

[Report 1932] / Medical Officer of Health, Isle of Ely County Council.

Contributors

Isle of Ely (England). County Council. n 78027969

Publication/Creation

1932

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ISLE OF ELY COUNTY COUNCIL.

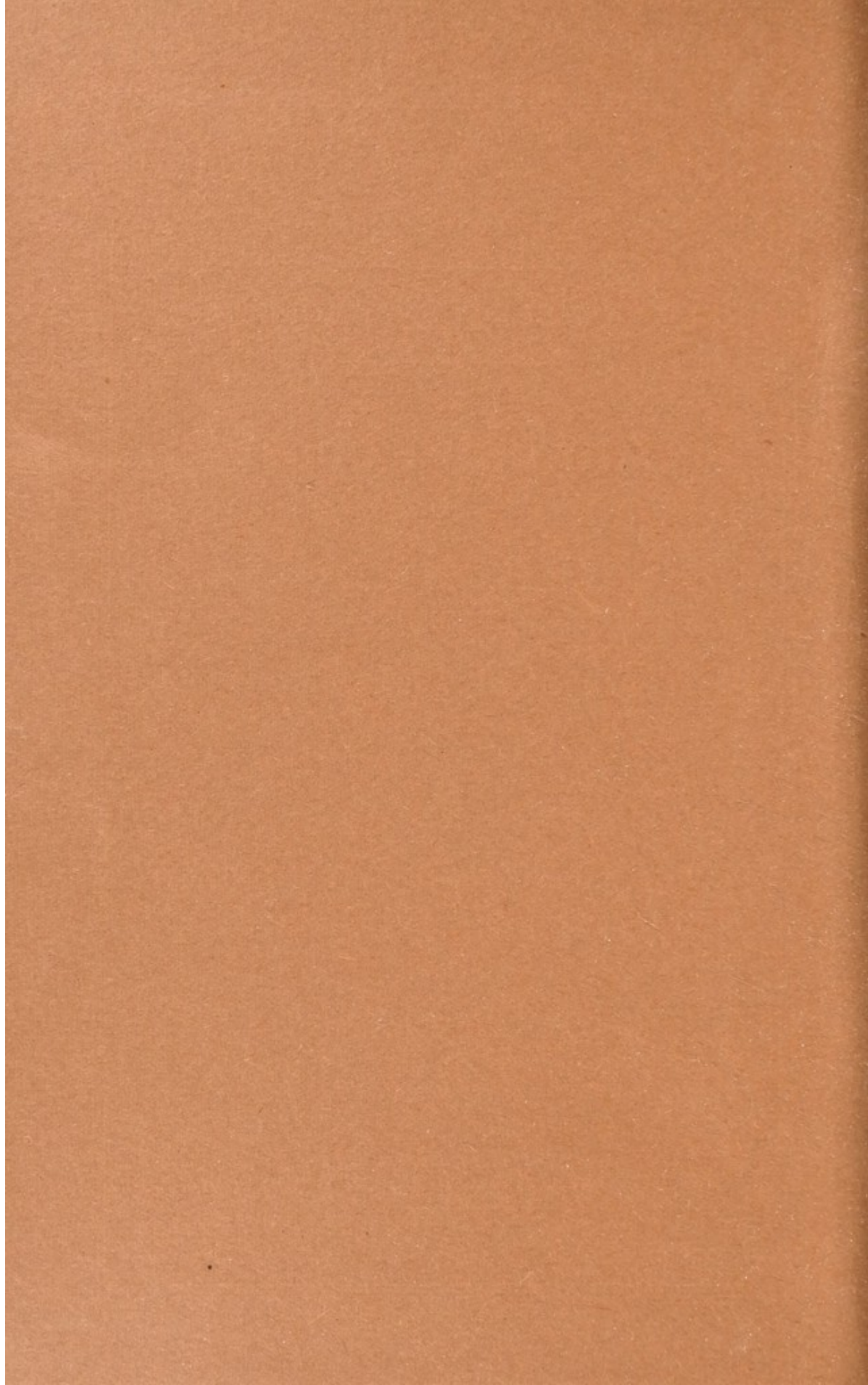
Annual Report
on the
PUBLIC HEALTH
of the
Administrative County of the
Isle of Ely,
For the Year 1932,

**With Summary of Reports of District
Medical Officers of Health,**

by

R. FRENCH, B.A., M.D., D.P.H.

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

Public Health Committee.

BURMAN, A. S.	NEWMAN, A. E. T. (Rev.)
CLAYTON, C.	PAYNE, H.
COVILL, S. E.	PEAKE, T.
CUTLACK, W.	PEATLING, H. F. M.
HERBERT, F. F. (Rev.)	RANDS, H.
LAXON, M.	VAIL, H.
LUDDINGTON, L. H.	WALLIS, W.
MERRYWEST, J. W.	WALTON, S. S. (Rev.)
MILLER, G. W.	WEBB, W. F. R.
MORTON, F. C.	WEST, SIR W. W.
NEWELL, G. W.	WHITTOME, H. A.

Number 22. Quorum 5.

For its Sanatorium Benefit Sub-Committee, Messrs. J. W. BRIDGESTOCK and
W. H. CLARKE, Members of the Isle of Ely Insurance Committee, are Co-opted
Members.

Maternity and Child Welfare Committee.

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

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

Number 25. Quorum 5.

Mental Deficiency Committee.

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

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

Number 25. Quorum 5.

Staff.

County Medical Officer of Health.

ROBERT FRENCH, B.A., M.D., D.P.H.

Assistant County Medical Officer of Health.

R. C. GUBBINS, M.B., CH.B., D.P.H. (resigned 8th June, 1932).

T. C. LONIE, M.B., CH.B., D.P.H. (commenced 1st July, 1932).

Health Visitors and School Nurses.

(a)—*Council Officials (whole-time).*

H. L. MORRIS, C.M.B., M. & C.W. Cert., R.S.I., H.V. Cert., R.S.I.

A. MORT, C.M.B., H.V. Cert., R.S.I., A.R.S.I.

M. E. CLIFFE, C.M.B., H.V. Cert., Bd. of Ed.

E. T. TAYLOR, C.M.B.

H. LAWRENCE, Cert. Adv. Hygiene, Bd. of Ed.

M. MEACHAM, C.M.B., H.V. Cert., R.S.I., M. & C.W. Cert., R.S.I.

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

The Nurse or Nurses at :—

Chatteris	March
Doddington	Outwell
Gorefield	Prickwillow
Haddenham	Stretham
Little Downham	Sutton
Manea	

Home-Teacher and Visitor for the Blind

J. H. MACKENZIE, M.A.

Clerical Staff.

H. A. HOUSE (Chief Clerk).

A. ANNESS, F. RITCHIE.

District Medical Officers under Poor Law Acts :—

WM. GROOM, B.A., M.D.	..	(also Public Vaccinator).
J. DWYER, M.B., Ch.B.	..	" "
C. H. GUNSON, M.B., Ch.B.	..	" "
W. REYNOLDS, M.B., B.S.	..	" "
A. PAIN, M.R.C.S., L.R.C.P.	..	" "
W. MEIKLE, M.B., Ch.B.	..	" "
F. A. EVISON, M.R.C.S., L.R.C.P.	..	" "
A. C. S. WATERS, M.R.C.S., L.R.C.P.		
A. B. TAYLOR, M.B., B.S.	..	(also Public Vaccinator).
R. AINSWORTH, M.R.C.S., L.R.C.P.	..	" "
S. J. WATSON, M.B., B.Ch.	..	" "
C. W. HOWE, M.B., Ch.B., D.P.H.	..	" "
G. B. DAVIS, M.A., M.D.	..	" "
J. SLADE, M.A., M.D.	..	" "
J. F. M. WHITBY, B.A., L.M.S.S.A.	..	" "
D. E. YOUNG, L.R.C.P., L.R.C.S.	..	" "

Public Vaccinators (other than above) :—

R. BUTTERWORTH, B.A., M.B., Ch.B.
F. H. BECKETT, B.A., M.B., B.Ch.

Veterinary Surgeons :—

W. RUNCIMAN, M.R.C.V.S.
H. H. TRUMAN, "
J. H. POLES, "
J. W. KNOWLES, "
T. KNOWLES, "

Public Analyst :—

S. GREENBERG, F.I.C., F.C.S.

Vaccination Officers :—

C. A. SHUTE,
A. L. MOORE,
A. E. CROWSON,
G. SHARPE,
F. J. ASPLAND.

LOCAL SANITARY AUTHORITIES.

Urban Districts and Boroughs.		Clerks.	District Medical Officers of Health.
1. Ely	.. ..	A. E. Woodrow, 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.	.. T. C. Lonie, 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	.. ..	A. F. 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.	.. R. E. Crockatt, M.B., Ch.B.

*To the Chairman and Members of the
Isle of Ely County Council.*

GENTLEMEN,—

I have pleasure in presenting to you the County Health Report for the year 1932.

Dr. R. C. Gubbins resigned his appointment as Assistant County Medical Officer as from June 8th, 1932, and Dr. T. C. Lonie, who had been Assistant School Medical Officer in Leeds, was appointed in his place to commence duty on July 1st, 1932.

No important developments in the Health Services have taken place during the year.

