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HOLLAND COUNTY COUNCIL
LINCOLNSHIRE

Annual Report
ON THE
County Health Services

PART 2

Report

OF THE

Medical Officer of Health

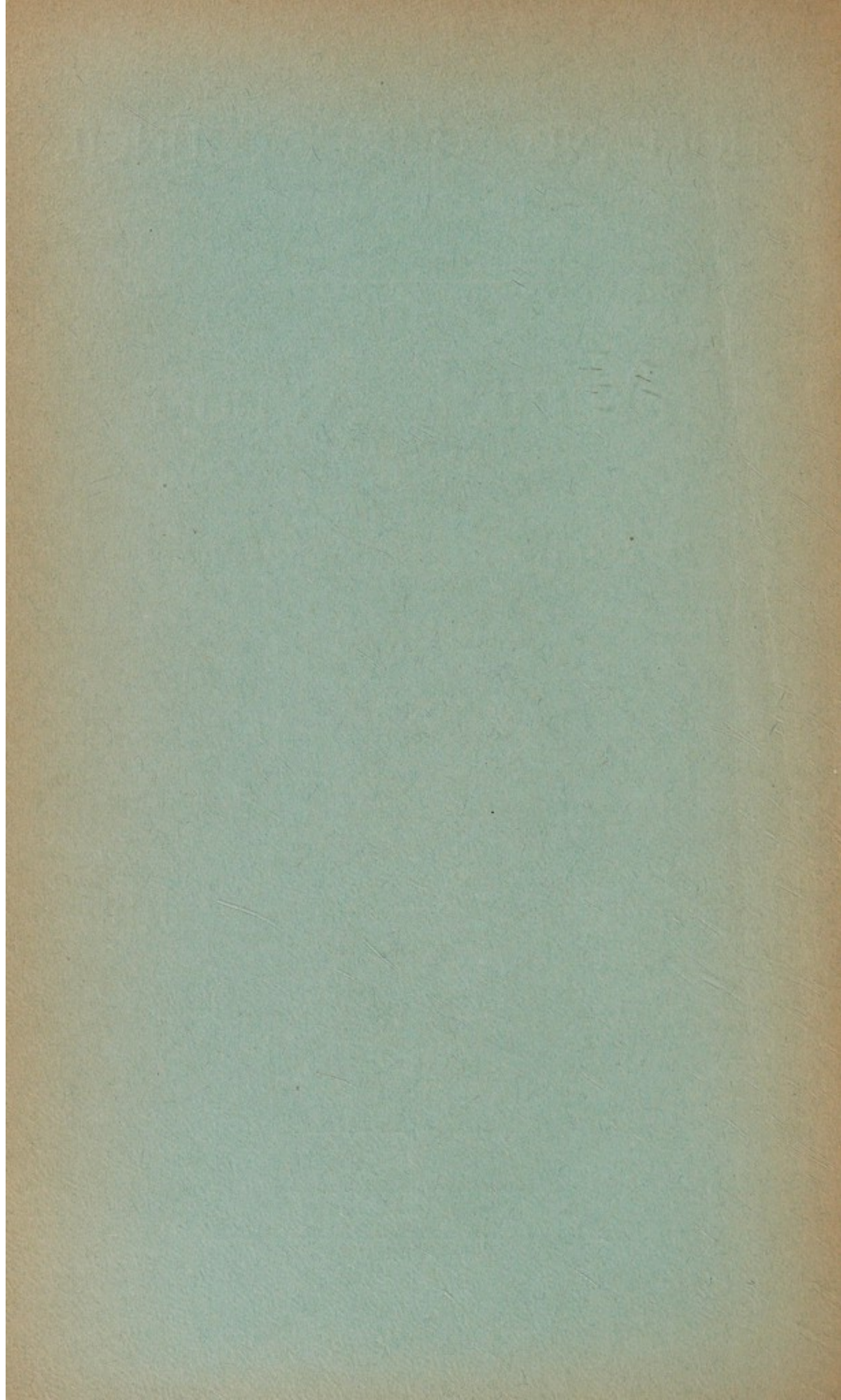
BY

W. G. BOOTH

M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

1932

Guardian Press, Boston



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CONTENTS

	Page.
Ambulance Facilities	19
Bacteriological Work	15
Blindness—Prevention of	38
Boarded-Out Children	42
Cancer	7
Children Act, 1908	42
Clinics and Treatment Centres	19
Drainage and Sewerage	23
Food—Inspection and Supervision of	26
Holland Sanatorium	33
Hospitals	15
Housing	24
Infectious Diseases—Prevalence and Control of	28
Laboratory Facilities	15
Local Government Act, 1929	20
Local Sanitary Authorities	21
Maternity and Child Welfare	39
Maternity and Nursing Homes	18
Maternal Mortality	18
Mental Defectives	42
Mental Treatment Act, 1930	42
Midwives	39
Midwives Acts	39
National Health Insurance	13
Nursing	12
Ophthalmia Neonatorum	29
Poor Law Medical Out-Relief	14
Public Health Officers of Authority	10
.....Other Officers of Authority	11
Puerperal Fever and Pyrexia	29
Rainfall	8
Rivers and Streams	24
Scavenging and Refuse Disposal	23
Social Conditions	5
Tuberculosis	32
Vaccination	30
Venereal Diseases	44
Vital Statistics	6
Water Supply	22

Tables—Urban and Rural Districts—Vital Statistics.
 Urban and Rural Districts—Infectious Diseases.
 Notification and Isolation Hospital Accommodation.
 Return of Dispensary Work.
 Results of Institutional Treatment of Tuberculosis.
 Tuberculosis Order, 1925.

**To the Chairman and Members of the Public Health and
Housing Committee and the Maternity and Child Welfare
Committee.**

Ladies and Gentlemen,

In submitting my first Annual Report on the Public Health of the County of Holland, I should like to pay a tribute to my predecessor, Dr. H. C. Jennings, for the excellent organisation of the department. The staff work as a team, and carry out their duties in a most efficient manner.

In this Report, it is natural that the matter should be mainly statistical. I would, however, like to draw attention to the slight decrease in the death rate from 11.5 to 11.3, and the low infant mortality rate of 49 per 1000 births. This latter figure is often taken as an index of the health of the population, and compares very favourably with that for England and Wales, namely 65 per 1000 births.

With the exception of 1928 (when the infant mortality rate was 46) the rate for 1932 is the lowest recorded. For this satisfactory result great credit must be given to the Maternity and Child Welfare Committee for their wise development of their services. There is no doubt that in this area a full and adequate scheme would show the most bountiful returns both in the saving of child life and the reduction of maternal mortality.

The formation of a Public Medical Service in the County, to which reference is made in another part of my Report, is one of the closest concern to the public health of the people, and the progress of this service will be watched with considerable interest.

I am,

Ladies and Gentlemen,

Your obedient Servant,

W. G. BOOTH.

County Hall, Boston,

July, 1933.

PUBLIC HEALTH AND HOUSING COMMITTEE.

Coun. S. Wain (Chairman).

Ald. A. E. Banks, J.P.	Coun. B. Killingworth.
Ald. T. W. Banks, J.P.	Coun. R. Leggott.
Ald. R. Coupland.	Coun. Mrs. L. Mawer.
Ald. R. Gleed, D.L., J.P.	Coun. G. Parker.
Ald. T. Kitwood, J.P.	Coun. J. S. Patchett.
Ald. R. Riddington.	Coun. C. I. Patchett.
Coun. W. A. Atton.	Coun. W. E. Pearson.
Coun. C. Casswell.	Coun. A. E. Reeve.
Coun. G. W. Chatterton.	Coun. A. C. Rysdale.
Coun. F. Dring.	Coun. R. Salter, J.P.
Coun. R. M. Fletcher.	Coun. E. I. R. Stapleton
Coun. T. Grant.	(since deceased).
Coun. A. de B. Johnson.	Coun. J. Walton.
	Coun. T. Warrick.

SANATORIUM SUB-COMMITTEE.

Coun. Mrs. L. Mawer (Chairman).

Coun. W. A. Atton.	Coun. E. I. R. Stapleton.
Coun. R. Salter, J.P.	(since deceased).
	Coun. S. Wain.

MATERNITY AND CHILD WELFARE COMMITTEE.

Coun. S. Wain (Chairman).

Ald. T. W. Banks, J.P.	Coun. T. W. Mews.
Ald. R. Coupland.	Coun. J. H. Mountain.
Ald. R. Gleed, D.L., J.P.	Coun. J. S. Patchett.
Ald. R. Riddington.	Coun. G. Parker.
Coun. C. Casswell.	Coun. A. C. Rysdale.
Coun. F. Dring.	Coun. R. Salter, J.P.
Coun. R. M. Fletcher.	Coun. E. I. R. Stapleton
Coun. Mrs. L. Mawer.	(since deceased).

with Mrs. R. Coupland, Miss E. M. Maples, and Mrs. Nicholas.

STATISTICS AND SOCIAL CONDITIONS OF AREA.

(a) GENERAL STATISTICS.

Area (acres)	.....	.....	.....	.....	.....	268,992
Population (Census 1931)	.....	.....	.....	.....	.....	92,330
Population (Estimated mid-1932)	.....	.....	.....	.....	.....	93,110
Number of inhabited houses (1931)	.....	.....	.....	.....	.....	23,332
Number of families or separate occupiers (1931)	.....	.....	.....	.....	.....	23,538
Average number of persons per 100 acres (1932)	.....	.....	.....	.....	.....	35
Rateable value for whole County	.....	.....	.....	.....	.....	£312,100
Produce of penny rate for whole County	.....	.....	.....	.....	.....	£1,195

The average number of persons per 100 acres is 35, and of this number less than 50 per cent. are living under strictly urban conditions, the greater portion of the population being distributed over a wide area. Fruit and vegetable canning is developing both in Boston and Spalding.

Seasonal employment is given to a large number of persons at the Beet Sugar Factory at Spalding.

At the Port of Boston the chief export is coal, and the most important imports are wood and fruit (chiefly oranges).

(b) THE CENSUS (1931).

The Census Report is now available and contains the following information :—

The average size of the family in Lincolnshire has been reduced from 4.07 (1921) to 3.73 (1931). There has been an increase of 12.23 per cent. in the actual number of private families themselves and this is commented upon by the Registrar-General as one of the factors causing housing difficulties because although the average size of the family has been reduced, the smaller families need more separate accommodation.

Since 1921 the number of occupied dwellings has increased by 15.38%, this being the largest in Lincolnshire, as compared with Kesteven (8.96%) and Lindsey (14.46%).

