it is known that the Sanitary Officer is about. Many samples have

been examined and I think it is now possible to say that the origin of all of the pollutions of importance has been discovered.

Two exhaustive reports were made; the first an interim one; the second, and final, was not submitted to the Committee until March, 1938, but in order to make the picture complete I propose to deal with this report here, although it is not part of the work of 1937.

The pollutions for all practical purposes enter the Gipping during its course through the urban district of Stowmarket; here, along the banks of the stream, are dotted a number of industries which in the course of their activities produce effluents of no use and the river is the natural and easy place to get rid of these encumbrances. Two industrial concerns, a pig market and a creamery, were the first to add their quota to the river which up to that point had been a comparatively clear stream. After consultation with those responsible these pollutions were excluded. Oil from a garage which gave a rainbow coloured film also ceased when the owner was approached.

The Gas Works polluted, and still pollutes, the river, not through the present industry but by what has taken place in the past; here tar liquor seeps through the bank into the river from some old disused tar beds, the surrounding ground has apparently become saturated with tar, and this pollution may be difficult to prevent.

The Tanneries were adding their share, but little or no pollution is now taking place. The Iron Foundry Co., which put hydrofluoric acid into the river has now promised to do so no more. The large Chemical Works have gone to much trouble to stop several effluents and are dealing with them in other ways. Hence, industrial pollution has been greatly reduced.

The Stowmarket Urban District Council are responsible for much of the trouble; the town has grown considerably in recent years and now has a volume of sewage beyond the capacity of the works—land filtration is used and the acreage is insufficient. Pollution by sewage is occurring in two ways:—

Firstly, from what is called a storm water overflow, which in fact, discharges crude sewage without any relation to rainfall and, secondly, directly from the Works, for at times the sewage, after screening, is discharged at once without any attempt at purification. This pollution can, and must, be overcome. It is obviously the duty of the Stowmarket U.D. Council to provide an adequate sewerage system for their town.

All these pollutions are preventable; there is one, however, which creates a problem. Before, or during, the War a large dump of sodium hydrogen sulphate was made upon some open land adjoining the railway line above the Silk Works. This material was useless; it is soluble and, particularly in wet weather, finds its way into the subsoil and enters the channels which conduct the effluents from the sewerage works into the river, increasing the acid of the effluent and adding a large proportion of sulphate. The only way to stop this pollution would be to remove the dump and put it into the sea—obviously an expensive and difficult matter.

However, until the dump is dissipated entirely by the weather, or taken away, it will affect the river. This pollution should be left to the last and the others should be removed, for it may be that this dump alone may not give rise to any cause for complaint; if so, it might be left to its losing battle with the weather.

The County Sanitary Officer in his first report formed the opinion that a mysterious effluent was entering the disused Silk Works branch of the river, but where it entered, and from whence it came, he was unable to discover.

In his second report he exorcised this ghost; he found that the waters of the Combs stream and the Gipping, which met just above the Silk Works, did not intermingle, and that colouring matter placed in the polluted Gipping confined itself to the disused Silk Works branch of the river, and that colouring matter put into the clear Combs stream exclusively took the branch of the river which went outside the disused Silk Works.

As the amount of pollution in Stowmarket varied from time to time, and drifted down the river in a very leisurely fashion, it was naturally more obvious in one part than another; and, on the day the opinion was formed that the derelict Silk Works was polluting the river, above the Works the pollution was not marked and inside the Works it was very noticeable; and this led to the erroneous conclusion that pollution which had occurred before the Silk Works was reached was actually happening in the Silk Works itself.

It was fortunate that this misconception of the true position was dispelled.

All the serious sources of the pollution of the river above Badley Mill are known. Many pollutions have ceased, certainly for the time being, and I think a campaign to clean-up the river has been set afoot.

VIII.

Housing.

The responsibility of the housing conditions of the working classes in Rural Districts is primarily the duty of the Rural District Councils, but Parliament has thought fit to make County Councils also responsible.

Section 88 of the Housing Act of 1936 states:—

“It shall be the duty of the Council of every county, as respects each rural district within the county, to have constant regard to the housing conditions of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation.”

In addition, the County Council may make an investigation if they think fit in any rural district in the County to see whether the District Council have failed to observe their powers under the Housing Act of 1936; Section 169 of the Act states:—

“(b) Many cases where the Council of a County is of opinion that an investigation should be made as to whether the council of any rural district in the county have failed as aforesaid:

the County Council may cause a public local inquiry to be held, and if, after the enquiry has been held, they are satisfied that there has been such a failure on the part of the district council, they may make an order declaring the district council to be in default and transferring to themselves all or any of the powers of the district council under this Act with respect to the whole or any part of the district.”

The Housing Act in placing the County Council in a supervisory position over the work of the District Councils, produces every element required to create a difficult position. There is a somewhat natural resentment on the part of District Councils which until 1930 had very much their own way, and they are likely to resent any interference in what they consider to be their own domestic affairs by other statutory bodies and their officers.

The District Council which has been an active housing authority will be less likely to take offence than one which has followed the easy policy of "laissez-faire." The last is particularly sensitive to the reports of County officials who may find that through long years of neglect a vast programme of demolition and new building is needed to house the working classes in a proper way.

This division of responsibility, with the District Council holding the executive powers, and the County Council a watching brief combined with the ability to supersede the District Council as a Housing Authority—a power so unlikely to be used that its inclusion in the Act is not very effective—does not work out very well in practice.

It seems so generally accepted that a County Council would be reluctant to take such drastic action, whatever the degree of neglect, of a Rural District Council, that the Section is more or less a dead letter; and the fact that no County Council has acted during 8 years reinforces the view. Section 169 is placed in the Act for a definite purpose and not merely intended as an empty threat; if a rural district council is unable, or unwilling, to carry out successfully its housing duties, and the County Council is aware of the shortcomings and does nothing, it becomes equally responsible with the rural district council for the neglect of that body.

A position may well arise in which the County Council undertakes extensive and systematic housing inspections which do not have the effect that they deserve because the executive is in other hands, and though vigorous action is urged all that may be obtained is the placebo of a poor response or promises that never materialise.

County Housing Inspections.

Wainford Rural District.—This rural district was selected for the first inspection in 1936 because it was small and had very few demolitions to its credit. Two reports were made by County officials, one on two villages where every house was inspected; the second dealt with only those houses in the remaining parishes whose external appearance suggested the possibility of a need for demolition.

The second report was submitted to the Wainford R.D. Council in April, 1937, but no reply was received until March, 1938, when it was specifically asked for, and then only did the County Council obtain a copy of a letter sent by the Rural District Council to the Ministry of Health in November, 1937. It stated that the Medical Officer of Health of the Rural District had completed a re-survey of the houses recommended for demolition by the County Council.

The County Officers had recommended 251 houses for demolition. Five of these are already reconditioned, 4 are to be reconditioned; 2 are demolished; the District Council agree that 121 houses should be demolished and they have accepted offers to repair 106; no information

has been received about 13. There is, therefore, considerable agreement between the Officers of the two Councils. The question of the 106, which are in dispute, and the 13 which may be, must have further consideration.

The long hours spent in inspection by many officials and the delay that is evident, for 14 months have elapsed since the final County report went to the District Council, are compensated for somewhat by the programme which the District Council have agreed to; and though there are many houses which in my opinion require demolition which are to be repaired, if the District Council demolish within a reasonable time the number that they agree should be demolished, then the episode of Wainford housing may not recall to mind the mountain that went into labour and brought forth a mouse.

Blyth R.D.—During 1937 the County Sanitary Officer has inspected houses in the rural district of Blyth, a large rural district formed by the review of county districts on the 1st April, 1934. Many parishes were taken away from the old Blything R.D. and given to Lothingland and Wainford, and Plomesgate R.D. was halved, the northern parishes being added to the southern parishes of Blything to form Blyth R.D.

Blyth R.D. Council inherited not only the housing problems of most of the parishes of Blything, but also many of those of the defunct Plomesgate Rural District. I once carried out a housing inspection in a parish in Plomesgate and formed the opinion that that District Council were not unwilling to let their housing difficulties remain.

In undertaking the housing inspection of Blyth the same method was adopted as in Wainford; that is to say, two villages were selected for a complete survey and in the rest of the parishes only those houses were surveyed whose external appearance suggested demolition might be necessary.

Blyth is a big district and, therefore, it was not possible to complete the inspection as quickly as in Wainford; only the first report is available, that is, upon the complete inspection of the houses in Heveningham and Walpole. Here we discovered that a similar state existed as in the two selected villages in Wainford; 35 per cent., or over one-third, were thought to require demolition; only one-quarter of the houses in the two parishes were found to be satisfactory. In Heveningham no houses had been erected under the Housing Act and none had been demolished. In Walpole eight houses had been erected and during the course of the inspection four were demolished. Some, the almshouses in particular, are nothing more or less than slum dwellings. Fifty-four houses only were found to have pail closets; in fact, privies were present in 20 per cent. of the houses inspected; this old-fashioned and unpleasant method still being relied upon for night-soil.

The housing conditions of these two villages were unsatisfactory and there is much work to be done. The inspection of the area is continuing and from time to time I inspect houses which are thought by the County Sanitary Officer to need demolition.

The standard of rural housing in Suffolk is poor generally, and the dwellings of the two villages of Blyth are no exception. The task of overtaking the neglected years is immense and many must pass before the standard in East Suffolk can be raised to a reasonable height. But because the difficulties are so formidable and the expense to the community of housing rural folks properly is so great, it would be a height of misfortune to lose courage and to give the whole thing up as a bad job, but far worse to realise the shortcomings and despite this to put a bold face upon the matter by refusing to recognise that they exist at all.

TABLE XXIX.

A summary of the conditions found in the respective parishes, together with their sum totals, is given below :—

	<i>Heveningham.</i>	<i>Walpole.</i>	<i>Total.</i>
Number of houses inspected internally and externally	27	45	89
Number of houses not inspected internally as no admittance, or vacant	4	13	
Number of occupants	89	133	222
Average number of persons per house	2.9	2.3	2.5
Number of houses with 1 bedroom	1	1	2
“ “ “ 2 bedrooms	18	(and 1 attic). 30	48
“ “ “ 3 “	7	(1 with 2 attics). 15	22
“ “ “ 4 “	5	—	5
“ “ “ 5 “	—	(1 with 2 attics). 2	2
“ “ “ 6 “	—	3	3
Number of houses where number of bedrooms not known	—	7	7
		(4 houses now demolished).	
Number of houses found to be satisfactory	7 (22.6%)	15 (25.9%)	—
Number found defective, but capable of repair at a reasonable expense	16 (51.6%)	20 (34.5%)	—
Number unfit for habitation and unable to be rendered fit at a reasonable expense	8 (25.8%)	23 (39.6%)	—

Return regarding the housing conditions of persons of the working classes, 1936 :—

The Housing Act of 1930 and the subsequent Act of 1936 give the County Council power to require certain housing particulars from the Rural District Councils ; twice previously the County Council has asked for this information. In future it should be obtained annually.

Two tables are given dealing with housing in rural areas during 1936 which, therefore, do not reveal the effect of the recent housing inspections made by the officers of the County Council. One table is compiled from the return which the Clerk of the District submitted to the Clerk of the County, and the other has been abstracted from the reports of the Medical Officers of Health. One column is identical for both tables, namely, “ totally unfit houses demolished during 1936.” The figures given by the Clerks and the Medical Officers of Health should agree and those of Lothingland, Hartismere and Gipping, do ; it is easy for the last two to do so because none were demolished. The difference amongst the others is slight, except for Blyth, with the Clerk's 42 against the Medical Officer's 26.

Another set of figures should correspond ; one column of the Clerk's return, showing the number of houses not in all respects reasonably fit for human habitation rendered habitable during the year ended 31st December, 1936, should give the same figures as a total of two columns extracted from the reports of the Medical Officers of Health, viz. :—Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers, and, Number of dwelling houses in respect of which defects were remedied after service of formal notice.

In Deben, the Clerk gives 133 and the Medical Officer of Health 128 ; for Blyth the Clerk gives nothing and the Medical Officer 60 ; in Hartismere the Clerk gives 25 and the Medical Officer 21 ; for Lothingland the Clerk states 31 and the Medical Officer 32, Samford the Clerk gives 55 and the Medical Officer 110 and in Wainford the Clerk 22 and the Medical Officer 15.

The mistake in the numbers of the Clerks of Lothingland, Gipping, and Samford is obvious ; each has neglected to include the number of houses in which defects were remedied by the owner after formal action. Such errors do not breed confidence in the other figures in the return.

Blyth.—The Clerk of Blyth has only completed two columns of the return. 101 houses were known to be totally unfit for habitation and 42 were said to be demolished during 1936. The Medical Officer of Health states 60 houses were rendered habitable. It would appear from the Clerk's return of 42 demolitions that this District Council carried out 72 per cent. of all the houses demolished in rural areas during 1936. County inspections are at the moment proceeding in Blyth and there is a large number of unfit houses in the district ; the figure of 101 totally unfit houses does not, to my knowledge, represent the true position.

Deben.—The District Council knew that 189 houses required demolition and state that 133 unfit houses were rendered habitable. They estimate that 123 houses are wanted to abate overcrowding ; by the end of 1936 there was little progress in demolishing spent houses—however, this is proceeding now and building is going on.

Gipping knows only of 37 houses requiring demolition and 27 of these are inhabited ; this figure is far below the real number of houses requiring demolition ; it is time that this fact was realised and an effort made by the Rural District Council, which is so forward in some health activities—such as the provision of water supplies—to bestir itself and come into line with the more active rural housing authorities in the County.