I am pleased to be able to testify to the help I have received in the compilation of this report from the members of my staff, from the rest of the county staff and from the medical officers of health and general practitioners of the area, and thank them for their assistance.

I have the honour to be, Gentlemen,

Your obedient Servant,

R. FRENCH.

Administrative County of the Isle of Ely.

The Annual Reports for the year 1932, 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	..	August 2nd, 1933		Typewritten
	Ely ..	..	Dr. Beckett	..	June 29th, 1933		Typewritten
	March ..	..	Dr. Evison	..			
	Whittlesey	..	Dr. Lonie	..	July 5th, 1933	..	Printed
	Wisbech ..	..	Dr. H. L. Groom		June 20th, 1933	..	Printed
Rural Districts	Ely ..	..	Dr. Howe	..	June 22nd, 1933		Typewritten
	North Witchford ..	..	Dr. Taylor	..	June 28th, 1933	..	Printed
	Thorney ..	..	Dr. Clapham	..			
	Wisbech ..	..	Dr. Gunson	..	June 24th, 1933	..	Printed
	Wisbech Port	..	Dr. Crockatt	..	August 2nd, 1933	..	Printed
	San. Authority						

FINANCIAL STATEMENT.

Below is a statement of the cost of the Isle of Ely County Council's Public Health Services for the year 1932—1933, apart from the cost of the School Medical Service.

	£	s.	d.
Salaries and expenses of Medical Officers, Health Visitors and clerical staff ...	4364	18	3
Nursing Associations	1329	0	10
Tuberculosis (Clinics, Sanatoria)	4564	4	11
Maternity and Child Welfare	549	10	0
Venereal Disease	231	10	11
Mental Deficiency	1329	3	11
Welfare of the Blind	321	0	1
Vaccination Acts	192	19	0
Establishment Expenses	102	10	5
Grants to Local Authorities in respect of Medical Officers of Health and In- spectors of Nuisances	642	17	6
	<hr/>		
	13627	15	10
Less amount received from Education Committee for School Medical Service	1415	7	5
	<hr/>		
Nett	£12212	8	5
	<hr/>		

STATISTICS, 1932.

Area of Administrative County (land & water)...	acres	238,073
Rateable Value	£	259,826
Produce of 1d. rate	£	990
Population (Census 1931)		77,705
Population (estim. to middle of year 1932)		78,590
No. of live Births in the year	<div> <div> males 716 females 644 </div> <div> <div>Legitimate 674</div> <div>Illegitimate 42</div> <div>Legitimate 607</div> <div>Illegitimate 37</div> </div> </div>	1360
Birth-rate per 1,000		17.3
No. of Still-births in the year	<div> <div>males 35</div> <div>females 31</div> </div> <div> <div>Legitimate 34</div> <div>Illegitimate 1</div> <div>Legitimate 25</div> <div>Illegitimate 6</div> </div>	66
Still-birth rate per 1,000 total births		46.28
Total No. of Deaths in the year ...	<div>males 498</div> <div>females 441</div>	939
Death-rate per 1,000	<div>uncorrected 11.95</div> <div>corrected ... 9.52</div>	
No. of women dying in, or in consequence of, childbirth	<div> <div>from sepsis 3</div> <div>other causes 2</div> <div>Total 5</div> </div> <div> <div>Rate per 1,000 Births 2.1</div> <div>1.4</div> <div>3.5</div> </div>	
Number dying under 1 year old	<div> <div>males 45</div> <div>females 28</div> </div> <div> <div>Legitimate 41</div> <div>Illegitimate 4</div> <div>Legitimate 23</div> <div>Illegitimate 5</div> </div>	73
Infantile Mortality-rate (per 1,000 Births)	<div>in legitimates 49.96</div> <div>in illegitimates 113.92</div>	53.68
In males ... 62.85	<div>in legitimate males... 60.83</div> <div>in illegitimate males 95.24</div>	
In females... 43.48	<div>in legitimate females 37.89</div> <div>in illegitimate females 135.14</div>	
Deaths from Measles (all ages)		—
„ „ Whooping Cough (all ages)		5
„ „ Diarrhoea (under 2 years of age)		4
England and Wales—		
Birth-rate		15.3
Death-rate		12.0
Infantile Mortality-rate		65.0

VITAL STATISTICS.

POPULATION.

The Registrar General has supplied the figure of 78,590 as the estimated mid-year population for 1932. This is an increase of 1,100 over the figure for 1931, but as the excess of births over deaths was only 421, it seems doubtful whether such an increase has actually taken place.

It may be remembered that in the report on the year 1931, attention was drawn to the fact that the Registrar General estimated that there had been a fall in population of 210 as compared with 1930.

In view of the fact that he estimates so large an increase between 1931 and 1932 and that his estimated increase as between 1930 and 1932 roughly follows the apparent natural trend, some doubt may be considered to be thrown on the estimate for 1931.

SOCIAL CONDITIONS.

The chief occupation of the inhabitants is agriculture. The census of 1921 showed the Isle of Ely to be the administrative county with the largest percentage of agricultural workers in its population. No special comments are necessary as to the influence of social conditions and occupation on public health.

BIRTHS.

The births in the Urban Districts numbered 786 (409 males and 377 females), this being a birth-rate of 17·02 per thousand of population.

In the Rural Districts the births numbered 574 (307 males and 267 females), the Rural birth-rate being 17·71 per thousand.

The total births for the County numbered 1,360 (716 males and 644 females), a birth-rate of 17·3 per thousand. This compares with a birth-rate for England and Wales of 15·3 per thousand.

The illegitimate births in the Urban Districts numbered 49, a rate of 62·34 per 1,000 births. Of this 49, 28 were males and 21 females, giving rates of 68·46 and 55·7 respectively.

For the Rural Districts there were 30 illegitimate births, a rate of 52·26. Of these, 14 were males and 16 females, giving rates of 45·6 and 59·92 respectively.

Taking the County as a whole the illegitimate births numbered 79, or a rate of 58·09. There were 42 males and 37 female illegitimate births and this gives rates of 58·66 and 57·45 respectively.

The birth-rate for 1932 shows a very considerable fall as compared with that for 1931. The fall in the Isle of Ely is very nearly twice the fall which has taken place in the country as a whole, though the rate for the Isle is still definitely above that for England and Wales, the figures being 17·3 and 15·3 respectively.

It is, perhaps, unnecessary to repeat the gist of remarks which have been made in previous reports as to the birth-rate, but, leaving out of account the question as to whether it is desirable for anyone to have large numbers of children at the present time, there can be no doubt that children continue to arrive in families whose continued increase seems quite undesirable.

DEATHS.

The deaths in 1932 numbered 939 compared with 870 in 1931. Of these 939 deaths (498 males and 441 females), 556 occurred in the Urban areas and 383 in the Rural, giving an uncorrected death-rate per thousand of 12·04 and 11·82 respectively.

When corrected, however, by the factors for standardisation, the Urban death-rate becomes 9·43 per thousand, and the Rural 9·64, whilst the rate for the whole County is 11·94 uncorrected, or 9·52 per thousand when corrected, these figures comparing with a rate of 12·0 for England and Wales.

The death-rate in the Isle of Ely has again risen substantially in 1932 as compared with that in 1931. As against this fact, the death-rate for England and Wales has actually fallen. The rate for the Isle approaches more nearly to that for the country as a whole than it has done in recent years.

It should be realised that this continued rise in the death-rate simply follows a natural trend. Both the Registrar General and the Chief Medical Officer to the Ministry of Health have repeatedly drawn attention to the fact that the death-rate cannot remain at its present low level indefinitely. It is at present being maintained at this level by reason of the saving of lives in their early years which would in times past have been lost. The individuals concerned, however, must inevitably die at some future date and their deaths will ultimately cause the rate to rise again. If and when it rises to a figure above that for the birth-rate, an actual decline in population will have set in.

It is for this reason that a continued low general birth-rate is a matter for some uneasiness. The word "continued" is used advisedly, since there may be schools of thought who would not regard even an actual decline in population as a calamity under present economic conditions. Perhaps it may be hoped that these

conditions will not persist indefinitely, and that, so far from a decline being regarded with equanimity an actual increase in certain directions may be thought desirable.

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	...	12.32	...	9.59
Ely Urban	...	0.756	...	13.92	...	10.52
March...	...	0.819	...	10.16	...	8.32
Whittlesey	...	0.786	...	10.45	...	8.22
Wisbech Borough	...	0.790	...	13.54	...	10.69
Ely Rural	...	0.739	...	13.75	...	10.16
North Witchford	...	0.792	...	10.23	...	8.10
Thorney	..	0.996	...	9.72	...	9.68
Wisbech Rural...	...	0.901	...	10.71	...	9.65
Aggregate Isle of Ely						
Urban Districts	...	0.783	...	12.04	...	9.43
Do. Rural Districts	...	0.816	...	11.82	...	9.64
Whole Isle of Ely	...	0.797	...	11.94	...	9.52
England and Wales	...	—	..	12.0	...	12.0

INFANTILE MORTALITY.

The death-rate in infants under one year per 1,000 births was 53.68 in 1932. This is about 4.5 per 1,000 less than in 1931.