The population of Spalding Urban District showed an increase since 1911 from 10,308 to 12,595 ; Holbeach Urban District from 5,259 to 6,112 ; Boston Rural District from 21,057 to 23,912 ; Spalding Rural District from 12,617 to 14,466 ; East Elloe Rural District from 8,690 to 10,095. In Boston the population has remained practically stationary.

The re-arrangement of County District boundaries came into effect on 1st April, 1932, the districts being as follows :—

	Area in acres.	Population estimated to middle of 1932.	Average number of persons per acre.
Boston Borough	3,257	22,320	6.9
Spalding Urban.....	7.825	12,660	1.6
Boston Rural.....	84,490	18,440	.2
East Elloe Rural	85,650	22,070	.3
Spalding Rural	87,770	17,620	.2

(c) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

The estimated population to the middle of 1932 was 93,110, and the census figures for 1931 (April) were 92,330. I have therefore based the following statistics on the former figure.

Live births		M.	F.	Total	} Birth rate 18.7
		Legitimate	851	802		1653
	Illegitimate	52	38	90	

Still births—78. Rate per 1,000 total births—43.

Deaths—1,056. Death rate 11.3.

Percentage of total deaths occurring in public institutions (within County)—17.

Number of women dying in, or in consequence of, child-birth—

From sepsis—1.

From other causes—4.

Death rate of infants under one year of age per 1000 births—

Legitimate—46. Illegitimate—111. Total—49.

Deaths from measles (all ages)—15.

Deaths from whooping cough (all ages)—5.

Deaths from diarrhoea (under 2 years of age)—5.

VITAL STATISTICS FOR THE YEAR 1932.
Urban and Rural Districts.

Area.	Area in acres.	Persons per acre 1931	Structurally separate dwellings occupied at Census, 1931.	Persons per family at Census, 1931.	Population, Census, 1931.	Population adjusted for calculation of Birth and Death Rates.	Births.		Deaths under one year of age.		Net deaths at all ages belonging to the districts.	Nett death rate.	Death rate from Pulmonary Tuberculosis per 1000 population.	Death rate from all tubercular diseases per 1000 population.
							No.	Rate.	No.	Rate per 1000 births reg'd.				
Urban Districts.														
Boston (Borough)	2727	6.1	4245	3.7	16600	20940	383	18.3	22	57	281	13.4	.5	.6
Spalding	10747	1.2	3245	3.6	12595	12700	244	19.1	12	49	145	11.4	.5	.7
*Holbeach	22666	.3	1513	3.8	6112	1530	29	19.0	3	103	25	16.3	.7	.7
*Long Sutton	3931	.7	796	3.5	2902	730	8	11.0	—	—	16	21.9	—	—
*Sutton Bridge	6176	.5	675	3.8	2839	710	12	16.9	—	—	7	9.9	—	—
Rural Districts.														
Boston	85020	.3	5975	3.9	23912	19820	411	20.7	22	54	225	11.4	.4	.4
Spalding	71398	.2	3663	3.9	14466	16880	272	53.5	11	40.4	161	9.5	.7	.8
East Elloe	52877	.2	2476	3.9	10095	19100	372	19.5	15	40	191	10.0	.5	.7
†Crowland	13450	.2	734	3.8	2809	700	12	17.1	1	53	5	7.1	—	—
Whole County	268992	.3	23322	3.4	92330	93110	1743	18.7	86	49	1056	11.3	.5	.6

* These districts became part of the East Elloe Rural District as from 1st April, 1932.

† This district became part of the Spalding Rural District as from 1st April, 1932.

VITAL STATISTICS
Urban

Year	1901	1911	1921
Whole County	368993	434313	493113
Urban Districts	13450	2478	3681
Rural Districts	355493	429635	486232
Boston	17998	20081	22078
Cambridge	71998	8081	8920
East Boston	2327	678	758
East Lynn	2327	678	758
North Boston	2327	678	758
North Lynn	2327	678	758
Riverside	2327	678	758
South Boston	2327	678	758
West Lynn	2327	678	758
Woburn	2327	678	758

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* These districts became part of
† This district became part of

BIRTH RATE.—This rate is a slight decrease as compared with the previous year, the figures being 18.7 and 19.2 respectively. The corresponding rate for England and Wales for 1932 is 15.3.

The illegitimate births number 5.4% of the total births for the year.

DEATH RATE.—This rate shows a very slight decrease as compared with 1931, the figures being 11.3 and 11.5 respectively. The death rate for England and Wales for 1932 was 12.0.

INFANT MORTALITY RATE.—This rate was a considerable decrease on that for the previous year, the figures being 49 and 67 respectively. The rate for England and Wales for the same period was 65.

The rate for illegitimate births is again, as in previous years, much higher than for legitimate births, viz., 111.

GENERAL.—There was a decrease in the number of women dying from conditions directly associated with child-birth (including sepsis). The rate per 1,000 births during 1932 was 2.8, as compared with 4.5 in 1931 and 1.7 in 1930.

CANCER.—Cancer is again responsible for a large number of deaths, the number being 143, a figure which is 13.5% of the total deaths from all causes. The mortality figure per 1,000 of the population works out at 1.5.

It must be remembered in this connection that the lowering of the death rate is giving us an older population. In this way more people are reaching the cancer age, and to some extent swell the death returns for this disease.

The British Empire Cancer Campaign to which body the Holland County Council recently made a grant of 100 guineas, is co-ordinating research into the cause of cancer, and is slowly building up a fabric of facts about the disease which are likely, in the not distant future, to lead to the discovery of some means to cure this formidable disease. At present, one can only repeat the advice of all the experts who deal with it, and ask people to consult their doctors at the first sign of any suspicious symptom or unusual lump.

The Lincolnshire Council of the British Empire Cancer Campaign has continued its efforts for the purchase or hire of radium with a view to the establishment of a clinic at the County Hospital, Lincoln, for the provision of X-Ray therapy.

Table showing the chief killing diseases in County of Holland during 1932.

Disease.	Total number of deaths.
Heart Disease	191
Cancer	143
Tuberculosis (all forms)	57
Bronchitis	43
Pneumonia (all forms)	42
Influenza	35

The following statistics in connection with the rainfall in the County are obtained from records kept in Boston by F. Sanderson Robins, Esq., M.Inst. C.E.

BOSTON.

April, 1932	3.06 ins.	Oct.	3.36 ins.
May	3.56 ,,	Nov.	1.50 ,,
June .....	.40 ,,	Dec. ....	.67 ,,
July	5.68 ,,	Jan, 1933	1.48 ,,
Aug.	1.72 ,,	Feb. ,,	1.64 ,,
Sept.	2.39 ,,	Mar. ,,	2.28 ,,

Total of 27.74 inches for the twelve months, the average annual rainfall from 1873—1933 being 23.75.

CAUSES OF DEATH AT EACH AGE-PERIOD AND IN EACH DISTRICT, 1932.

CAUSES OF DEATH.	All Ages.										Urban Districts.					Rural Districts.				
	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upwards.	All Ages.	Boston.	Spalding.	Holbeach.	Long Sutton.	Sutton Bridge.	Boston.	Spalding.	East Ellloe.	Crowland.	
Typhoid and paratyphoid Fevers .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	2	3	7	3	..	..	..	..	..	15	11	1	..	..	..	2	..	..	..
Scarlet Fever	3	1	1	..	..	..	..	..	..	5	1	..	..	..	..	1	..	..	..
Whooping Cough	3	4	1	1	..	..	..	..	..	3	1	..	..	..	..	1	..	..	..
Diphtheria .....	..	..	..	..	..	..	..	..	..	35	5	6	1	2	..	7	9	5	..
Influenza .....	..	..	..	..	..	..	..	..	..	3	2	..	..	..	..	1	..	..	..
Encephalitis Lethargica .....	..	..	..	..	..	..	..	..	..	7	1	..	..	..	..	3	..	..	..
Cerebro-spinal Fever	2	..	..	1	2	1	..	..	..	10	6	1	..	..	..	7	11	9	..
Tuberculosis of Respiratory System .....	..	2	..	1	3	4	3	..	..	13	3	3	..	..	..	11	3	4	..
Other Tuberculous Diseases .....	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..
Syphilis .....	..	..	..	..	..	..	..	..	..	14	2	..	..	..	..	..	..	..	..
General Paralysis of the Insane, tabes dorsalis .....	..	..	..	..	..	..	..	..	..	14	2	..	..	..	..	..	..	..	..
Diabetes .....	..	..	..	1	1	1	2	5	..	14	2	..	..	..	..	3	3	4	..
Cancer, Malignant Disease .....	..	..	..	..	..	..	..	..	..	143	36	22	6	1	1	35	22	20	..
Cerebral Haemorrhage, etc. ....	..	..	..	..	..	..	..	..	..	72	24	9	2	3	..	18	7	8	1
Heart Disease	1	..	..	..	2	8	38	80	..	191	66	23	5	1	1	33	23	39	..
Aneurism .....	..	..	..	..	..	..	..	..	..	56	12	10	1	1	..	19	9	4	..
Other Circulatory Diseases .....	..	..	..	..	..	..	..	..	..	17	34	10	1	1	..	19	9	4	..
Bronchitis	4	1	..	..	..	..	..	..	..	22	43	8	5	..	1	6	7	9	2
Pneumonia (all forms)	9	2	3	2	..	2	4	11	..	42	11	7	1	2	..	10	5	6	..	
Other respiratory diseases .....	..	..	2	..	..	..	..	..	..	8	..	..	..	..	..	3	1	3	..
Peptic Ulcer .....	..	..	..	..	..	..	..	..	..	6	3	..	..	..	..	1	..	..	..
Diarrhoea, etc.	5	..	..	..	..	..	..	..	..	12	..	..	..	..	..	2	..	..	..
Appendicitis .....	..	..	..	2	3	1	..	..	..	7	2	2	..	..	..	..	..	..	..
Cirrhosis of Liver .....	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..
Other diseases of Liver, etc. ....	..	..	..	..	..	..	..	..	..	6	3	..	..	..	..	..	..	..	..
Other digestive diseases	1	..	..	1	..	..	..	..	..	16	12	3	..	..	..	3	1	4	..
Acute and chronic Nephritis .....	..	..	2	..	1	4	8	4	..	31	10	4	1	..	..	4	4	7	..
Puerperal Sepsis .....	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..
Other Puerperal Causes .....	..	..	..	..	..	..	..	..	..	4	1	..	..	..	..	2	..	..	..
Congenital Debility, Prem. Birth, Malformations, etc.	48	..	1	..	..	..	..	..	..	49	12	8	..	..	..	14	6	9	..
Senility .....	..	..	..	..	..	..	..	..	..	70	10	11	1	3	1	11	21	11	1
Suicide .....	..	..	..	..	..	..	..	..	..	17	4	1	..	..	..	2	3	5	..
Other Violence	2	2	4	4	8	9	5	2	..	42	8	5	1	1	..	8	6	14	..	
Other defined diseases	7	2	2	6	4	11	24	17	..	89	20	11	..	..	..	25	14	18	..
Causes ill-defined or unknown .....	..	..	..	..	..	1	3	3	..	7	..	2	..	..	3	..	..	..	..
ALL CAUSES	86	18	24	24	40	91	205	329	1056	281	145	25	16	7	161	191	5	5	5	

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(1) **Public Health Officers of the County Council :—**

County Medical Officer :

School Medical Officer :

Chief Tuberculosis Officer :

Chief Medical Officer for Maternity and Child Welfare :

H. C. Jennings, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(Resigned December, 1932).

W. G. Booth, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
(Appointed December, 1932).

**Assistant Tuberculosis Officers and
Assistant School Medical Officers :**

N. J. England, M.B., B.Ch., D.P.H.

Esther Ashworth, M.B., B.Ch., D.P.H., D.T.M.