Hartismere has taken its housing responsibilities seriously and really effective work has been done in that area. 246 new houses have been approved by the Minister and many are now occupied ; this is an exceptionally good effort and far outweighs anything which has been done by other rural housing authorities here. To be responsible for 246 approved houses out of a total of 338 for the whole rural area of the County, or 72 per cent., is an achievement to be proud of and it is to be hoped that other rural districts will be influenced by what Hartismere has done. Mr. H. A. Reeve, the Sanitary Inspector of the District,

has put much hard work into housing and without it so full a housing scheme could not have been attempted; if virtue is its own reward Mr. Reeve is well repaid.

Lothingland.—The return shows only 10 houses known to require demolition; 19 not to be fit in all respects for human habitation. 31 houses were rendered fit. The return cannot reveal the true state of affairs in this district. My housing inspections in East Suffolk have taught me to expect unfit houses in every village and I cannot believe that such a happy state of affairs exists in Lothingland as the return would lead one to suppose, and a tour of inspection should show these suppositions to be true—the District will be the next to be visited by the County Sanitary Officer; he has already inspected some houses in one village and found conditions which belie the return.

Samford.—The Clerk says in his return that 18 houses are known to require demolition and 20 are not fit in all respects; here again the return of the housing conditions is far too good to be true. A low standard of housing has, I think, been accepted in Samford and it is likely that there is much work to be done.

Wainford.—This District has already been dealt with fully in this report.

The tables will be increasingly useful in gauging the progress which the district councils are making in their programme for ameliorating the unsatisfactory housing conditions of their areas.

Housing (Rural Workers) Acts, 1926 to 1931.

The following are the usual requirements :—

- A horizontal slate damp proof course.
- Adequate window area, with sufficient area to open.
- Through ventilation, if possible, for all bedrooms.
- One bedroom at least to have a fireplace.
- No floor space below ground level.
- Rooms of a sufficient height.
- An available water supply or underground storage tanks for rain water.
- Sink and washing copper.

Statement showing class of cottage approved for assistance during 1937 :—

Two-bedrooms	....	....	....	32
Three-bedrooms	....	....	....	45
Four-bedrooms	....	....	....	2

Analysis of working done during 1937 :—

Provision of water supply	....	....	8
Reconditioning work	....	....	79
Enlargement of existing dwellings	....	....	4
Conversion of buildings into dwellings	....	....	1

Total number of dwellings concerned since 1931 :—

1931	....	83	1935	....	152
1932	....	30	1936	....	146
1933	....	101	1937	....	79
1934	....	105			

Eighty-five visits were made by the County Sanitary Officer, 5 with the County Medical Officer of Health.

Housing (Rural Workers) Acts, 1926 and 1931.

This is the second year in which the Public Health Department has had an active hand in the administration of this Act and the result of the change is expressed in the returns for the last two years.

In my report for 1936 attention was drawn to the care which must be taken to avoid waste of public money upon privately owned houses which are not worth saving, for it was found in the inspection of Wainford that the Act had been applied to houses which were unfit and are, in fact, still meat for the house-breaker.

This year's experience of housing inspection in Blyth has emphasised positively the dangers of the Act unless great care and sound judgment are exercised both by Committee and officials. I have in mind a row of houses in open country, adjacent to a village; these were repaired and reconstructed some three or four years ago. The houses originally had through ventilation upstairs by windows in the front and back. For some strange reason the upstairs windows at the rear of the houses were bricked up and thus back to back conditions on the first floor were actually instituted by means of an Act of Parliament designed to benefit cottages. The houses, built of stud, plaster and brick, were rough-cast, which is not merely an unsightly method of rendering the outside of houses, but one foreign to this countryside; in addition, this cast is inclined to fine cracks which eventually allow the percolation of moisture. In this case the application has been disastrous, the back walls of the houses are soaking wet and the rough-cast is breaking away at the bottom. In my view the houses are fit for nothing but destruction, yet to recommend them for demolition would arouse opposition from the owner, the County Council and, probably, the District Council; but it is all the houses are fit for.

A large number of cottages have only two bedrooms and a considerable proportion of the houses improved under the Act are of this type. It may be argued that two-bedroomed cottages are wanted for old people, this is of course true, but there is no guarantee that these houses will be occupied by old people—there is no doubt that many will accommodate families and owing to the standard laid down by the Housing Act, which includes a sitting room as a room, this creates the possibility of children of both sexes being compelled to use the same bedroom, the only alternative being to use one of the living rooms for sleeping which is not only inconvenient, but undesirable.

Some schemes are put forward in which two semi-detached houses with three bedrooms are to be converted into three houses with two bedrooms. This practice is always discouraged.

During 1936 and 1937 there has been a marked restriction in the promises of financial assistance by the County Council under the Act; in 1935 over £15,000 was promised; in 1936 under £6,000 and in 1937 under £7,000. The amount spent in 1935 was £11,400; in 1936 £13,000, and in 1937 £6,000. This reduction may be due to the closer attention given during the last two years to applications. The number of houses for which application for grant was made decreased largely during the last two years.

When the Act is applied to suitable cottages it is most valuable; during 1937 a number of fine old buildings have been modernised by the enlargement of windows, raising of roofs, replacement of brick floors by wood and multiple other improvements.

In some cases the houses were fit for reconstruction, but the schemes put forward were inadequate; the schemes were returned to the owners for further consideration and in most a complete and satisfactory scheme resulted.

TABLE XXXIII.

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

Position at 31st December, 1937.

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 into dwellings	49	6	14	2,808 . 4 . 0	29	2,808 . 4 . 0	29	29	—
(ii) Improvement of existing dwellings	1,149	94	143	68,077 . 7 . 9	879	59,851 . 3 . 10	795	800	35
Total at end of year:	1,198	100	157	70,885 . 11 . 9	908	62,659 . 7 . 10	824	829	35
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

IX.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The County Council has continued the policy of examining, free of charge, 100 samples of milk for Tuberculosis for the District Councils at the County Laboratory each year. Until the 1st September, 1937, the herds were selected, and the samples collected, by the Sanitary Officers of the District Councils, but since that date the Veterinary Officers of the County Council have carried out this work.

During 1937 86 samples were examined and of these 2 were found to contain tubercle bacilli. The following table gives particulars for the past 11 years :—

TABLE XXXIV.

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
1937	86	84	2	2.3
Total	1033	998	35	3.4

This year the number of samples taken for examination for tubercle bacilli has been well below that allotted. The method of collecting samples was changed in 1937 ; previously all these samples were taken by the Sanitary Inspectors of the District Councils for the County Council, these Officers selecting the farms from which they obtained the milk.

The Chief Veterinary Officer—then an officer of the County Council—suggested that he and his Veterinary Officers were in the best position to know which supplies to sample and so the Sanitary Inspectors were relieved of the duty and this was assumed by the Veterinary Staff on the 1st September, 1937. On the 1st April, 1938, the Veterinary Officers were transferred to the Ministry of Agriculture and from then the Public Health Department will be responsible again for collecting samples. The County Sanitary Officers are in a position to do this.

Fewer samples were examined owing to the outbreak of foot and mouth disease at the end of the year. The proportion of samples which contained tubercle bacilli remains low, though not so low as in previous years, but better than the average for the country.

It was hoped that the Veterinary Officers, aided by their knowledge of the herds, would sample bulk milks giving a higher percentage of positive results than those sent in by the Sanitary Inspectors who had no means of judging a herd likely to be infected. Owing to the short period of veterinary collection it will not be possible to see if the Veterinary Officers were more successful in finding infected milks. Actually, the

Veterinary Officers collected 21 samples, one of which was unsatisfactory ; the Sanitary Inspectors took 65 samples, one only being unsatisfactory. No deductions can be drawn from these figures ; it would require observations over two or three years to form any conclusion of value.

Particulars of Investigations made by Veterinary Officers.

The Veterinary Officers carried out investigations in 4 herds in the County where samples of milk had been reported to contain tubercle bacilli.

It will be noted that two samples were found to contain tubercle bacilli last year, but as the report on the second one was not received until 1938, the investigation is not included here.

Tubercle bacilli found in sample of milk taken under :—

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

Number of cows in herd	....	....	4 (1 dry).
Number of samples taken	....	....	2

These two samples were examined biologically and no tubercle bacilli were found. The investigation, therefore, failed to reveal which cow was infecting the original milk sample.

(2) Borough of Lowestoft—Letter received from Medical Officer stating that tubercle bacilli found in sample of milk supplied from farm in the County :—

Number of cows in herd	....	....	8
Number of samples taken	....	....	3

These three mixed samples were examined biologically and no tubercle bacilli were found. The investigation, therefore, failed to reveal the cow which was infecting the original milk sample.

(3) & (4) Norfolk County Council—Letter received from County Medical Officer stating that tubercle bacilli found in sample of milk taken in Norwich, and supplied from two Suffolk farms and one in Norfolk :—

(3) Number of cows in herd	....	....	43
Number of mixed samples taken	....	....	5
(4) Number of cows in herd	....	....	26
Number of mixed samples taken	....	....	3

These eight mixed samples were examined biologically and no tubercle bacilli were found. The investigation of these two herds, therefore, failed to reveal the cow responsible for infecting the original milk sample.

The three investigations made during the twelve months supplement the confessions of failure which have had so often to be made in this section of my report. Not one investigation revealed a cow that was suffering from tuberculosis. I have discussed the question of the why and wherefore of this from time to time and have not yet been able to discover the reason—there may be several, such as, a cow excreting tubercle bacilli intermittently, milk being contaminated by infected manure, an infected cow becoming dry, etc. ; but whatever the cause, it is the exception and not the rule to find out which cow rendered the milk dangerous to the consumer.

TABLE XXXV.
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; the figures in the table below have been supplied by the Chief Veterinary Officer for the combined area, and relate to the administrative County of East Suffolk only:—

ANALYSIS OF COWS SLAUGHTERED.

Year.	Tuberculosis of Udder.	Tuberculous emaciation.	Other Tuberculous conditions.	Not affected with Tubercle.	Total.
1935 ...	50	21	84	1	156
1936 ...	45	36	82	—	163
1937 ...	34	25	125	—	184

There is a slight reduction in the number of accredited dairy herds this year and there are 36 less non-accredited. There were fewer cows in both accredited and non-accredited dairy herds, 181 and 378 respectively, compared with 1936. The reduction has taken place in the Boroughs and Urban Districts; there are 319 less accredited cows in these areas than last year.

Accredited herds are, as would be expected, the larger herds; the average accredited herd contains 27 cows and the average non-accredited herd only 9 cows. Blyth and Hartismere appear to be districts where small herds are the rule, for here only 9 per cent. are accredited dairy herds. Wainford, also, has only 10 per cent. accredited. Lothingland is by far the most progressive with 42.8 per cent.; Deben and Samford with 25 per cent. come next.

I wish to emphasise that the figures of the herds and cows in the table have been obtained from the Veterinary Department and I cannot vouchsafe for their accuracy. For instance, the number of accredited herds given here does not agree with the number of accredited licences in force at the end of 1937, which was actually 296.

TABLE XXXVI.

Accredited and Non-Accredited Dairy Herds and Cows in East Suffolk on the 1st January, 1938:—

District.	Dairy Herds.				No. of Cows in Dairy Herds.			
	Accred-ited.	Non-Accred-ited.	Total.	Perce-ntage Accred-ited.	Accred-ited.	Non-Accred-ited.	Total.	Perce-ntage Accred-ited.
Rural Districts—								
Blyth	36	366	402	9.0	900	3436	4336	20.7
Deben	50	148	198	25.0	1577	1811	3388	46.5
Gipping	35	180	215	16.0	766	1427	2193	34.9
Hartismere	38	366	404	9.4	1092	2217	3309	33.0
Lothingland	68	91	159	42.8	1816	922	2738	66.3
Samford	23	66	89	25.8	671	759	1430	46.9
Wainford	19	167	186	10.2	498	2032	2530	19.7
Boroughs and Urban Districts:	17	61	78	21.8	390	616	1006	31.8
TOTAL	286	1445	1731	16.5	7710	13220	20930	36.8

The figures of herds and the number of cows in them have been supplied by the Veterinary Department.

Although there has been a satisfactory reduction in the number of cows suffering from tuberculosis of the udder, there has been a sharp rise in the number of cows slaughtered showing other tuberculous conditions, with the result that the total is higher than before.

The County Veterinary Surgeons have now become civil servants and were transferred to the Ministry of Agriculture on the 1st April, 1938.

Milk (Special Designations) Order.

The administration of the Milk (Special Designations) Order continues to occupy a considerable amount of time and energy of the County Sanitary Officers. Despite the fact that many producers produce milk in a clean way with little inspection, nevertheless, a proportion require much supervision and if this is withheld deterioration sets in almost automatically. The outbreak of foot and mouth disease which stopped the Sanitary Officers visiting the farms for some time caused a relapse into old methods on many farms; the backsliders were, however, those expected.

It is well known in this County that the requirements of the Milk and Dairies Order must be fulfilled before an accredited licence is granted; it is not enough for a producer to satisfy them for a short period to obtain a licence from the County Council, and once the licence is granted to fall back into old ways. Admittedly, it is easier to refuse to grant a licence than to take steps to suspend or to cancel one because of bad methods, but too much rope has been allowed defaulters and unless a producer obtains a licence with the intention of producing clean milk without constant supervision, then it is better that he should not have a licence at all; in future, such cases will be put before the Milk Licences Sub-Committee for their consideration.

The production of clean milk is a game which Parliament has set us to play; the Acts and Orders are the rules, which are meant to be obeyed and not ignored, and the Public Health Committee is referee to see that the rules are complied with.

The methylene blue reduction test has taken the place of the bacterial count. This method of testing milk for cleanliness is supposed to be very much more accurate than the bacterial count; it is well that it is so for the inaccuracy of the bacterial count is proverbial.

In some Counties the introduction of this method was followed by remarkable results, and in some areas over 90 per cent. of the samples of milk tested in the hot weather failed to pass; such a situation did not arise in East Suffolk and in July, which was the period when the percentage of failures was the highest, the percentage only rose to 23.5.