In England and Wales, the rate was 65 per 1,000, a drop of only 1 per 1,000 as compared with the rate for the previous year, so that the improvement in the Isle of Ely is greater than that in the country as a whole. As a matter of fact, the rate is the lowest recorded in the Isle of Ely for a number of years, except in 1930 when it was 52.19, and perhaps it may be taken as some indication of the benefit produced by the Maternity and Child Welfare work of the County Council.

All the more usual causes of death in infancy have shared in the fall.

The deaths from diarrhoea show a drop from 6 to 4. Perhaps it may not be too much to hope that one day this disease will cease to figure as a cause of infantile mortality. While much can be done by the education of mothers through maternity and child welfare schemes or otherwise in this regard, it should not be forgotten that

less direct measures, such as better housing, with increased facilities for food storage, and closer supervision of milk production and distribution may play a considerable part.

There were ten deaths from pneumonia, as compared with fourteen the previous year.

Congenital debility, premature birth and malformation accounted for thirty-eight deaths, as compared with forty-seven in the previous year. This cause of death seems to fluctuate from year to year, but the average for a number of years does not vary a great deal. It has been pointed out in previous years that increased ante-natal care might do something to diminish the death-rate from this cause. It must be admitted, however, that this would only be of benefit in so far as the decrease in mortality was an index of decrease in morbidity. One knows of cases in which these causes have operated, but not to such an extent as to have produced death, and it is difficult to avoid the feeling sometimes that it would have been better if such children had not survived. A mere multiplication of such survivors would hardly be a source of satisfaction.

The general trend of infantile mortality appears to be definitely downward in the Isle of Ely. The average mortality for the ten years 1922—31 was 62·6, while that for 1932 was, as has been stated, 53·68.

DEATHS FROM ZYMOTIC DISEASES.

The deaths from these diseases in the County in 1932 comprised one from Scarlet Fever, five from Whooping Cough, ten from Diphtheria, twenty-seven from Influenza, and three from Encephalitis Lethargica.

The prevalence of diphtheria in Whittlesey has shown a distinct decline during the year and the usual autumn outbreak was conspicuous by its absence in 1932. Further reference to this is made in the section on Infectious Diseases later in the report.

On the other hand, a sharp outbreak occurred in March which, up to the time of writing, continues to smoulder.

DEATHS FROM TUBERCULOSIS.

There were 36 deaths from pulmonary tuberculosis in 1932 (20 in males and 16 in females) as against 32 in the previous year.

The deaths from other forms of the disease numbered 12, a fall of 5 as compared with the figure for the previous year.

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
1930	...	·476	...	·154	...	·630
1931	...	·412	...	·219	...	·631
1932	...	·458	...	·153	...	·611

It is pleasing to be able to report that the total death rate is the lowest recorded during the period. It may also be of interest to note that the average death rate for the first four years of the period is ·761 and that this has been reduced to ·660 during the last four years.

The death rate for pulmonary tuberculosis is not quite so low as the rate for the previous year, but, apart from that year, it is the lowest recorded during the period.

The rate for non-pulmonary tuberculosis is definitely lower than that for 1931, but it may, perhaps, be worth pointing out that it is only very slightly lower than that for the years 1929 and 1930, and that, from 1927 to 1931, the rate was a steadily rising one. This is a matter for some surprise in view of the fact that the rate for the country as a whole is a falling one and that the rate of fall has actually been greater than that for pulmonary tuberculosis.

DEATHS FROM CANCER.

Cancer claimed 136 deaths in the year, this number being one more than the total for the previous year.

SUICIDE AND OTHER DEATHS.

Of the total number of deaths, 939, 34·9 per cent. were aged 75 years, or over. Of these 939 deaths, 14 were from suicide, 11 in males and 3 in females.

The number of deaths from other forms of violence was 39, being 13 more than in 1931.

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

County of Isle of Ely.

Causes of Death in Administrative Areas, 1932.

CAUSES OF DEATH	URBAN										RURAL										Total for Urban and Rural Districts.	GRAND TOTAL.													
	Chatteris.					Ely.					March.		Whittlesey.		Wisbech		Aggre- gate of U.D's.						North. Witchford.				Thorney.		Wisbech.				Aggre- gate of R.D's.		
	04		05		06		07		14		Aggre- gate of U.D's.		08		09		18		28				F.		M.		F.		M.		F.		M.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Registrar's number of area.																																			
ALL CAUSES	38	26	62	57	62	58	47	42	83	81	292	264	103	80	28	25	9	12	66	60	205	177	498	441	939										
1. Typhoid & Paratyphoid Fevers	..	..	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	1	2								
2. Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Scarlet Fever .. .. .	..	..	1	..	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..	..	..	1	3	5							
4. Whooping Cough .. .. .	..	..	1	..	..	3	1	1	1	..	5	3	..	..	..	..	..	..	..	..	..	..	2	3	10							
5. Diphtheria .. .. .	..	..	..	3	1	..	2	1	2	3	9	7	2	1	..	1	2	..	..	..	..	5	12	27								
6. Influenza .. .. .	..	..	4	3	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	3	3								
7. Encephalitis Lethargica .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Cerebro-spinal Fever .. .. .	..	..	..	..	3	1	1	2	2	3	13	7	3	5	1	2	..	..	3	2	7	9	20	16	36							
9. Tuberculosis of Resp'y System	2	..	5	1	6	2	..	..	..	..	7	3	..	..	..	..	..	..	..	2	..	2	7	5	12							
10. Other Tuberculous Diseases .. .. .	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Syphilis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. General paralysis of the insane, tabes dorsalis .. .. .	..	1	..	..	2	..	1	..	..	..	3	1	1	..	..	..	..	..	1	..	2	..	5	1	6							
13. Cancer, malignant disease	9	6	12	11	7	8	6	5	15	9	49	39	16	8	4	4	..	..	9	7	29	19	78	58	136								
14. Diabetes .. .. .	..	..	1	2	..	3	..	..	1	4	2	9	1	2	1	..	1	..	1	..	3	2	5	11	16							
15. Cerebral Hæmorrhage, &c. .. .. .	..	2	5	2	3	5	..	5	6	6	8	20	5	6	..	1	1	2	1	4	7	13	15	33	48									
16. Heart Disease	11	7	10	12	14	10	12	14	10	10	57	53	22	16	9	7	3	4	14	14	48	41	105	94	199										
17. Aneurysm .. .. .	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1							
18. Other circulatory diseases	3	..	1	2	1	2	2	1	8	12	15	17	7	5	2	3	1	2	2	4	12	14	27	31	58										
19. Bronchitis .. .. .	..	3	2	3	2	2	1	2	7	4	12	14	1	7	..	..	..	1	4	2	5	10	17	24	41							
20. Pneumonia (all forms) .. .. .	..	1	2	1	4	5	1	6	4	3	11	16	6	3	1	1	..	1	1	3	8	8	19	24	43									
21. Other respiratory diseases	2	..	..	..	..	..	..	1	1	2	3	3	..	..	1	1	..	1	1	1	..	3	3	6	9							
22. Peptic Ulcer	2	..	..	1	1	2	..	..	..	..	3	3	1	..	1	1	..	..	..	1	2	5	5	10								
23. Diarrhoea, &c. (under 2 years)	1	..	..	..	..	..	1	..	1	..	3	..	..	..	..	..	..	..	..	..	1	4	..	..	4							

[illegible]

Causes of Death at Different Periods of Life in the Administrative County of
Isle of Ely in 1932.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.											Aggregate of Rural Districts.												
		All Ages.											75 & upwards												
		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75 & upwards			
ALL CAUSES	M. ..	292	29	8	4	6	9	10	11	28	34	74	79	292	16	1	4	3	5	6	10	16	36	46	63
	F. ..	264	15	2	1	8	9	5	12	20	34	43	115	177	13	2	1	2	7	6	5	6	27	37	71
1. Typhoid & Paratyphoid Fevers	M. ..	1	..	..	..	..	..	..	..	..	1	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..
2. Measles	M. ..	0	..	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	1	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
3. Scarlet Fever ..	M. ..	1	..	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	..	..	..	..	..	..	..	0	..	..	1	..	..	..	..	..	..	..	..
4. Whooping Cough ..	M. ..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
	F. ..	1	1	1	2	2	..	..	..	..	..	..	..	2	1	1	1	..	..	..	..	1	..	..	..
5. Diphtheria	M. ..	5	..	..	..	3	..	..	..	3	..	2	3	0	..	..	..	..	..	..	..	2	..	..	2
	F. ..	3	..	1	..	..	..	..	..	..	1	2	4	6	..	..	..	..	1	..	..	1	1	..	2
6. Influenza	M. ..	9	1	..	..	..	..	..	..	..	..	1	..	5	..	..	..	..	..	..	..	..	..	..	..
	F. ..	7	1	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	1	..	1	..	..	..
7. Encephalitis Lethargica ..	M. ..	1	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
8. Cerebro-spinal Fever ..	M. ..	0	..	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	..	3	4	..	2	1	..	0	..	..	..	..	2	1	3	..	1	..	..
9. Tuberculosis of Resp'y System	M. ..	13	..	..	..	..	3	3	4	..	2	1	..	7	..	..	..	..	4	1	2	1	..	..	..
	F. ..	7	..	..	..	..	3	1	1	1	1	..	..	9	..	..	..	..	..	..	..	..	..	..	..
10. Other Tuberculous Diseases ..	M. ..	7	4	2	..	1	..	..	..	1	..	1	..	0	1	1	1	..	..	..	..	..	..	..	..
	F. ..	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
11. Syphilis	M. ..	0	..	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F. ..	0	..	..	..	..	..	..	1	..	..	1	..	0	..	..	..	..	..	..	1	..	..	..	..
12. General Paralysis of the Insane, tabes dorsalis ..	M. ..	3	..	..	..	..	..	..	1	1	..	1	..	2	..	..	..	..	..	..	1	..	..	..	..
	F. ..	1	..	..	..	..	..	1	..	1	..	..	..	0	..	..	..	..	..	..	..	..	..	..	6
13. Cancer, malignant disease ..	M. ..	49	..	..	..	..	..	1	..	7	12	18	11	29	..	..	..	..	..	4	1	..	9	6	6
	F. ..	39	..	..	..	..	..	..	3	4	9	8	15	19	..	..	..	..	..	1	1	..	5	2	1
14. Diabetes	M. ..	2	..	..	..	..	..	..	..	1	..	1	..	3	..	..	..	..	..	..	..	..	1	..	1
	F. ..	9	..	..	..	..	..	..	..	..	1	..	7	2	..	..	..	..	..	..	..	..	..	..	1

[illegible]

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

LOCAL GOVERNMENT ACT, 1929.

