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**1929.**

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*ISLE OF ELY COUNTY COUNCIL.*

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**Annual Report**  
on the  
**PUBLIC HEALTH**  
of the  
**Administrative County of the**  
**Isle of Ely,**  
**For the Year 1929,**  
**With Summary of Reports of District**  
**Medical Officers of Health,**  
by  
**R. FRENCH, B.A., M.D., D.P.H.**

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LITTLEPORT, ISLE OF ELY :  
G. T. WATSON (LATE BARBER), PRINTER, VICTORIA STREET.  
1930.

## ISLE OF ELY COUNTY COUNCIL.

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### Public Health Committee.

BURMAN, A. S.	MORTON, F. C.
CLARKE, Sir W. H.	NEWMAN, A. E. T. (Rev.)
CLAYTON, C.	PASHLER, W.
CUTLACK, W.	PEAKE, T.
DANIELS, L. V.	PEATLING, H. F. M.
DENNIS, J. H.	RICKWOOD, A. S.
HARVEY, E. S.	ROWE, W. E. H.
LAXON, M.	WALTON, S. S. (Rev.)
LUDDINGTON, L. H.	WEST, Sir W. W.
MARRISON, A. W. (Dr.)	WHITOME, H. A.
MERRYWEST, J. W.	

*Number 22. Quorum 5.*

For its Sanatorium Benefit Sub-Committee, Mr. W. V. FUNDREY, of Wisbech, Chairman of the Isle of Ely Insurance Committee, is a Co-opted Member.

### Maternity and Child Welfare Committee.

All the Public Health Committee and the following Co-opted Members:—

Mrs. COLLINS CLAYTON, Wisbech.  
Mrs. S. S. WALTON, St. John's Rectory, March.

*Number 24. Quorum 5.*

### Mental Deficiency Committee.

All the Public Health Committee and the following Co-opted Members:—

Mrs. COLLINS CLAYTON, Wisbech.  
Mrs. S. S. WALTON, March.

*Number 24. Quorum 5.*

## Staff.

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### *County Medical Officer of Health.*

JAMES PIXTON WALKER, M.D., M.R.C.S., L.R.C.P., D.P.H.  
(died 3rd March, 1929).

ROBERT FRENCH, B.A., M.D., D.P.H. (from 16th August, 1929).

### *Assistant County Medical Officer of Health.*

C. METCALFE BROWN, M.B., CH. B., D.P.H.

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### *Health Visitors and School Nurses.*

(a)—*Council Officials (whole-time).*

Miss M. E. CLIFFE, Whittlesey.

Miss H. LAWRENCE, Littleport.

Miss H. L. MORRIS, Ely.

Mrs. M. MEACHAM, March (from 17th April, 1929).

Miss A. MORT, Chatteris.

Miss E. T. TAYLOR, Wisbech.

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(b)—*Employed by District Nursing Associations (part-time).*

The Nurse or Nurses at:—

Chatteris	Manea
Doddington	March
Gorefield	Outwell
Haddenham	Sutton
Little Downham	

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### *Home-Teacher and Visitor for the Blind.*

J. H. MACKENZIE, M.A.

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### *Clerical Staff.*

H. A. HOUSE (Chief Clerk).

A. ANNESS, F. RITCHIE.

## LOCAL SANITARY AUTHORITIES.

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Urban Districts and Boroughs.	Clerks.	District Medical Officers of Health.
1. Ely .. ..	A. K. Campbell, Esq.	.. F. H. M. A. Beckett, B.A., M.B., B.Ch.
2. Chatteris .. ..	W. F. Moore, Esq. ..	.. R. E. Nix, B.A., M.B., B.Ch.
3. March .. ..	C. Greenwood, Esq.	.. F. A. Evison, M.R.C.S., L.R.C.P.
4. Whittlesey .. ..	F. W. English, Esq.	.. C. Metcalfe Brown, M.B., Ch.B., D.P.H.
5. Wisbech .. ..	F. W. Coulam, Esq.	.. H. L. Groom, M.R.C.S., L.R.C.P.
Rural Districts.	Clerks.	District Medical Officers of Health.
1. Ely .. ..	F. W. Green, Esq. ..	.. C. W. Howe, M.B., Ch.B., D.T.M., D.P.H.
2. North Witchford	H. P. Sharman, Esq.	.. A. Burford Taylor, M.B., B.S.
3. Thorney .. ..	A. F. Whittome, Esq.	.. H. Clapham, M.R.C.S., L.R.C.P.
4. Wisbech .. ..	R. W. Faircloth, Esq.	.. C. H. Gunson, M.B., Ch.B.

### **Port.**

Port of Wisbech	F. W. Coulam, Esq.	.. G. F. Collins, M.R.C.S., L.R.C.P., D.P.H.
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*To the Chairman and Members of the  
Isle of Ely County Council.*

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GENTLEMEN,—

I have pleasure in presenting to you the County Health Report for the year 1929.

I commenced duties on the 16th August of that year following a period of five and a half months during which Dr. C. Metcalfe Brown had acted as Medical Officer of Health after the death of Dr. Pixton Walker.

Towards the end of the year Dr. Brown's resignation of the post of Assistant Medical Officer was received and Dr. R. C. Gubbins, Resident Medical Officer of the City Hospital, North Liverpool, was appointed to fill the vacancy.

I should like to record my appreciation of the work of all members of my staff and to thank them for their assistance in the compilation of this Report. I am also grateful for the co-operation of the rest of the County Staff, the District Medical Officers of Health, and the general practitioners of the area.

I have the honour to be, Gentlemen,

Your obedient Servant,

R. FRENCH.

## Administrative County of the Isle of Ely.

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The Annual Reports for the year 1929, from the Medical Officers of Health for the Districts within the Administrative County, as submitted to the Isle of Ely County Council, in pursuance of Section 24, of the Local Government Act, 1888, were received as follows:—

	Area.		Medical Officer.	Date Received.		Style.	
{	Urban Districts	Chatteris .. ..	Dr. Nix .. ..	.. ..	.. ..	.. ..	
	Ely .. ..	.. ..	Dr. Beckett .. ..	June 13th, 1930	.. ..	Typewritten	
	March .. ..	.. ..	Dr. Evison .. ..	.. ..	.. ..	.. ..	
	Whittlesey .. ..	.. ..	Dr. Brown .. ..	July 23rd, 1930	.. ..	Printed	
	Wisbech .. ..	.. ..	Dr. H. L. Groom	June 2nd, 1930	.. ..	Printed	
{	Rural Districts	Ely .. ..	.. ..	Dr. Howe .. ..	May 17th, 1930	.. ..	Printed
	North Witchford .. ..	.. ..	Dr. Taylor .. ..	May 29th, 1930	.. ..	Printed	
	Thorney .. ..	.. ..	Dr. Clapham .. ..	June 23rd, 1930	.. ..	Printed	
	Wisbech .. ..	.. ..	Dr. Gunson .. ..	June 24th, 1930	.. ..	Printed	
	Wisbech Port .. ..	.. ..	Dr. Collins .. ..	July 25th, 1930	.. ..	Printed	
		San. Authority					

Although the Ministry of Health has often requested that all Reports may be received not later than the end of April, the custom is more honoured in the breach than the observance.