In this County all milks—although this is not prescribed in the Order—are tested for both *b. coli* and methylene blue, and it is only in those cases where the milk fails both tests that action is taken against the producer.

Personally, I deprecate judging milk by these standards—except for the keeping quality, which is the most important to the consumer—and I think that inspection of methods and premises should take the

place of the tests. Where the Order is neglected, this should, I think, be considered in the light of a bad sample and if on two or more occasions the Order is still disregarded then suspension of the licence should be considered. It has been found that a good sample of milk is an encouragement to the producer whose methods are dubious, and it is used as a complete reply to any criticism of his methods, for it seems generally supposed that so long as a producer passes the test once in six weeks or so that he is fulfilling all the obligations of an accredited producer to his customers which, of course, is not the case.

Two appeals against the action of the Council were made during the year. The first was somewhat unusual; it arose in this way:—

The County Council, when the Milk Board's scheme came into force, had a tremendous rush of applications for Grade A. licences and they did not insist that producers should provide steam sterilisation, but as time passed and experience proved the value of steam sterilisation, and the Ministry of Health urged it, the County Council decided that steam sterilisers should be a requirement for an accredited farm. There were only a few producers who had not provided steam sterilisers and the rest after being approached all did so, but one. This producer appealed to the Minister and the Minister allowed his appeal because all the samples which the County Council had submitted to test had passed.

The second appeal was that of a producer whose licence had been cancelled because of bad methods of production and bad samples from his herd; in this case the Minister dismissed the appeal.

Legal proceedings were taken against a producer-retailer of accredited milk, who, during the time that his licence was suspended continued to use the designation "Accredited." A fine of 10/- was imposed.

Milk (Special Designations) Order, 1936.

REPORT OF COUNTY SANITARY OFFICER.

Accredited Milk.

Number of applications received during year	...	...	35
Number of visits paid to farms (pre licence)	...	...	155
Number of routine visits paid (after licences issued)	...	...	1,143
Number of accredited licences in force at end of 1936	...	...	285
Number of new licences issued during 1937	...	...	33
Number of licences in force at end of 1937	...	...	296
Number of licences discontinued	...	...	22
Number of producer-retailers (included in total)	...	...	23
Number of licences suspended during 1937	...	...	7
Number of suspensions revoked after due compliance	...	...	6

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

Total number taken	...	...	...	1,522
Number found unsatisfactory	...	...	...	151
Percentage of unsatisfactory samples	...	...	...	9.9

Month.	1937.			1936.		
	Total	Unsatis.	Percentage	Total	Unsatis.	Percentage
January	146	2	1.0	156	1	.6
February	106	7	6.6	136	4	2.9
March	138	9	6.5	151	8	5.3
April	163	11	6.1	146	6	4.1
May	139	15	10.8	171	14	8.2
June	149	13	8.7	78	27	34.6
July	157	37	23.5	202	30	14.9
August	133	19	14.3	189	38	20.1
September	156	10	6.4	173	15	8.7
October	128	19	14.8	158	16	10.1
November	28	3	10.7	155	—	—
December	79	6	7.6	151	—	—
Totals	1522	151	9.9	1,866	159	8.5

The number of licences increased by 11 and the number of visits of the Sanitary Officers to accredited farms was greater—1,143, nearly four visits to each farm. This large number of visits was necessary because 20 or 30 per cent. of producers demand constant supervision; the highest number of visits to any one farm during the year was 9.

Fewer samples were taken this year than last; this is due to outbreaks of foot and mouth disease, during which time it is the practice to avoid as far as possible visits to farms for any purpose.

Tuberculin Tested Milk.

Number of applications received during year	....	....	4
Number of visits paid to farms (pre licence)	....	....	20
Number of routine visits paid (after licences issued)	....	....	36
Number of tuberculin tested licences in force at end of 1936	....	....	10
Number of new licences issued during 1937	....	....	5
Number of licences withdrawn, or taken off because of foot and mouth	....	....	2
Number of producer-retailers (included in total)	....	....	4
Number of licences in force at end of 1937	....	....	13
Number of licences suspended during 1937	....	....	Nil
Number of suspensions revoked after due compliance	....	....	Nil

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

Total number taken	....	....	....	113
Number found unsatisfactory	....	....	....	10
Percentage of unsatisfactory samples	....	....	....	8.8

Month.	Total.	Unsatis.	Percentage.
January	11	—	—
February	12	—	—
March	10	1	10.0
April	14	2	14.3
May	9	2	22.2
June	9	1	11.1
July	12	2	16.7
August	11	—	—
September	8	—	—
October	8	1	12.5
November	1	—	—
December	8	1	12.5
TOTALS	113	10	8.8

As the tuberculin tested farms were under the Ministry of Health's jurisdiction during most of 1936, no figures are available for a comparison of the results of the two years of samples taken can be given, with that year.

An appeal was made to the Ministry of Health against the decision of the County Council to suspend a licence to produce Tuberculin Tested milk. Two consecutive unsatisfactory samples were taken.

The appeal was allowed because the Minister accepted the allegation that the tests of the two unsatisfactory samples did not give a true indication of the bacteriological quality of the milk as produced by the appellant.

Food and Drugs.

Sampling under the Food and Drugs Acts is the duty of the County Council, but for many years Lowestoft has been allowed to take a given number of samples on their own account at the expense of the County Council; this procedure continues. In the rest of the County the Acts are administered by the Public Health Department and the County Sanitary Officer and his Assistant are the Sampling Officers.

Five hundred and thirty-two samples were examined during the year, 382 by the County Sanitary Staff and 150 by Lowestoft.

From Lowestoft one sample of potted meat was found to be adulterated with 7.6 per cent. starchy matter; the vendor was cautioned. Five milks were found to be unsatisfactory, but no action was taken.

Of the County samples :—

One sample of orange wine was found to be adulterated by the addition of preservatives; this raised a matter of importance; the sample sent to the County Analyst was stated to contain 641 parts per million of benzoic acid; this is 41 parts per million in excess of the permitted amount. The Manufacturer of the article was notified by the Clerk of the Council of the findings of the Analyst and warned; the vendor then had his sealed sample analysed and his Analyst certified it to contain 550 parts of benzoic acid, which was within the permitted allowance. The County Council then sent the third sealed sample to

a third Analyst, and he found 450 parts per million. So that the three Analysts all returned different results; one proving the Manufacturer to be breaking the law, another stating that he was within the limits of the law, and the third showing him to be very well within the law. This is a very disturbing experience.

Thirty samples of milk did not satisfy the standards laid down by the regulations; it was only considered necessary to take action in three cases for milk fat deficiency, fines were inflicted in each, namely :—

1. £6 and £2 2s. 0d. costs.
2. £1.
3. 5s. 0d.

The vendor who was heavily fined had been convicted before for a similar offence.

There was one case of water added to the milk; in one churn there was 20.8 per cent., and in another churn 26.8 per cent. of added water. On account of this analysis a sample of milk was taken at the time of milking, but the Inspector was not able to watch everything that was going on, and 9.75 per cent. added water was reported. The two Inspectors then visited together so that every process could be watched; then the true state of affairs was found and a sample of milk was obtained which passed both standards of fat, and solids not fat tests. In this case the defendant was convicted and fined £5.

TABLE XXXIX,

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following particulars relate to samples taken in the County, and Lowestoft, during the year 1937.

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Almond bun flour	—	1	—	—
Ammoniated tincture of quinine	1	—	—	—
Ammoniated tincture of quinine with cinnamon	1	—	—	—
Apricots	—	1	—	—
Apricot jam	2	—	—	—
Aspirin	3	—	—	—
Assorted fruit drops	—	1	—	—
Baking powder	3	—	—	—
Beans and tomato sauce	—	1	—	—
Beef dripping	1	1	—	—
Beef paste	1	—	—	—
Beef suet, shredded	—	1	—	—
Beer, bitter	1	—	—	—
Beer, mild	5	—	—	—
Beer, old	2	—	—	—
Black currant wine (non-alcoholic)	2	—	—	—
Blanc mange powder	1	1	—	—
Bramble jelly	1	—	—	—
Brawn	2	4	—	—
Brown Ale	1	—	—	—
Brown Bread	1	—	—	—
Bun flour	—	1	—	—
Butter	17	5	—	—
Cake mixture	—	1	—	—
Camphorated oil	1	—	—	—
Candied peel	1	—	—	—
Cascara sagrada	1	—	—	—
Cheese	1	—	—	—
Cheese, Cambridge	—	1	—	—
Cheese, cheddar	1	—	—	—
Cheese, dairy	1	—	—	—
Cheese, Dutch	1	—	—	—
Cheese, gorgonzola	1	—	—	—
Cheeses (in tin foil)	1	—	—	—
Cheese cake mixture	1	—	—	—
Cherry marmalade	1	—	—	—
Cherries, glace	—	1	—	—
Chicken and ham roll	1	—	—	—
Chicken, ham and tongue roll	1	—	—	—
Chicken and ham paste	—	1	—	—
Chicken, ham and tongue paste	1	—	—	—
Chocolates	1	—	—	—
Chocolate ginger	—	1	—	—
Chocolate pudding mixture	—	1	—	—
Cocoa	2	6	—	—
Coffee, extract	1	2	—	—
Coffee, ground	1	2	—	—
Coffee, with chicory	3	2	—	—
Compound balsam of aniseed	1	—	—	—
Cookeen	—	2	—	—
Cornflour	—	1	—	—
Corned beef	2	—	—	—
Crab, flaked	—	1	—	—
Currants	1	1	—	—
Curry powder	—	1	—	—

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Custard powder	2	2	—	—
Cream	1	—	—	—
Cream, Devon	2	—	—	—
Cream, tinned	—	2	—	—
Creamola milk foam	1	—	—	—
Daisy powder	1	—	—	—
Dates	—	1	—	—
Demerara sugar	4	1	—	—
Dessert strawberries (tinned)	1	—	—	—
Dessicated cocoanut	—	1	—	—
Dried apricots	1	—	—	—
Dried fruit (mixed)	1	—	—	—
Egg substitute	1	—	—	—
Epsom salts	1	—	—	—
Fancy cake	1	—	—	—
Figs	—	1	—	—
Flaked rice	—	1	—	—
Forcemeat, thyme and lemon	—	1	—	—
Fruit salad (tinned)	1	—	—	—
Fruit syrup	1	—	—	—
Fry fat	—	1	—	—
"Giant" mineral water	1	—	—	—
Ginger beer	1	—	—	—
Ginger wine	—	1	—	—
Glycerine	1	—	—	—
Golden pudding	—	1	—	—
Grape fruit squash	1	—	—	—
Gravy salt	—	1	—	—
Green peas	—	1	—	—
Ground almonds	1	2	—	—
Ground rice	4	—	—	—
Ham and tongue paste	—	1	—	—
"Handy" meal	1	—	—	—
Health salts	1	—	—	—
Herrings in tomato sauce	—	1	—	—
Ice cream	2	—	—	—
Ice cream (pure cream)	1	—	—	—
Icing sugar	1	1	—	—
Imperial relish	1	—	—	—
Iodine ointment	1	—	—	—
Iodised throat tablets	1	—	—	—
Jelly, lemon	—	2	—	—
Jelly, marmalade	1	—	—	—
Jelly, raspberry	1	—	—	—
Jelly, table	—	6	—	—
Kipper paste	1	—	—	—
Lamb and green peas (tinned)	1	—	—	—
Lard	12	3	—	—
Lardex	1	—	—	—
Lemonade	2	—	—	—
Lemon barley water	1	—	—	—
Lemon curd	1	2	—	—
Lemonade crystals	2	1	—	—
Lemon flavoured crystals	—	1	—	—
Lemonade powder	1	—	—	—
Lemon squash	1	—	—	—
Liver salts	1	—	—	—
Liquorice allsorts	2	—	—	—
Lobster paste	1	1	—	—
Luncheon roll	—	1	—	—
Luncheon sausage	1	1	—	—
Malted milk	1	—	—	—
Malt health beverage	1	—	—	—
Mandarin oranges (tinned)	1	—	—	—
Margarine	8	8	—	—
Mercury ointment	1	—	—	—

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Milk	156	18	3	35
Milk, condensed machine skimmed	—	2	—	—
Mincemeat	1	2	—	—
Mixed fruits	—	1	—	—
Mixed pickles	1	—	—	—
Mustard, mixed article	—	1	—	—
Nut brown ale	1	—	—	—
Olive oil	3	—	—	—
Or Lem mineral	1	—	—	—
Orange squash (natural)	2	—	—	—
Orange wine (non-alcoholic)	1	—	—	1
Packet peel '....'	1	—	—	—
Patent barley	—	1	—	—
Pineapple chunks	1	—	—	—
Pork pie	1	1	—	—
Potted meat	2	2	1	—
Pudding mixture, steamed....	—	1	—	—
Raspberry jam	1	—	—	—
Rice	2	—	—	—
Rice cake mixture	—	2	—	—
Ruby wine	1	—	—	—
Sage	—	1	—	—
Sago	1	—	—	—
Salad cream	1	—	—	—
Salmon and shrimp paste	—	1	—	—
Sausages	11	4	—	—
Sausage meat	—	1	—	—
Saveloy	—	1	—	—
Semolina	2	—	—	—
Slab cake	2	—	—	—
Smoked pork sausage	—	1	—	—
Soft moist sugar	1	—	—	—
Steak and kidney pudding	—	1	—	—
Strawberry jam	2	1	—	—
Suet, chopped	—	1	—	—
Sultanas	1	1	—	—
Sweets, black currant and aniseed	—	1	—	—
Tapioca	3	—	—	—
Tapioca flakes	—	1	—	—
Tea	3	11	—	—
Tea bun mixture	—	1	—	—
Tinned beetroot	1	—	—	—
Tinned fig jam	1	—	—	—
Tinned peas	4	1	—	—
Tinned salmon	1	—	—	—
Tinned tomatoes	1	—	—	—
Tit bits sauce	1	—	—	—
Tizer mineral water....	1	—	—	—
Trex vegetable fat	—	2	—	—
Turkey and tongue paste	1	—	—	—
Veal, ham and tongue roll	1	—	—	—
Vimto fruit tonic	1	—	—	—
Vinegar	11	—	—	—
White Australian wine	1	—	—	—
White bread	1	—	—	—
White pepper	4	2	—	—
TOTALS	382	150	*4	†36

* } East Suffolk 3
 } Lowestoft 1
 † } East Suffolk 31
 } Lowestoft 5

Eight informal samples were taken by Lowestoft, and all proved genuine on examination.