**Assistant Medical Officers for Maternity and Child
Welfare :**

Esther Ashworth, M.B., D.P.H.

N. J. England, M.B., D.P.H.

Consulting Ophthalmic Surgeon :

T. H. Cresswell, D.O. (Oxon.), M.R.C.S., L.R.C.P.

Consulting Aural Surgeon :

J. J. Rainforth, F.R.C.S. (Eng.).

Medical Officers (part time) for Venereal Diseases :

C. Rolleston, M.A., M.D., M.R.C.P.

M. L. Bery, M.B., Ch.B., D.P.H.

**Consultants under the Puerperal Fever and Pyrexia
Regulations, 1926 :**

C. E. S. Jackson, M.B., F.R.C.S. (Eng.).

R. Purves, M.B., F.R.C.S. (Edin.).

Inspector of Midwives :

H. C. Jennings, M.B., D.P.H. (Resigned Dec., 1932).

W. G. Booth, M.D., D.P.H. (Appointed Dec. 1932).

Dental Surgeons :

A. W. Hendry, L.D.S. (Edin.).

J. Murphy, L.D.S. (Edin.) (Died July, 1932).

R. B. Pickles, L.D.S. (B'ham) (Appointed Aug., 1932).

District Medical Officers (Out-Relief) :

J. Aitken, M.B., B.Ch.
 W. F. Attwater, M.R.C.S., L.R.C.P.
 R. M. Barrow, M.B., B.S.
 H. Boardman, M.B., Ch.B.
 W. R. Burton, L.R.C.P., L.R.C.S.I., L.M.
 R. E. Crockatt, M.B., Ch.B.
 F. de R. Martyn, M.R.C.S., L.R.C.P.
 R. Edwards, M.R.C.S., L.R.C.P.
 P. V. Hardwick, M.B., Ch.B.
 C. G. Harper, M.R.C.S., L.R.C.P.
 J. M. King, L.M.S.S.A., L.S.A.
 E. Morris, M.R.C.S., L.R.C.P., L.S.A.
 J. R. Munro, M.D., Ch.B.
 W. Ormsby, L.R.C.P.I., L.R.C.S.I., L.M.
 J. H. Power, M.R.C.S., L.R.C.P.
 F. Walker, M.R.C.S., L.R.C.P.
 W. Watson, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S.
(Glas.)
 W. E. M. Wright, L.R.C.P., F.R.C.S. (Edin.).

Public Vaccinators :

All the District Medical Officers with the addition of J. G. Cormack, M.B., Ch.B., and exception of Dr. Wright.

Medical Officers to Council Institutions :

Boston—W. E. M. Wright, L.R.C.P., F.R.C.S. (Edin.).
 Spalding—J. R. Munro, M.D., Ch. B.
 Holbeach—F. Walker, M.R.C.S., L.R.C.P.
 Holland Sanatorium—H. C. Jennings, M.B., M.R.C.S.,
 D.P.H. (Resigned Dec., 1932).
 W. G. Booth, M.D., D.P.H.
 (Appointed Dec., 1932).

Public Analyst (part time) :

B. H. Gerrans, F.I.C.

Veterinary Surgeons (part time) :

L. L. Leach, M.R.C.V.S.	H. C. Reeks, M.R.C.V.S.
R. D. Callaghan, M.R.C.V.S.	W. Hackett, M.R.C.V.S.
F. C. Reeks, F.R.C.V.S.	W. A. Dickinson, M.R.C.V.S.
J. Hill, M.R.C.V.S.	

Health Visitors, School Nurses, Tuberculosis Nurses, etc.

Miss A. D. Black†*	Miss A. M. Parsons*
Miss H. M. Lewis†*	Miss K. M. A. Pethybridge
Miss E. O'Donoghue†*	Miss A. A. Robinson †*‡
Miss H. E. Spencer*	

† Fully trained Nurse. * Certified Midwife.

‡ Cert. Royal San. Inst.

Matron, Holland Sanatorium :

Miss M. Shipstone.

Vaccination Officers :

H. W. Allen	Mrs. M. L. Marshall
H. Barrett	Mrs. M. M. Ostler
W. H. Cooper	E. Platt
Mrs. M. Dams	V. C. Slator
J. H. Graves	G. Ream
R. H. Haddon.	Mrs. A. E. Turner.

Chief Clerk :

Walter Ingram.

(2) Nursing in the Home.

- (a) GENERAL.—At the following places local District Nursing Associations (affiliated to the Lincolnshire County Association) provide one nurse each for general and maternity cases, but not for infectious cases :—Crowland, Donington, Gedney, Gosberton, Holbeach, Holbeach Bank, Kirton, Long Sutton, Moulton, Pinchbeck, Sutton Bridge, Boston (2), Spalding (3). All these Associations receive grants from the County Council.

The importance to the public health of the County of these nurses cannot be over-estimated. Each nurse should have a car, and be on the telephone, as her work is liable to be one long series of emergencies. Many of these may not prove to be emergencies on full investigation, but to the average layman any sudden sickness is emergency, and at such times it is only right and proper that a nurse should quickly be available to assist the local doctor, or to deal with emergencies in his absence. The large areas of the County without a nurse are to be deplored, and it is my desire to remedy this position as far as it lies in my power to do so. These areas, and I refer more particularly to that part of the County lying north of Boston, are like ships without a crew. The captains may be able to handle them in fair weather, with

the aid of a few ignorant land lubbers, but let a storm arise in the shape of a really bad epidemic or the loss of several mothers in child-birth, and no one will be more grateful for the assistance of really trained and qualified hands than those same captains. We can only hope that fair weather will continue until some proper crew is found.

- (b) **INFECTIOUS DISEASES.**—No arrangements exist.
- (3) **Midwives.**—There are 17 midwives practising within the County area.
- (4) **National Health Insurance.**—No work of the County Council is administered in connection with this service. The County Medical Officer is, however, one of the Council's representatives on the Holland Insurance Committee.
- (5) **Public Medical Service.**—In December, 1932, a public medical service scheme was brought into operation in the Holland Division of Lincolnshire. The aim of the scheme is to form an association of medical practitioners constituted to organise the provision of medical attendance and medicine for persons unable to pay the ordinary charges. All the doctors in practice were invited to co-operate in the scheme, and 38 out of 41 have become members.

Those persons are eligible who belong to the wage-earning classes, or who are unable to pay the ordinary medical charges. The income limit would appear to be that of the National Health Insurance Scheme, and any cases of doubt are referred to the Executive Committee. Thus the great mass of agricultural workers will be enabled through this scheme to obtain for themselves and their families—

- (1) Medical and surgical treatment within the competence and skill of a general practitioner at the surgery of his medical attendant.
- (2) When his condition requires it, ordinary medical and surgical treatment at his place of dwelling.
- (3) All needful medicines and dressings.—The limitation of benefits would appear to be similar to those of the National Health Insurance Scheme. The subscriptions are weekly, and are collected through the agency of the Association's collectors.

One adult	.....	.....	.....	6d. per week
One adult and 1 child	.....	.....	.....	8d. „ „
One adult and 2 children	.....	.....	.....	9d. „ „
One adult and 3 or more children	.....	.....	.....	10d. „ „
Additional adults	.....	.....	.....	5d. „ „

Where no adult is entered on the card :—

One child	.....	.....	.....	5d. „ „
Two children	.....	.....	.....	6d. „ „
Three or more children	.....	.....	.....	7d. „ „

The subscribers have free choice of doctor from the members of the Association, and may change at 14 days' notice. The scheme does not appear to overlap in any way with the public medical services, and would seem to be a most effective way of dealing with the ever-present fear of financial embarrassment by the "doctor's bill." The extension of medical service to dependents of the wage earner can only be for the good of the public health, and it is to be hoped that the scheme will be as great a success in Holland as it appears to have been in other parts of the country. The experiment will be watched with the keenest interest, for it is hoped that this scheme will lead to correction of defects found at medical inspection, which in the past have often been neglected by parents through fear of the expense involved. Thus co-operation with the school medical service and maternity and child welfare scheme should be greatly augmented. A list of children having defects which can be dealt with by their own doctors will be sent to the practitioner concerned by the School or Maternity and Child Welfare Officer. The practitioner will then be able to follow up without fear of any motives of personal gain being imputed against him, and correct the defects of any child on his list as an Association subscriber.

Should all the general practitioners in the County at any later date join the Association, further forms of co-operation might be possible.

- (6) **Poor Law Medical Out-Relief.**—The County is divided into the following 23 districts for the purposes of the administration of medical out-relief:—Boston, Swineshead, Kirton, Sutterton, Benington, Skirbeck, Gedney Hill, Holbeach South, Holbeach North, Long Sutton, Tydd, Lutton and Gedney, Sutton Bridge, Spalding East, Spalding West, Moulton, Pinchbeck, Gosberton, Donington, Deeping St. Nicholas 1, 2, and 3, and Crowland.

- (7) **Laboratory Facilities.**—There is a small laboratory at the County Hall, Boston, which provides for sputum examinations and also for the examination of throat swabs. This work is done by the County Medical Staff and could be greatly extended if a trained laboratory assistant were appointed. Attention should again be drawn to the benefit which would accrue if arrangements could be made for samples of blood (Widal tests), water, milk, foodstuffs, etc., to be examined in the County Laboratory instead of being sent to laboratories in London as at present obtains.