## FINANCIAL STATEMENT.

Below is a statement of the cost of the Isle of Ely County Council's Public Health Services for the year 1929—1930, apart from the cost of the School Medical Service.

	£	s.	d.
Salaries of Medical Officers and Health Visitors	2924	4	1
Nursing Associations ... ..	536	0	5
Tuberculosis (Clinics, Sanatoria) ... ..	3413	11	3
Maternity and Child Welfare ... ..	342	15	1
Venereal Disease ... ..	304	15	5
Mental Deficiency ... ..	1024	12	5
Welfare of the Blind ... ..	210	18	9
Establishment Expenses ... ..	78	12	6
	8835 9 11		
Less amount received from Education Committee for School Medical Service	402	12	4
Nett	£8432 17 7		

	£	s.	d.
Receipts from Grants, &c.—			
Tuberculosis ... ..	2495	0	0
Maternity & Child Welfare ... ..	673	15	0
Venereal Disease ... ..	15	10	0
Mental Deficiency ... ..	502	0	0
Welfare of the Blind ... ..	78	0	0
Miscellaneous ... ..	191	5	1
	£3955 10 1		
Net Cost payable from County Funds ...	£4477 7 6		



## STATISTICS, 1929.

Area of Administrative County (land & water)...	acres	238,073
Rateable Value ... .. .	£	383,100
Rates in 1928:—General Purposes ... 3s. 9d.		
	Education ... .. .	2s. 5d.
	Total ... .. .	6s. 2d.
Population (estim. to middle of year)	...	78,180
No. of Births in the year	{ males 742 { Legitimate 711 { Illegitimate 31 { females 686 { Legitimate 632 { Illegitimate 54	1428
Birth-rate per 1,000 ... .. .	...	18.27
No. of Still-births in the year	{ males 29 { Legitimate 29 { Illegitimate — { females 28 { Legitimate 25 { Illegitimate 3	57
Still-birth rate per 1,000 ... .. .	...	38.3
Total No. of Deaths in the year	... { males 512 } { females 472 }	984
Death-rate per 1,000 ... .. .	... { uncorrected 12.59 { corrected ... 9.44	
Number dying under 1 year old	... { males 76 } { females 43 }	119
Infantile Mortality-rate (per 1,000 Births)	...	83.33
In males ... 102.43	{ in legitimate males... 94.23 { in illegitimate males 290.32	
In females... 62.68	{ in legitimate females 61.71 { in illegitimate females 74.07	
England and Wales—		
Birth-rate ... .. .	...	16.3
Death-rate ... .. .	...	13.4
Infantile Mortality-rate	...	7.4

## VITAL STATISTICS.

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### POPULATIONS.

The estimated population of the County has increased from 77,780 at the mid-year 1928, to 78,180 at the mid-year 1929; of these 78,180, 43,560 live in Urban Districts, and 34,620 in Rural Districts.

### BIRTHS.

The births in the Urban Districts numbered 781 (415 males and 366 females), this being a birth-rate of 17·93 per thousand of population.

In the Rural Districts the births numbered 647 (327 males and 320 females), the Rural birth-rate being 12·91 per thousand.

The total births for the County numbered 1,428 (742 males and 686 females), a birth-rate of 18·27 per thousand. This compares with a birth-rate for England and Wales of 16·3 per thousand.

The illegitimate births in the Urban Districts numbered 42, a rate of 53·77 per 1,000 births. Of this 42, 14 were males and 28 females, giving rates of 34·91 and 82·78 respectively.

For the Rural Districts there were 43 illegitimate births, a rate of 66·46. Of these, 17 were males and 26 females, giving rates of 54·84 and 88·44 respectively.

Taking the County as a whole the illegitimate births numbered 85, or a rate of 59·52. There were 31 male and 54 female illegitimate births and this gives rates of 43·60 and 85·44 respectively.

The birth-rate continues to fall in conformity with that of the country as a whole. It is usual to deplore the fall, but it is open to argument as to how far it is really justifiable to do so, since it is obviously unwise for the population to produce more children than can ultimately be supported. Nevertheless, there are limits beyond which it is not safe for the fall in the birth-rate to progress.

There is, however, little room for argument as to the fact that the birth-rate is falling in those classes of the population in which it is desirable that it should not fall while it remains stationary in the classes whose reproduction it is desirable to restrict. There can be no question that the ultimate effect of this must be the lowering of the general physical, mental and economic standard.

It is easy to point to the fact, but much more difficult to find a remedy. Rhetoric against the supposed selfishness of the present age is beside the point. It must be remembered that conditions are very different from what they were at the beginning of the century.

Not only is there greater financial stringency in many quarters, but difficulties connected with housing, domestic help and the like are much greater also. It seems doubtful if the parents of previous generations would have been any more willing to have large families than are those of to-day under present conditions.

A very practical question is that of the desirability of restricting the reproduction of the unfit and of the means to be adopted to this end.

#### DEATHS.

The deaths in 1929 numbered 984 compared with 911 in 1928. Of these 984 deaths (512 males and 472 females), 590 occurred in the Urban Areas, and 394 in the Rural, giving an uncorrected death-rate per thousand of 13·54 and 11·38 respectively.

When corrected, however, by the factors for standardisation, the Urban death-rate becomes 10·59 per thousand, and the Rural one 9·29, whilst the rate for the whole County is 12·59 uncorrected, or 10·03 per thousand when corrected, these figures comparing with a rate of 13·4 for England and Wales.

In contrast to the birth-rate, the death-rate has risen, that of the country as a whole having done likewise. This fact tends to diminish the natural increase of population, and, though it cannot be said at present that the tendency of the death-rate is to rise over a number of years, it may be worth while emphasising the fact, as has been done by others at different times, that an ultimate rise in the death-rate is inevitable, since those individuals saved in the earlier years of life now must eventually die.