List of samples containing Preservatives, Adulterated, or of doubtful quality, and Action taken. (Lowestoft samples denoted with asterisks).

Nature of sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
*Potted Meat	—	Contained 7.6% starchy matter.	—	Vendor cautioned.
*Milk	—	—	3% deficient in milk-fat. } 7% deficient in milk-fat. } (In course of delivery).	Producer advised to bulk all milk.
*Milk	—	—	4% deficient in milk-fat. } 16% deficient in milk-fat. } (In course of delivery).	
*Milk	—	—	2% deficient in milk-fat.	Producer notified.
Orange Wine (non-alcoholic)	Contained benzoic acid, 41 parts per million in excess of amount allowed.	—	—	No action as 2nd and 3rd analyses gave varying results.
Milk	—	—	23% deficient in milk-fat. } 10% deficient in milk-fat. } (Appeal to cow).	Producer cautioned.
Milk	—	—	19% deficient in milk-fat. } 21% deficient in milk-fat. } (Appeal to cow).	Producer cautioned.
Milk	—	—	3% deficient in milk-fat.	Producer cautioned.
Milk	—	—	21% deficient in milk-fat. } 18% deficient in milk-fat. } (Appeal to cow.)	Producer cautioned.
Milk	—	—	12% deficient in milk-fat. } (Appeal to cow).	
Milk	—	—	33% deficient in milk-fat.	Producer cautioned as deficiency was due entirely to carelessness of an employee.
Milk	—	—	1% deficient in milk-fat.	Producer cautioned.
Milk	—	Not less than 20.8% added water. Not less than 26.8% added water. (In course of delivery samples.) Not less than 9½% added water. (Appeal to cow).	—	Defendant fined £5.
Milk	—	—	10% deficient in milk-fat. } 3% deficient in milk-fat. } (Appeal to cow).	Defendant fined 5/-.

Nature of sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Milk	—	—	6% deficient in milk-fat.	Producer cautioned.
Milk	—	—	25% deficient in milk-fat.	Producer fined £6 and £2 2s. 0d. costs.
Milk	—	—	11% deficient in milk-fat.	Producer cautioned.
			26% deficient in milk-fat. (Appeal to cow).	
Milk	—	—	6% deficient in milk-fat.	Producer cautioned.
Milk	—	—	19% deficient in milk-fat.	Producer cautioned.
			5% deficient in milk-fat. (Appeal to cow).	
Milk	—	—	2% deficient in milk-fat.	Producer cautioned.
Milk	—	—	6% deficient in milk-fat.	Producer cautioned.
Milk	—	—	1% deficient in milk-fat.	No action.
Milk	—	—	6% deficient in milk-fat.	Producer cautioned.
			7% deficient in milk-fat. (In course of delivery).	
Milk	—	—	5% deficient in milk-fat.	Producer cautioned.
			5% deficient in milk-fat. (In course of delivery).	
Milk	—	—	22% deficient in milk-fat.	Producer fined £1
			3% deficient in milk-fat (Appeal to cow)	
Milk	—	—	6% deficient in milk-fat	Case dismissed on payment of court costs.
Milk	—	—	5% deficient in milk-fat	Producer cautioned.

TABLE XL.

Year.	No. samples taken, including milks.	No. of milks	No. food samples unsatisfactory.	No. milk samples unsatisfactory.	Percentage of unsatisfactory milks.
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
1937 ...	532	174	2	38	21.8

X.

Shops Acts, 1912-36.

The Shops Acts were dealt with for the first time in my report for 1936 and I described in this section some of the strange anomalies which were found in these complicated and apparently foolish pieces of legislation; but difficult as they are to understand—and irritating they must be to all who are concerned with them—the crowning glory has been added in the last year in the form of the Shops (Sunday Trading Restriction) Act of 1936. There are many good features of the new Act, the most beneficial being that persons employed for less than four hours on Sundays shall have, in addition to their regular weekly half-

holiday, an extra half-day ; or, if employed for more than four hours, an extra whole-day. Another advantage gained for Assistants is that none may be employed for more than three Sundays in one month.

The object of the Act obviously was to legalise but restrict Sunday trading, but like all other Shops Acts, so many exceptions are allowed that the interpretation of it is difficult, and the Act is almost a network of loop-holes.

Under the Act the County Council can make an order exempting the provisions of the Act from applying to certain cases for not more than eighteen Sundays annually at holiday resorts. This section naturally affects this coastal County. The Boroughs being their own Authority under the Act were not the concern of the County Council, but the urban district of Felixstowe and the parishes of Kessingland, Corton and Hopton, all applied for orders to be made, but the County Council, feeling that the spirit of the Act was to reduce Sunday trading, refused to grant the requests.

Some of the provisions of the Act are worthy of comment :—

Fishermen may sell freshly-caught fish, but no one else may do so. It appears that if any fisherman cares to open a shop he may sell fish caught by himself, or by any other fisherman, but his wife or a bona-fide fishmonger cannot sell. It therefore behoves fishmongers who wish to sell freshly-caught fish on a Sunday to go out in a boat occasionally themselves.

Farm butter, honey, and other farm or dairy produce, may be sold at any farm, dairy, or similar place where they are produced, but they may not be removed elsewhere for sale ; so that a shopkeeper who also grows his own produce may employ his Assistants on Sunday, standing at the side of the road proffering fruit for sale, without breaking the law.

Newspapers, periodicals and magazines, can be sold, but any book or paper which does not bear a date may not. This is very annoying for customers as well as shopkeepers and is of no benefit to the Assistants.

Clotted cream, whether in tins or not, may be sold, but tinned or dried milk may not. Clotted cream or ideal milk is taken alternatively with stewed fruit, but one is allowed and the other is not.

Fish and chips may be sold as a meal from any shop except, *mirabile dictu*, from a fish and chip shop ; so that in order to escape from the meshes of the Act the owner of a fish and chip shop can open a restaurant next door and serve his fish there.

Photographs for passports are permitted to be sold, but no other photograph. Surely no one requiring a passport would leave this requirement so late in the day ! There seems to be no need for this provision at all for Passport Offices are not open on Sunday and the shop for the photograph should follow suit. It opens a very wide door for the taking of photographs which will not be used for passports and very much increases the difficulties of the Inspector.

Sugar confectionery can be sold, but flour confectionery is only allowed if the County Council make an order for this, but meals or refreshments may be sold without restriction and as flour confectionery can always be considered to be refreshment there is no restriction whatsoever, and, therefore, why bother to put in this section ?

A lawyer perhaps may not agree with all these deductions, but I have given them in order to show how difficult the Act is in its interpretation, both for shopkeepers and Inspectors. The Sunday Trading Restriction Act has added to the duties of Mr. Chapman and his Assistant, and if this sort of thing goes on we shall need an Act for the protection of Shops Inspectors.

Report of Chief Inspector of Shops.

Shops Acts, 1912-1936.

The Law relating to Shops remains the same as that given in the report for the year 1936, but with the following additions :—

- (1) The Shops Act, 1936. An Act to extend the provisions of the Acts of 1912-1934 to premises and places where the business of lending books or periodicals is carried on for the purposes of gain.
- (2) The Retail Meat Dealers Shops (Sunday Closing) Act, 1936 : An Act to provide for the compulsory closing of retail meat dealers shops and stalls on Sundays.
- (3) The Shops (Sunday Trading Restriction) Act, 1936 : This Act was designed to restrict the opening of shops and trading on Sunday.

(1) and (2) came into force on the 1st January, 1937, and are sufficiently definite to call for no comment, but (3) became active law on 1st May, 1937, and is very indefinite and involved. In actual practice the tendency is for it to extend Sunday trading rather than restrict it.

Below is a statement of the transactions, which are permitted, without restriction, or may be permitted by Order under the Shops (Sunday Trading Restriction) Act, 1936.

The following transactions are permitted on Sundays, without restriction :—

The sale of—

- (a) intoxicating liquors.
- (b) meals or refreshments, but not including the sale of fried fish and chips at a fried fish and chip shop.
- (c) newly cooked provisions.
- (d) table waters, sweets, chocolates, sugar confectionery and ice-cream (including wafers and edible containers).
- (e) flowers, fruit and vegetables.
- (f) milk and cream.
- (g) medicines and medical and surgical appliances :—
 - (i.) At any premises registered under section twelve of the Pharmacy and Poisons Act, 1933 ; or
 - (ii.) by any person who has entered into a contract with an insurance committee under the National Health Insurance Act, 1936, for the supply of drugs and appliances.
- (h) aircraft, motor, or cycle supplies or accessories.
- (i) tobacco and smokers' requisites.
- (j) newspapers, periodicals and magazines.
- (k) books and stationery from the bookstalls of such terminal and main line railway or omnibus stations, or at such aerodromes as may be approved by the Secretary of State.

- (l) guide-books, postcards, photographs, reproductions, photographic films and plates, and souvenirs—from certain premises.
- (m) photographs for passports.
- (n) requisites for any game or sport at any premises or place where that game or sport is played or carried on.
- (o) fodder for horses, mules, ponies and donkeys at any farm, stables, hotel or inn.

The transaction of—

- (a) post office business.
- (b) the business carried on by a funeral undertaker.

Transactions in respect of which a Partial Exemption Order may be made—

- (a) bread and flour confectionery, including rolls and fancy bread ;
- (b) fish (including shell-fish).
- (c) groceries and other provisions commonly sold in grocers' shops.

Transactions in respect of which an Order may be made permitting the sale up to eighteen Sundays in the year—

- (a) any article required for the purposes of bathing or fishing.
- (b) photographic requisites.
- (c) toys, souvenirs, and fancy goods.
- (d) books, stationery, photographs, reproductions and postcards.
- (e) any article of food.

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 summary of the routine inspections carried out during the year, together with the results of the visits :—

Number of shops inspected (Primary Inspection)	1456
Number of shops re-inspected	790
Number of shops found on first inspection to comply with the Acts	671
Number found not to comply at first inspection	785
Notices were sent in respect of the following :—	
Where one or more specified forms not kept or exhibited (to Shopkeepers)	758
Washing facilities not provided	25
Lighting in shop insufficient	4
*Ventilation unsatisfactory	4
*Sanitary conveniences unsatisfactory	18
*Means of maintaining sufficient temperature unsatisfactory	7
No seating accommodation for female assistants	2
*Drain gulleys actually in shop premises	1
Young persons employed for more than 48 hours a week	21
Half-day closing—confirmation as to special notice to be exhibited in exempted shops	7
No half-day allowed to certain assistants	7
No compensating day for Sunday employment	1
Failure to close at fixed evening times	4
Insufficient time allowed for lunch	2
Selling accumulators after hours	1

* These cases were referred to District Councils.

General Surveys.

<i>No. days or evenings concerned.</i>	<i>No. parishes visited.</i>	<i>No. U.D.'s visited.</i>	<i>Contraventions found.</i>
19 (evenings)	28	16	24
15 (days)	15	8	1
6 (Sundays)	10	6	—

Letters of caution were sent in 19 cases where contraventions of the Shops (Hours of Closing) Acts, 1928, were found, and three were warned verbally. In the remaining two cases, and in the case where a shopkeeper was found selling articles on the half-closing day, legal proceedings were instituted.

Legal Proceedings.

Legal proceedings were taken in eight cases, with the following results :—

- | | |
|--|---|
| 1. Failure to comply with the Shops
(Hours of Closing Act), 1928,
Section 1 | Case dismissed under Probation of Offenders Act, on payment of costs. |
| 2. Ditto. Section 1. | Defendant fined 10/-. |
| 3. Failure to adhere to provisions of
the Act affecting early closing
day. Section 4 | Defendant fined £1, plus 10/6 costs. |
| 4. Failure to comply with the Shops
Act, 1934, Section 1 | Case dismissed under Probation of Offenders Act, on payment of costs. |
| 5. Failure to comply with Shops
Act, 1912, Section 1 | Defendant fined £1 and costs. |
| 6. Failure to comply with Shops Act,
1934, Section 3 | Defendant fined £1, including costs. |
| 7. Failure to comply with the Shops
Act, 1912, Section 1 | Defendant fined £1 on each of two summonses. |
| 8. Failure to comply with Shops
Act, 1934, Section 1 | Defendant fined £1. |

A. E. CHAPMAN,
Chief Inspector of Shops.

XI.

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

Isolation Hospital Accommodation.

The scheme which the County Council adopted for the provision of Isolation Hospital accommodation has been approved by the Ministry of Health ; the following are the Isolation Hospitals and the areas they serve :—

	<i>Beds provided, or to be provided :—</i>
<i>Lowestoft Isolation Hospital</i>	58 beds (12 cubicle).
Lowestoft M.B.	
Beccles M.B.	
Southwold M.B.	
Bungay U.D.	
Halesworth U.D.	
Lothingland R.D.	
Wainford R.D.	
Blyth R.D. (part of).	

<i>Stowmarket Isolation Hospital</i>	....	....	28 beds (12 cubicle).
Eye M.B.			
Stowmarket U.D.			
Gipping R.D.			
Hartismere R.D.			
<i>Ipswich Isolation Hospital</i>	....	....	Agreement with Ipswich County Borough for reservation of 45 beds.
Aldeburgh M.B.			
Felixstowe U.D.			
Leiston U.D.			
Saxmundham U.D.			
Woodbridge U.D.			
Blyth R.D. (part of).			
Deben R.D.			
Samford R.D.			