The following table shows the amount of work done in the County Laboratory during the year :—

Material	No. Examined	No. Positive
Sputa	332	50
Throat Swabs	30	2
Various	18	nil

- (8) **Hospitals.**—The following Tables give a survey of the hospital services of the County :—

Table No. 1 gives a description of the Voluntary Hospitals and also the Isolation Hospitals, whilst Table No. 2 shows the number of available beds for various services.

No. 1.

Name.	Situation.	Purpose.	No. of beds available.	Management.
The Hospital, Boston	South End, Boston	General	41 beds, 7 cots	Voluntary agency
The Johnson Hospital	Spalding	General	31 beds, 9 cots	Voluntary agency
Holland Sanatorium	Boston	Tuberculosis	26 beds	Committee of County Council
West Norfolk & Lynn	King's Lynn	General	63 beds, 12 cots	Voluntary agency
Stamford and Rutland General Infirmary	Stamford	General and Isolation	Gen. 52 beds, 10 cots Isol. 42 beds.	Voluntary agency
County Hospital	Lincoln	General	150 beds	Voluntary agency
Memorial Hospital	Peterborough	General	Winter—130 beds Summer—154 beds	Voluntary agency
The Isolation Hospital	Spalding	Infectious diseases	6 beds	Spalding Urban Coun.
The Isolation Hospital	Fleet	Infectious diseases	10 beds	Joint Hospital Board
Port Sanitary Hospital	Boston	Infectious diseases	8 beds	Joint Hospital Committee
The Isolation Hospital	Boston	Infectious diseases	25 beds	Joint Hospital Committee

No. 2.

Type of Case.	Institution.	Number of Beds.
General Medical	(a) Johnson Hospital, Spalding	} (a) 16 male 15 female (b) 21 „ 20 „
General Surgical	(b) Boston Hospital (a) Johnson Hospital Spalding	
Children	(b) Boston Hospital	9
	(a) Johnson Hospital, Spalding	
Maternity	(b) Boston Hospital	7
	—	None
Venereal Diseases	Out-County Institutions	As required
	Holland Sanatorium, Boston	13 male, 13 female
Tuberculosis	Various Out-County Sanatoria	16 male, 16 female
	Boston Institution	32 male, 28 female
Chronic Sick	Spalding Institution	43 male, 42 female
	Holbeach Institution	34 male, 27 female
Mental	Bracebridge Mental Hospital, Lincoln	As required
Mental Deficiency	Out-County Institutions	When available
Orthopaedic	—	None
Ear, Nose and Throat	Boston and Spalding Hospitals	As required
Puerperal Fever and Puerperal Pyrexia	Boston Hospital	} As required
	Peterborough Hospital Stamford and Rutland Infirmery	
Ophthalmia Neonatorum	Boston, Spalding and Holbeach Institutions	} As required
	Peterborough Hospital Stamford and Rutland Infirmery	
Blind persons (Women only)	Sunniholme, Pen Street, Boston	9 female

Operative surgery is only available within the County at the Boston and Spalding Hospitals. A certain number of persons resident within the County area obtain surgical treatment in London, King's Lynn, Peterborough, and Lincoln.

The Boston and Spalding Hospitals both have special departments for—

(a) X-Ray

(b) Diseases of Ear, Nose and Throat

whilst the Boston Hospital also has a special department for diseases of the eye.

Co-operation between the County Council and the Voluntary Hospitals at Boston and Spalding enables the latter to provide facilities for the operative treatment of enlarged tonsils and/or adenoids, and of visual defect in school children and children under school age ; for operative treatment in cases of surgical tuberculosis, and for X-Ray examinations in connection with the Council's anti-tuberculosis scheme.

- (9) **Maternity and Nursing Homes.**—Only one application for registration was made to the Council under the Nursing Homes Registration Act, 1927, and this application was granted. There are now 2 registered Nursing Homes in the County.

No application for exemption from registration has been received by the Council.

No County District has applied for delegation of powers under Section 9 (2) of the Act of 1927.

- (10) **Maternal Mortality.**—All cases of maternal death and cases of puerperal fever and pyrexia are investigated by the County Medical Staff in consultation with the medical practitioners in charge of the cases.

- (11) **Institutional provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children.**—No such provision within the County area.

- (12) **Institutional provision for the Care of Mental Defectives.**—There is no such provision within the County area, but the Lincolnshire Joint Board for the Care of Mental Defectives, of which Holland is one of the constituent Authorities, has purchased an estate (Harmston Hall) near Lincoln, and is proceeding with its development as a colony for trainable defectives.

Consideration is also being given to the question of adapting redundant Public Assistance Institutions for the accommodation of low grade defectives.

(13) Ambulance Facilities.—

- (a) *For Infectious Cases.*—There is a horse-drawn ambulance at Fleet for the south of the County, and a motor ambulance is provided in the north of the County by the Boston Urban and Rural Joint Board.
- (b) *Non-Infectious and Accident Cases.*—The St. John Ambulance Brigade provides a very efficient service, motor ambulances being stationed at Boston and Spalding.

(14) Clinics and Treatment Centres.—

- (a) **MATERNITY AND CHILD WELFARE CENTRES.**—
Spalding—The Church Cote. Sessions are held every Tuesday afternoon.

Long Sutton—The Hut. Sessions are held every Friday afternoon.

Crowland—The Church Institute. Sessions are held on alternate Thursday afternoons.

Boston—Red Lion Street. Sessions are held every Wednesday afternoon at which mothers and children from the surrounding County area attend.

Donington—Church Street. Sessions are held on 1st and 3rd Thursdays in the afternoon.

- (b) **ANTE-NATAL CLINICS.**—There are no such clinics in the County.

- (c) **SCHOOL CLINICS.**—

Spalding—At rear of Holland House. Sessions are held every Tuesday and Saturday morning, and at such other times as are necessary.

Donington—The Clinic. Sessions are held every Thursday morning, and at such other times as are necessary.

- (d) **TUBERCULOSIS DISPENSARIES.**—

Boston—Holland Sanatorium.

Wednesday afternoon, 1.30 p.m.—4.30 p.m.

Friday afternoon, 1.30 p.m.—3.30 p.m.

Tuesday evening (2nd and 4th), 6.30 p.m.

Spalding—Holland House.

Tuesday morning, 10.0 a.m.—12.30 p.m.

Donington—The Clinic, Church Street.

Thursday morning (1st and 3rd), 10.30 a.m.

- (e) TREATMENT CENTRES FOR VENEREAL DISEASES.—There are no centres within the County area, but arrangements have been made by the County Council whereby such cases may obtain treatment, as follows :—

Lincoln—Beaumont Manor.

Men—Mon. and Thurs., 5 p.m.

Women and Children—Mon., 10.15 a.m. Thurs., 9.45 a.m.

Peterborough—28, Fitzwilliam Street.

Men—Tues. and Fri., 6 p.m. to 7 p.m.

Women and Children—Tues. and Fri., 5 p.m. to 6 p.m.

Attendance for irrigation—Daily, 6 p.m. to 7 p.m.

King's Lynn—West Norfolk and Lynn Hospital.

Males and Females—Tues. and Fri., 6 p.m. to 7 p.m.

Attendance for irrigation—Daily, 6 p.m. to 7 p.m.

In-patient treatment can be obtained in exceptional cases.

Arrangements have also been made with the City Laboratory Bacteriological Department, Cumberland Place, Park Row, Nottingham, for Wassermann Tests and microscopical examinations required by medical practitioners resident in the County area.

- (f) ORTHOPAEDIC CLINICS.—There were no clinics except for cases of surgical tuberculosis.

- (g) DAY NURSERIES.—There is one such day nursery in Boston, under the control of a voluntary committee.

- (15) **Local Government Act, 1929.**—This Act has now been in operation for three years, and little progress was made in 1932 in carrying out the provisions of the Act. It is probable that 1933 will show developments in accordance with these requirements.

SECTION 46.—The re-arrangement of County Districts set out in last year's report came into operation on 1st April, 1932, and the County is now divided into five Sanitary Districts, viz., the Borough of Boston and Spalding Urban District; the Boston, East Elloe and Spalding Rural Districts. Minor adjustments of the County boundaries are still under discussion.

SECTION 58.—The conference held in June, 1932, to consider the preparation of a scheme for securing the appointments of whole-time district medical officers of health terminated in an adjournment to allow the district councils concerned further to consider the matter. The East Elloe Rural Council and the Spalding Urban and Rural Councils informed the County Council that they desired no alteration in the present arrangement, whilst the Boston Urban and Rural Councils have yet to report the result of their deliberations (July, 1933).

SECTION 63.—The Boston Urban and Rural District Councils have a Joint Hospital Committee and a modern isolation hospital of 33 beds is in the course of erection. The hospital has cubicle accommodation for every type of infectious disease, and should effectively deal with the question as far as Boston Urban and Rural Districts are concerned. The manner in which infectious diseases of all kinds are treated in their own homes is one of particular gravity, and should a milk supply happen to become contaminated, the results might easily be disastrous to the community. The isolation hospital might not reduce to any considerable degree the spread of an epidemic where really good isolation is obtainable at home, but even then the danger of one case of scarlet fever or diphtheria at a farmhouse infecting a milk supply is ever present, and might easily result in an alarming outbreak in a previously healthy town. The provision of accommodation for the Spalding and East Elloe cases is one of the utmost importance.

SANITARY CIRCUMSTANCES OF THE AREA.

The general sanitary administration of the County was carried out by eleven District Councils prior to 31st March, 1932, and after that date by five District Councils.

URBAN DISTRICTS.

<u>District.</u>	<u>Name of M.O.H.</u>	<u>Address.</u>
Boston (Borough)	D. C. Robertson, M.B., D.P.H.	Municipal Buildings, Boston.
Spalding	J. R. Munro, M.D.	15, High Street, Spalding.
*Holbeach	W. Ormsby, L.R.C.P., I., L.R.C.S., I., L.M.	Long Sutton.
*Long Sutton	R. Murray Barrow, M.B., B.S.	Long Sutton.
*Sutton Bridge	R. E. Crockatt, M.B., B.Ch.	Sudeley House, Sutton Bridge.

* These districts became part of the East Elloe Rural District Council as from 1st April, 1932, but the Medical Officers of Health retained office for their old areas.

RURAL DISTRICTS.

Boston	D. C. Robertson, M.B., D.P.H.	15, Market Place, Boston.
Spalding	S. H. Perry, M.R.C.S., L.R.C.P.	The Master's Lodge, Spalding.
East Elloe	F. Walker, M.R.C.S., L.R.C.P.	Littlebury House, Holbeach.
† Crowland	Esther Ashworth M.B., D.P.H., D.T.M.	16, Cross Street, Spalding.