The figures for the several areas are shown in the following table:—

Area.	Factor for Correction.	Apparent death-rate.	Corrected death-rate.
Chatteris ...	0·779	11·43	8·92
Ely Urban ...	0·756	11·50	8·69
March... ..	0·819	12·02	9·84
Whittlesey ...	0·786	15·15	12·31
Wisbech Borough ...	0·790	16·06	12·69
Ely Rural ...	0·739	12·95	9·57
North Witchford ...	0·792	11·79	9·32
Thorney ...	0·996	10·55	10·51
Wisbech Rural... ..	0·901	9·79	8·92
Aggregate Isle of Ely			
Urban Districts ...	0·783	13·54	10·59
Do. Rural Districts ...	0·816	11·38	9·29
Whole Isle of Ely ...	0·797	12·59	10·03
England and Wales ...	—	13·4	13·4

## INFANTILE MORTALITY.

The death-rate in infants, 83.33 per thousand, is somewhat more than last year, when it was 58.94. The corresponding death-rate for England and Wales was 74. From July 1st, 1927, all still-births had to be registered by Registrars of Births and Deaths.

It is to be regretted that the fall in the infantile mortality figure in 1928 has not been maintained in 1929. The rise in infantile mortality has been a sharp one, and though a rise has occurred in the country as a whole, it is to be noted that the rise in the Isle of Ely has been on a larger scale than that of the whole country. This is one of the most disappointing features of the year's figures. It is, of course, probable that the rise both in this area and in the whole country will be of a temporary nature, but it may be interesting to note the main features of the present rise in the Isle of Ely.

Whereas in 1928 there were only 6 deaths under one year attributed to diarrhoea, in 1929 there were 14 deaths so classified. This fact is no doubt due to the hot, dry autumn, a circumstance which unfortunately always tends to increase deaths from infantile diarrhoea. There can be no question that the production of clean milk and better conditions of storage both before and after distribution would do much to minimise these deaths. It is well known that a great part of the fall in the infantile mortality which has taken place in recent years is due to an improvement in the infantile diarrhoea-rate and it is a pity that a spell of hot weather should still be found to reveal a weakness in this respect.

Deaths under the age of one year attributed to congenital debility, malformation and premature birth have risen from 45 in 1928 to 55 in 1929. The figure for this type of death has shown much less diminution than many others for a number of years and indeed it is evident that in the light of present knowledge this figure is likely to be less amenable to preventive measures than most. There does not seem to be any reason why the figure should rise, however, and there can be no doubt that a great deal might be done to minimise its effects by increased ante-natal care, a subject that will be referred to again later in the Report.

In 1928, 11 infantile deaths from pneumonia were recorded, while in 1929 the figure rose to 22. No doubt this rise can be connected with the fact that an epidemic of influenza occurred in 1929, since probably many of the cases of pneumonia followed influenzal infection contracted from adults. The control of influenzal infection, unfortunately, is still a matter which eludes our grasp, but much can be done in the way of preventing the more serious sequelae of the condition by simple measures of treatment applied sufficiently early.

Thus an analysis of the main factors in the rise in infantile mortality shows not only that the rise is not likely to be a permanent one, but that it is due to causes which can be in a great measure prevented, and which, with the better education of the public, will no doubt be prevented in future years.

#### DEATHS FROM ZYMOTIC DISEASES.

The deaths from these diseases in the County in 1929 comprised three from Measles, one from Scarlet Fever, ten from Whooping Cough, ten from Diphtheria, forty-one from Influenza, and three from Encephalitis Lethargica, and one from Meningococcal Meningitis.

#### DEATHS FROM TUBERCULOSIS.

The deaths from Pulmonary Tuberculosis numbered 48 (25 in males and 23 in females), as compared with 63 in the previous year.

The deaths from other forms of Tuberculosis numbered 12, as against 9 in 1928.

The following are the death-rates from Tuberculosis since 1925:—

		Pulmonary.		Non- Pulmonary.		Total.
1925	...	·588	...	·211	...	·799
1926	...	·506	...	·195	...	·701
1927	...	·568	...	·052	...	·620
1928	...	·810	...	·116	...	·926
1929	...	·614	...	·154	...	·768

The rise in the rate in 1928 is somewhat curious as the rate for the country generally fell considerably during that year, but it may be noted that the rise has been followed by a considerable fall in 1929. The fact that the fall does not bring the rate down to that of 1927 may well be due to the occurrence of an influenza epidemic in 1929. Influenza usually tends to hasten the end of cases of Tuberculosis.

#### DEATHS FROM CANCER.

Cancer claimed 135 deaths in the year, this number being five less than the total for the previous year, which was the highest on record.

## SUICIDE AND OTHER DEATHS.

Of the total number of deaths, 984, twenty-eight per cent. were aged 75 years, or over. Of these 984 deaths, 15 were from suicide, 12 in males and 3 in females. This number is the highest for deaths from suicide for many years.

The number of deaths from other forms of violence was 42, being 11 more than in 1928.

Full details as to the causes of death in the Isle of Ely are to be found in the Tables following:—







## Causes of Death at Different Periods of Life in the Administrative County of Isle of Ely in 1929.

CAUSES OF DEATH.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages.										75 & upwards									
		0—	1—	2—	5—	15—	25—	45—	65—	75 & upwards	0—	1—	2—	5—	15—	25—	45—	65—	75 & upwards		
ALL CAUSES ..	M.	310	6	4	5	8	27	68	80	73	202	37	1	1	5	9	15	39	42	53	
	F.	280	24	11	12	9	23	58	53	89	192	19	4	5	4	3	20	44	24	69	
1. Enteric Fever ..	M.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
	F.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
2. Small Pox ..	M.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
	F.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
3. Measles ..	M.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
	F.	1	..	1	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	
4. Scarlet Fever ..	M.	0	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
	F.	0	..	..	..	..	..	..	..	..	0	..	..	..	1	..	..	..	..	..	
5. Whooping Cough ..	M.	3	2	1	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
	F.	5	1	3	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	
6. Diphtheria..	M.	3	..	1	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
	F.	6	..	2	4	..	..	..	..	..	0	..	..	1	..	..	..	..	..	..	
7. Influenza ..	M.	10	..	..	2	..	1	2	3	4	8	..	..	..	..	..	1	1	..	3	
	F.	14	..	..	2	..	2	3	3	3	9	..	..	..	..	..	2	2	..	3	
8. Encephalitis Lethargica ..	M.	2	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	..	
	F.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
9. Meningococcal Meningitis ..	M.	1	..	1	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
	F.	0	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	
10. Tuberculosis of Resp'y System	M.	14	..	..	..	2	6	6	..	..	11	..	..	..	3	2	5	..	..	..	
	F.	13	..	..	..	5	5	3	..	..	10	..	..	1	7	2	..	..	..	..	
11. Other Tuberculous Diseases ..	M.	4	2	1	..	1	..	..	..	..	3	..	..	1	1	..	..	..	..	..	
	F.	3	..	1	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	
12. Cancer, malignant disease ..	M.	47	..	..	..	..	1	14	24	8	21	..	..	..	1	1	..	1	9	7	
	F.	40	..	..	..	6	19	11	11	4	27	..	..	..	1	14	5	14	5	7	



### MENTAL DEFICIENCY.

During the year the work of the ascertainment of cases of Mental Defect has proceeded as formerly, cases being reported by Health Visitors, School Teachers and others.