Oulton Isolation Hospital.—This is the only other Isolation Hospital in use and this was taken over by the County Council on the 1st April, 1938, for the treatment of Smallpox.

Smallpox Hospital Accommodation.

The County Council is now responsible for the hospital accommodation of Smallpox throughout the County. The Oulton Isolation Hospital has been purchased from the Lothingland R.D. Council and will be used as a Smallpox Hospital; this hospital will accommodate twelve patients.

The County Council reserves four beds for County cases at the Ipswich Smallpox Hospital; for this privilege a retaining fee is paid of £75 a year.

Smallpox.—No case of Smallpox has been notified in the County since 1929.

Scarlet Fever.—There were a few more cases of Scarlet Fever than in the previous year, but 70 of these were from Lowestoft. The attack rate of 1.57 per 1,000 compares favourably with 2.3 for England and Wales. The mortality rate for the area was a little higher, being 1.24 per cent.

Diphtheria.—There were only 32 cases of Diphtheria in the County, a very small number indeed, and 11 of these were from Lowestoft. The attack rate was very low, .156 per 1,000, compared with 1.49 for the whole country; the difference is so great as to be worthy of notice, for it is almost 1 to 10. The mortality rate of 6.25 per cent. is perhaps low.

Enteric Fever.—This disease usually crops up; 17 cases occurred altogether, 11 in Lowestoft, and 2 in Lothingland, and the remaining remote from the Borough. Paratyphoid is not common; in 1935 there was a considerable epidemic with nearly 100 cases, though in 1936 only six cases were notified in the County altogether.

Puerperal Pyrexia.—An average number of cases were notified and the smallest number of deaths recorded since 1926, so that the mortality rate this year was low, 6.45 per cent.

Pneumonia.—The number of cases notified has risen, though the number of deaths is lower, giving a mortality rate of 40.16 per cent.

Encephalitis Lethargica.—Again, the number of notified cases is very small compared with the number of deaths. This must always be the way of a disease like Encephalitis Lethargica where the symptoms seldom warrant a diagnosis; it is often the cruel sequelae of this disease which establish the true cause of the slight illness which occurred some time before; for this reason the deaths are always likely to outnumber the number of cases notified.

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

Disease.	Administrative County.									England and Wales, 1937.
	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	
Small-pox	0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Scarlet Fever	1.700	1.491	1.548	0.991	1.557	4.423	1.866	1.480	1.570	2.330
Diphtheria	1.014	0.996	0.755	0.460	0.263	0.521	0.676	0.299	0.156	1.490
Enteric Fever	0.075	0.075	0.015	0.043	0.076	0.019	0.576	0.039	0.083	0.050
Pneumonia	1.109	0.686	0.696	0.695	0.836	1.071	0.690	0.961	1.186	1.360
Poliomyelitis	0.005	0.000	0.005	0.024	0.009	0.014	0.000	0.014	0.053	0.370
Erysipelas	0.300	0.238	0.216	0.172	0.157	0.316	0.331	0.290	0.345	—
Encephalitis Lethargica ...	0.005	0.014	0.010	0.000	0.015	0.014	0.005	0.009	0.005	—

The figures for infectious diseases given are those received from the Registrar-General; they do not, however, agree with the number of notifications received week by week from the District Medical Officers of Health within the County; for instance, the Registrar-General returns 323 cases of Scarlet Fever, but 312 notifications only have been received here.

The Registrar-General returns 32 cases only of Diphtheria, though 33 were notified. Enteric Fever, Puerperal Pyrexia and Pneumonia differ by one. Erysipelas notifications were 68, but the Registrar-General gives 71.

The total number of notifications received from the District Medical Officers of Health was 751, but the Registrar-General's total was 765.

TABLE XLIII.
NOTIFIABLE DISEASES.

Infectious Diseases (Notification) Act, 1899.

DISTRICT.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Poliomylitis.	Polioencephalitis.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Erysipelas.	Malaria.	Smallpox.	Dysentery.	TOTAL.
URBAN :																
Aldeburgh	4	—	1	—	2	3	—	2	—	—	1	—	—	—	—	13
Beccles	3	—	—	—	—	1	—	1	—	—	—	—	—	—	—	5
Bungay	30	—	—	—	—	1	—	—	—	—	—	—	—	—	—	38
Eye	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	5
Felixstowe	6 (8)	1	—	1	1	1	—	—	—	—	—	—	3	—	—	13 (15)
Halesworth	2	—	—	—	1	7 (8)	—	—	—	—	—	—	—	—	—	11 (12)
Leiston	5	1	—	—	1	4	—	—	—	—	—	—	—	—	—	14 (15)
Lowestoft	67 (70)	11	11	1	6 (7)	44 (46)	2	2	—	1	4	3 (4)	—	—	9	181 (189)
Saxmundham	7	—	—	—	—	6	1	—	—	—	—	—	—	—	—	14
Southwold	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
Stowmarket	9	—	—	—	2	8	—	—	1	—	1	8	—	—	—	29
Woodbridge	13	—	—	—	3	17 (15)	—	—	—	—	1	2	—	—	—	36 (34)
TOTAL	146 (151)	13	12	2	16 (17)	102 (103)	4	5	1	1	7	40 (43)	3	—	9	361 (371)
RURAL :																
Blyth	16 (17)	—	—	1	2	30 (29)	1	—	—	—	1	3	—	—	—	54
Deben	38 (40)	3	—	1	—	29	1	—	1	—	1	3	1	—	—	78 (80)
Gipping	36	2	—	1 (—)	1	10 (11)	1	—	—	—	—	12 (13)	—	—	—	63 (64)
Hartismere	24 (29)	6	—	2 (1)	1	23 (24)	—	—	—	—	2	3	—	—	—	61 (66)
Lothlingland	27 (25)	1 (—)	1 (2)	—	2	17 (16)	1	—	—	—	2	4	—	—	—	55 (52)
Samford	19	4	3	1	1	21	3	—	—	—	2	3 (2)	—	—	—	57 (56)
Wainford	6	4	—	—	1	11	—	—	—	—	—	—	—	—	—	22
TOTAL	66 (172)	20 (19)	4 (5)	6 (4)	8	141	7	—	1	—	8	28	1	—	—	390 (394)
ADMINISTRATIVE COUNTY :	312 (323)	33 (32)	16 (17)	8 (6)	24 (25)	243 (244)	11	5	2	1	15	68 (71)	4	—	9	751 (765)

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

XII.

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

TABLE XLIV.

Five-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1913-1917	865	261	1,126
1918-1922	863	253	1,116
1923-1927	735	177	912
1928-1932	610	139	749
1933-1937	486	123	609

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

Ten-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1918-1927	1,598	430	2,028
1928-1937	1,096	262	1,358

For the third year in succession the number of deaths from Tuberculosis is lower than ever before and so is the death rate. There is a marked improvement in the Lowestoft rate, though it is not so low as

that of the County—.59 compared with .51; but had it remained as high as last year when it was .83, the County rate would have been higher this year than last. The fact is, the Lowestoft rate has lagged behind the County since 1931 and the improvement this year is welcome.

The death rate for both respiratory and non-respiratory is reduced; although there has been a steady decline since 1918, from 1932 until this year the non-respiratory rate remained the same. Though the County rate is far superior to the country for respiratory tuberculosis, there is little difference in the non-respiratory rates; it must be sufficient to observe the fact for it is impossible to explain it.

The reduction of deaths over five-yearly periods gives a more graphic view of the decline of the disease; this is supplemented by the numbers of deaths in the ten-yearly periods. The changing age of the population must be borne in mind; this is inclined in itself to produce a lower rate as the population ages; so, particularly in regard to women, the number in the age groups likely to get tuberculosis lessens and the number unlikely to get tubercle increases; hence, to some extent the fall in this death rate is due to a falling birth rate. To find out exactly how much this factor is responsible it would be necessary to wait for a census year when the numbers in each age group are known.

TABLE XLV.

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	.69	.44	.58	.12	.11
1937	.53	—	.42	—	.11	—

TABLE XLVI.

*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
1937	86	22	108

Treatment of Tuberculosis.

Artificial Pneumothorax Treatment.

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

TABLE XLVII.
NEW CASES.

Institution.	1931.	1932.	1933.	1934.	1935	1936	1937
Ipswich Sanatorium	3	7	5	8	3	5	9
Brompton Hospital	1	1	1	—	2	—	—
East Anglian Sanatorium	1	—	—	—	—	—	—
Preston Hall	—	1	—	—	—	—	—
Maltings Farm Sanatorium	—	—	—	—	1	—	—
East Suffolk & Ipswich Hospital	—	—	—	—	—	—	2
Totals	5	9	6	8	6	5	11

3 patients completed treatment during the year.
1 patient had advanced disease and treatment ceased.
1 patient died.
20 patients were continuing treatment at the end of the year.

Hospital Treatment of Tuberculosis.

Mr. Bell Jones, Orthopaedic Surgeon of the East Suffolk and Ipswich Hospital, acts as Tuberculosis Officer; this arrangement is most convenient and has been completely successful since it began. As Mr. Bell-Jones is both an officer of the County Council and specialist to the hospital it prevents all argument about the diagnosis of cases and the responsibility for payment; before Mr. Bell-Jones was appointed to the Hospital we endeavoured, at the request of the Hospital, to divert or remove long stay cases from it so as to keep the beds free for short stay cases which are always awaiting admission, but since the orthopaedic department began a number of long stay cases have found their way to the Hospital and have remained since.

All orthopaedic schemes should include beds for long stay cases and we have not a complete scheme because there is no real provision for this class of case; either the patient must remain in a general hospital, hampering the hospital's usual activities, or it must be diverted to other institutions far from home which is naturally unpopular with relations and friends.

A scheme is in the air to build a long stay hospital at Thetford to serve East Anglia, staffed by the Hon. Surgeons of the General Hospitals at Cambridge, Ipswich and Norwich; this hospital would be provided by the Association for the Care of Cripples. There are disadvantages to this scheme, the greatest perhaps is the inaccessibility of Thetford—this place was chosen as the most central point of three Counties. A further disadvantage is that patients in this hospital would be so far from the headquarters of the Surgeons that they could not be under their continuous supervision. The better solution would be to provide a long stay orthopaedic block in each centre, which would be more convenient for the patients of the three Counties and the Orthopaedic Surgeons of the Hospitals; this would be likely to produce both efficiency and contentment.

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

	1926/7	1927/8	1928/9	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35	1935/36	1936/37	1937/8
Pulmonary	£3968	£2925	£3324	£2711	£2532	£3019	£3488	£3645	£3678	£3251	£3224	£361
Non-Pulmonary	2267	1641	2057	2690	2676	2480	2554	2060	1709	1820	2789	281
Totals	£6235	£4566	£5381	£5401	£5208	£5499	£6042	£5705	£5387	£5071	£6013	£641

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 under these Regulations during 1937 in this County.

Public Health Act, 1925, Section 62.

Public Health Act, 1936, Section 172.

No action was taken under either of these Acts in this County during 1937.

Tuberculosis Statistics.

In the following Tables *Respiratory Tuberculosis* indicates tuberculosis of the lungs, larynx, and lymphatic glands of the thorax, and is classified:—

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

T.B. Plus when the sputum contains tubercle bacilli; cases in this category are divided into groups 1, 2 or 3, according to the stage of the disease.

Non-Respiratory Tuberculosis indicates tuberculosis of:—

1. Bones and joints.
2. Abdomen.
3. Organs, other than respiratory.
4. Peripheral glands.

TABLE XLVIII.

*Cases Notified as suffering from Tuberculosis.
 Primary Notifications.*

Year.	Respiratory.		Non-Respiratory.		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
1937	63	60	27	37	187

The low number of notifications received in 1936 has not been followed by a subsequent rise this year as might be expected. Last year there was an unforeseen and probably an artificial figure in the number of female respiratory notifications, 41 only—19 less than ever before ; it was not likely that this would recur and this year a normal figure has returned, but this is not sufficient to increase the total notifications as a freak figure has happened this year—there are only 27 male non-respiratory notifications and as this is 25 less than in 1936 it cancels the higher figures in the female respiratory group.

TABLE XLIX.

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
1937	.65	.59	.71	.42	.51	.53

An unusual feature of this table, is the high rate in the urban districts excluding Lowestoft ; the rural rate is very low.

TABLE L.

Notified Cases Dying of Tuberculosis.

Year.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Respiratory....	—	—	—	—	100	139	161	108	109	117	111	125	92	102	101	100	89	86
Non-Respiratory	—	—	—	—	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 does not agree with that dealing with the figures received from the Registrar-General. Some patients died unnotified ; others were allotted to this area by the Registrar-General though no notification was received here. There is rather a large reduction in the number of respiratory deaths known to this Department.

TABLE LI.

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

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Deaths according to the figures of the Registrar General	214	144	153	154	172	160	132	131	131	134	120	116	108
Notified Deaths	184	126	124	122	140	144	112	117	117	115	106	105	5
Unnotified Deaths	30	18	29	32	32	16	20	14	14	19	14	11	3
Percentage of un-notified Deaths	14%	13%	19%	21%	19%	10%	15%	11%	11%	14%	12%	9%	12%

In every case of an unnotified death the Practitioner signing the certificate is approached and information obtained from him as to the cause of this. The percentage varies little and there must always be a certain proportion in which the diagnosis is made so late that notification is omitted.

TABLE LII.

Deaths of Notified Cases of Tuberculosis during 1937.