† This district became part of the Spalding Rural District as from 1st April, 1932.

PORTS.

Boston	D. C. Robertson, M.B., D.P.H.	Municipal Buildings, Boston.
Wisbech	R. E. Crockatt, M.B., B.Ch.	Sudeley House, Sutton Bridge.

Whole-time Sanitary Inspectors are employed in the Borough of Boston, Spalding Urban District, Boston, Spalding and East Elloe Rural Districts.

(a) WATER SUPPLY.**BOROUGH OF BOSTON.**

Boring has been carried out at Fordington, 23 miles north of Boston, with the result that an ample source of supply of excellent water has been found. Negotiations are now proceeding with a view to securing the agreement to the scheme of other interested authorities. One must regard the growing rural areas as deserving the utmost consideration, and in the interests of public health it is to be hoped that a good supply of water will be made available for them in the near future.

BOSTON RURAL DISTRICT.—Dr. Robertson reports:—

“Almost all the area of the district is dependent on rain-water for the water supply. This is satisfactory up to a point, but in dry weather the supply is not sufficient. The question of a pure wholesome and constant water supply is one that will have to be tackled in the near future. There are certain wells, but they are, in most cases, grossly polluted, and unfit for drinking. The larger villages such as Kirton and Swineshead should be assured of a good wholesome supply although the other areas are equally in need if not so urgently.”

SPALDING RURAL DISTRICT.—Dr. Perry reports :—

“ Further extensions have been made of the mains in the parishes of Donington, Quadring and Gosberton. On the Jockey Drove bore a booster has been installed for the purpose of increasing the pressure to approximately 40lbs. per sq. inch, and a number of smaller mains have been laid to small farms. The pressures of Pinchbeck, Donington and Deeping St. Nicholas bores have been on an average of 18lbs., and are still giving an excellent supply of good water for drinking purposes. During the year a meeting was held at Crowland in regard to a supply of good water for Crowland, and the Council decided to proceed with the scheme suggested.”

SPALDING URBAN DISTRICT.—Dr. Munro reports :—

“ The supply has been ample in quantity and satisfactory in quality. There have been two important extensions during the year. A 9-inch main has been laid from the Waterworks in Pinchbeck Road across the River Welland, and along Holbeach Road to the boundary of the Parish of Weston, at which point a supply is given to the East Elloe Rural Council. New 3-inch mains have been laid in Low Road, and Cowbit Road to “boost” existing supplies in Low Fulney and Fen End respectively.”

(b) **DRAINAGE AND SEWERAGE.**

BOROUGH OF BOSTON.

No further extension has yet been made in the sewerage scheme. The enlargement of the Borough boundaries has resulted in a scheme which it is hoped will soon be commenced.

SPALDING URBAN DISTRICT.—Dr. Munro reports :—

“ The east side scheme is almost complete and various sections are ready for operation. The whole of the town save the outlying “ rural ” areas is now sewered.

The number of conversions during the year from pan closets or privy vaults to the water carriage system was 298.”

As far as the rest of the County area is concerned, there are no changes to report under this heading.

(c) **SCAVENGING AND REFUSE DISPOSAL.**

BOROUGH OF BOSTON.

“ House refuse is collected once a week. Disposal is by tipping at the dump on the Dock premises ; this is under good management and gives rise to no complaints.

It has now been decided to dispense with horse-drawn vehicles for the collection of house refuse in favour of a more modern type of motor vehicle. The trials demonstrated that the costs would be lowered and the service improved."

SPALDING URBAN DISTRICT.

"A new motor refuse collector has been purchased during the year, thus avoiding so much use of uncovered carts."

There are no changes to record under this heading so far as the rest of the County is concerned.

(d) SCHOOLS.

These are fully considered in Part I. of my Report already published (April, 1932).

(e) POLLUTION OF STREAMS.

No action under the Rivers Pollution Prevention Acts has been deemed necessary during the year.

RATS AND MICE DESTRUCTION ACT, 1919.

The officers appointed to carry out the provisions of this Act are the Police.

During National Rat Week, as in previous years, pamphlets were distributed to stimulate public interest and there were displays of raticides, etc., through the co-operation of chemists and tradesmen.

The Police Superintendent has again done everything to ensure success and his report gives the following particulars :—

Posters were displayed in prominent positions, handbills distributed, and instructions given where required. The total number of rats known to be killed was 10,182 and 540 mice, a large increase on the previous year. The Superintendent attributes this increase to a large extent to the activity and interest shown by occupiers and owners of premises in certain parts of the Division.

HOUSING.

(1) Housing (Rural Workers) Act, 1926.

No applications for assistance under this Act were received during the year.

(2) **Housing Act, 1930.**

Under Sec. 34 of the Housing Act, 1930, provision is made for the payment by the County Council of an annual grant per house provided by Rural District Councils for the agricultural population, and the County Council approved the payment of an annual grant of £1 per house in respect of 32 houses in the East Elloe Rural District during 1932, and 40 in the Spalding Rural District subject to the fulfilment of the statutory conditions.

The total number of houses erected in the County during 1932 was 239, and the following Table shows how this work was done in each of the Sanitary Districts:—

	Houses erected by Council under Housing Acts.	Houses erected by Private Enterprise
Boston M.B.	nil	27
Spalding U.D.C.	nil	23
Boston R.D.C.	28	35
Spalding R.D.C.	30	27
East Elloe R.D.C.	32	37

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs Acts. The official responsible for the administration of these Acts is the Chief Constable of the County, the sampling officers being Police Inspectors. The following information has been taken from the quarterly reports of the County Analyst, Mr. Gerrans, F.I.C. :—

Name of Sample	By whom submitted	Result of Analysis	Observations
25 Milk	Inspectors of Police	Genuine	
4 Milk	"	Adulterated as under :—	
		1—8% of req. fat deficient	(a)
		2—7% of req. fat deficient	(b)
		3—6% of req. fat deficient	(c)
		4—7% of req. fat deficient	(d)
5 Jam	"	Genuine	
3 Lard	"	"	
3 Tea	"	"	
4 Margarine	"	"	
2 Sugar	"	"	
2 Cheese	"	"	
1 Honey	"	"	
1 Con. H. S. Milk	"	"	
3 Cocoa	"	"	
1 Beer	"	"	
1 Brandy	"	"	
1 Butter	"	Inferior	
1 Butter	"	Genuine	
1 Arrowroot	"	"	
2 Baking Powder	"	"	
1 Pea Flour	"	"	
2 Rice	"	"	
1 Ground Rice	"	"	
1 Cream of Tartar	"	"	
1 Egg Powder	"	Inferior	
2 Oatmeal	"	Genuine	
1 Oatmeal	"	Inferior	
1 Pepper	"	Genuine	
1 Ground Ginger	"	"	
2 Mustard Mixture	"	"	
1 Bread	"	"	
2 Flour	"	"	
1 Borax	"	"	
1 Yeast	"	"	
1 Epsom Salts	"	"	

(a) Vendor summoned. Fined 10/- and 3/6 costs.

(b) Vendor summoned. Fined 10/- and 3/6 costs.

(c) Vendor summoned. Fined 10/- and 3/6 costs.

(d) Proceedings pending

Foods and Drugs Acts—*continued.*

Name of Sample.	By whom submitted	Result of Analysis	Observations
1 Gin	Inspectors of Police	Genuine	
1 Whisky	"	"	
1 Flour	"	"	
1 Corn Flour	"	"	
1 Boric Acid	"	"	
1 Malt Vinegar	"	"	
1 Bi-carb. of Soda	"	"	
1 Dried Prunes	"	"	
1 Dried Milk	"	"	
1 Meat Paste	"	"	
1 Pork Sausage	"	"	
1 Ginger Wine	"	"	
1 Lime Juice Cordial	"	"	

Milk and Dairies (Consolidation) Act, 1915. No action was taken under Section 3 of this Act during the year.

Milk and Dairies Order, 1926, Part IV., Sec. 8. No inspections of cattle under this Section have been made during the year.

Milk (Special Designations) Order, 1923. Licences to produce "Grade A" milk were renewed to two farmers, both in the north of the County. 8 samples of these milks were examined bacteriologically during the year and on each occasion the bacterial count was well within the limits laid down in the Order.

Milk is pasteurised and sold by a firm in the Borough of Boston.

The lack of any Grade "A" milk supply in a town of the importance and size of Spalding is a matter of extreme surprise. The extra cost is usually a penny a pint more than ordinary (it might often be called extra-ordinary) milk. This penny a pint secures a milk from cows examined by a veterinary surgeon every quarter and certified as free from disease. It also secures a milk free from dirt and manure. The only way to be sure of this is by bacteriological examination, and this examination of the Grade "A" milk for freedom from bacteria of dirt and manure is a condition of producers holding a licence.

Special milks, nursery milks, sterilized milks are merely names without any meaning whatsoever beyond an effort on the part of the seller to shield his milk behind a euphemism. If the public

would insist on Grade "A" milk, it would be supplied and a good demand would inevitably lead to a gradual lowering of price, until it was within the reach of all, and the dirty milks would be quickly forced off the market. There is one infallible test of dirt in milk, and that is souring. If milk "goes off" quickly, then it is due to the dirt and manure germs forming an acid in the milk which makes it coagulate. Grade "A" milk does not "go off" and as a measure of economy I strongly advise the public to give it a fair trial in their homes. They will save wasted milk, and be protecting their family from the possibility of disease by contaminated milk supply.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Small-Pox. No cases of the disease occurred during the year.

Scarlet Fever. The number of notifications of this disease (126) was a decrease of 127 on that for the previous year.

Diphtheria. This disease was slightly less prevalent than during the previous year, there being 45 cases notified as compared with 57 in 1931.

Three deaths were recorded, giving a case mortality of 6.6 per cent.

Enteric Fever. Seven cases (five in Boston Urban) occurred during the year and there were no deaths.

Erysipelas. All of these cases, 11 in number, were scattered over the whole County and were quite unconnected.

Pneumonia (all forms). Fifty-six were notified and forty-two were registered as having died from the disease. This apparent case mortality of 75 per cent. results from the very incomplete notification of the disease.

Encephalitis Lethargica. There were two cases of this disease notified. Three cases died during the year.

Ophthalmia Neonatorum. During the year six cases of Ophthalmia were notified all of which were treated at home.

Cases.			Vision unimpaired.	Vision impaired.	Total blindness.	Deaths
Notified	Treated					
	At home	In hospital				
8	6	Nil	6	Nil	Nil	Nil

Puerperal Fever and Pyrexia. Two cases of the former and six of the latter were notified. Five cases received institutional treatment and one of them died.

