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Contributors

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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 1937,

With Summary of Reports of District
Medical Officers of Health,

by
THOS. C. LONIE, M.B., Ch.B., 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.

PEATLING, H. F. M. (Chairman).

COVILL, S. E.	MARTIN, H. G.
CROSS, S.	NEWELL, G. W.
HERBERT, F. F. (Rev.)	PAYNE, H.
KIDD, A. J.	PEAKE, T.
LANGFORD, F. J.	ROSEBERRY, F. G.
LAWRENCE, S. C.	SAVORY, H. G.
LAXON, M.	SOLE, F.
LEEDING, A. C.	STEEL, C. W.
LEFEVRE, H.	WALLIS, W.
LUDDINGTON, L. H.	WALTON, S. S. (Rev.)
MALLET, H. R.	WEBB, W. F. R.

Number 22. Quorum 5.

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.

THOS. C. LONIE, M.B., Ch.B., D.P.H.

Assistant County Medical Officers of Health.

W. D. T. BRUNYATE, M.A., D.M., D.P.H. (resigned May 23rd, 1937).

F. E. CRAWLEY, M.D., D.P.H. (appointed May 18th, 1937).

(Also Clinical Tuberculosis Officer).

M. V. JOSCELYNE, M.B., Ch.B., D.P.H. (appointed May 1st, 1937).

Health Visitors and School Nurses.

(a)—*Council Officials (whole-time).*

J. A. ANDERSON, Cert. Midwife, H.V. Cert. (appointed July 1st, 1937).

A. LLOYD, Cert. Midwife, H.V. Cert. (appointed August 8th, 1937).

E. LLOYD, Cert. Midwife, H.V. Cert. (resigned July 31st, 1937).

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

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

A. MORT, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

M. J. PATERSON, Cert. Midwife, H.V. Cert. (appointed July 1st, 1937).

M. E. ROSE, Cert. Midwife, H.V. Cert., Bd. of Ed.

E. T. TAYLOR, Cert. Midwife.

E. B. WHITAKER, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

(b)—*County Midwives.*

A. L. GUIVER, Cert. Midwife (appointed June 16th, 1937).

F. MILLAR, Cert. Midwife (appointed July 1st, 1937).

B. WARD, Cert. Midwife (appointed July 1st, 1937).

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

The Nurse or Nurses at:—

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

Clerical Staff.

H. A. HOUSE (Chief Clerk).

A. ANNESS, F. RITCHIE.

MISS M. DRING.

District Medical Officers under Poor Law Acts :—

J. DWYER, M.B., Ch.B.	..	(also Public Vaccinator).
C. H. GUNSON, M.B., Ch.B.	..	" " "
W. REYNOLDS, M.B., B.S.	..	" " "
A. PAIN, M.R.C.S., L.R.C.P.	..	" " "
A. BERNARD, M.A., M.B., Ch.B.	"	" " "
S. GOVERNOR, M.B., B.Ch.	"	" " "
A. C. S. WATERS, M.R.C.S., L.R.C.P.		
S. J. WATSON, M.B., B.Ch.	..	(also Public Vaccinator).
C. W. HOWE, M.B., Ch.B., D.P.H.	"	" " "
G. B. DAVIS, M.A., M.D.	..	" " "
J. B. BAMFORD, M.R.C.S., L.R.C.P.	"	" " "
W. M. WILSON, M.B., Ch.B.	"	" " "
D. E. YOUNG, L.R.C.P., L.R.C.S.	"	" " "
C. THOMAS, M.R.C.S., L.R.C.P.	"	" " "

Public Vaccinators (other than above) :—

R. BUTTERWORTH, B.A., M.B., Ch.B.
 F. H. BECKETT, B.A., M.B., B.Ch.
 C. T. NORRIS, M.R.C.S., L.R.C.P.

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 :—

A. E. CROWSON (March).
 H. A. HOUSE (Ely, Whittlesey and Wisbech).
 G. SHARPE (Chatteris).

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 ..	C. Dobb, Esq. ..	.. R. E. Nix, B.A., M.B., B.Ch.
3. March	C. Greenwood, Esq.	.. S. Governor, M.B., Ch.B.
4. Whittlesey ..	J. B. Robertshaw, Esq.	.. F. E. Crawley, M.D., 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.	.. C. Thomas, M.R.C.S., L.R.C.P.
3. Thorney	A. F. Whittome, Esq.	.. F. E. Crawley, M.D., D.P.H.
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.
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*To the Chairman and Members of the
Isle of Ely County Council.*

GENTLEMEN,—

I beg to submit my fourth Annual Report as your Medical Officer of Health.