Period between Notification and Death.	Respiratory.		Non-Respiratory.		Total
	Males.	Females	Males.	Females	
Notified after Death	—	1	1	—	1
Within 1 week after notification	1	2	—	4	7
Died from 1 week to 1 month	4	4	2	1	11
„ „ 1 month to 3 months	2	4	2	—	8
„ „ 3 months to 6 months	5	2	—	—	7
„ „ 6 months to 1 year	7	1	1	1	10
„ „ 1 year to 2 years	8	5	—	—	13
„ „ 2 years to 5 years	7	9	—	2	18
„ „ 5 years to 10 years	6	4	—	2	12
„ „ over 10 years	6	1	—	—	7
Totals	46	33	6	10	95

There is a decrease in the number of deaths among notified cases ; 30 died within three months and two years of notification, and 30 between two and 10 years of notification, and 7 died who had been notified more than 10 years ago. Comparing these figures with those for 1936 it shows a suggestion of greater chronicity.

TABLE LIII.
New Cases and Mortality during 1937.

Age Periods.	Primary Notifications and other New Cases.				Deaths from Tuberculosis.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0	—	—	—	2	—	—	—	1
1	—	1	7	6	—	—	3	4
5	4	1	6	10	—	—	1	2
10	3	2	3	3	1	1	1	2
15	4	11	5	6	2	2	1	—
20	9	13	2	4	5	5	—	2
25	16	25	5	6	8	13	—	—
35	15	8	—	2	10	5	—	—
45	10	8	4	—	9	2	3	—
55	12	7	—	1	10	7	1	—
65	4	1	1	1	4	2	—	1
Totals	77	77	33	41	49	37	10	12

The number of male respiratory deaths is, as usual, higher than the female, but the disproportion is less than last year. Again, as in 1936, the females suffered more in the non-respiratory group.

TABLE LIV.
Cases removed from Register during 1937.

Reason for Removal.	Cases examined by Tuberculosis Officer.		Cases not examined by Tuberculosis Officer.		Total.
	Respiratory.	Non-Respiratory.	Respiratory.	Non-Respiratory.	
Deaths from Tuberculosis	69	10	17	12	108
Deaths from Other Causes	6	5	—	—	11
Transferable Deaths	1	—	2	—	3
Disease Cured	22	39	—	—	61
Not Tuberculous	75	23	—	2	100
New Contacts not Tub.	72	—	—	—	72
Old Contacts not Tub.	7	—	—	—	7
Refused Examination	12	10	6	1	29
Removed from Area	25	14	7	4	50
Doctors' Private Patients	—	—	3	1	4
Asylum Inmates	2	—	1	—	3
Totals	291	101	36	20	448

1937.
TABLE LV.
Source of Infection.

	Old Cases.	New Cases.	Total.
Probably due to house infection	54	20	74
Known family history of Tuberculosis	157	44	201

TABLE LVI.
Examinations by Tuberculosis Officers.

Examinations during year.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
At Tuberculosis Dispensaries	353	386	403	422	400	314	225	260	202	159
At Homes of Patients	1101	1160	1230	1200	1173	989	983	1084	916	856
Consultations with Doctors at Homes of Patients ...	40	30	40	28	16	25	12	22	27	20
Other Consultations ...	125	135	115	111	107	85	93	87	93	76
New Contacts examined at School	—	—	46	45	89	54	62	58	54	46
Totals	1619	1711	1834	1806	1785	1467	1375	1511	1292	1157

The number of visits by the Tuberculosis Officers will decline with the falling death rate and, hence, fewer cases on the register; this is emphasised by the keeping patients in institutions longer than before.

TABLE LVII.
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	1937
Urban	114	78	80	101	92	88	97	68	80	82	78	81	57	72	63	62	55	60	60
Rural	119	110	109	123	102	119	117	76	73	72	94	79	75	59	68	72	55	56	48
Administrative County	233	188	189	224	194	207	214	144	153	154	172	160	132	131	131	134	120	116	108

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 ... 94
- (2) Those persons who died from Tuberculosis and entered the County suffering from that condition 10
- (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 ... 1

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 ... ..	.53
Rate with immigrants excluded ... ..	.48
Rate with immigrants and deaths from other causes excluded ... ..	.46
Cambridgeshire	2
Ipswich	2
West Suffolk	2
Essex	1
Norfolk	1
London	1
Other areas	1

In addition, 3 cases very doubtful.

TABLE LVIII.

Working Capacity of Cases on Register on 31st December, 1937.

Capacity for Work.	Respiratory.		Non-Respiratory.		Total.
	Males.	Females.	Males.	Females.	
Full-time	52	47	83	69	251
Part-time	33	30	8	7	78
Getting about	56	48	13	16	133
Confined to bed	25	24	15	11	75
Totals	166	149	119	103	537

Over one-quarter of the respiratory cases are working full time ; about one-sixth are confined to bed. The majority of non-respiratory cases are on full work.

TABLE LIX.

Specimens of Sputum examined for Dispensary Cases, 1937.

Tubercle Bacilli found.	No Tubercle Bacilli found.	Total Examinations.
159	284	443

Tubercle bacilli were found in 11 more cases this year than last, but there is a reduction of over 100 in those where no tubercle bacilli were discovered, and a decrease of 100 in the total number of specimens examined.

TABLE LX.

Number of Patients for whom Specimens of Sputum were examined, 1937.

Result of Examination.	Old Cases.	New Cases.	Total.
Tubercle Bacilli found	105	52	157
No Tubercle Bacilli found	56	39	95
Totals	161	91	252

Thirty-three fewer patients than last year had sputum examined. Unfortunately, eight more new cases had sputum containing tubercle bacilli than in 1936, and the reduction in the number of patients is confined to those in which no tubercle bacilli were found.

TABLE LXI.

Return showing the work of the Dispensary for the year 1937.

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 ..	48	42	2	3	9	11	57	53	15	14	139
(b) Diagnosis not completed ..	—	—	—	—	—	—	4	6	2	2	14
(c) Non-tuberculous ..	—	—	—	—	—	—	21	25	11	15	72
B.—CONTACTS examined during the year:—											
(a) Definitely tuberculous ..	—	1	—	—	—	—	—	1	—	—	1
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	1	1
(c) Non-tuberculous ..	—	—	—	—	—	—	5	6	31	30	72
C.—CASES written off the Dispensary Register as:—											
(a) Recovered	8	13	—	1	10	7	12	10	18	20	61
(b) Non-tuberculous ...	—	—	—	—	—	—	—	—	30	40	170
D.—NUMBER OF CASES on Dispensary Register on December 31st, 1936:—											
(a) Definitely tuberculous ..	162	146	4	3	48	56	71	47	210	202	537
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	3	5	13

1. Number of cases on Dispensary Register on January 1st, 1937	604	7. Number of consultations with medical practitioners:—	
		(a) Personal	23
		(b) Other	73
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	30	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	876
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	63	9. Number of visits by Nurses or Health Visitors to homes for Dispensary Purposes	1857
4. Cases written off during the year as Dead (all causes)	89	10. Number of:—	
		(a) Specimens of sputum, etc., examined	443
		(b) X-Ray examinations made	80
		in connexion with Dispensary work.	
5. Number of attendances at the Dispensary (including Contacts)	159	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	46		
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	217	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	234

TABLE LXII.
Cases treated as In-patients in Residential Institutions. RESPIRATORY TUBERCULOSIS. 1937.

Name of Residential Institution.	Under Treatment on the 1st January, 1937.			Admitted.			Discharged.			Died.			Remaining under treatment on 31st December, 1937.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Normanston Hospital	15	11	26	30	21	51	—	14	—	35	9	5	15	13	28
Ipswich Sanatorium	11	11	22	11	22	33	3	19	3	33	1	1	2	13	25
Ipswich Isolation Hospital ..	2	—	2	2	2	4	—	—	—	—	4	1	5	1	1
Brompton Hospital and Frimley San.	1	—	1	1	4	5	—	3	—	5	—	—	—	1	1
Maltings Farm Sanatorium ..	—	—	1	—	1	2	1	1	—	1	—	—	—	—	2
Totals	29	22	51	44	50	94	5	37	3	74	14	7	22	28	57

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	1 Male.
Ipswich Sanatorium to Normanston Hospital	1 Male.
Ipswich Sanatorium to Ipswich Isolation Hospital	1 Male.
Maltings Farm Sanatorium to Ipswich Isolation Hospital	1 Female.

TABLE LXIII.
Cases treated as In-patients in Residential Institutions. NON-RESPIRATORY TUBERCULOSIS, 1937.

Name of Residential Institution.	Under Treatment on the 1st January, 1937.				Admitted.				Discharged.				Died.				Remaining under treatment on the 31st December, 1937.			
	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	10	8	14	32	7	8	9	24	2	—	2	4	2	1	3	6
Lowestoft and North Suffolk Hospital	1	—	5	6	3	—	5	8	3	—	8	11	—	—	—	—	1	—	2	3
Beccles Hospital ...	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—
Lord Mayor Treloar Cripples' Hospital	—	—	3	3	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—
Royal National Orthopaedic Hospital	—	—	2	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
East Anglian Sanatorium ...	—	—	1	1	—	1	1	2	—	1	2	3	—	—	—	—	—	—	—	—
St. Michael's Orthopaedic Hospital	—	2	1	3	—	—	—	—	—	2	—	2	—	—	—	—	—	—	1	1
Royal Sea Bathing Hospital ...	5	—	—	5	1	—	—	1	1	—	—	1	—	—	—	—	5	—	—	5
Norfolk and Norwich Hospital	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Normanston Hospital ...	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—
Ipswich Isolation Hospital	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
London Hospital ...	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—
Totals	7	3	12	22	16	10	22	48	12	11	24	47	3	—	3	6	8	2	7	7

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 Ipswich Isolation Hospital 1 Female.
 Lowestoft and North Suffolk Hospital to Royal Sea Bathing Hospital 1 Male.
 Lord Mayor Treloar Cripples Hospital to Normanston Hospital 1 Child.

TABLE LXIV.

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 ..	—	—	—	1	2	—	2	1	1	—	—	—	3	3	1	7
		Not quiescent ..	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus. Group 1.	Quiescent ..	—	—	—	2	1	—	1	1	—	—	—	—	3	2	—	5
		Not quiescent ..	1	1	—	—	1	—	—	1	—	—	—	—	1	3	—	4
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 2.	Quiescent ..	—	—	—	—	1	—	—	2	—	1	—	—	1	3	—	4
		Not quiescent ..	3	3	—	3	4	—	9	7	—	3	1	—	18	15	—	33
		Died in Institution	2	1	—	1	1	—	—	—	—	—	1	—	3	3	—	6
	Class T.B. plus. Group 3.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	1	2	—	—	1	—	1	4	—	1	—	—	3	7	—	10
		Died in Institution	5	1	—	1	1	—	1	—	—	3	—	—	10	2	—	12
	Totals (pulmonary)		12	8	—	8	12	—	14	17	1	8	2	—	42	39	1	82
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ..	—	—	—	—	—	—	—	—	1	1	2	2	1	2	3	6
		Not quiescent ..	—	1	—	1	—	2	—	2	1	—	—	2	1	3	5	9
		Died in Institution	2	—	—	—	—	—	—	—	—	—	—	1	2	—	1	3
	Abdominal.	Quiescent ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
		Not quiescent ..	—	1	1	—	—	1	—	—	1	—	—	2	—	1	5	6
		Died in Institution	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Other Organs.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	—	2	1	—	—	1	—	—	—	—	—	1	—	2	3	5
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals (non-pulmonary)		3	4	3	1	—	4	—	2	4	1	2	8	5	8	19	32

TABLE LXV.

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

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

TABLE LXVI.

Number of Patients receiving Residential Treatment.

Year.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Respiratory	196	185	185	200	183	165	149	157	144	136	146	153	143	145	145	140	149
Non-Respiratory	73	51	77	63	67	85	63	81	69	81	63	75	67	72	57	65	67
Totals	269	236	262	263	250	250	212	238	213	217	209	228	210	217	202	205	216

Though the death rate from Tuberculosis decreases, the number of patients receiving institutional treatment does not lessen. In 1927 the same number of respiratory cases were treated as in 1937; the deaths for the two years were 124 and 86 respectively. This is probably due to the larger number of persons who now accept treatment.

TABLE LXVII.

Number of Cases Refusing Residential Treatment during 1937.

	Old Cases.	New Cases.	Total.
Respiratory Tuberculosis	6	11	17
Non-Respiratory Tuberculosis	1	—	1
Total	7	11	18

XIII.

Venereal Diseases.

Lowestoft V.D. Clinic.—During 1937 central heating was put into the clinic; this was possible because the Hospital replaced their old boilers with new ones with a sufficient heating capacity to heat the clinic as well as the rest of the hospital. The result has been entirely satisfactory and no further complaints of the cold have been received.

During 1936 and 1937 patients from Great Yarmouth have used the Clinic increasingly, though cases from East Suffolk are still in the majority and claim more of the attendances than other areas. Between 1934 and 1937 the attendances for Great Yarmouth rose from 330 to 2,099 and for East Suffolk from 2,370 to 2,738, so that Great Yarmouth is becoming almost an equal partner. The total attendances for 1937 were almost identical with that of 1936.

TREATMENT OF VENEREAL DISEASES.

TABLE LXVIII.

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.	1937.	1934.	1935.	1936.	1937.	1934.	1935.	1936.	1937.
East Suffolk	65	90	96	81	2370	3346	2983	2738	212	34	163	131
Gt. Yarmouth	16	29	41	56	330	720	1932	2099	—	7	189	78
Norfolk	6	9	3	10	150	180	82	124	—	—	—	—
TOTAL	87	128	140	147	2850	4246	4997	4961	212	41	352	209

The number of women treated for gonorrhoea is always less than the number of men, for women are more reluctant to seek treatment, and as the disease in the female may be obscure women do not always realise their condition. The annual returns do not differentiate between the patients of the various Authorities using the clinics and, therefore, it is not possible to separate the East Suffolk patients from those of other areas.