The services of the Consultants appointed by the County Council for puerperal fever and pyrexia were utilised in respect of two cases.

Measles. In no area in the County is this disease notifiable. Fifteen (15) deaths, however, were registered during the year.

These deaths are to a large degree preventable, and the idea that is still prevalent in many districts that measles is a disease which every child must have, and which can be treated lightly is entirely wrong. Measles is the cause of a large proportion of the total deaths from all causes in the first five years of life. It is responsible also for a large amount of permanent chest conditions in those who survive. The postponement of an outbreak until after five years of age, or its complete prevention should be the aim of everyone. Nursing is of the most vital importance, and only by proper nursing are the after effects of measles, such as pleurisy, empyema, deafness, defective eyesight, and latent tuberculosis, likely to be adequately safeguarded against.

In 1931 there were 3,304 deaths in England and Wales due to measles. These can to a considerable degree be avoided by a proper and adequate nursing, combined with isolation, and where necessary, treatment in an isolation hospital.

Whooping Cough. Five (5) deaths occurred from this disease and all were in children of five years of age or under.

Diarrhoea. Five deaths were registered in infants under two years of age.

VACCINATION.

Work in connection with vaccination has been administered through the County Health Department since April, 1930.

A perusal of the Table on page 31 will prove very interesting, as it shows that in 1931 (the preliminary figures for 1932 are even less) only 14.4 per cent. of the total number of children whose births were registered during the year were vaccinated, as compared with 14.6 per cent. for 1930.

VACCINATION.

Registration Sub-District.	Return respecting vaccination of children whose births were registered from 1st January to 31st December, 1931, inclusive.										Preliminary Return for the year 1932.	
	Births Registered.	Successfully Vaccinated.	Insusceptible of Vaccination.	Consentions objects.	Died unvaccinated.	Removals.	Not accounted for.	Successful primary vaccinations.	Consentions objects.			
Boston	440	42	1	368	8	11	10	41	356			
Benington	187	58	2	120	6	—	—	32	143			
Kirton	130	48	—	65	16	—	—	44	68			
Holbeach	189	22	2	159	5	—	—	24	149			
Long Sutton	211	29	—	164	14	4	—	20	198			
Gedney Hill	41	9	—	32	—	—	—	3	28			
Pinchbeck	62	4	—	54	4	—	—	2	50			
Donington	49	5	—	39	4	—	—	5	34			
Gosberton	51	4	—	39	2	6	—	4	39			
Spalding	216	7	1	194	9	4	—	7	227			
Moulton	55	3	—	50	2	—	—	3	48			
Deeping St. Nicholas	36	2	—	33	1	—	—	1	14			
Crowland	59	17	—	37	2	3	—	12	30			
Totals	1726	250	6	1354	73	28	10	198	1384			

TUBERCULOSIS.

The total number of cases of tuberculosis (all forms) notified during the year was 119 as compared with 159 for 1931, and 128 for 1930.

There were 57 deaths from all forms of tuberculosis during the year, giving a mortality rate of .6 per 1,000 of the population for the whole County. The number of deaths from pulmonary tuberculosis was 44 which gives a rate of .5 per 1,000 of the population.

The Holland Sanatorium provides accommodation for 28 cases. Early cases are sent to Institutions outside the County and such accommodation is provided for a further 20 cases.

Dispensaries. Sessions are held at the Boston Dispensary on Wednesday and Friday afternoons and on the evenings of the second and fourth Tuesday in each month, and at Spalding Dispensary on Tuesday mornings, and at Donington on the first and third Thursday morning in each month.

ATTENDANCES 1930, 1931 and 1932.

	New Cases.*			Total Attendances.		
	1930	1931	1932	1930	1931	1932
Boston	279	250	119	897	1035	786
Donington	14	12	18	91	90	124
Spalding	84	60	15	217	236	216

*including contacts.

Year	1925	1926	1927	1928	1929	1930	1931	1932
Total Attendances	734	867	1046	1243	1127	1205	1361	1126

During the year 78 consultations were held with the patients' doctors. This is a large increase and shows the confidence of the local practitioners in your staff. The holding of additional sessions at Boston has been amply justified. Many patients who are at work during the day were kept under observation at the extra evening sessions.

The number of contacts examined was 80.

During the year 110 X-Ray examinations were made. This is a small number for the number of cases on the register, namely, 586. This is probably due to a need for economy, and to an X-Ray picture being obtained which is not always of sufficient value to assist in the diagnosis. Such advances have been made in recent years in the diagnosis of Tuberculosis by X-Ray photographs, particularly

TUBERCULOSIS ORDER, 1925.

	Number of premises on which disease was reported but not confirmed by Veterinary Inspector.	Number of premises on which disease was declared to exist by Veterinary Inspector.	Total number of Bovine Animals on premises (other than a market, fair, or saleyard).	Total number of animals examined by Veterinary Inspector.	Total number of animals reported as diseased by Veterinary Inspector.					Conclusions from Post-Mortem.					Total number of animals slaughtered.	Total compensation paid	Total salvage.
					A Tuberculosis of the udder.	B Giving Tuberculous Milk.	C Tuberculous Emaciation.	D Chronic cough and showing definite clinical signs of Tuberculosis.	E Total number of cases in which the diagnosis was aided by use of Tuberculin.	Total number of Animals.							
										A Having tuberculosis of the udder.	B Giving tuberculous milk and showing lesions of Tuberculosis.	C Suffering from Tuberculous Emaciation.	D Affected but not as in columns A, B and C.	E Not affected			
11	68																
		Cows in Milk	219	146	—	—	21	6	10	—	—	22	5	—	27	£ 50 s. 12 d. 6	£ 9 s. 19 d. 0
		Other Cows or Heifers	183	127	2	—	30	4	3	2	—	29	4	1	36	59 0 0	12 15 0
		Other Bovine Animals	719	407	—	—	7	2	1	—	—	6	1	1	8	20 0 0	3 9 6
11	68		1121	680	2	—	58	12	14	2	—	57	10	2	71	£129 12 6	£26 3 6

early cases, that the need for a modern X-Ray apparatus at the Boston Dispensary and Sanatorium is becoming pressing. Undoubtedly with a modern plant many more photographs would be taken, and diagnosis greatly facilitated. The importance of early diagnosis and treatment cannot be over-emphasised.

Shelters. Thirty open-air shelters are in use by patients in the County—they are much appreciated and serve a most useful purpose in allowing the patient to live his home life under conditions which would not otherwise be possible.

Home Visiting. The Tuberculosis Officers paid 644 visits to patients in their own homes, and 1926 visits were paid by the Health Visitors.

Surgical Tuberculosis. In April, 1932, Mr. R. E. M. Pilcher was appointed Consulting Surgeon to the County Council for tuberculosis, and in 1932 the following operations were performed at Boston Hospital :—

Phrenic Avulsions	.....	.....	.....	.....	2
Excision of Rib	.....	.....	.....	.....	1
Aspiration of abscess	.....	.....	.....	.....	2
Excision of glands	.....	.....	.....	.....	2
Plaster splints	.....	.....	.....	.....	3
Excision of epididymis	.....	.....	.....	.....	1
Tubercular hip	.....	.....	.....	.....	3

This work, which previously would have been done out of the County, has given excellent results, and financially has resulted in considerable saving to the County.

Institutional treatment is also provided at special hospitals outside the County.

Holland Sanatorium. During 1932, 85 cases were admitted, 39 discharged with the disease quiescent, 28 were not quiescent, and there were 8 deaths. The 26 beds were practically always fully occupied and 2 additional patients have been accommodated by the use of shelters in the Sanatorium grounds. In view of the lengthy period of treatment required by many of the cases admitted, increasing difficulty is experienced in finding room for those patients on the waiting list, who, on account of home conditions, and lack of adequate nursing facilities usually require prompt removal to an institution.

The staff are again indebted to those ladies and gentlemen who at Christmas and at many other times have entertained the patients. They are also especially grateful to the Sunday Service Committee of the Boston Men's Own Society for holding monthly musical services at the Sanatorium.

The cost per patient week for the year was £2/11/3 as compared with £2/14/11 in 1931.

Dr. England reports upon his work in the County as follows :—

“ In 1932, 337 new cases were seen by the Tuberculosis Officers as against 314 in 1931 ; the number of consultations with practitioners also rose from 38 to 78. If one compares these figures with the number of notifications of Tuberculosis, 119 in 1932 as against 154 in 1931, it will be seen that increasing use is being made of the consultant services. This side of the picture is very satisfactory. On the other hand, other facilities are available for the ascertainment of Tuberculosis, and the most important of these is the examination of sputum. It is unfortunate to have to report that in connection with the service only 225 specimens of sputum were sent for examination last year as compared with 451 in 1931. The examination of the sputum is the simplest and most certain method of diagnosis, and yet this most invaluable method is frequently neglected. The use made of this service by doctors practising in the County is illuminating :—3 doctors : 20 specimens and over ; 22 doctors : less than 10 specimens ; 17 : 5 specimens and under ; 7 : only one ; and 7 : none at all.

It seems incredible that it is still the first and most important duty of the Sanatorium Staff to teach patients to cover their mouths when they cough. One would have supposed that in these modern days each child would be taught this elementary principle in preventing the spread of infection. An appeal is frequently made to school teachers to help in the teaching of Hygiene, but so far very little advance has been made. The future of preventive medicine will be seriously jeopardised if the coming generation fail to learn the first principles of Hygiene. The welfare of the community depends on the cleanly and sensible habits of each individual, and nowhere is this more clearly seen than in the practice of Tuberculosis.

Increasing use is being made of the Holland Sanatorium, so much so that there is nearly always a considerable waiting list. Although this institution was primarily intended for advanced cases, early cases can be and are treated there with as great success as at any other institution in the country. This is obviously to the advantage of residents in the County, as they are in closer touch with their relatives and friends than if they were treated in out-county sanatoria. If this practice is to continue, building extension becomes imperative. It is urgently needed at present. The sanitary accommodation is obsolete, and no open-air conditions are available for the female patients, and only to a limited extent for the male.