Miss A. Mort, one of the Council's Health Visitors, continues to undertake the visiting of mental defectives for the purpose of supervision and also assists in the work of ascertainment.

It might be well to point out, however, that supervision requires to be extremely close in order to be effective, and it is doubtful if the services of one individual in this regard really make any very useful contribution towards a solution of the problem.

It would seem, therefore, that institutional care is needed in the majority of cases. All available institutions in the country are full and it is almost impossible to obtain accommodation for cases outside the County. It is therefore impracticable to present petitions with regard to many cases in which this course should be taken, and the work of ascertainment is apt to be rendered useless, a fact which produces discouragement in the minds of the officers taking part in the work.

The original scheme by which it was hoped to provide accommodation for 20 female defectives in Whittlesey Workhouse has been abandoned and it is hoped that under the operation of the Local Government Act of 1929, the institution in question may cease to be used for Poor Law purposes and be devoted entirely to the care of mental defectives.

The Board of Control will not approve its use for both sexes. It is therefore proposed to accommodate females only there. The problem with regard to females is always somewhat more pressing, but it must not be forgotten that the problem with regard to males is a very real one also, and that it will be necessary to provide accommodation for them somewhere. It is hoped to arrange a conference with neighbouring county authorities whereby a reciprocal arrangement may be achieved, one county undertaking to provide accommodation for males, while another provides for females.

Possibly the difficulty might be solved in part by petitioning in certain cases for orders for guardianship, but it is probable that the magistrate making the order would decide only too frequently that the defective's own parents were the proper persons to be guardians, and even if it were not so, the possible proximity of the guardian to the parents, with consequent facility of access by the parents to the defective, would be likely to create difficulties.

There is also the fact that it is not easy to secure the services of individuals fit to undertake the guardianship of mental defectives.

At the moment of writing there are known to be in the care of the Isle of Ely 99 feeble-minded persons (45 males, and 54 females); of these, 8 males and 16 females are in residential institutions.

There are 33 imbeciles (20 males and 13 females); of these, 7 males and 4 females are in residential institutions.

There are two male and one female moral imbeciles, one male and one female being in residential institutions.

Of 18 idiots (6 males and 12 females), 5 males and 5 females are in institutions.

## SAMPLES OF FOODS AND DRUGS TAKEN IN 1929.

The samples taken during the year number 215, of which 28 were taken formally and 187 informally.

Of these 215 samples, 204 were genuine and 15 were adulterated.

Of the adulterated samples, one of milk taken at Chatteris was found to be 8.35% deficient of milk fat. Proceedings were taken but the case was dismissed.

Two samples of milk taken informally at Whittlesey were found to be 6% and 11.68% deficient of milk fat respectively.

Two formal samples of milk from March were found to be 5.01% and 16% deficient of milk fat but no proceedings were taken.

Two informal samples of milk from March were 16.66% and 6.33% deficient in milk fat.

One informal sample of milk taken at Witchford was found to contain 1.88% added water.

A formal sample of milk from Witchford was found to be 50.66% deficient of milk fat. Proceedings were taken but the case was dismissed.

An informal sample of milk from Chatteris was found to contain 3.76% added water.

Two formal samples of milk from March were found to be 6% and 11.68% deficient in milk fat and the vendors were warned.

Two formal samples of milk from Elm and Wisbech St. Mary were found to be 6.33% and 5.01% deficient in milk fat respectively but no proceedings were taken.

One informal sample of Margarine taken at Stretham was found to contain excess of water to the extent of 2.50%.

Samples taken in 1929	Chatteris	Elm	Ely	Gorefield	Little Downham	Littleport	March	Prickwillow	Stretham	Sutton	Whittlesey	Wisbech	Wisbech St. Mary	Witcham	Witchford	
Arrowroot ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Baking Powder ..	2	..	..	..	1	..	..	1	..	..	..	1	..	..	..	8
Bread ..	..	..	3	..	2	..	..	..	..	1	..	2	..	..	..	8
Butter ..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	4
Castor Oil ..	..	..	2	..	..	1	..	1	1	..	..	1	..	..	..	6
Camphorated Oil ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cheese ..	2	..	2	..	2	1	..	1	..	..	2	1	..	..	..	11
Cocoa ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Coffee ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cornflour ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cream ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cream (preserved) ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Cream of Tartar ..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	2
Custard Powder ..	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	4
Egg Powder ..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	2
Fish or Meat Pastes ..	..	..	2	..	..	..	3	..	..	..	..	1	..	..	..	6
Glycerine ..	..	..	..	..	..	..	2	..	..	..	2	1	..	..	..	5
Ground Ginger ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	2
Jam ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	2
Lard ..	..	..	2	..	2	..	2	..	1	1	2	..	..	..	..	10
Lemon Peel ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Margarine ..	..	..	3	..	1	..	2	..	1	1	2	1	..	..	..	11
Milk ..	9	3	5	1	1	1	14	3	1	1	10	9	3	2	3	66
Mustard ..	2	..	2	..	..	..	2	..	..	..	..	1	..	..	..	7
Oatmeal ..	..	..	1	..	..	..	2	..	..	1	2	1	..	..	..	7
Peaflour ..	..	..	..	..	..	1	..	2	..	..	..	1	..	..	..	4
Pepper ..	2	..	..	..	1	..	3	2	..	1	..	1	..	..	..	10
Quinine ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Rice ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Rice (ground) ..	2	..	2	..	..	1	..	..	..	..	2	1	..	..	..	8
Seidlez Powder ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Sodium Bicarbonate ..	2	..	..	..	..	..	2	..	1	..	..	..	..	..	..	5
Sugar ..	..	..	..	..	1	..	..	..	1	..	..	2	..	..	..	4
Table Jelly ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Tartaric Acid ..	2	..	1	..	..	1	..	..	..	..	2	1	..	..	..	7
Tea ..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
Tincture of Iodine ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Vinegar ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals ..	25	3	28	1	12	7	35	13	6	7	26	41	3	2	6	215

## MILK AND CREAM REGULATIONS, 1912 AND 1917.

The following particulars refer to the administration of the Public Health (Milk and Cream) Regulations, 1912 and 1917, during the year 1929.

## 1. Milk and Cream not sold as preserved cream :—

	(a) Number of samples examined for the presence of preservatives.	(b) Number in which preservative was reported to be present.
Milk ...	66 ...	0
Cream ...	1 ...	0
	67	0
	—	—

## 2. Cream sold as tinned Cream :—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i.) Correct statements made ...	0
(ii.) Incorrect statements ...	0
Total	0
	—

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the regulations have not been observed.—None.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.—None.