Again there is no development of note to record in connection with this Act. As bearing on the matter, however, it may be mentioned that it was decided by the Public Assistance Committee at the end of 1932 that it was no longer economical to continue the use of the Whittlesey Institution for Poor Law purposes and it has now been closed down.

Since structurally the institution is a sound one, it is obvious that some use must be made of it and the question of placing female mental defectives there has again come into the foreground. There seems, at the time of writing, a definite hope that the suggestion will materialise, but the repeated postponements of the past lead one to be cautious in expressing a definite opinion.

POOR LAW MEDICAL OUT-RELIEF.

The administration of the Poor Law Medical Out-Relief service is carried on in much the same way as it was in the years immediately preceding the operation of the Act.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

No fresh provision in this respect has been made during the year. The Board of Control have continued to sanction the use of the Ely Public Assistance Institution for the reception of six female mental defectives of a high grade over the age of 16. The consent of the Board to the placing there of additional defectives has been obtained from time to time and, as a matter of fact, the Council had nine defectives under order there at the end of the year, and there was also in the Institution a female defective from the Holland Division of Lincolnshire to whose admission the Board had given consent.

It must be evident, however, that the facilities afforded at Ely do not conduce to a proper working of the Mental Deficiency Act, and it is, therefore, to be hoped that the use of the Whittlesey Institution for female defectives may soon become an established fact and that some provision for the reception of male defectives may be made before long.

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.

At the moment of writing there are known to be in the Isle of Ely 167 mentally defective persons (79 males, and 88 females) who can be classified as follows:—99 feeble-minded persons (43 males, and 56 females), of these, 7 males and 15 females are in residential institutions; 46 imbeciles (27 males and 19 females), of these, 10 males and 9 females are in residential institutions; 2 male and 1 female moral imbeciles, all being in residential institutions, and 19 idiots (7 males and 12 females), 5 males and 4 females being in institutions.

NURSING IN THE HOME.

There have been no new facilities provided during the year for home nursing, but the various Nursing Associations in operation during 1931 have continued to function in 1932.

MIDWIVES.

Twenty-four midwives notified their intention to practise in the area during the year, fifteen being still in practice at the end of the year. All but three were employed by District Nursing Associations. There are no bona-fide midwives in the area. No midwives were directly subsidised by the County Council, but the grant to each Nursing Association in respect of midwifery and maternity services at the rate of 6/8 per case has continued to be paid. The County midwives are visited from time to time, their books, appliances and mode of practice being carefully investigated.

LABORATORY FACILITIES.

No development of note has occurred during 1932.

LEGISLATION IN FORCE.

No new Local Acts, special Orders, general adoptive Acts or bye-laws came into force during 1932.

HOSPITALS.

There have been no changes in the hospital facilities either within or adjacent to the County during the year.

The contributory scheme in connection with Addenbrooke's Hospital described in last year's Report seems to have functioned well and the County seems reasonably well served by existing hospital facilities, though there is only one voluntary hospital actually within the area, namely, that at Wisbech, and that is far from being centrally placed.

There are times when something in the nature of a cottage hospital at March might be found to fulfil a need, but it must be admitted that modern forms of transport have rendered the question of accessibility a comparatively minor matter.

MATERNITY AND NURSING HOMES.

There have been no new applications for registration or exemption from registration under the Nursing Homes Registration Act during 1932.

The four nursing homes already registered have continued in existence and no comments as to their working are necessary.

No application for delegation of the powers of the County Council was received from any District Council.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, AMBULANCE FACILITIES AND CLINICS.

There have been no changes relative to any of the above during the year.

MATERNAL MORTALITY.

There is little to report in connection with the above.

The arrangements for the establishment of ante-natal clinics at Ely, March and Wisbech, which were referred to in the Report for 1931 as having been postponed as an economy measure, have still not been proceeded with.

HEALTH VISITING.

No change in the health visiting arrangements of the County has been made during the year, and in particular, there have been no developments in connection with the visiting of children between the ages of 1 and 5 years.

CHILDREN'S ACT, 1908.

At the commencement of the year 62 children's names appeared on the Register. Thirteen new ones were added and 28 were removed for various reasons. During the year, 64 foster-parents were registered under the Act.

The Health Visitors paid 233 visits to homes and children during 1932.

ORTHOPAEDIC TREATMENT.

At the end of 1932, there was one orthopaedic clinic in existence in the Isle of Ely. This was established in Ely by the Cambridge-shire Red Cross Society and works in close connection with Addenbrooke's Hospital.

Dr. H. B. Roderick visits the clinic once a month and the Orthopaedic Sister at Addenbrooke's Hospital attends fortnightly for the supervision of cases. She also visits parts of the County at some distance from Ely and deals with cases who are unable to attend there.

Cases requiring hospital treatment are usually admitted to Addenbrooke's Hospital in the first instance, but in many cases it is found that the period of stay necessary is longer than can usually be provided in a general hospital and that transfer to an orthopaedic hospital is necessary.

The majority of such cases go to the Manfield Orthopaedic Hospital, Northampton, and cases sent there may be derived from the Ely Clinic, or, as has been more usual until recently in the case of patients from the North of the County, from some other source.

Financial responsibility for the treatment of certain classes of case admitted there, can be, and usually is, undertaken by the County Council or the Education Committee. These classes comprise:—

- (1) All forms of crippling defect in children under the age of five years, excluding tuberculosis (Maternity and Child Welfare Committee).
- (2) All forms of crippling defect in children of school age, excluding tuberculosis (Education Committee).
- (3) Tuberculosis of bones and joints at all ages (Public Health Committee).

Although the activities of the Education Committee in this direction are actually concerned with seeing that school children derive proper benefit from the educational facilities provided, they do, in fact, make a very valuable contribution to the health services of the area.

In connection with the Manfield Hospital, there is an orthopaedic clinic held at Peterborough and the after-care of patients who have been in the hospital is undertaken there, especially in the case of patients from the north of the County. In addition, it is possible to refer to this clinic patients requiring advice on orthopaedic defects preparatory to or apart from their admission to Hospital.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The water tower which was mentioned as being in course of erection at Haddenham in the Report for the year 1931 has now been completed.

The extension of the mains from Peterborough to Whittlesey has also been completed. The Town of Whittlesey is now in possession of a satisfactory supply.

RIVERS AND STREAMS.

No change in the arrangements for the prevention of the pollution of the rivers of the area has taken place during the year, and no action in the matter has been undertaken by the County Council. The pollution of the old course of the Nene by sewage from March still continues and causes much nuisance in the town.

DRAINAGE AND SEWERAGE.

No notable extensions have occurred during the year.

Closet accommodation, scavenging, sanitary inspection, smoke abatement, and control of premises and occupations by bye-laws and regulations are all matters which are dealt with by the various District Councils and their officers.

SCHOOLS.

There is little to add to the remarks on the sanitary condition of the schools contained in the Report for 1931.

No comprehensive scheme of sanitary improvement has yet been put in hand, but the Assistant School Medical Officer reports on the condition of each School separately on his visits thereto, and various measures of amelioration have been undertaken as a result. Three small schools were closed during the year and, as the sanitary arrangements in at least two of them were of a somewhat primitive description, this has contributed towards an improvement of the general position.

The policy of recent years with regard to school closure for infectious disease has been adhered to and in only a very few cases has any cogent reason for closure been adduced.

The diseases which occasioned closure in the case of each of the four schools concerned are as shown hereunder:—

Influenza	...	...	1
Measles	...	...	1
Scarlet fever	...	...	1
Epidemic colds	...	...	1

The following is a summary of notifications of infectious disease received from head teachers.

Schools concerned	Scarlet fever	Diphtheria	Whooping cough	Chicken pox	Measles	German measles	Mumps	Ringworm	Impetigo	Influenza	Total
72	48	164	246	331	109	6	617	47	6	33	1607

No schools were closed by or at the instance of the Local Sanitary Authority.

INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.*

The County Council plays no part in the inspection of farms and dairies in the area, this work being undertaken by the sanitary inspectors of the respective district councils.

A beginning has been made during the year with the examination of milk for tubercle bacilli in order to implement to some extent the Milk and Dairies Order of 1926.

Samples of milk are taken by the Inspector of Food and Drugs in the course of his other activities and submitted by the Public Health Department for examination by Dr. Henwood Harvey, of Cambridge. A preliminary microscopical examination is undertaken in order that an immediate report on the milk may be made if possible, but in no case has this been so up to the present.

The milk is then injected into a guinea pig, which is killed at about the end of six weeks, signs of tuberculous disease being looked for.

Up to the end of 1932, fourteen samples had been submitted but in none had tubercle bacilli been found, all the guinea pigs being healthy on post mortem examination.

In the case of any sample in which tubercle bacilli are found, it is proposed that the County Medical Officer shall visit the farm in question with a veterinary surgeon, in order to discover, if possible, the cow which is supplying the tuberculous milk with a view to its slaughter under the Tuberculosis Order.

The great disadvantage of the scheme is the length of time which must elapse between the taking of the sample and the receipt of the report. At best, the cow concerned goes on supplying tuberculous milk for a period of six or seven weeks, but, in addition, it may be necessary to submit further samples from individual cows before the offender can be discovered with certainty, with a delay of another six weeks, while the possibility that the animal in question may have been removed from the farm between the submission of the sample and the visit to the farm may make its ultimate detection impossible.

No other bacteriological examination of milk is undertaken by the County Council and there is no routine veterinary inspection of cattle under the the Milk and Dairies Order.

The vendor of Grade A Tuberculin Tested Milk, licensed by the the Ministry of Health, has continued to trade, but there have been no additions to the ranks of vendors of graded milks during the year.

(b) *Meat and other Foods.*

The inspection of meat, slaughter houses, shops, stalls and vehicles and places where food is prepared is undertaken by officials of the local sanitary authorities and not by the County Council.

(c) *Adulteration.*

Three informal samples of Whiskey taken in March upon analysis were found to contain 9.96%, 6.88% and 3.85% of excessive water.

One informal sample of Whiskey from Ely contained 20.02% excessive water.

One formal sample of Whiskey taken subsequently at March contained 1.04% of excessive water.

Two informal samples of Tincture of Iodine proved upon analysis to be slightly deficient of Iodine.

Informal samples of Butter taken at Wisbech and Tydd St. Giles contained excessive water to the extent of 4.67% and .23% respectively.

Of five informal samples of Milk taken at Sutton, two contained added water to the extent of 14.6% and 5.17% respectively and three were deficient in milk fat to the extent of 13%, 7.66% and 8.66% respectively.

Four formal samples (two being "appeals to cow") contained added water of 1.29% and 11.41% and the others were deficient in milk fat to the extent of 12.66% and 13.3% respectively.

An informal sample of Milk taken at Mepal was 8.66% deficient in milk fat. A formal sample taken subsequently was also deficient to the extent of 4.66%.

One informal sample of Milk from Coveney proved to be 15.33% deficient in milk fat and to contain 3.29% of added water. Two formal samples were subsequently obtained; one was genuine and the other contained only 8.4% of solids not fat.

Another informal sample of Milk from Coveney was 11% deficient in milk fat. Two formal samples (one "appeal to cow") showed deficiency in milk fat to the extent of 9.66% and 2.62% respectively.

An informal sample of Milk taken at Witcham contained 8.46% added water. A formal sample was obtained and this, too, contained added water to the extent of 4.94%. An "appeal to cow" proved to be genuine.

Formal samples of Milk from Elm and Wisbech proved to be deficient in milk fat to the extent of 4.33% and 12% respectively. Three "appeals to cow" samples in respect of that taken at Elm revealed that all three were below standard in fat content.

One informal sample of Milk taken at Wisbech was deficient in milk fat to the extent of 4%.

One informal sample of Milk from Chatteris was 11.33% deficient in milk fat.

Four formal samples of Milk taken at Whittlesey were 31%, 11.33%, 4.33% and 17% deficient in milk fat respectively. Two "appeals to cow" in respect of the last sample proved to be below standard in fat content.

A formal sample of Milk from Ely was 12.66% deficient in milk fat. Five "appeals to cow" were made and all of them proved to be below standard in fat content.

Another formal sample of Milk, also from Ely, was 9% deficient in milk fat, and three "appeals to cow" were made. All of these revealed a deficiency in fat content.

A formal sample of Milk from Parson Drove was 10.66% deficient in milk fat. An "appeal to cow" sample was obtained and this proved to be genuine.

In all cases where the samples were incorrect the Clerk of the Council wrote warning letters to the producers.

Regarding the sample containing added water, taken at Witcham, proceedings were taken but the case was dismissed with costs against the Council.

Samples taken in 1932	Benwick	Chatteris	Coates	Coveney	Doddington	Elm	Ely	Fridaybridge	Gorefield	Guyhirn	Haddenham	Leverington	Littleport	March	Mepal	Parson Drove
Butter	1	..	..	..	..	..	1	..	1
Cheese	5	2	..	..
Cinnamon
Coffee
Currants	2	..	..	..	..	..	..
Custard Powder	1	..	..
Ginger Wine
Ground Ginger	3	..	..	..	..	..	..
Jam	1	..	..
Jelly Crystals	1	..	..
Lemonade Powder	7	3	..	..
Lemonade Crystals	2	4	..	..
Lime Ice & Soda Crys	1	..	..	..
Milk	7	1	4	..	5	18	..	1	..	2	1	..	7	13	4
Milk, separated	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Orange Wine
Sausages	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Sultanas	2	..	..	..	..	..	..
Tea
Tinct. Iodine	2	..	..	..	..	5	..	..	..	..	..	2	..	..	..
Tinct. Quinine	2	..	..	..	..	3	..	..	..	..	..	2	..	..	..
Vinegar	3	..	..	..	2	..	..	..	..	..	..	..	..	3	..	..
Whiskey	23	..	..	..	..	..	..	16	..	..
Totals	3	12	2	4	2	5	49	1	1	7	2	1	19	39	13	5

Samples taken in 1932	Prickwillow	Sutton	Thorney	Tydd	Whittlesey	Wimblington	Wisbech	Wisbech St. Mary	Witcham	Witchford					Total
Butter	1	..	..	8	..	..	15	..	..	..	..	..	..	..	27
Cheese	3	..	..	..	..	..	..	..	10
Cinnamon	4	..	..	..	..	..	..	..	4
Coffee	2	..	..	..	..	..	..	..	2
Currants	6	..	..	..	..	..	..	..	8
Custard Powder	1
Ginger Wine	4	..	..	..	..	..	..	..	4
Ground Ginger	18	..	..	..	..	..	..	..	21
Jam	5	..	..	..	..	..	..	..	6
Jelly Crystals	1
Lemonade Powder	10
Lemonade Crystals	6
Lime Jce & Soda Crys	1
Milk	27	..	..	11	..	7	1	5	1	..	..	..	..	115
Milk, separated	1
Orange Wine	1	..	..	..	..	..	..	..	1
Sausages	1	..	4	..	..	..	..	..	..	..	..	..	6
Sultanas	6	..	..	..	..	..	..	..	8
Tea	1	..	..	..	..	..	..	..	1
Tinct. Iodine	9
Tinct. Quinine	7
Vinegar	2	..	..	..	..	..	..	..	..	10
Whiskey	39
Totals	1	27	1	8	15	2	72	1	5	1	..	..	..	..	298

(d) *Chemical and Bacteriological Examination of Food.*

Samples of Food taken by the Inspector of Weights and Measures are forwarded for analysis to Mr. S. Greenberg, Public Analyst at Cambridge.

The examinations include enquiry into the nature of samples with regard to adulteration or deficiency in constitution, and also as to the presence of preservatives.

No bacteriological examination of food is undertaken by the County Council.

(e) *Nutrition—dissemination of knowledge.*

There have been no developments in this direction during the year.

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

The town of March, after having been virtually free from notifiable infectious disease, other than tuberculosis and pneumonia, for some years, experienced a sharp outbreak of diphtheria in the autumn of 1932, seventy-four cases being notified between September 28th and the end of the year.

It would seem that the first recognised case occurred in an adult in the middle of September, but it does not appear that this case was ever formally notified, though the patient was actually admitted to the March Isolation Hospital. There is good reason to believe, however, that there were some unrecognised mild cases occurring in the month of August and it may well be that these were the source of the trouble.

The epidemic has continued into 1933, and, up to the time of writing, 133 cases have been notified in all.

Though there was no reason to regard them as in any way a special source of infection, attention was concentrated largely on the schools, chiefly because it seemed that, apart from the isolation of individual cases, most effective action to control the outbreak could be brought to bear there.

The question of closure was considered, but partly because of the fact that the epidemic, once established, rapidly became wide-spread in the town, and partly because it was felt that more effective control could be exercised with the children in school, the policy was not adopted.