Infectious Diseases notified in Holland County for the year ending 31st December, 1932

District.	Small Pox	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Encephalitis Lethargica	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Pneumonia	Poliomyelitis	Total	Whether there is an Isolation Hospital for infectious diseases.	Total available beds.	Number of diseases that can be treated concurrently.
Urban Districts.																	
Boston	20	4	9	5	..	2	1	2	32	14	9	1	99	Yes	*17	2	
Spalding	5	..	36	1	..	..	..	..	4	9	4	5	64	Yes	6	1
Holbeach .. ..	..	1	2	..	..	..	..	..	..	7	1	2	13	..	†10	2
Long Sutton .. ..	..	..	..	..	..	..	..	..	..	2	1	1	4	..	‡	..
Sutton Bridge .. ..	..	..	..	..	..	1	..	..	..	..	..	2	3	..	‡	..
Rural Districts.																	
Boston	1	5	26	..	1	1	1	..	16	7	24	..	82	..	*	..	
Spalding	16	..	31	1	..	1	..	2	9	2	5	1	68	Yes	§4	1	
East Elloe	3	1	22	..	..	2	..	..	9	3	4	..	44	..	‡	..
Crowland .. ..	..	..	..	..	..	..	..	..	..	..	4	..	4	..	†	..
..	45	11	126	7	2	6	2	8	84	32	56	2	381				

* These contribute to a joint Hospital situated at Boston.
 ‡ These contribute to a joint Hospital situated at Fleet (Holbeach).
 † This Authority pays a yearly fee for the admission of small-pox and other fever cases to the Peterborough Fever Hospital.
 § This Authority contributes to a joint Hospital situated at Bourne

Infectious Diseases notified in 1902

Disease	Urban Districts	Rural Districts	Total
Scarlet fever	20	1	21
Diphtheria (including Membranous Croup)	20	1	21
Erysipelas	4	5	9
Enteric fever	2	28	30
Measles	38	31	69
Whooping Cough	1	23	24
Smallpox	1	1	2
Other Diseases	1	1	2
Total	108	126	234

* These contribute to a joint total
 † These contribute to a joint total
 ‡ This Authority contributes to a joint total
 § This Authority pays a grant to the Metropolitan Board of Works

RESIDENTIAL INSTITUTIONS.

RETURN SHOWING THE EXTENT OF RESIDENTIAL
TREATMENT DURING THE YEAR 1932.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients	Adults					
	M.	13	44	40	4	13
	F.	18	47	43	5	17
	Children..	16	25	30	—	11
Total		47	116	113	9	41
Number of Observation Cases	Adults					
	M.	—	4	4	—	—
	F.	—	1	1	—	—
	Children..	1	7	6	—	2
	Total	1	12	11	—	2
Grand Total		48	128	124	9	43

TUBERCULOSIS.
New Cases and Mortality during 1932.

Age Periods.	New Cases.				Deaths.				
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.		
	M.	F.	M.	F.	M.	F.	M.	F.	
0-1	—	—	—	—	—	—	—	—	—
1-5	1	—	7	1	1	—	1	—	1
5-10	2	4	5	—	—	—	—	—	—
10-15	3	1	1	—	—	—	—	—	1
15-20	5	5	3	3	—	—	—	—	—
20-25	4	8	—	1	4	5	3	—	—
25-35	11	15	2	1	6	11	—	—	2
35-45	6	9	1	1	2	4	1	—	1
45-55	4	4	—	1	4	1	1	—	2
55-65	3	1	—	—	3	1	—	—	—
65 and upwards	2	1	—	—	1	1	—	—	—
Totals	41	48	19	8	21	24	6	—	7

There were 7 non-notified tuberculosis deaths which were 8 per cent. of the total tuberculosis deaths. These 7 deaths were all investigated and I was satisfied in each case that there was no evidence of wilful neglect or refusal to notify.

Return showing the work of the Dispensaries during the year 1932.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts) :—													
(a) Definitely tuberculous	32	39	5	5	4	5	10	1	36	44	15	6	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	7	4	1	3	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	42	49	63	67	
B.—Contacts examined during the year :—													
(a) Definitely tuberculous	—	—	1	—	—	—	—	—	—	—	1	—	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	2	—	—	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	11	15	23	28	
C.—Cases written off the Dispensary Register as													
(a) Recovered	10	12	2	1	3	1	1	1	13	13	3	2	
(b) Non tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	58	69	91	97	
D.—Number of Persons on Dispensary Register on December 31st :—	178	194	36	35	41	31	29	28	219	225	65	63	
(a) Diagnosis completed	—	—	—	—	—	—	—	—	7	5	3	3	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	

- 1.—Number of persons on Dispensary Register on January 1st—586.
- 2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years—4.
- 3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"—24.
- 4.—Died during the year—47.
- 5.—Number of attendances at the Dispensary (including Contacts)—1126.
- 6.—Number of Insured Persons under Domiciliary Treatment on the 31st December—104.
- 7.—Number of consultations with medical practitioners :—
(a) At Homes of Applicants—78.
(b) Otherwise—207.
- 8.—Number of visits by Tuberculosis Officers to Homes—644.
- 9.—Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes—1926
- 10.—Number of
(a) Specimens of sputum, etc., examined—225.
(b) X-ray examinations made in connection with Dispensary work—85
- 11.—Number of "recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above—1.
- 12.—Number of "T.B. plus" cases on Dispensary Register on the 31st December—188.

DISEASES	Cases on Dispensary Registers			Cases on Dispensary Registers			Cases on Dispensary Registers			Total
	(a) At Dispensary	(b) At other places	(c) Other	(a) At Dispensary	(b) At other places	(c) Other	(a) At Dispensary	(b) At other places	(c) Other	
C—Cases written on the Dispensary Register	10	13	3	1	1	1	13	3	3	38
(c) Non-impetions	—	—	—	—	—	—	11	—	—	—
(b) Discharges not completed	—	—	—	—	—	—	—	—	—	—
(a) Definitely impetions	—	—	—	—	—	—	45	40	03	03
B—Cases examined during the year	—	—	—	—	—	—	1	4	1	3
(c) Non-impetions	—	—	—	—	—	—	30	44	12	0
(b) Discharges not completed	—	—	—	—	—	—	—	—	—	—
(a) Definitely impetions	—	—	—	—	—	—	—	—	—	—
(excluding contacts)	—	—	—	—	—	—	—	—	—	—
A—Non-Cases examined during the year	—	—	—	—	—	—	—	—	—	—
(a) At Dispensary	—	—	—	—	—	—	—	—	—	—
(b) At other places	—	—	—	—	—	—	—	—	—	—
(c) Other	—	—	—	—	—	—	—	—	—	—
DISSEMINATED—Number of cases of the Disease during the year 1933 (a) At Dispensary (b) At other places (c) Other										
DISSEMINATED—Number of cases of the Disease during the year 1933 (a) At Dispensary (b) At other places (c) Other										

Report showing the work of the Dispensary during the year 1933

10.—Number of

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 3rd Jan., 1932, to the 31st Dec., 1932, in the County of Holland, Lincs.

AGE PERIODS	Formal Notifications.											Total Notifications	
	Number of Primary Notifications.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards		Total (all ages)
Pulmonary Males	—	1	2	3	5	4(1)	11	6	4	3(1)	2	41	42
Pulmonary Females	—	—	4	1	5	8(2)	15(2)	9	4	1(1)	1	48	49
Non-Pulmonary Males	—	7(1)	5	1(1)	3	1(1)	2	1	(1)	—	—	19	19
“ Females	—	1	(1)	(1)	3	1	1	1(1)	1	—	—	8	9

NOTE.—The figures in parentheses show the number of cases coming to the knowledge of the Medical Officer of Health otherwise than by notification under the Public Health (Tuberculosis) Regulations, 1930.

PREVENTION OF BLINDNESS.

Under the County Council's scheme this work has been delegated to the Boston and Holland Blind Society.

The Society have seven Home Workers, whose earnings are augmented out of the funds of the Society. Two Home Teachers visit the blind in the homes and teach handicrafts; there are twelve residents in Sunnihilme; one child is in the Sunshine Home for Babies at Southport and maintained by the Society; eight children are attending Special Schools for the blind, and one young woman is receiving special education at the Royal Midland Institute for the Blind, Nottingham.

BLIND PERSONS IN COUNTY OF HOLLAND.

Age Period.	Total Blind
0—5	4
5—16	12
16—21	4
21—30	6
30—40	7
40—50	16
50—60	23
60—70	28
70 and upwards	44
	144

Age at which Blindness occurred.

Age Period	Number
0—5	25
5—10	5
10—20	4
20—30	10
30—40	10
40—50	24
50—60	20
60—70	26
70 and upwards	16
Unknown	4
	144

MATERNITY AND CHILD WELFARE.

Midwives Acts, 1902—1926. The number of midwives who notified their intention to practise within the County during 1932 was 29, all of whom were trained women.

Each midwife was inspected at least once a quarter and in some cases more frequent inspections were made.

As in past years special enquiries were made in all cases of rise of temperature, still-birth, inflammation of the eyes, death of the child, artificial feeding, and liability of the midwife to be a source of infection.

Table of Notices received by the Holland Local Supervisory Authority.

Records for sending for medical help.....	.....	150
Notices of still-birth .....	.....	16
Notices of death of child .....	.....	3
Notices of death of mother .....	.....	—
Notices of laying out the dead .....	.....	7
Notices of liability to be a source of infection	.....	4
Notices of artificial feeding .....	.....	19

Classification of cases for which Medical help was sought during the year 1932.

PREGNANCY.

Ante-partum haemorrhage .....	.....	3
Abortion .....	.....	8
Swelling of legs .....	.....	7
Albuminuria .....	.....	2
Other conditions .....	.....	6
		— 26

LABOUR.

Malpresentation .....	.....	7
Excessive bleeding .....	.....	2
Retarded placenta .....	.....	3
Ruptured perineum .....	.....	22
Delay in labour .....	.....	38
Other conditions .....	.....	4
		— 76

LYING-IN.

Rise of Temperature .....	.....	.....	.....	11
Other conditions .....	.....	.....	.....	1
				— 12

CHILD.

Dangerous feebleness .....	.....	.....	.....	11
Inflammation of eyes .....	.....	.....	.....	8
Stillbirth .....	.....	.....	.....	2
Congenital malformation .....	.....	.....	.....	6
Other conditions .....	.....	.....	.....	9
				— 36
				150

127 claims for the payment of fees in accordance with Section 14 of the Midwives Act, 1918, were received from 20 medical practitioners to the amount of £155/3/6. This shows a decrease of £12/2/6 as compared with 1931.

The sum of £28/1/0 was recovered from patients after careful enquiry into the financial circumstances of the household.

13 maternity outfits were sold during the year.

The District Nursing Associations in the County are doing most valuable work, and in almost every area are in a sound financial position. It is hoped that wherever possible, these associations will extend their areas to cover those parts of the County which are most thinly populated. Whilst this may not be to their financial advantage, they would be performing a service of the most beneficial nature, and would be the means of alleviating much suffering, both physical and mental, to those rural inhabitants who are unfortunate enough to have sickness in their homes.