3. Thickening substances. Any evidence of their addition to preserved cream.—None.

4. Other observations, if any.

### MATERNITY AND CHILD WELFARE.

There are no untrained women practising midwifery in the Isle of Ely. Fourteen midwives notified their intention to practice in the County during 1929.

Thirty-five notices were received from midwives under the Regulations of the Central Midwives' Board, as having sent for medical help.

Milk to infants and nursing mothers was provided to the value of £74 15s. 1d.

Health Visitors paid 1,433 first visits, and 13,034 subsequent visits to children at their homes during the year, 6,448 of these latter ones being to children aged from one to five years.

The sum of £26 8s. 0d. was incurred in respect of fees to medical practitioners summoned to the aid of midwives in necessitous cases.

Nine cases of difficulty in connection with parturition were treated at Addenbrooke's Hospital for a total period of 218 in-patient days at a total cost to the County of £76 6s. 0d.

The County midwives are regularly visited, their books, appliances, and modes of practice being carefully investigated.

There is no County Nursing Association in the Isle of Ely. Nurses belonging to some of the District Nursing Associations, however, receive visits from a Lady Inspector sent by the Queen Victoria Jubilee Institute for Nurses, apart from those paid them by the County Medical Officer of Health.

### INFANT WELFARE CENTRES.

Infant Welfare Centres were held at Ely, Chatteris, Littleport, March, Thorney, Whittlesey, and Wisbech.

### ANTE-NATAL WORK.

It is much to be regretted that there is no organised ante-natal work in the County. A little reflection will show that such work is likely to be among the most productive of public health undertakings, since it is evident that the earlier the care which a given individual has, the better are the chances in life of that individual likely to be.



The Infant Welfare Centres carry out extremely important work in giving advice to mothers on the care of their children after birth, but there is no reason why this advice should not start before birth. The birth of a greater number of healthy children would be assured by this means and the better start which these children would make should prove advantageous to them in later years, apart from the fact that still-births and premature births would be reduced, thus increasing the effective birth-rate.

There is no doubt also, that the matter has an important economic aspect, since many children now born blind, deaf, paralysed or mentally deficient require prolonged and expensive care in after life. Some of this could be prevented by efficient ante-natal care.

Lastly, the advantages to the mothers themselves should not be forgotten. Proper ante-natal care tends to diminish those accidents of childbirth which cause suffering and in some cases death.

The County Council might well pay larger grants to those Infant Welfare Centres which include an efficient scheme of ante-natal care in their work, since, putting the matter on its lowest plane, such grant would probably save considerable expenditure in years to come.

#### VENEREAL DISEASES.

As will be seen from the following Table, there has been a further increase in the number of cases of Venereal Disease treated in 1929 as compared with previous years.

Year	Total New Cases attending for Consultation	New cases of				Total Out-Patient Attendance	Total In-Patient Days	Doses of Arseno-Benzol Compounds given to	
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions			In-Patients	Out-Patients
1919	35	12	..	16	7	..	104	..	..
1920	48	26	..	16	6	416	197	26	5
1921	41	17	..	23	1	341	155	19	5
1922	26	7	..	10	9	265	145	3	151
1923	29	10	1	16	2	288	386	21	168
1924	19	9	..	7	3	280	260	15	189
1925	40	12	..	21	7	293	270	6	129
1926	12	3	..	8	1	278	2	..	149
1927	21	4	..	14	3	244	89	2	126
1928	47	20	1	21	5	564	168	8	263
1929	56	15	..	32	9	827	68	..	319

It does not necessarily follow that the increase indicates an actual increase in the number of cases of Venereal Disease existing in the County. It may merely indicate a greater willingness on the part of the public to take advantage of the facilities for treatment available. Some support is lent to this view by the fact that the number of conditions which turned out to be non-venereal has shown a steady rise since 1926. If the supposition is correct, it represents, of course, a satisfactory state of affairs.

It will be noted that the increase in the number of venereal cases relates entirely to gonorrhœa, while there has been an actual fall in the number of cases of syphilis. This supports the view of many engaged in the treatment of Venereal Diseases that gonorrhœa represents a greater present problem than syphilis. The public is alive to the dangers of syphilis, but is apt to regard gonorrhœa as a more trivial matter, while at the same time its complete cure is apt to be a lengthy and tedious matter. The result is that early and complete treatment of syphilis diminishes the number of infective individuals at large, while spasmodic and ineffective treatment of gonorrhœa, particularly in women, increases the amount of infection. It should be realised that gonorrhœa is a serious infection and demands efficient treatment.

Of those attending the Centre at Cambridge, 48% ceased treatment before their cure was completed, as against 20% in 1928.

Of those attending at Peterborough, 21% ceased treatment before the completion of cure in 1929, as against 17% in 1928.

The increases in these figures are to be regretted, but it should be noted that the figures apply to the total number of cases attending the Centres from all areas and not to Isle of Ely cases. It is not possible on the data supplied to work out a figure for Isle of Ely cases separately.

Poverty is no bar to treatment, inasmuch as rail fares are given to all necessitous cases on application by letter to the County Medical Officer at his office in March.

Laboratory facilities for cases of Venereal Disease are provided free of cost to all Isle of Ely medical men, and where practitioners have the requisite appliances and skill, arseno-benzol compounds are provided gratuitously for the purpose of treatment.

Six beds are still reserved at Addenbrooke's for in-patient treatment of these cases.

## WELFARE OF THE BLIND.

During the past year the Home Teacher and Visitor for the Blind (J. H. MacKenzie, M.A.) who holds the Home Teacher's Certificate of the College of Teachers for the Blind, continued to visit the blind and partially blind of the area, and gave instruction to suitable cases.

He reports as follows :—

The number of persons on the Register of the Blind in the Isle of Ely during the year 1929 was 71. Of these, 35 were males and 36 females, of ages varying as follows :—

## MALES.

0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	70			Total
..	4	5	3	1	4	6	4	8	..	..	35

## FEMALES.

..	8	..	5	3	1	7	3	9	..	..	36
----	---	----	---	---	---	---	---	---	----	----	----

The total number of visits paid during the year was 651, and the total number of lessons given was 334, these being, Braille 108, Basket Making 219, Chair Caning 5, Rush Seating 2.

There are three Home Workers included under the Home Workers' Scheme approved by the Ministry of Health. Of these, one is employed in the manufacture of agricultural baskets. In spite of the depressed condition which at present exists in agriculture, the Home Teacher is pleased to say that he has been able to dispose of all his work. The second Home Worker is kept fairly busy with the re-seating of chairs both in cane and rush. He is now also able to undertake a considerable amount of repair work. The Home Teacher is at present instructing him in the re-stringing of tennis racquets, and there is every reason to believe that he will prove an efficient and neat craftsman. The third Home Worker being nearly 60 years of age, is not owing to the state of his health able to undertake really heavy work but is engaged in the repairing of baskets and the re-seating of chairs.