During 1937 the County Council Scheme under the Midwives' Act, 1936, came into force and is, on the whole, working well. There has been a considerable extension of the ante-natal facilities provided by the County Council, and arrangements have also been made for the treatment of minor ailments, eye defects, and dental decay in children of pre-school age.

The Public Health Department co-operated in the National Campaign to ensure that the health services provided by doctors and by the local authorities were utilised, and reference to the matter will be found on a later page.

Each year, of course, sees some advance in the health facilities provided in the county, but the change in any one year is usually slight and it is only when one looks back over a term of years that the extent of the advances made is fully appreciated.

In conclusion I would wish to express my grateful thanks to the Staff who do so much to make the work of the Department run smoothly. In large measure this Report is but a record of the service which they render so well.

To the other members of the County Staff, to the Medical Officers of Health of the Districts, to the Medical Practitioners of the area, I owe much for their help and co-operation.

Not least to the members of the Public Health and allied committees do I owe a debt of gratitude for their help and support during the year.

I have the honour to be, Gentlemen,

Your obedient Servant,

Thos. C. Lonie.

Administrative County of the Isle of Ely.

The Annual Reports for the year 1937, 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 ..	.. July 12th, 1938	Typewritten
	Ely ..	Dr. Maurice Smith	July 6th, 1938	Typewritten
	March ..	Dr. Governor ..	.. August 10th, 1938	Typewritten
	Whittlesey ..	Dr. Crawley ..	.. July 2nd, 1938	Typewritten
	Wisbech ..	Dr. H. L. Groom ..	.. July 20th, 1938	.. Printed
Rural Districts	Ely ..	Dr. Howe ..	.. July 1st, 1938	Typewritten
	North Witchford	Dr. Thomas	.. Jun 29th, 1938	.. Printed
	Thorney ..	Dr. Crawley ..	.. July 15th, 1938	Typewritten
	Wisbech ..	Dr. Gunson ..	.. August 11th, 1938	.. Printed
	Wisbech Port ..	Dr. Crockatt ..	Report not to hand	
	San. Authority			

FINANCIAL STATEMENT.

The expenditure on health services for the last financial year amounted to £32,020, including the cost of the School Medical Service, the net expenditure being £27,083. The net total is therefore £27,083, out of a total net county expenditure for all purposes of £155,520. Having regard to the fact that the Public Health expenditure covers such varied matters as Grants in Respect of Water Schemes, Administration of the Vaccination and Food and Drugs Acts, as well as the cost of Maternity and Child Welfare, Tuberculosis and Mental Deficiency Services, &c., the proportion of the County's budget which is spent on health can hardly be considered exorbitant.

STATISTICS, 1937.

Area of Administrative County (land & water)...	acres	239,794
Rateable Value	£	280,268
Produce of 1d. rate	£	1,137
Population (Census 1931)		77,705
Population (estim. to middle of year 1937)		81,590
No. of live Births in the year	<div>males 677 { Legitimate 649 Illegitimate 28</div> <div>females 626 { Legitimate 591 Illegitimate 35</div>	1303
Birth-rate per 1,000		15.97
No. of Still-births in the year	<div>males 24 { Legitimate 23 Illegitimate 1</div> <div>females 37 { Legitimate 34 Illegitimate 3</div>	61
Still-birth rate per 1,000 total births		44.72
Total No. of Deaths in the year ...	<div>males 506</div> <div>females 481</div>	987
Death-rate per 1,000	<div>uncorrected 12.09</div> <div>corrected ... 10.77</div>	
No. of women dying in, or in consequence of, childbirth	<div>Rate per 1,000 total Births</div> <div>from sepsis 3 2.19</div> <div>other causes 7 5.13</div> <div>Total 10 7.33</div>	
Number dying under 1 year old	<div>males 50 { Legitimate 44 Illegitimate 6</div> <div>females 26 { Legitimate 24 Illegitimate 2</div>	76
Infantile Mortality-rate (per 1,000 Births)	<div>in legitimates 54.84</div> <div>in illegitimates 12.69</div>	58.35
In males ... 73.86	<div>in legitimate males... 67.79</div> <div>in illegitimate males 214.28</div>	
In females... 41.53	<div>in legitimate females 40.6</div> <div>in illegitimate females 57.14</div>	
Deaths from Measles (all ages)		2
„ „ Whooping Cough (all ages)		5
„ „ Diarrhoea (under 2 years of age)		4
England and Wales—		
Birth-rate		14.9
Death-rate		12.4
Infantile Mortality-rate		58.0
Maternal Mortality-rate per 1,000 total births		3.11