The provision of motor cars and telephones in such rural areas is often a necessity for the district nurses, these aids allowing for more work to be done, and would enable the service to be carried on efficiently and to the best advantage of the greatest number.

During 1932 the total number of births registered was 1,360 and of these 1,347 were notified to the Health Department.

The following Table shows the number of visits and re-visits paid to infants and children by the Health Visitors during 1932 :—

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1932.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.	
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus	Quiescent	6	9	6	4	4	7	3	4	1	—	—	—	44
	Group 1	Not Quiescent	—	6	2	1	—	1	—	1	—	—	—	—	11
		Died in Institution	1	—	—	1	—	—	—	—	—	—	—	—	2
		Quiescent	2	—	—	1	—	1	—	2	1	—	—	—	7
	Group 2	Not Quiescent	—	—	—	2	2	—	—	1	—	—	—	—	4
		Died in Institution	—	—	—	—	—	—	—	1	—	—	—	—	1
		Quiescent	3	—	—	1	—	—	—	1	—	—	—	—	5
	Group 3	Not Quiescent	3	2	—	2	2	—	1	1	—	—	—	—	11
		Died in Institution	2	2	—	—	—	—	—	2	—	—	—	—	6
		Quiescent	1	1	—	—	—	—	—	—	—	—	—	—	2
	NON-PULMONARY TUBERCULOSIS.	Bones and joints	Not Quiescent	4	—	1	—	3	—	1	—	—	—	—	9
			Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—
Quiescent			2	1	1	—	—	—	1	1	1	1	—	3	11
Abdominal	Not Quiescent	—	—	2	—	—	—	—	—	—	—	—	—	3	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs	Not Quiescent	—	—	1	—	—	—	—	—	—	—	—	—	1	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	1	—	—	—	—	—	—	1	—	—	—	—	2	
Peripheral Glands	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	1	—	2	—	—	—	—	—	—	—	—	—	3	
Observation for purpose of diagnosis	Tuberculous	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	
		Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	
Non-tuberculous	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
Doubtful	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
									Under 4 weeks			More than 4 weeks			
									2	—	1	2	1	1	1
									—	—	—	—	—	—	—

2591 Ray and doubtful cases discharged
 patients showing the following

Type of Tuberculosis	Under 4 weeks		4 weeks and over		Total
	Discharged	Died in Institution	Discharged	Died in Institution	
Doubtful	1	1	1	1	4
Non-tuberculous	1	1	1	1	4
Tuberculous	1	1	1	1	4
Total	3	3	3	3	12
	Discharged: 3 Died in Institution: 3				6
Doubtful	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Non-tuberculous	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Tuberculous	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Total	3	3	3	3	12
	Discharged: 3 Died in Institution: 3				6
Doubtful	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Non-tuberculous	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Tuberculous	1	1	1	1	4
	Discharged: 1 Died in Institution: 1				2
Total	3	3	3	3	12
	Discharged: 3 Died in Institution: 3				6

To children under 1 year—First visits	.....	.....	1515
Re-visits	.....	.....	4724
To children from 1 to 5 years	.....	.....	5996
			<hr/>
Total	.....	.....	12235
			<hr/>

This number of visits represents a large amount of most valuable work. The work done is more than ever valuable in rural districts, where for many reasons it is quite impossible for women to attend with their children at Welfare Centres.

The attendances at the Welfare Centres during the year were as follows :—

	Spalding	Long Sutton Crowland	Donington
Number of Sessions	48	50	26
			22

NEW CASES :

Mothers	146	28	20	53
Children under 1 year	140	31	28	41
Children over 1 year	15	1	3	34

OLD CASES :

Mothers	1139	526	517	289
Children under 1 year	908	245	335	163
Children over 1 year	559	270	258	168
Number of consultations	442	149	248	303
Ante-natal attendances	7	16	5	—

BOSTON WELFARE CENTRE.

Attendances of mothers and babies resident in the County :—

New babies attending Centre.....	55
Attendances of children under 1 year	397
Attendances of children over 1 year	154

The work at the County Centres, has, as in past years, been greatly assisted by the Ladies' Voluntary Committees and I should again like to place on record my sincere thanks to these ladies for the very valuable social service they are rendering.

Dr. Ashworth reports as follows in connection with her work at the Centres :—

“ Progress in Maternity and Child Welfare in South Holland during 1932 has been maintained, although no new developments have been possible.

Breast feeding has been strongly advocated at the centres, and I think there is an increase in the percentage of breast fed infants. In some areas mothers who go out to work can take their children with them, and so continue breast feeding, but in the towns this is impracticable, and the children are left with neighbours and bottle feeding has to be substituted for the natural method.

It is regrettable that no provision has been made for ante-natal work in this large area. The midwives have frequently expressed a desire for a clinic, as their heavy district work prevents them from doing much ante-natal work. The establishment of an infant welfare centre at Holbeach is an urgent need.”

Children Act, 1908 (Sec. 2). The County Health Visitors are Infant Protection Visitors under this Act, and during the year have carried out the duties of the supervision of children maintained for reward by foster parents.

On the 1st January, 1931, 22 children under 7 years of age in the charge of 21 foster parents were on the register. During the year the names of 7 children were removed from the register either because they had returned to their parents, left the district, etc. The names of 10 children were added to the register during the year, and the total number remaining on the register on December 31st, 1932, was 25, in the charge of 22 foster parents.

Boarded Out Children. The County Health Visitors also act as Visitors for the Public Assistance Committee in connection with boarded-out children, and during the year paid 153 visits of inspection.

MENTAL TREATMENT ACT, 1930.

Only one application was received under Sec. 5 of this Act, i.e., for admission to Bracebridge Mental Hospital as a temporary patient.

MENTAL DEFICIENCY ACTS, 1913 AND 1927.

The work of ascertainment and classification by the County Medical Officer, assisted by Drs. Ashworth and England, Health Visitors, School Attendance Officers, Relieving Officers, School Teachers, etc., etc., has progressed steadily during the year, and the following Table shows how the defectives in the County are at present dealt with :—

PARTICULARS OF MENTAL DEFECTIVES AS ON 1st
JANUARY, 1933.

Number of Cases " subject to be dealt with " :—

	M.	F.	T.
1.—Under " Order " :—			
(a) In Institutions	9	10	19
(b) On Licence from Institutions		nil	
(c) Under Guardianship (excl. cases on Licence).....		nil	
(d) On Licence from Guardianship		nil	
2.—In " places of safety "		nil	
3.—Under Statutory Supervision	58	47	105
Of whom :—			
(a) Attending Occupation Centres		nil	
(b) Awaiting removal to an Institution	20	17	37
4.—Action not yet taken under any one of the above headings :—			
(a) Notified by Local Education Authorities		nil	
(b) Mental Defectives in receipt of Poor Relief :—			
(i.) Institutional			
(a) In Public Assistance Institutions not approved under Sec. 37	23	26	49
(b) In Institutions certified under the M.D. Acts (including those approved under Sec. 37)—			
(1) Cases " placed " under Sec. 3	—	2	2
(2) Other Cases.....		nil	
(ii.) Domiciliary	20	10	30
(c) Otherwise " ascertained "		nil	
Number of Cases who may become " subject to be dealt with " :—			
1.—In Institutions or under Guardianship—dealt with under Sec. 3 :—			
(a) In regard to whom the Local Authority contributes under its permissive powers	—	1	1
(b) Maintained wholly by parents, relatives or others	1	—	1
2.—Reported to the Local Authority from any reliable source but as to whom no action has been taken	3	4	7
3.—Under Voluntary Supervision.....		nil	
Of whom, attending Occupation Centres		nil	

VENEREAL DISEASES.

Persons resident in the County and who are suffering from venereal disease can obtain treatment free of charge at clinics at Lincoln, Peterborough, and King's Lynn. Particulars of times at which clinics are held are given on page 20.

Wassermann reactions were made for general practitioners to the number of eighteen (18) and railway fares amounting to £221 were refunded to patients who were unable to bear the cost.

Arseno-benzol compounds have been supplied free of cost to two general practitioners.

The possibility of considering the treatment of venereal diseases in the County should be kept in mind. The cost of this service is increasing, mainly owing to the need for the provision of institutional accommodation, in order to provide daily treatment. This is inevitable whilst there are no facilities in the County.

Daily treatment is absolutely essential in certain cases, and it is probable that the cost of travelling, and the loss of time involved result in many cases not completing their treatment and becoming charges on public funds at a later period of their life. This, quite apart from the fact that their infectivity to others cannot be assured without prolonged and adequate treatment. As your present medical officers are all qualified to undertake this work, and recognised by the Ministry of Health as having the special qualifications necessary, it would seem that the matter needs the fullest consideration, both on the grounds of economy and in the interests of public health.

Abstract relating to persons treated at the Venereal Diseases Treatment Centres.

	Lincoln	Peterboro'	Lynn
A. Number of persons dealt with for the first time and found to be suffering from—			
Syphilis	9	3	4
Soft Chancre	—	—	—
Gonorrhœa	4	16	8
Conditions other than venereal	15	8	2
Total	28	27	14
B. Attendances of all patients.....	930	1162	111
C. Aggregate in-patient days.....	313	—	13
D. Number of Doses of arseno-benzone compounds given in respect of out-patients and in-patients.....	200	136	31

The figures in the foregoing table by no means represent the total number of cases of venereal diseases occurring in the County, as a certain number of patients receive treatment from medical practitioners.

The following table gives the main statistics in connection with venereal diseases since the commencement of the scheme.

Year	Syphilis	Soft Chancre	Gonorrhoea	Total Venereal Diseases	Diseases other than Venereal	Total New Cases	Total Attendances
1924	11	1	6	18	4	22	282
1925	11	1	24	36	14	50	1060
1926	8	Nil	23	31	7	38	1032
1927	10	Nil	13	23	6	29	1033
1928	7	Nil	22	29	6	35	1236
1929	13	Nil	29	42	3	45	1462
1930	19	Nil	37	56	15	71	2240
1931	14	Nil	29	43	17	60	2729
1932	16	Nil	28	44	25	69	2203

The following table gives the results of the analysis of the samples of the material in question.

Sample No.	Weight of sample (g)	Weight of residue (g)	Percentage of residue (%)
1	1.000	0.850	85.0
2	1.000	0.820	82.0
3	1.000	0.800	80.0
4	1.000	0.780	78.0
5	1.000	0.750	75.0
6	1.000	0.720	72.0
7	1.000	0.700	70.0
8	1.000	0.680	68.0
9	1.000	0.650	65.0
10	1.000	0.620	62.0