There are two shopkeepers in the district. Both of these are doing particularly well. One is carrying on a wool business and does a considerable amount of machine knitting. The other is successfully running a tobacconist's and confectioner's business. The Society spent a considerable sum in establishing this lad, and at the time it seemed rather a large amount to expend upon a single case. The progress which has been made, however, has fully justified the action of the society.

The Society made grants to the three Home Workers in augmentation of earnings, in two cases 7/6 weekly and in the third case 5/-.

The National Library for the Blind is supplying five readers with literature. The Society makes a grant of £1 per reader to the Library.

There are 12 Blind and partially Blind children under the age of 16 years. Of these, three are attending a Special School for the Blind, four who are partially blind are attending the Council's Elementary Schools, four are mentally deficient, and one is being instructed by the Home Teacher.

The Home Teacher finds that it has been profitable to expend more time this year on giving instruction. It is particularly desirable, he thinks, and also a real function of the Society to stimulate interest, and if possible to give instruction with a view to enabling as many of the blind as possible to follow some occupation. The difficulty with blind people as with defectives of any kind is to lift them out of a state of depression which is only too general. Of course it must always be realised that there are only too great a proportion who owing to health and other circumstances are quite unable to help themselves in any way at all. Instruction in the reading of Braille though it does not offer any remuneration is well worth giving, inasmuch as it helps to brighten lives otherwise darkened.

#### TUBERCULOSIS.

The returns of the District Medical Officers of Health at the end of 1929 show a total of 774 cases of tuberculosis on the notification registers. There can be little doubt that these figures put an exaggerated complexion on the position and that many of the cases shown should be removed by reason of the fact that they have died, left the area or been cured, or in some cases that the original diagnosis has since been negatived. It is hoped that the District Medical Officers will co-operate in a revision of the registers during 1930 and that the figure given in the next Report will represent the matter more accurately.

The Tuberculosis Clinics at Ely, March and Wisbech have continued to be held during the past year, and the following attendances recorded.

At the Ely Tuberculosis Clinic there were 69 patients, the numbers attending in the respective quarters of the year being 40, 23, 18, and 25, making 88, 45, 28, and 34 attendances, or 195 attendances in all.

At March there were 106 patients, the numbers in each quarter being 66, 41, 35, and 58 respectively, making 135, 77, 64, and 71, or 347 attendances in all.

At Wisbech there were 123 patients, the numbers attending in the respective quarters of the year being 62, 47, 39, and 55, making 137, 87, 50, and 79, or 353 attendances in all.

At your County Clinics, therefore, 298 cases of Consumption, or other forms of Tuberculosis, or suspected Tuberculosis, attended for consultation or treatment, making 895 attendances, an average weekly attendance of 17 patients.

The Clinic at Wisbech is held on each Tuesday, that at March on each Wednesday and that at Ely on each Thursday in the week. One session is held at each Clinic, in the afternoon in every case.

It may be well to emphasise the fact that these sessions are for the purpose of examining cases of Tuberculosis or suspected Tuberculosis only. Obviously it is inadvisable to mix tuberculous and non-tuberculous individuals where such can be avoided. Some misunderstanding seems to have arisen because children attending for advice on other conditions during Tuberculosis sessions have been sent away.

The Clinics are intended primarily for consultation and not to be used as free treatment centres. Patients are seen at the Clinics only if referred by a private practitioner or, at times, in the case of children by the School Medical Officer, unless it is quite clear that a patient is not under the care of a private practitioner and is not likely to be. This latter event occurs only very rarely. It is not intended that the Clinics shall be centres for the dispensing of gratuitous advice or treatment or that they shall be anything in the nature of "courts of appeal" for patients dissatisfied with the advice of their own medical men.

During the year, the supply of drugs by the Clinics has been cut down to a minimum, since it is felt that tuberculous patients should obtain these from ordinary sources, just as do patients suffering from other diseases. In other words, it seems clear that such treatment as can be administered by the patient's own medical attendant should be so administered and that patients who have been referred to the Clinic by a practitioner for an opinion should be returned to him for treatment unless he requests otherwise.

Patients requiring and found suitable for sanatorium treatment are recommended to an appropriate institution, and their admission is arranged subject to the sanction of the Council.

As in many other parts of the country, this consultation with regard to diagnosis and the sending of suitable cases to sanatoria forms the backbone of the work on Tuberculosis. It may well be doubted if this is really the most productive line of attack on the disease. Its success rests upon several presumptions. First that there is a period in the course of every case when that case can be regarded as early, secondly that a considerable proportion of cases can be detected at that early stage, thirdly that when so detected they can be induced to accept treatment and fourthly that such treatment will produce arrest in the majority of cases. Unfortunately, the presumption is liable to break down at any one of these stages. In particular, it seems possible that the first assumption is not justified as often as is generally supposed, and that the development of extensive clinically recognisable Tuberculosis is a much more rapid affair than it is thought to be.

While it is not suggested that the present line of attack should be abandoned, it would seem desirable to supplement it with other measures of a preventive character. In the space of this Report, it is not possible to consider such measures in detail, but as example of possible steps may be mentioned the better education of the people with regard to the disease, the removal of children from infected homes, the provision of institutional treatment for debilitated children before a diagnosis of clinical Tuberculosis can be made and the more extensive isolation of the advanced case. The latter measure in particular requires consideration in the Isle of Ely and some provision for advanced cases should be made on humanitarian as well as preventive grounds. Possibly the acquisition of the Poor Law Institutions by the County Council may help in this matter.

The question of after care is also important, but it should be realised that this bristles with difficulties. It is evident that to allow a patient to return from sanatorium to his old conditions of housing and employment is to throw away most of the advantage which has been gained. After-care committees have been formed in many counties, with various functions, the most definite of which is the finding of suitable employment for patients suffering from Tuberculosis. In the present state of the labour market this is far from easy and the difficulty would be increased in the Isle of Ely by reason of the fact that most of the existing employment consists of agricultural labour.



### HOME VISITING.

There were 66 consultations with medical men and 75 visits were paid by your County Medical Officer to cases in their own homes.

Health Visitors made 1,220 visits to their homes. All the 34 shelters have been in use; they prove of great value, and every effort is made to keep them in good condition, by repairing them when required.

### BEDS AT SANATORIA.

The Council reserves one female and four male beds at the Borough Sanatorium, Ipswich; during the year 49 cases of Tuberculosis were sent to Hospital or to Sanatoria, making, with 20 cases already in Institutions on January 1st, 1929, a total of 69 residential cases, of whom 46 were males and 23 females. At the close of the year, 17 cases (11 males and 6 females) still remained in Institutions.