VITAL STATISTICS.

POPULATION.

The Registrar General has supplied the figure of 81,590 as the estimated mid-year population for 1937.

This estimate is shown below with that for the three previous years. Owing to readjustment of boundaries in 1934 it is not possible to carry the figures further back.

1934	82,582
1935	82,500
1936	81,700
1937	81,590

The fall shown this year is much less than was the case last year. The birth-rate has again fallen slightly but is still above that for the country as a whole. The death-rate is slightly lower than last year.

All these changes are however, slight, and there is as yet no definite indication of sustained changes in the trend of either birth or death-rates.

BIRTHS.

The births in the Urban Districts numbered 798 (412 males and 386 females), this being a birth-rate of 16.1 per thousand of population.

In the Rural Districts the births numbered 505 (265 males and 240 females), the Rural birth-rate being 15.76 per thousand.

The total births for the County numbered 1,303 (677 males and 626 females), a birth-rate of 15.97 per thousand. This compares with a birth-rate for England and Wales of 14.9 per thousand.

The illegitimate births in the Urban Districts numbered 42, a rate of 52.63 per 1,000 births. Of this 42, 15 were males and 27 females, giving rates of 36.4 and 69.9 respectively.

For the Rural Districts there were 21 illegitimate births, a rate of 41.58. Of these, 13 were males and 8 females, giving rates of 49.05 and 33.3 respectively.

Taking the County as a whole the illegitimate births numbered 63, or a rate of 48.35. There were 28 male and 35 female illegitimate births, and this gives rates of 41.36 and 55.9 respectively.

The birth-rate shows a decrease as compared with last year, and this also applies to the Urban Area. The rate for the Isle is still above that for the whole country, the respective rates being 15·97 and 14·9.

DEATHS.

The deaths in 1937 numbered 987 compared with 999 in 1936. Of these 987 deaths (506 males and 481 females), 626 occurred in the Urban areas and 361 in the Rural, giving an uncorrected death-rate per thousand of 13·44 and 11·27 respectively.

When corrected, however, by the factors for comparability, the Urban death-rate becomes 11·69 per thousand, and the Rural 10·25, whilst the rate for the whole County is 12·09 uncorrected, or 10·77 per thousand when corrected, these figures comparing with a rate of 12·4 for England and Wales.

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

Area.		Factor for Correction.		Apparent death-rate.		Corrected death-rate.
Chatteris	...	0·85	...	14·33	...	12·18
Ely Urban	...	0·84	...	13·19	...	11·08
March...	...	0·93	...	11·79	...	10·96
Whittlesey	...	0·89	...	9·94	...	8·84
Wisbech Borough	...	0·84	...	13·85	...	11·63
Ely Rural	...	0·83	...	11·6	...	9·63
North Witchford	...	0·90	...	13·72	...	12·35
Thorney	...	1·12	...	10·42	...	11·66
Wisbech Rural...	...	0·98	...	10·02	...	9·82
Aggregate Isle of Ely						
Urban Districts	...	0·87	...	13·44	...	11·69
Do. Rural Districts	...	0·91	...	11·27	...	10·25
Whole Isle of Ely	...	0·89	...	12·09	...	10·77
England and Wales	...	—	..	—	...	12·4

INFANTILE MORTALITY.

The death-rate in infants under one year per 1,000 births was 58·33 in 1937.

The rate in the country as a whole was 58, a decrease of 1 per 1,000 as compared with the previous year.

In this county there were 3 deaths from whooping cough in children under 1 year in 1937 as compared with 6 in the previous

year. The group labelled congenital debility and malformation shewed 44 out of the 76 infantile deaths, this percentage being much the same as that shewn last year. As I said in the last Report, most of these deaths occur in the first month and are apparently little affected by measures directed to the reduction of infantile mortality generally.