Daily visits were made by the School Medical Officer to the schools and the throats of all the classes, where cases had occurred, were inspected, together with those of any other children whom the

head teacher had cause to consider as ill in any way. Swabs were taken of all throats which seemed at all unhealthy, the children being excluded from school pending the result of their examination, and the exclusion being continued in cases found to be carriers of bacilli. After exclusion, the children were visited periodically in their homes and were not allowed to return to school until two successive negative swabs, at intervals of a week, had been obtained.

At one time, ninety-three carriers were excluded, and, not only did this make the necessary visiting somewhat arduous, but the difficulty of preventing them and their home contacts from mixing with supposedly healthy children was very great.

The March Isolation Hospital was not adequate to cope with the outbreak and the March Urban District Council entered into an arrangement with the Wisbech Joint Hospital Committee, under which cases were removed from March to the Wisbech Isolation Hospital.

The various measures seemed likely, at the end of 1932, to be successful in subduing the epidemic, but a minor recrudescence took place in the early part of 1933 and cases have continued to arise in gradually diminishing numbers since.

In contrast to March, it is pleasing to be able to relate that the autumn outbreak in Whittlesey, which has been an annual event for the last five years, did not materialize in 1932. Cases occurred at the beginning of the year following on the epidemic of the autumn of 1931, but these were much less numerous than in previous years, and the actual number of recorded cases in Whittlesey in 1932 is lower than it has been since 1927.

It would be rash to attempt to be dogmatic as to the cause of this diminution in the number of cases, but it does seem likely that the campaign of Schick testing and immunisation, which was carried out in 1931 and 1932, has played a considerable part.

An account of the progress of this campaign, up to about the middle of 1932, was given in the 1931 Report. Unfortunately, subsequent to the time of writing that Report, it has not been possible to do very much work, though a little more was done in the schools up to the end of the summer term of 1932. Activities in respect of the March epidemic precluded the resumption of the work in Whittlesey in the autumn of 1932, and, up to the time of writing, nothing further has been done.

It is hoped, however, to complete the re-testing of those cases left in abeyance in 1932 and to immunise a few more children whose parents have signified their consent before the close of the summer term of 1933. Unfortunately, the number of these cases is small and is significant of the apathy which exists with regard to the

prevention of infectious disease in non-epidemic times. It is a regrettable feature of our present knowledge with regard to immunisation against diphtheria, that the methods at our disposal do not facilitate an immediate development of immunity. This being so, it is essential that a commencement should be made in non-epidemic times, so that the necessary interval for the establishment of immunity may have elapsed before the onset of an epidemic.

The immunisation campaign amongst the general public of Whittlesey must be reckoned a complete failure. Only forty-six individuals in all were immunised and the records are not complete with regard to all of these.

Amongst the school children, a greater amount of success was possible and it seemed likely that, up to the time the work was stopped in 1932, immunity had been produced in from 38 % to 51 % of the children attending the four schools of the town itself (*i.e.*, not including Coates, Kings Dyke and Turves).

This figure does not remain stationary for long, however, owing, on the one hand, to the fact that children leave school each term, and, on the other hand, to the entry to the Infants' School each term of non-immunised children.

The work of immunisation in the schools to date may be summarised as follows:—

Number tested for immunity	Number "positive" or not immune	Number receiving immunising injections (including infants not tested)	Number re-tested	Still positive	Received further injections	Again re-tested	Still positive
327	237	330 (14 of whom had less than 3 injections)	262	80	79	47	8

The figures relating to the work carried out in adults and children under school age are not included in this summary, though they were included in the Report on the Public Health for the year 1931.

It will be seen that the first test showed 72·5 % of the school children to be susceptible to diphtheria and, when allowance is made for the infants who were not tested on account of the known universality of susceptibility in this class, but who were, nevertheless, immunised, it will be realised that the actual figure for susceptibility is considerably in excess of this.

The first series of injections reduced the percentage of susceptibles to 30·5.

Two further injections of toxoid anti-toxin mixture were given to all who would accept them.

The percentage of susceptibles was further reduced to 17·2.

The eight who were still positive after these two injections received one more injection each, but none of these has yet been re-tested.

No progress has yet been made with regard to the County Council's scheme for isolation hospital accommodation drawn up in accordance with Section 63 of the Local Government Act of 1929.

No small-pox occurred in the area in 1932 and no primary vaccinations or re-vaccinations, under the Public Health (Small-pox Prevention) Regulations, 1917, were performed by the Medical Officer of Health.

VACCINATION.

In the year ended September 30th, 1932, 204 primary vaccinations in children under 1 year were performed by the public vaccinators. During the year 1932, 1360 births were registered and, though the number of registered births corresponds to the year ended December 31st and the number of vaccinations to the year ended September 30th, this does not alter the fact that the proportion of vaccinations to registered births is deplorably small. The actual figure, which a calculation worked on the above numbers gives, is exactly 15 %.

Doubtless rather more vaccinations than this are performed, since a certain number of people prefer to have their children vaccinated by their private practitioner, rather than by the public vaccinator, but it is clear that the population of the area as a whole is rapidly becoming an unvaccinated one.

Here again, the unwillingness of the public to take measures to prevent infectious disease until it is at their doors is apparent. Virulent small-pox has been absent from our midst for so long that a feeling of safety has been established in the minds of the people, coupled with a tacit assumption that its re-appearance is not to be looked for.

From this state of complacency a rude awakening may one day be in store. The people of this generation, knowing nothing of the scourge which this disease used to be in the past, and failing to realise the incomparable benefit which the discovery of vaccination conferred, sees fit to scorn a comparatively simple and extremely effective means of prevention.

True, an epidemic would probably never be allowed to work the devastation which past epidemics have produced, since, no doubt, an affected population would at once rush to avail itself of the benefits of vaccination, and so-called conscientious objection would disappear like snow before the sun, but, nevertheless, it seems amazing that it

is necessary to maintain small-pox hospitals, and to incur endless trouble and expense on the outbreak of an epidemic, because of this characteristic lack of foresight and failure to benefit from the lessons of the past.

Opponents of vaccination frequently adduce as a reason for their opposition the various diseases which have been considered to be associated with vaccination, but the majority of these contentions are based on an entire misconception of modern methods. Of late, encephalitis lethargica, or sleepy sickness, has been added to the list and, unfortunately, it cannot be denied that this disease has in a certain proportion of cases been associated with vaccination. It cannot be too widely realised, however, that it is in just those cases where vaccination has not been performed in infancy that the disease is in danger of developing. No case of sleepy sickness has been known to be associated with vaccination in infancy nor with re-vaccination of older children who have previously been vaccinated in infancy, but it has been older children who have been vaccinated for the first time who have suffered. This being so, it is wise to have vaccination performed in infancy, since, if the necessity for primary vaccination in an older child arises during an epidemic of small-pox, or for some other reason, there is a risk of the development of sleepy sickness. Even in these cases, however, it should be emphasised that the risk is extremely slight and in no sense comparable to the risk of allowing an unvaccinated child to contract virulent small-pox.

There is no doubt that as matters stand, the Vaccination Acts are practically a dead letter, and vaccination in fact, if not in name, is on a voluntary basis. At the present time, anyone who wishes to avoid vaccination for his child has only to make a declaration of conscientious objection before a magistrate and he is granted a certificate of exemption. Much depends on individual magistrates, but the public soon learns which magistrates to avoid. The question turns on what is a bona-fide conscientious objection. A case has recently come to light, in which a certificate of exemption was granted in infancy, where a condition of admission to a special school for cripples was a certificate of successful vaccination. The parents allowed the child to be vaccinated without a vestige of reluctance or protest, showing that their original objection was in no sense a conscientious one, but merely an objection to the trouble and unpleasantness which vaccination is thought to involve.

It has recently been suggested that vaccination should be placed on a voluntary basis in actual fact, and certainly the solemn farce of lodging a conscientious objection now seems unnecessary. At the same time, it is a question whether the public health, or any other form of public welfare, should be placed in jeopardy by the folly engendered through the ignorance of even a large mass of the

population. There appears to be no more reason why compulsion should not be exercised as regards vaccination than there is a reason why it should not be exercised as regards sanitation or overcrowding.

Possibly, however, if government lymph were made available for all practitioners, and if all practitioners could perform vaccination with a certainty of receiving a fee from the County Council, a greater part of the population would be vaccinated. In the Isle of Ely, it is clear that the majority of vaccinations are performed in those areas where the public vaccinator is the only practitioner in the area. It would seem that this may be due to the fact that the public vaccinator may impress upon his own patients the advisability of having their children vaccinated before their prejudices have been aroused, and if lymph were available to all practitioners, each one might do the same.

If this plan were adopted and the necessity for lodging a conscientious objection were abolished, some simplification of the present rather cumbersome procedure could be effected. The mediation of the Vaccination Officer would be unnecessary and certificates of successful vaccination could be forwarded direct to the County Medical Officer, who would then be able to certify the accounts of practitioners for payment on the strength of the certificates received.

MATERNITY AND CHILD WELFARE.

Forty-seven notices were received from midwives under the Regulations of the Central Midwives' Board, as having sent for medical help. The conditions for which help was sought were as follow:—

1932.			
Ruptured perineum	...	...	11
Prolonged 2nd Stage or uterine			
inertia	...	...	17
Miscarriage	...	...	1
A. P. H.	...	...	5
Eclamptic symptoms	...	...	1
Circumcision	...	...	2
Rash	...	...	1
Phlegmasia Alba dolens	...	...	2
Placenta praevia...	...	...	1
Breech presentation	...	...	2
Inflamed throat	...	...	1
Jaundice	...	...	1
Suspected breech	...	...	1
Discharging eyes	...	...	2
			—
			48
			—

The sum of £51 15s. 0d. was incurred in respect of fees to medical practitioners summoned to the aid of midwives in necessitous cases.