Beds are not reserved elsewhere, but are taken as required in localities appropriate to the patient's needs.

At Ipswich, 10 males and 9 females were treated, totalling 3,480 in-patient days.

At Lord Mayor Treloar's Home at Alton, a male surgical case remained for 35 days.

To Addenbrooke's Hospital, Cambridge, 5 male and 4 female surgical cases were sent, totalling 283 in-patient days.

To the Papworth Colony, Cambridge, 11 males and 1 female were sent, totalling 1,575 in-patient days.

At Preston Hall Colony, Maidstone, a male case remained for 119 days.

To Kelling, Holt, 4 males were sent, totalling 536 in-patient days.

To the Children's Sanatorium, Holt, a female was sent for 196 in-patient days.

To the Royal Sea-Bathing Hospital, Margate, 4 male and 1 female surgical cases were sent, totalling 890 in-patient days.

To Naylands Sanatorium, Colchester, one male was sent, totalling 49 in-patient days.

To the Old Manor House Sanatorium, Broadstairs, one female was sent, totalling 63 in-patient days.



To the Eversfield Hospital, St. Leonards-on-Sea, 1 male was sent, totalling 156 days.

To Wyton Sanatorium, 6 males and 5 females, all children, were sent, totalling 1,027 in-patient days.

To the Rushden House Sanatorium, Northampton, 1 female was sent, totalling 45 in-patient days.

To the Royal National Sanatorium, Ventnor, 1 male remained 1 in-patient day.

The total stay of these 69 patients amounted to 8,700 in-patient days, an average stay of 126 days per case, compared with 36 males and 28 females in 1928, with an average stay of 123 days per in-patient.

Extra nourishment in the form of milk and eggs were provided to Tuberculous persons to the value of £54 15s. 0d., compared with £62 18s. 3d. in the previous year.

#### BACTERIOLOGICAL WORK.

113 specimens of Sputum were examined, 22 being found positive and 91 negative.



HOUSING.

	Urban Districts					Rural Districts			
	Chatteris	Ely	March	Whittlesey	Wisbech	Ely	North Whiteford	Thorney	Wisbech
<b>Number of new houses erected during the year 1929 (a) Total</b> .. .. .	..	47	..	43	109	19	8	..	32
<b>(b) With State assistance under the Housing Acts, 1919, or 1923—</b>									
(1) By the Local Authority .. .. .	..	26	..	32	26	..	..	..	..
(2) By other bodies or persons .. .. .	..	16	..	7	75	17	6	..	4
<b>1. Unfit Dwelling-Houses.</b>									
<b>Inspection—</b>									
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .. .. .	..	129	..	156	494	24	215	59	181
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 .. .. .	..	129	..	..	81	..	3	59	63
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	..	15	..	..	16	7	..	..	4
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation .. .. .	..	28	..	8	262	5	15	..	76
<b>2. Remedy of Defects without serving of formal Notices.</b>									
Number of dwelling-Houses rendered fit in consequence of informal action by the Local Authority or their Officers .. .. .	..	32	..	2	262	1	15	..	45

3. Action under Statutory Powers.

A. Proceedings under Sec. 3 of the Housing Act, 1925.

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .
- (2) Number of dwelling-houses which were rendered fit—  
 (a) by owners .. .. .  
 (b) by Local Authority in default of owners .. .. .
- (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close .. .. .

..	8	..	1	2	..	..	6
..	4	..	8	2	..	..	3
..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..

B. Proceedings under Public Health Acts.

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. .
- (2) Number of dwelling-houses in which defects were remedied—  
 (a) by owners .. .. .  
 (b) by Local Authority in default of owners .. .. .

..	5	..	3	3	2	..	3
..	5	..	3	3	2	..	3
..	..	..	..	..	..	..	..

C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925.

- (1) Number of representations made with a view to the making of Closing Orders .. .. .
- (2) Number of dwelling-houses in respect of which Closing Orders were made .. .. .
- (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit .. .. .
- (4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .
- (5) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .

..	..	..	..	14	2	..	..
..	..	..	..	14	2	..	..
..	..	..	..	1	..	..	..
..	..	..	..	10	..	..	..
..	..	..	..	9	..	..	..

## EXTRACTS FROM THE DISTRICT REPORTS.

*I.—URBAN.*

## CHATTERIS URBAN DISTRICT.

Area, 13,719 acres.

1929 Statistics:—Birth-rate, 15·038. Death-rate 11·434 (uncorrected). Death-rate (corrected), 8·92. Infantile Mortality-rate, 12·81 per 1,000 births. Illegitimacy-rate, 51·282 per 1,000 births.

Estimated mid-year population ... .. 5,160

Report not to hand at time of going to press.

## ELY URBAN DISTRICT.

Area, 16,742 acres.

1929 Statistics:—Birth-rate, 15·848. Death-rate, 11·503 (uncorrected). Death-rate (corrected), 8·69. Infantile Mortality-rate, 40·32 per 1,000 births. Illegitimacy-rate, 48·38 per 1,000 births.

Estimated mid-year population ... .. 7,824

The Water Supply for Ely proper, Stuntney, Adelaide and Prickwillow is obtained from the Council's Waterworks at Isleham.

An extension of the service has been carried out to supply the houses erected on the New Barnes Council site.

In June it was found that there was some pollution of the water supply. Samples were sent to the County Analyst for analysis and also for a bacteriological examination. The samples were taken from the Well at Isleham, the Reservoir and the Mains.

Organisms were found in the Mains and they were thoroughly flushed. This was not followed by any improvement. The Well was again examined but nothing wrong was found. Expert advice was obtained and further flushing and chlorination was advised. Chlorination has been continued during the rest of the year and further samples have been quite satisfactory.

It was agreed that the probable cause of the trouble was due to the frequent opening up of the mains for one purpose or another, and infiltration of polluted surface water into the pipes.

Both the River Ouse and River Lark are polluted by Sewage, and effluent from the Beet Sugar Factory.

There has been an action in the Courts by the Ouse and Cam Fisheries Board to restrain the Ely Beet Sugar Factory from passing its effluent into the river in such a condition as to destroy fish, etc.

Plans have been passed by the Council for the proposed new Sewerage System. An extension of the Sewerage System has been carried out to serve the New Barnes Housing Site.

#### MARCH URBAN DISTRICT.

Area, 19,777 acres.

1929 Statistics:—Birth-rate, 21.146. Death-rate, 12.03 (uncorrected). Death-rate (corrected), 9.84. Infantile Mortality-rate, 106.6 per 1,000 births. Illegitimacy-rate, 31.11 per 1,000 births.

Estimated mid-year population... .. 10,640.

Special attention is drawn to the question of sewers and sewage disposal.