The other principal cause of death under 1 year is pneumonia, and this accounted for 15 of the total deaths, which is the same as last year. Bad housing, over-crowding and other environmental factors undoubtedly affect this part of the rate.

The balance of the infantile deaths resulted from a variety of causes, no one of which was outstanding.

The figures in the table below show a considerable irregularity in the infantile mortality-rate. It is, however, lower than was the general experience in the previous ten years (1917—26).

		Isle.	England & Wales.
1927	...	64·91	69
1928	...	58·94	65
1929	...	83·33	74
1930	...	52·19	60
1931	...	58·11	66
1932	...	53·68	65
1933	...	57·77	64
1934	...	58·89	59
1935	...	46·49	57
1936	...	60·29	59
1937	...	58·33	58

MATERNAL MORTALITY.

Ten women died in, or in consequence of child-birth, an increase of five on the corresponding figure last year.

It is regrettable to note the rise this year in the number of deaths of women in child-birth. The number occurring as a result of puerperal sepsis is, however, the average for a number of years back and the increase in the total number is due to "other causes." It is almost certainly merely a chance increase.

No increase in maternal mortality can be viewed with equanimity, however, and I trust that there will be a very considerable fall next year. The increasing attention now being given to ante-natal services will, I hope, bear fruit in this direction.

DEATHS FROM ZYMOTIC DISEASES.

The deaths from these diseases in the County in 1937 comprised five from Whooping Cough, four from Diphtheria, sixteen from Influenza, three from Encephalitis Lethargica and two from Measles.

DEATHS FROM TUBERCULOSIS.

There were 37 deaths from pulmonary tuberculosis (21 in males and 16 in females) during 1937. This number is an increase of five on that of the previous year.

The deaths from other forms of the disease numbered 6, a decrease of six on the figure for the previous year.

The following are the death-rates per thousand from tuberculosis since 1926 :—

		Pulmonary.		Non-Pulmonary.		Total.
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
1933	...	·456	...	·177	...	·633
1934	...	·489	...	·123	...	·612
1935	...	·436	...	·109	...	·545
1936	...	·392	...	·147	...	·538
1937	...	·453	...	·074	...	·527

It will be seen that the death-rate for the pulmonary form of the disease shows an increase over 1936, while the non-pulmonary rate has fallen.

It should be remembered that the population on which these rates are calculated is a somewhat small one, so that a small difference in the total number of deaths in any year may make a considerable

difference to the rate. For this reason, comparisons between single years are not so useful as comparisons between the average rates per year over longer terms of years.

A study of the death-rates for a period of years shown above is interesting as showing that, while the general tendency is toward a falling mortality for tuberculosis in general, the fall is very erratic. For instance, the increase in the pulmonary rate is balanced by a great (and probably abnormal) fall in the non-pulmonary rate.

There is still much preventable tuberculosis and it is still necessary to use every means to ensure that its sources are effectively dealt with. The remedy is largely in the hands of the individual members of the community themselves. There are practically only two sources of infection, infected persons and infected milk. Sufferers from the disease are advised how to prevent its spread by destroying infected secretions and by avoiding close contact with other members of the community, particularly their own families. A careful following out of such advice would do much to prevent new cases arising. Unfortunately much of the trouble arises because the diagnosis is not made early enough, or the proper treatment secured, and this is often because the patient will not go to his doctor when he first begins to feel unwell.

So far as milk-borne tuberculosis is concerned, the remedy lies in eliminating the danger from the milk and eliminating tubercle from the cattle. The method of securing safe milk is to buy efficiently pasteurised milk, to obtain it from cows which have recently passed the tuberculin test, or failing either of these, to boil it. It is to be hoped that the recent inauguration of a full time Veterinary Service will be but a prelude not only to a drive to eliminate tuberculosis from the cattle in this County, but also to the securing of a national milk supply which can be consumed with complete confidence. Until this is so the medical profession cannot be expected wholeheartedly to support any campaign to increase the consumption of raw milk.

The mortality-rate is only a part of the story in this case. Non-pulmonary tuberculosis leads frequently to life-long crippling in cases recovered from active disease, while its treatment in the case of bone and joint tuberculosis usually involves long periods of residence in hospital and much suffering.