Milk to infants and nursing mothers was provided to the value of £148 7s. 1d.

Health Visitors paid 1,590 first visits, and 13,152 subsequent visits to children at their homes during the year 5,509 of these latter ones being to children aged from one to five years.

The following is a summary of other notifications received from midwives:—

1932.			
Laying out dead body	...	...	8
Notice of death of mother or child			3
Artificial feeding	...	...	2
Liability to be a source of infection			5
Stillbirth	...	...	1

Fifteen cases of difficulty in connection with parturition were treated at Addenbrooke's Hospital for a total period of 290 in-patient days.

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.

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 in 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 1932 was 77. Of these, 43 were males and 34 females of ages varying as follow:—

MALES.

0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	70			Total
..	4	6	4	1	7	5	6	10	..	..	43

FEMALES.

0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	70			Total
..	4	3	2	3	4	4	6	8	..	..	34

The total number of visits paid during the year was 948, and the total number of lessons given was 522, these being, Braille 155, Basket Making 238, Chair Caning 56, Rush Seating 10, Tennis Racket Stringing 5, Typewriting 58.

There are three workers under the Home Workers' scheme manufacturing agricultural and general baskets. Rush-seating and chair-caning is also undertaken by these three workers. Last year the Home Teacher instructed one of the home workers in tennis racket stringing and this, although a seasonal occupation, has proved highly successful.

The two shop-keepers in the district (Confectioner & Tobacconist and Hosier & Knitter), are both enjoying considerable success.

The Home Teacher has been instructing a lad in typewriting with which he made good progress. He is now employed by Messrs. English Bros. as a telephone exchange operator and typist.

The Society made the following grants:—

- (a) Three home workers received 7/6 per week in augmentation of earnings under the Society's Scheme.
- (b) Necessitous grants to the amount of £2 13s. 6d. per week were paid to 14 cases as follows:—1 received 2/6, 7 received 3/- and 6 received 5/- per week respectively.

The National Library for the Blind supplied 6 readers with literature. The Society made a grant of £1 per reader to the Library.

There are 8 Blind and Partially Blind children under the age of 16. Of these, three are attending a Special School for the Blind, one is being instructed by the Home Teacher, one is of very feeble health, and one is mentally deficient. One attended a special school for a time, but had to return home owing to his suffering from epilepsy.

Of the 26 wireless receiving sets supplied by the British Wireless Fund for the Blind, 19 have been installed in the homes of blind persons in the area. It has been found in the working that these sets are very lightly constructed and, generally speaking, have needed a great deal of repair and renewal of parts, the cost of which has been met by the Society. With the rapid progress made in wireless practice, unfortunately, head-phone sets have become rather out of date. It would seem advisable to amplify the sets to render them capable of operating a loud speaker.

OPHTHALMIA NEONATORUM.

The following table gives particulars of cases of ophthalmia neonatorum notified during 1932:—

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At home	In hospital				
4	2	2	4	—	—	—

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1932.

The following table shows the new cases of the disease notified during 1932 and the mortality at different age periods:—

Age Periods			New Cases				Deaths			
			Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
			M	F	M	F	M	F	M	F
0	..	..	..	..	..	..	..	..	4	1
1	..	..	..	..	2	..	..	..	2	1
5	..	..	1	1	1	1	..	..	1	..
10	..	..	1	1	2	1	..	..	..	..
15	..	..	..	1	3	5	5	7	..	1
20	..	..	3	6	2	3	..	..	..	..
25	..	..	7	..	1	..	4	2	..	..
35	..	..	7	4	1	3	7	3	..	..
45	..	..	1	2	..	1	..	2	..	1
55	..	..	1	..	..	..	3	2	..	..
65 and upwards	..	..	..	..	..	..	1	..	..	1
Totals ..			21	15	12	14	20	16	7	5

The number of cases notified is twenty-two less than the number for the previous year.

Seven cases died without previous notification, the proportion being one-seventh of the total deaths, the same as that of last year. Of these deaths, four occurred in children under ten years of age. At this age, the diagnosis is notoriously difficult in the early stages and the ultimate course of the disease is rapid. Of the remaining three deaths, two occurred out of the area. There is no evidence of serious neglect to notify and no proceedings on account of neglect have been necessary.

The names of 496 patients remained on the registers of the District Medical Officers of Health at the end of the year.

The three clinics in Wisbech, March and Ely, have continued their work during the year, afternoon sessions being held for the examination of patients suffering from, or suspected to be suffering from, tuberculosis on Tuesday, Wednesday and Thursday respectively.

The X-ray facilities at Wisbech and Cambridge have proved very helpful and 29 examinations of this kind were made during the year.

The following attendances were made at the tuberculosis clinics during the year:—

At the Ely Tuberculosis Clinic there were 81 patients, the numbers attending in the respective quarters of the year being 43, 27, 25 and 28, making 65, 37, 34 and 38 attendances, or 174 attendances in all.

At March there were 124 patients, the numbers in each quarter being 50, 48, 57 and 48 respectively, making 72, 72, 85 and 71, or 300 attendances in all.

At Wisbech there were 104 patients, the numbers attending in the respective quarters of the year being 32, 45, 38, and 43, making 51, 78, 64, and 57, or 250 attendances in all.

At your County Clinics, therefore, 309 cases of Consumption, or other forms of Tuberculosis, or suspected Tuberculosis, attended for consultation or treatment, making 724 attendances, an average weekly attendance of 14 patients.

Further details as to the work of the clinics may be gathered from the table furnished at the end of each year to the Ministry of Health, which is incorporated in this report.

HOME VISITING.

There were 117 consultations with medical men and 116 visits were paid by your County Medical Officer to cases in their own homes.

Health Visitors also paid 1,837 home visits to tuberculous patients.

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 29 cases already in Institutions on January 1st, 1932, a total of 78 residential cases, of whom 45 were males and 33 females. At the close of the year, 29 cases (15 males and 14 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, 20 males and 9 females were treated, totalling 2,688 in-patient days.

To Addenbrooke's Hospital, Cambridge, 2 female surgical cases were sent, totalling 79 in-patient days.

To the Papworth Colony, Cambridge, 13 males and 4 females were sent, totalling 3,314 in-patient days.

To Kelling, Holt, 2 males were sent, totalling 260 in-patient days.

To the Royal Sea-Bathing Hospital, Margate, 3 female surgical cases were sent, totalling 487 in-patient days.

To the Children's Sanatorium, Holt, 2 females were sent, totalling 411 in-patient days.

To the Manfield Orthopaedic Hospital, Northampton, 5 male and 6 female surgical cases were sent, totalling 2,951 days.

To the Eversfield Hospital, St. Leonards-on-Sea, 1 male was sent, totalling 78 days.

To Wyton Sanatorium, 4 males and 2 females, all children, were sent, totalling 946 in-patient days.

To the City of London Hospital, 1 female was sent, totalling 9 in-patient days.

To the Bramblewood Sanatorium, Holt, 5 females were sent, totalling 830 in-patient days.

The total stay of these 79 patients amounted to 12,053 in-patient days, an average stay of 152 days per case, compared with 53 males and 29 females, in 1931, with an average stay of 140 days per in-patient.

Extra nourishment in the form of milk and eggs were provided to tuberculous persons to the value of £44 5s. 9d., compared with £51 16s. 10d. in the previous year.

BACTERIOLOGICAL WORK.

120 specimens of Sputum were examined, 19 being found positive and 101 negative.

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 ...	18	10	2	1	—	—	2	9	0	2	—	—	20	19	2	3		
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	4		
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	—	25	18	17	20		
B.—Contacts examined during the year:—																		
(a) Definitely tuberculous ...	0	0	0	0	—	—	0	0	0	0	—	—	0	0	0	0		
(b) Diagnosis not completed ...	...	—	—	—	—	—	—	—	—	—	—	—	1	0	0	0		
(c) Non-tuberculous ...	...	—	—	—	—	—	—	—	—	—	—	—	4	5	17	13		
C.—Cases written off the Dispensary Register as																		
(a) Cured ...	2	6	1	3	—	—	0	0	1	1	—	—	2	6	2	4		
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	—	—	—	—	31	28	36	37		
D.—Number of persons on Dispensary Register on December 31st:—																		
(a) Definitely Tuberculous ...	73	50	24	21	—	—	13	16	19	12	—	—	86	66	43	33		
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1	0		

1. Number of persons on Dispensary Register on January 1st	242	7. Number of consultations with medical practitioners:— (a) Personal (b) Other	30 87
2. Number of patients transferred from other areas and of "lost sight of" cases returned.	10	8. Number of visits by Tuberculosis Officers to Homes	116
3. Number of patients transferred to other areas and cases "lost sight of"	12	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	629
4. Died during the year	29	10. Number of (a) Specimens of sputum, &c., examined (b) X-ray examinations made... .. in connection with Dispensary work	108 29
5. Number of attendances at the Dispensary (including Contacts)	724	11. No. of recovered cases restored to Dispensary Register and included in A(a) and B(b) above	0
6. Number of Insured Persons under Domiciliary Treatment on the 31st December..	57	12. No. of "T.B. plus" cases on Dispensary Register on 31st December, 1932	62

TUBERCULOSIS.