The late Surveyor points out that much of the sewage from the South side of the town enters the river untreated and a large proportion of this district has no system of sewers whatsoever.

The large underground septic tank in Wigstone's Lane served its purpose well, but the recent housing developments have added so considerably, the new sewers having all been connected to the existing sewer, that the tanks are now inoperative from the liquefaction point of view, with the consequence that practically the whole of the sewage on the North side of the town is discharged into the river in its crude state.

It would seem impossible to provide a system of sewers and sewage disposal works for the town by gravitation means owing to the low lying nature of the district, but a scheme including the provision of a main pumping station and compressed air ejector stations in different parts of the town would be worthy of consideration.

## WHITTLESEY URBAN DISTRICT.

Area, 25,437 acres.

1929 Statistics:—Birth-rate, 17·906. Death-rate, 15·15 (uncorrected). Death-rate (corrected), 12·31. Infantile Mortality-rate, 90·90 per 1,000 births. Illegitimacy-rate, 69·93 per 1,000 births.

Estimated mid-year population ... .. 7,986

In view of the continual prevalence of the Diphtheria epidemic, the Council are reminded of the urgent need of some isolation hospital accommodation of which there is at present a conspicuous and dangerous absence.

Other infectious diseases, such as Scarlet Fever, are epidemic in different parts of the County, and should they extend to Whittlesey there is means<sup>NO</sup> of satisfactorily controlling their virulence.

It is acknowledged that the present sources of water supply, surface wells and river water, are unsatisfactory and subject to dangerous pollution, and the Council have very wisely contracted with the Peterborough Corporation for a supply of pure water to the district.

As regards sewerage in anticipation of a forthcoming supply of water from Peterborough it cannot be urged too strongly upon the Council that they should give earnest consideration to the satisfactory solution of the sewerage problem.

## WISBECH MUNICIPAL BOROUGH.

Area, 6,475 acres.

1929 Statistics:—Birth-rate, 17·657. Death-rate, 16·06 (uncorrected). Death-rate (corrected), 12·69. Infantile Mortality-rate, 94·786 per 1,000 births. Illegitimacy-rate, 71·09 per 1,000 births.

Estimated mid-year population ... .. 11,950

There were nine cases of Enteric Fever. These were isolated cases spread throughout the year and although every effort was made to discover the source of infection, in no case was any conclusive evidence found.

The Isolation Hospital has been called upon during the year to deal with an increased number of patients, fifty-nine cases being admitted in excess of the number for 1928.

Dr. Leslie Groom is of the opinion that with the increased usage of the Hospital the time has come when the provision of an up-to-date building must be considered for the effective isolation of the various diseases.

## II.—RURAL.

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### ELY RURAL DISTRICT.

Area, 63,999 acres.

1929 Statistics:—Birth-rate, 19·02. Death-rate, 12·953 (uncorrected). Death-rate, (corrected), 9·57. Infantile Mortality-rate, 85·6 per 1,000 births. Illegitimacy-rate, 58·365 per 1,000 births.

Estimated mid-year population ... .. 13,510

An extension of the water supply is contemplated by which the parishes of Haddenham, Wilburton, Stretham and Little Thetford would be supplied by a water tower erected at Haddenham. Inhabitants of the Fen who can cart the water are supplied from the hydrants. The inhabitants of the above villages are at present dependent upon a supply from the public wells.

One analysis of the piped supply was made during the year. The quality of the water is apparently satisfactory, and the quantity is ample for the needs of the district.

### NORTH WITCHFORD RURAL DISTRICT.

Area, 26,088 acres.

1929 Statistics:—Birth-rate, 19·72. Death-rate, 11·79 (uncorrected). Death-rate (corrected), 9·32. Infantile Mortality-rate, 117·64 per 1,000 births. Illegitimacy-rate, 38·22 per 1,000 births.

Estimated mid-year population ... .. 5,172

There is no provision in the form of Hospitals for Infectious Disease or Tuberculosis. Not only so, but no Hospital is available for Infectious Disease and cases have to be treated at home, which is very undesirable.

Under the new Local Government Act possibly an Infectious Hospital may be provided for the County and Dr. Taylor is of opinion that every assistance should be given to hasten such an event.

There have been considerable extensions in the Water Supply made by the Council in the parishes of Manea and Wimblington. These have greatly improved the supply in outlying areas. There is still no satisfactory supply for the village of Benwick which has to rely mainly on rain water.

The river there is not a satisfactory source. An effort is being made to get a supply from Peterborough.



## THORNEY RURAL DISTRICT.

Area, 18,959 acres.

1929 Statistics:—Birth-rate, 15·24. Death-rate, 10·55 (uncorrected). Death-rate (corrected), 10·51. Infantile Mortality-rate, 15·38 per 1,000 births. Illegitimacy-rate, 51·28 per 1,000 births.

Estimated mid-year population ... .. 2,558

There is no Hospital for the area but an agreement exists whereby the Peterborough Corporation receive all cases of Small-pox into their Hospital and will admit cases of Infectious Disease when vacancies are available.

The General Hospitals for the District are the Peterborough Memorial Hospital, a new building with modern equipment, and the Wisbech Hospital.

The septic tanks which were installed in connection with the Council houses are thoroughly inefficient and are a serious menace to the well-being of the occupants of the houses. The Council has under consideration a scheme for dealing with the matter.

The improved filter beds are now working and show a decided improvement in the quality of the water supplied.

## WISBECH RURAL DISTRICT.

Area, 46,113 acres.

Statistics 1929:—Birth-rate, 18·609. Death-rate, 9·79 (uncorrected). Death-rate (corrected), 8·92. Infantile Mortality-rate, 64·257 per 1,000 births. Illegitimacy-rate, 88·353 per 1,000 births.

Estimated mid-year population ... .. 13,380

As regards the housing in Fridaybridge, Dr. Gunson points out that there is still great shortage of houses for labourers. Many of the existing houses are not fit for habitation and should be demolished as soon as the deficiency is remedied.

There is no system of sewage disposal.

A large part of the District is in possession of a good supply of water from the Wisbech Water Works.

The Dairies, Cowsheds, Slaughter-houses and Knackers' Yards have all been inspected and found in a clean and satisfactory condition.

*III.—PORT.*  
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## WISBECH PORT SANITARY AUTHORITY.

Dr. G. F. Collins, who has been Medical Officer of the Port for 21 years, resigned his appointment on 31st December, 1929.

Dr. R. E. Crockatt has been appointed as his successor.

The health of the Port has been good and no case of illness of any kind was reported on any ship.

Forty-five steamers and seven motor vessels of foreign nationality arrived in the Port and were all inspected and found to be in good condition.

The Port Hospital has been inspected at intervals and has always been found clean and in good order.

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