The number of male cases under treatment for gonorrhoea on the 1st January for the clinics at Ipswich and Lowestoft was 62, and the number of females 18, or 77.5% patients suffering from gonorrhoea were men and 22.5% were women. One may assume that in all probability the East Suffolk cases followed the ratio of the total.

A large number of in-patient days were apportioned to East Suffolk cases; 542 days spent in hospital by our patients was actually 75 per cent. of all the in-patient days expended upon the V.D. patients at the Lowestoft and Ipswich Hospitals.

TABLE LXIX.
1937.
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	—	13	40	81	2738	131
Ipswich	15	—	36	15	66	956	411
Other Treatment Centres	—	—	2	1	3	33	—
TOTALS	43	—	51	56	150	3727	542

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
1937	43	—	51	94

XIV.

Cancer Death Rate.

The cancer death rate is higher once more ; it has only been exceeded twice before, once as long ago as 1931. The aging population will produce a higher death rate from this disease and it will only be after the Census of 1941, when the people alive in each age group is known that it will be possible to ascertain whether cancer is actually increasing ; and then only can a comparison be made with 1921, 1931, both census years.

TABLE LXX.
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	1.62
1937	174	199	373	1.80	1.82	1.81	—

TABLE LXXI.
DEATHS FROM CANCER.
1937.

Administrative County of East Suffolk:— (Males and Females)	All Ages.	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
	373	—	—	—	—	2	4	16	41	75	142	93
Aggregate of Urban Districts ...	<i>Males:</i> 71	—	—	—	—	—	—	1	5	13	35	17
Aggregate of Rural Districts ...	103	—	—	—	—	1	2	2	5	20	41	32
Total ...	174	—	—	—	—	1	2	3	10	33	76	49
Aggregate of Urban Districts ...	<i>Females:</i> 95	—	—	—	—	—	1	9	11	19	31	24
Aggregate of Rural Districts ...	104	—	—	—	—	1	1	4	20	23	35	20
Total ...	199	—	—	—	—	1	2	13	31	42	66	44

The above table shows the distribution of deaths from Cancer in the Administrative County, and gives the number of deaths for each sex divided between the urban and rural districts as a whole.

XV.

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

TABLE LXXII.

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	1	5	—	—	—	—	5	25
1-2	6	2	12	—	—	—	—	1	6
2-5	8	5	40	—	—	—	—	1	8
5-15	11	7	77	—	—	4	44	1	11
15-25	18	17	306	2	36	3	54	—	—
25-45	25	36	900	20	500	10	250	1	25
45-65	15	32	480	116	1740	102	1530	12	180
65-75	3	6	18	142	426	210	630	21	63
75-100	0	2	—	93	—	371	—	73	—
TOTALS	—	108	1838	373	2702	700	2508	115	318

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

1. Heart Disease	...	...	...	...	700
2. Cancer	...	...	...	...	373
3. Bronchitis	...	...	...	...	115
4. Tuberculosis	...	...	...	...	108

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

1. Cancer	...	...	...	...	2,702
2. Heart Disease	...	...	...	...	2,508
3. Tuberculosis	...	...	...	...	1,838
4. Bronchitis	...	...	...	...	318

The damage from Tuberculosis lessens as the years pass. Cancer fluctuates, for the damage for 1931 was higher than this year. The damage from Heart Disease does not alter very much.

The reduction of 400 units, or almost one-fifth, in tubercle is due to a fall from 52 to 36 deaths in the 25-45 age group and, also, a fall from 25 to 17 deaths in the 15-25 age group.

Heart Disease had 371 deaths over the age of 75 years and 210 deaths between 65 and 75 years; this is one of the natural ends to life.

XVI.

Mental Deficiency Acts, 1913 to 1927.

The East and West Suffolk Joint Committee for the Care of the Mentally Defective are 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.

TABLE LXXIII.

Mental Defectives in East Suffolk.

As on 1st January, 1938.

Alleged Defectives ascertained:	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1925.
Males	617	586	554	529	495	440	384	323	228
Females	650	672	672	640	604	565	545	439	281
TOTAL *	1267	1258	1226	1169	1099	1005	929	762	509

* This figure is made up as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
<i>Dealt with by Joint Committee.</i>				
In Institutions :—				
Feeble-minded	45	84	129	
Imbeciles	76	50	126	
Idiots	17	11	28	
	<u>138</u>	<u>145</u>	<u>283</u>	283
On leave of absence from Institutions :—				
Feeble-minded	4	17	21	
Imbeciles	—	6	6	
Idiots	1	—	1	
	<u>5</u>	<u>23</u>	<u>28</u>	28
Under Guardianship :—				
Feeble-minded	—	6	6	
Imbeciles	5	9	14	
Idiots	2	—	2	
	<u>7</u>	<u>15</u>	<u>22</u>	22
Under Statutory Supervision	<u>86</u>	<u>97</u>	<u>183</u>	183
<i>Dealt with at instance of parent or Suffolk Mental Welfare Association :—</i>				
In Training Homes	6	12	18	
In Royal Eastern Counties Institution	12	14	26	
Under Voluntary Supervision	338	297	635	
	<u>356</u>	<u>323</u>	<u>679</u>	679
<i>Defectives in Public Assistance Institutions</i>				
.....	25	47	72	72
		TOTAL	<u>1267</u>	

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
During the year there have—			
Been discharged from Orders	—	—	—
Been discharged to Asylums	1	1	2
Died	3	6	9

XVII.

TABLE LXXIV.
EAST SUFFOLK COUNTY ASSOCIATION FOR THE BLIND.
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.	—	6	4	6	11	20	32	40	58	2	179
F.	1	4	3	5	5	22	45	51	77	1	214
Total	1	10	7	11	16	42	77	91	135	3	393

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.	30	11	8	7	13	18	26	21	29	10	6
F.	34	9	5	11	13	14	27	33	24	29	15
Total	64	20	13	18	26	32	53	54	53	39	21

Employment—Age Periods 16 and upwards.

Sex.	Employed.	Trained but unemployed.	Under training.	No training but trainable.	Unemployable.	Total.
M.	34	1	4	1	133	173
F.	13	—	2	2	192	209
Total	47	1	6	3	325	382

Occupations of Employed.

<i>Males.</i>			<i>Females.</i>		
Basket Makers	....	6	Knitters	....	7
Mat Makers	....	4	Caner	....	1
Labourers	....	6	Musician	....	1
Tuners	....	3	Domestic Servants	....	3
Organist	....	1	Braille Ins.	....	1
Factory Hand	....	1			
Hawker	....	1			
Poultry Farmers	....	2			
Boot Repairers	....	2			
Business	....	2			
Netting	....	2			
Gardeners	....	2			
Caner	....	1			
Ship's Cook	....	1			
		34			13

Physically and Mentally Defective.

Sex.				Mentally Defective.	Physically Defective.	Deaf.	Total.
M.	....	....	....	13	6	17	36
F.	....	....	....	15	20	18	53
Total	....	....	....	28	26	35	89

School Age Periods (5-16).

Sex.				Normal at School.	Normal not at School.	Mentally Defective.	Physically Defective.	Total.	Total. Defectives.
M.	....	....	....	5	—	1	—	6	—
F.	....	....	....	2	—	—	—	2	1
Total	....	....	....	7	—	1	—	8	1

Sex.				Abnormal but at School.	In Sunshine Home.	Total.
M.	....	....	....	—	—	—
F.	....	....	....	1	1	2
Total	....	....	....	1	1	2

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.

TABLE LXXV.

Causes of Death in each District during the Year 1937.

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.	Lottingland.	Samford.	Wainford.	TOTAL.		
1. Typhoid and Paratyphoid Fevers ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
2. Measles ..	-	-	-	-	1	-	1	-	-	-	-	-	2	-	4	2	2	2	-	-	11	13	
3. Scarlet Fever ..	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	1	-	1	-	3	4	
4. Whooping Cough ..	-	-	-	-	-	-	-	3	1	-	-	1	5	2	1	-	2	2	-	-	7	12	
5. Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	2	
6. Influenza ..	1	1	2	1	3	2	4	22	1	-	5	4	46	9	22	19	6	7	6	5	74	120	
7. Encephalitis Lethargica ..	-	-	-	-	1	-	-	5	-	-	-	-	6	-	-	-	-	-	-	-	-	6	
8. Cerebro-spinal Fever ..	-	-	-	-	-	-	-	1	-	-	1	-	2	-	-	-	1	-	1	-	2	4	
9. Tuberculosis of the Respiratory System ..	3	6	2	1	7	1	2	21	-	-	1	3	47	4	8	7	3	7	6	4	39	86	
10. Other Tuberculous Diseases ..	-	2	-	1	1	-	1	5	-	-	2	1	13	2	1	1	1	2	1	1	9	22	
11. Syphilis ..	-	-	-	-	-	-	-	5	-	-	1	-	6	-	-	-	-	-	-	-	-	6	
12. General Paralysis of the Insane, Tabes Dorsalis ..	-	-	-	-	-	-	1	2	-	-	-	-	3	-	-	1	-	-	-	-	1	4	
13. Cancer, Malignant Disease ..	4	24	5	2	25	3	5	67	2	5	13	11	166	42	44	31	29	21	24	16	207	373	
14. Diabetes ..	-	3	-	-	3	-	1	7	-	1	1	1	17	4	5	5	1	6	3	2	26	43	
15. Cerebral Haemorrhage, etc. ..	2	6	4	2	14	1	1	25	3	1	3	14	76	23	27	12	18	10	10	9	109	185	
16. Heart Disease ..	13	17	7	3	53	7	15	108	4	10	12	13	262	84	80	70	87	41	52	24	438	700	
17. Aneurysm ..	-	-	-	-	1	-	1	-	1	-	-	-	3	-	-	-	1	-	-	-	2	5	
18. Other Circulatory Diseases ..	1	12	6	-	5	-	2	21	-	3	4	-	54	6	10	8	5	12	8	3	52	106	
19. Bronchitis ..	3	4	1	-	5	1	-	26	-	1	3	1	45	11	10	14	16	12	3	4	70	115	
20. Pneumonia (all forms) ..	1	5	-	1	4	1	2	28	-	1	1	5	49	11	13	4	9	4	6	2	49	98	
21. Other Respiratory Diseases ..	-	1	-	1	1	-	-	9	-	-	-	-	12	3	1	2	2	1	3	2	14	26	
22. Peptic Ulcer ..	-	1	-	-	1	-	-	4	-	-	-	-	6	-	1	1	4	1	2	1	10	16	
23. Diarrhoea, etc. (under 2 years) ..	-	1	-	-	-	-	-	1	-	-	-	-	2	-	-	-	1	-	-	-	1	3	
24. Appendicitis ..	-	-	-	-	-	-	1	6	-	-	-	-	7	-	1	2	1	-	1	-	5	12	
25. Cirrhosis of Liver ..	-	1	-	-	1	-	-	1	-	-	2	-	5	-	2	1	1	-	1	-	6	11	
26. Other Diseases of Liver, etc. ..	-	-	-	-	1	2	-	2	-	1	-	-	6	2	-	-	-	2	1	-	5	11	
27. Other Digestive Diseases ..	-	2	3	1	1	-	1	5	-	2	-	-	15	4	7	6	1	-	2	5	25	40	
28. Acute and Chronic Nephritis ..	-	-	1	-	6	-	4	7	-	5	2	5	30	9	8	8	6	5	5	5	46	76	
29. Puerperal Sepsis ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	3	3	
30. Other Puerperal Causes ..	-	-	-	-	-	-	1	1	-	-	1	-	3	1	1	-	-	-	-	-	2	5	
31. Congenital Debility, Premature Birth, Malformation, etc. ..	-	-	1	2	6	1	1	18	-	1	2	1	33	11	9	9	7	7	3	4	50	83	
32. Senility ..	3	16	2	6	1	-	-	39	3	1	4	2	77	11	12	5	34	12	7	9	90	167	
33. Suicide ..	-	-	-	-	2	1	-	10	-	1	3	-	17	2	1	5	2	4	3	2	19	36	
34. Other Violence ..	-	1	2	-	8	2	2	14	-	1	3	-	33	9	19	8	7	6	4	2	55	88	
35. Other Defined Diseases ..	4	8	4	-	9	1	5	41	1	3	6	2	84	19	27	11	19	13	13	2	104	188	
36. Causes ill-defined or unknown ..	-	-	-	1	-	-	-	2	-	-	1	1	5	1	-	-	-	-	-	1	2	7	
ALL CAUSES ..	35	111	40	22	160	23	51	507	16	37	71	65	1138	271	315	234	269	179	167	104	1536	2677	
SPECIAL CAUSES INCLUDED IN NO. 35 ABOVE, viz.:-																							
Polioencephalitis ..	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-	-	

TABLE LXXVI.—continued.