Details of the Notifications received during the year 1932 under the Public Health (Tuberculosis) Regulations, 1912.

Previous years also given for comparison.

		NOTIFICATIONS ON FORM A.											Total Primary Notifications	Total Notifications on Form A.	
		Number of Primary Notifications													
		Age Periods													
		0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards			
Pulmonary: Males in 1926		..	1	2	2	1	4	6	6	3	1	..	26	26	
" " in 1927		..	1	3	..	4	3	7	4	4	5	..	31	31	
" " in 1928		..	1	1	2	3	5	7	5	4	2	..	30	30	
" " in 1929		..	2	..	5	2	5	4	10	6	5	3	..	42	42
" " in 1930		..	1	3	1	4	3	5	6	8	6	4	41	41	
" " in 1931		..	..	2	..	3	6	3	5	3	2	..	24	25
" " in 1932		..	..	1	1	..	3	7	7	1	1	..	21	21
" Females in 1926		..	1	1	2	2	6	3	4	..	1	1	21	21	
" " in 1927		..	..	4	2	6	3	7	2	..	1	..	25	25
" " in 1928		..	..	5	2	11	5	15	6	..	..	1	45	46
" " in 1929		..	..	..	4	4	8	10	15	5	2	..	48	48
" " in 1930		..	1	1	3	10	3	3	5	1	2	1	30	30	
" " in 1931		..	..	..	..	6	6	6	5	3	2	1	29	29
" " in 1932		..	..	1	1	1	6	..	4	2	..	..	15	15
Non-Pulmonary: Males in 1926		..	4	3	1	2	1	2	2	..	..	..	15	15
" " in 1927		1	1	2	1	1	..	1	1	..	..	..	8	8
" " in 1928		..	5	3	4	..	1	5	1	..	..	..	19	19
" " in 1929		..	1	7	1	3	..	2	1	1	..	..	16	16
" " in 1930		2	9	3	1	4	3	4	2	1	..	..	29	29
" " in 1931		..	4	4	4	1	2	3	1	..	..	..	19	19
" " in 1932		..	2	1	2	3	2	1	1	..	..	..	12	12
" Females in 1926		..	..	2	..	2	1	1	1	1	1	..	9	9
" " in 1927		..	1	3	3	2	..	3	3	1	1	..	17	17	
" " in 1928		2	3	3	1	3	1	3	1	..	..	1	18	18
" " in 1929		..	2	3	1	2	1	2	1	1	..	..	14	14
" " in 1930		1	4	3	4	1	2	1	..	1	..	..	17	17
" " in 1931		..	1	5	3	..	1	..	1	1	..	..	12	12
" " in 1932		..	..	1	1	5	3	..	3	1	..	..	14	14

VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease from 1919 to 1932 at the clinics at Cambridge and Peterborough:—

Year	Total New Cases attending for Consultation	New cases of				Total Out-Patient Attendances	Total In-Patient Days	Doses of Arseno- Benzol Compounds given to	
		Syphilis	Soft Chancre	Gonorrhœa	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
1930	53	13	1	31	8	603	58	..	236
1931	40	7	..	30	3	797	19	165	
1932	52	11	1	31	9	629	266	110	

While the figures for cases of gonorrhœa have remained remarkably constant for the last four years, those for syphilis have fluctuated considerably. There were four more new cases of syphilis during 1932 than in 1931, but apart from 1931, there were fewer cases of syphilis than there have been in any year since 1927. As an index of the incidence of syphilis in the County, however, the figure is no guide, since it is impossible to estimate how many cases receive treatment from other sources.

Of the total cases attending the clinic at Cambridge (including cases from areas other than the Isle of Ely) 34 % ceased treatment before their cure was completed, as against 37 % in 1931.

Of those attending at Peterborough (again including cases from areas other than the Isle of Ely) 14 % ceased treatment before their cure was completed, as against 16 % in 1931.

The slight improvement at both clinics in the constancy of attendance until completion of the cure is pleasing and the figure at Peterborough may be taken as very satisfactory. Perhaps it is advisable again to point out, however, that this figure cannot be furnished for Isle of Ely cases separately and there is no real evidence as to how far cases from the Isle complete their treatment and as to how far the distance they have to travel to the treatment centres militates against this.

EXTRACTS FROM THE DISTRICT REPORTS.

I.—URBAN.

CHATTERIS URBAN DISTRICT.

Area, 13,196 acres.

1932 Statistics:—Birth-rate, 15·01. Death-rate, 12·32 (uncorrected). Death-rate (corrected), 9·59. Infantile Mortality-rate 64·1 per 1,000 births. Illegitimacy-rate, 12·82 per 1,000 births.

Estimated mid-year (1932) population 5,017

The erection of an Automatic Electric Pumping Station with a storage reservoir of 75,000 gallons was commenced to remedy the excessive low pressures that occurred on the existing water mains.

ELY URBAN DISTRICT.

Area, 16,742 acres.

1932 Statistics:—Birth-rate, 15·78. Death-rate, 13·98 (uncorrected). Death-rate (corrected), 10·52. Infantile Mortality-rate, 51·85 per 1,000 births. Illegitimacy-rate 51·85 per 1,000.

Estimated mid-year (1932) population 8,550

Dr. Beckett draws attention to the need for a new sewage disposal works.

The new houses which have been erected makes it imperative for an alteration to a system which dates back to 1850.

The Rivers Lark and Ouse still continue to be polluted by sewage.

MARCH URBAN DISTRICT.

Area, 19,777 acres.

1932 Statistics:—Birth-rate, 17·69. Death-rate, 10·16 (uncorrected). Death-rate (corrected), 8·32. Infantile Mortality-rate, 33·49 per 1,000 births. Illegitimacy-rate, 52·63 per 1,000 births.

Estimated mid-year (1932) population 11,810

Report not to hand at time of going to press.

WHITTLESEY URBAN DISTRICT.

Area, 25,437 acres.

1932 Statistics:—Birth-rate, 19·73. Death-rate, 10·45 (uncorrected). Death-rate (corrected), 8·22. Infantile Mortality-rate, 65·47 per 1,000 births. Illegitimacy-rate, 53·57 per 1,000 births.

Estimated mid-year (1932) population 8,514

Dr. Lonie reports that the piped water supply from Peterborough has now been completed.

He points out that the increased quantity of water used accentuates the necessity for a proper sewage disposal system.

WISBECH MUNICIPAL BOROUGH.

Area, 6,475 acres.

1932 Statistics:—Birth-rate, 16·18. Death-rate, 13·54 (uncorrected). Death-rate (corrected), 10·69. Infantile Mortality-rate, 71·43 per 1,000 births. Illegitimacy-rate, 107·14 per 1,000 births.

Estimated mid-year (1932) population 12,110

Dr. Groom reports that no Enteric Fever has occurred and that this is the first year for seven years during which it has been absent.

II.—RURAL.

ELY RURAL DISTRICT.

Area, 63,999 acres.

1932 Statistics:—Birth-rate, 17·05. Death-rate, 13·75 (uncorrected). Death-rate (corrected) 10·16. Infantile Mortality-rate, 39·65 per 1,000 births. Illegitimacy-rate, 39·65 per 1,000 births.

Estimated mid-year (1932) population 13,310

A Water Tower has been erected at Haddenham and Dr. Howe now reports that all parishes in the Rural District are supplied from the Council's works.

NORTH WITCHFORD RURAL DISTRICT.

Area, 26,088 acres.

1932 Statistics:—Birth-rate, 16·6. Death-rate, 10·23 (uncorrected). Death-rate (corrected), 8·10. Infantile Mortality-rate, 58·14 per 1,000 births. Illegitimacy-rate, 93·02 per 1,000 births.

Estimated mid-year (1932) population 5,180

There have been no important changes during the year, but Dr. Taylor again draws attention to the fact that Benwick has no satisfactory water supply.

THORNEY RURAL DISTRICT.

Area, 18,959 acres.

1932 Statistics:—Birth-rate, 18·98. Death-rate, 9·72 (uncorrected). Death-rate (corrected) 9·68. Infantile Mortality-rate, 24·39 per 1,000 births. Illegitimacy-rate, 73·17 per 1,000 births.

Estimated mid-year (1932) population 2,160

Report not to hand at time of going to press.

WISBECH RURAL DISTRICT.

Area, 46,113 acres.

1932 Statistics:—Birth-rate, 18·71. Death-rate, 10·71 (uncorrected). Death-rate (corrected) 9·65. Infantile Mortality-rate, 63·64 per 1,000 births. Illegitimacy-rate, 45·45 per 1,000 births.

Estimated mid-year (1932) population 11,760

Dr. Gunson calls attention to the need for more houses in the Fridaybridge area.

III.—PORT.

WISBECH PORT SANITARY AUTHORITY.

The Medical Officer reports that no case of infectious disease occurred in nor entered the Port.

The Port Hospital is maintained in good condition.

No measures against rats had to be taken.

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