Causes of Death at Different Periods of Life in the Administrative County.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.													
		All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
19. Bronchitis	M.	16	1	—	—	—	—	—	—	—	—	—	3	40	1	—	—	—	—	—	—	—	—	7	28
20. Pneumonia (all forms) ..	F.	29	2	1	—	—	—	—	—	—	—	—	4	30	1	1	—	—	—	—	—	—	2	20	
21. Other Respiratory Diseases ..	M.	26	7	2	—	—	—	—	—	—	—	—	5	25	2	2	3	—	—	—	—	—	4	7	
22. Peptic Ulcer	F.	5	—	—	—	—	—	—	—	—	—	—	1	24	2	—	—	—	—	—	—	—	3	9	
23. Diarrhoea, etc.	M.	7	—	—	—	—	—	—	—	—	—	—	2	9	—	—	—	—	—	—	—	—	4	2	
24. Appendicitis	F.	4	—	—	—	—	—	—	—	—	—	—	1	5	—	—	—	—	—	—	—	—	—	4	
25. Cirrhosis of Liver	M.	2	2	—	—	—	—	—	—	—	—	—	1	9	—	—	—	—	—	—	—	—	—	—	
26. Other Diseases of Liver, etc. ..	F.	4	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	
27. Other Digestive Diseases ..	M.	1	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	
28. Acute and Chronic Nephritis ..	F.	4	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	
29. Puerperal Sepsis	M.	6	—	—	—	—	—	—	—	—	—	—	1	10	—	—	—	—	—	—	—	—	—	—	
30. Other Puerperal Causes ..	F.	2	—	—	—	—	—	—	—	—	—	—	2	11	—	—	—	—	—	—	—	—	—	—	
31. Congenital debility, premature birth, malformation, etc. ..	M.	10	—	—	—	—	—	—	—	—	—	—	1	22	—	—	—	—	—	—	—	—	—	—	
32. Senility	F.	20	—	—	—	—	—	—	—	—	—	—	7	27	—	—	—	—	—	—	—	—	—	12	
33. Suicide	M.	3	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	
34. Other Violence	F.	21	—	—	—	—	—	—	—	—	—	—	—	23	27	1	—	—	—	—	—	—	—	—	
35. Other Defined Diseases ..	M.	12	—	—	—	—	—	—	—	—	—	—	—	35	—	—	—	—	—	—	—	—	—	32	
36. Causes ill-defined or Unknown ..	F.	39	—	—	—	—	—	—	—	—	—	—	4	55	—	—	—	—	—	—	—	—	—	52	
	M.	38	—	—	—	—	—	—	—	—	—	—	4	16	—	—	—	—	—	—	—	—	—	1	
	F.	12	—	—	—	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—	—	—	—	3	
	M.	5	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	1	
	F.	23	2	1	—	—	—	—	—	—	—	—	3	41	1	1	1	4	7	2	8	3	3	3	
	M.	10	—	—	—	—	—	—	—	—	—	—	2	14	—	—	—	—	—	—	—	—	—	5	
	F.	46	1	2	—	—	—	—	—	—	—	—	7	65	—	—	—	—	—	—	—	—	—	16	
	M.	38	—	—	—	—	—	—	—	—	—	—	9	39	2	2	1	4	7	4	5	6	9	12	
	F.	3	1	—	—	—	—	—	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	7	
	M.	2	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Polioencephalitis	F.	1	—	—	1	—	—	—	—	—	—	—	Special causes included in No. 35 above.	—	—	—	—	—	—	—	—	—	—	—	
Polioencephalitis	M.	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	
Polioencephalitis	F.	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	

in No. 35 above.

Special causes included

XIX.

Air Raid Precautions.

This is the first year in which any reference has been made in the report to this subject. It is not easy to assess the magnitude of the task laid upon the County Medical Officers and District Medical Officers of Health as the distribution of duties and responsibilities between them is not clearly laid down and it is left to the local authorities themselves to decide. One thing is certain, that a vast and complicated organisation has to be formed and administered by Medical Officers of Health, who are fully employed upon their ordinary duties.

The provision of base hospital accommodation in itself is a mighty problem and making schemes for this has taken up much time and thought, and after formulating and dropping one scheme and completing another, the Ministry of Health took a hand in the matter and completed a survey on their own account. The change over from the Home Office to the Ministry of Health was a good move for it seems to be somewhat outside the experience of the Home Office to organise, or rather to advise, upon the organisation of the colossal medical service required to deal with civilian casualties in war.

It is easy to issue instructions from headquarters, but it is hard even to begin to carry them out. To assume the executive responsibility of establishing base hospitals, which for the moment is in abeyance so far as County Councils are concerned but which will probably revert to them in the long run, and of establishing casualty clearing hospitals where no local hospitals exist, and of co-ordinating the whole of the casualty medical services, is a matter of great difficulty for the Medical Officer of Health of a County with no Public Health hospitals and no office administration dealing with them. This difficulty is enhanced when, despite requests, no schedule of base and casualty clearing hospital equipment is yet available after a lapse of two years.

The medical organisation for casualties cannot be carried out efficiently with the present staff of the Public Health Department. It is a new departure, involving much detailed and complicated work, a large part of it requiring intimate knowledge of hospital equipment which I do not possess. It is work which cannot be done after hours as a sort of unimportant extra, because much of it means contact with people and people must be met to suit their convenience. When a County scheme is complete and approved, a staff must be created to make it ready when the time arrives.

It would be ungrateful of me in dealing with this subject to omit to mention my gratitude to Commander Phelps, the Air Raid Precautions Officer of the County, for the untiring help and encouragement that he has always given so ably and willingly.



APPENDIX.

EAST SUFFOLK COUNTY COUNCIL.

EIGHTEENTH
ANNUAL REPORT

— of —

NORMANSTON HOSPITAL

1937.

NORMANSTON HOSPITAL, OULTON BROAD.

ANNUAL REPORT FOR THE YEAR 1937.

Resident in the Hospital on January 1st, 1937 :—

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

Admitted to the Hospital during the year 1937 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	53	30	23
Other Areas	—	—	—
TOTALS	53	30	23

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>
		<i>Male.</i>	<i>Female.</i>	
Walking Cases	19	13	6	—
Ambulance Cases	30	15	15	—
Admitted by Car	4	2	2	—
TOTALS	53	30	23	—

There were discharged from the Hospital (including deaths) during the year 1937 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	51	30	21
Other Areas	—	—	—
TOTALS	51	30	21

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>
		<i>Male.</i>	<i>Female.</i>	
Walking Cases	27	20	7	—
Ambulance Cases	3	—	3	—
Discharged by Car	5	1	4	—
Died	16	9	7	—
TOTALS	51	30	21	—

There were resident in the Hospital on the 31st December, 1937 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	28	15	13
Other Areas	—	—	—
TOTALS	28	15	13

The average number of beds occupied throughout the year was 28.65.

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>	
Advanced, Stage 3	14	9	5	—
Intermediate, Stage 2	26	16	10	—
Early, Stage 1	10	4	6	—
Observation	—	—	—	—
Non-Pulmonary	1	1	—	—
Disease arrested	—	—	—	—
TOTALS	51	30	21	—

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

T.B. Laryngitis	4
T.B. Meningitis	1
T.B. Sacro-iliac disease and Amyloid disease	1
T.B. Otitis Media	1
T.B. Enteritis	1
T.B. Cervical Glands	1
Myocarditis and dilatation	1
Pleural Effusion	1

Year.	Advanced.	Intermediate.	Early and Observation.	Non-Pulmonary.	Disease arrested.
1928	36.23	33.33	26.09	2.90	1.45
1929	39.29	46.43	12.50	1.78	—
1930	36.00	42.00	12.00	10.00	—
1931	44.23	23.08	19.23	11.54	1.92
1932	30.51	50.85	18.64	—	—
1933	28.85	30.77	28.84	11.54	—
1934	21.74	34.79	41.30	2.17	—
1935	26.42	37.73	32.08	3.77	—
1936	41.66	35.42	22.92	—	—
1937	27.45	50.98	19.60	1.90	—

(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	2	2	—	—	—
Working less than 3 hours	5	4	1	—	—
Not on work	20	13	7	—	—
(2) In Statu Quo	8	2	6	—	—
(3) Retrogressive	—	—	—	—	—
(4) Died	16	9	7	—	—
TOTALS	51	30	21	—	—

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
1937	7	20	8	—	16	51	13.92

						<i>Admitted.</i>	<i>Discharged. (or died).</i>
(d) Cases from Administrative County (including Lowestoft) ...						53	51
Cases from Other Areas ...						—	—
TOTALS ...						53	51

						<i>Admitted.</i>	<i>Discharged. (or died).</i>
(e) Discharged Soldiers and Sailors ...						5	4
Civilians (Adult) ...						45	44
,, (Children) ...						3	3
TOTALS ...						53	51

(f) Duration of Treatment :—

Average for patients discharged (excluding deaths) was 31 weeks 3 days.

Maximum period of treatment (excluding deaths) was 63 weeks 4 days.

Treatment Results.

Considering that of the cases discharged 77.143 had been of the advanced or intermediate types, the results were satisfactory. 52.94 had improved, although few had been able to follow their employment.

During the year the routine estimation of the blood sedimentation rate was continued. This test commenced in 1935, had proved a useful guide in determining the grade of exercise suitable for those patients whose temperatures had settled.

Cases considered suitable for gold therapy were treated by Sanocrysin, or by Solganol-B-ollosum.

The results were comparable with those described in the literature of gold therapy, that is to say, about 50% did not obviously benefit, while the remainder showed marked, and in some cases, almost dramatic improvement.

The results obtained certainly justify the claim that gold treatment in suitable cases is a notable addition to our therapeutic armamentarium.

Of the cases admitted :—

(a) Place of Residence before Admission.					<i>Number of Patients.</i>
Alderton	....	....	....	....	1
Beccles	....	....	....	....	2
Barnby	....	....	....	....	1
Bungay	....	....	....	....	2
Burgh Castle	....	....	....	....	1
Debenham	....	....	....	....	1
Hacheston	....	....	....	....	1
Henstead	....	....	....	....	1
Holton	....	....	....	....	1
Kessingland	....	....	....	....	1
Leiston	....	....	....	....	4
Lowestoft and Oulton Broad	....	....	....	....	25
Martlesham	....	....	....	....	1
Mettingham	....	....	....	....	1
Orford	....	....	....	....	1
Occold	....	....	....	....	1
Ramsholt	....	....	....	....	1
Rumburgh	....	....	....	....	1
Stowmarket	....	....	....	....	3
Sotherton Corner	....	....	....	....	1
Southwold	....	....	....	....	1
Woodbridge	....	....	....	....	1
TOTAL					53

(b) Occupation.					<i>Number of Patients.</i>
Butchers	....	....	....	....	2
Billposter	....	....	....	....	1
Bricklayer	....	....	....	....	1
Coastguard	....	....	....	....	1
Clerk	....	....	....	....	1
Domestic Servants	....	....	....	....	5
Factory Hands	....	....	....	....	2
Farmer	....	....	....	....	1
Farm Labourers	....	....	....	....	5
Fishermen	....	....	....	....	2
Hairdressers	....	....	....	....	2
Housewives	....	....	....	....	12
Knitter	....	....	....	....	1
General Labourer	....	....	....	....	1
Lorry Drivers	....	....	....	....	2
Male Nurse	....	....	....	....	1
Painter	....	....	....	....	1
Platelayer	....	....	....	....	1
Rate Collector	....	....	....	....	1
Shepherd	....	....	....	....	1
Discharged Soldiers or Sailors	....	....	....	....	5
School Children	....	....	....	....	3
Of no occupation	....	....	....	....	1
TOTAL					53

Visiting Committee.

There were eleven ordinary meetings throughout the year 1937.

At the meeting on 26th April, 1937, Miss J. M. Mann and Mr. C. T. Brown were welcomed as new members of the Committee.

Major S. W. Humphery, Chairman.

Mr. A. Jenner, Deputy Chairman.

Mrs. R. Jacobs, Miss J. M. Mann, Mr. W. Turrell, Capt. E. Tuttle, Mr. C. T. Brown.

I should like to take this opportunity of expressing to the Chairman and Committee my appreciation of their concern for the work of the Hospital.

Chaplain.

I am grateful to the Hon. Chaplain, the Rev. Canon Enraght, and to his Deputy, the Rev. C. W. Newman, who, throughout the year 1937, have conducted the weekly services, and visited the ill patients.

Staff.

Sister and Assistant Nurses : No change.

Probationer Nurses : Miss Cicely Mathews, appointed, *vice* Miss West (resigned February, 1937).

Maids : Miss E. Rose, March, 1937, *vice* Miss L. Cole. Miss G. Fountain, December, 1937, *vice* Miss I. Bunn.

It was recommended at the meeting, November, 1937, to increase the Staff by one Probationer Nurse, and one Ward Maid.

Supplies.

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

Poultry and Garden Produce.

In April, 1937, a brooder was purchased and 50 chicks, of which 33 have survived. A new hen house, costing £9 5s. 0d., was purchased in September.

	£	s.	d.
From young birds—Eggs, 1,172, marketable value	9	5	2
From old birds—Eggs, 848, marketable value	3	19	8
14 old hens killed, marketable value	1	15	0
	<hr/>		
	14	19	10
Cost of food	14	6	4
	<hr/>		
	£0	13	6

There was a sufficient supply of green vegetables, but poor supply of other vegetables, and poor fruit crop.

Potatoes	....	1½ tons, being 1 ton less than in 1936.
Apples	....	11½ cwt.
Currants	....	23 lbs.
Raspberries	....	92 lbs.
Gooseberries	....	76 lbs.
Plums	....	45 lbs.
Pears	....	Nil.
Tomatoes	....	104 lbs.

Recreation.

Bowls parties were arranged during the summer months, old patients and visiting teams being entertained.

Mr. Powell and members of the Lowestoft Players provided occasional concerts.

By the courtesy of Odeon Cinemas, those patients who were able to go out visited the Cinema on several occasions.

Whist Drives and tea parties were arranged at intervals.

The Staff made good use of their tennis lawn.

Gifts.

The Lowestoft Bowls Club (per Alderman Jenner) very kindly sent the sum of £1 4s. 0d. to the "Comforts" Fund.

A gift of money, amounting to 5/- for each patient, was received from the Hon. Secretary of the Tuberculosis After-care Committee (from the Christmas Seals Sale) and this provided a Christmas present of clothing to every patient.

Many friends very kindly sent presents of money and goods for the patients at Christmastime.

Gramophone records were received from Mrs. Juler, of Lowestoft (the Mother of a patient) and from Mr. Barton, Manager of Odeon Cinema, Lowestoft, who also sent 1,027 bulbs for the garden as a gift from the children of the Mickey Mouse Club.

Books and Magazines were received from the County Librarian and others throughout the year 1937.

I should like to express my indebtedness to all who have contributed towards giving pleasure and interest to the patients.

M. A. MACDONALD,

Medical Superintendent.

31st January, 1938.

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EAST SUFFOLK COUNTY COUNCIL.



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

1937

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.