There is in addition the question of interrupted education, and also the great expense of keeping these cases in hospital for, in some cases, very many months.

A considerable amount of this non-pulmonary tuberculosis is of bovine origin, and is spread by the milk of infected cows. Any scheme, therefore, which helps to eradicate tuberculous animals, and any measures which help to make milk "safe" are worthy of every encouragement.

OTHER DEATHS.

Full details of the causes of death in the County are shown in the sub-joined tables.

It is noteworthy that of the total of 987 deaths, 42% were aged 75 years or over.

[illegible]

Causes of Death at Different Periods of Life in the Administrative County of Isle of Ely in 1937.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.											Aggregate of Rural Districts.										
		All Ages.											All Ages.										
		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75 & upwards	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75 & upwards
ALL CAUSES	M.	311	32	3	1	8	9	16	15	16	47	96	195	18	5	2	4	4	4	16	30	45	58
	F.	315	18	4	4	6	6	13	18	22	38	105	166	8	2	..	4	1	11	12	14	43	57
1. Typhoid & Paratyphoid Fevers	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
2. Measles	M.	0	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
3. Scarlet Fever	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
4. Whooping Cough	M.	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	F.	3	2	1	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	..	..	..	..
5. Diphtheria	M.	0	..	..	1	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	2	..	..	1	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..	..	..	..
6. Influenza	M.	6	..	..	..	..	..	..	1	..	1	1	5	..	..	..	..	..	..	..	3	..	2
	F.	4	..	..	..	..	..	..	..	..	1	2	1	..	..	..	1	..	..	1	..	..	..
7. Encephalitis Lethargica	M.	0	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..
	F.	1	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
8. Cerebro-spinal Fever	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
9. Tuberculosis of Resp'y System	M.	14	..	..	..	..	2	7	3	..	2	..	7	..	1	..	..	2	2	1	1	..	..
	F.	12	..	..	..	..	1	2	4	2	1	2	4	..	..	..	..	4	..	..	..	..	..
10. Other Tuberculous Diseases ..	M.	2	..	..	..	..	1	1	..	..	..	..	0	..	..	..	..	..	..	1	..	1	..
	F.	2	1	..	1	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..
11. Syphilis	M.	1	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..
12. General Paralysis of the Insane, tabes dorsalis	M.	0	..	..	..	..	..	..	1	..	..	..	0	..	..	..	..	..	..	..	..	..	..
	F.	2	..	..	..	..	..	..	2	2	9	1	0	..	..	..	..	..	..	..	..	..	..
13. Cancer, malignant disease	M.	35	..	..	..	..	..	..	2	2	9	12	24	..	..	..	..	1	2	2	5	7	5
	F.	53	..	..	..	..	..	2	3	6	9	19	21	..	..	..	..	1	2	2	11	2	..
14. Diabetes	M.	2	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
	F.	4	..	..	..	..	..	..	..	..	1	3	2	..	..	..	..	..	..	1	1	1	..

[illegible]

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

There have been no changes of note under this head and, in particular, it may be said that the arrangements under the heads of Poor Law Medical Out-Relief, Nursing in the Home, Laboratory Facilities, Hospitals, Ambulance Facilities, Institutional Provision for Mothers and Children, and Clinics remained as in previous years.

INSTITUTIONAL MEDICAL SERVICES.

The County Council has now committed itself to the policy of retaining the three present institutions. There seems, therefore, little prospect of any proper provision being made in the area for the sick who cannot be accommodated in our only voluntary hospital, but who are in need of hospital treatment, for which they decline to enter a poor law institution. Meanwhile the alterations at the institutions have not yet been commenced.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Since the last Report was written a certain amount of progress has been made towards the provision of the new County Home for the above cases.

The plans are in an advanced stage and by conferences with the Board of Control most of the details have been settled.

The Council has purchased an ideal site on the outskirts of March where not only privacy will be secured but where the patients and nurses will be near enough the town to enjoy the amenities available.

I trust that it will be possible to commence the actual erection of this much needed Home before very long.

During the year the Institution at Ely has continued in use, but cannot possibly be considered as in any permanent sense satisfactory.

From time to time vacancies are obtained in various Institutions and suitable cases admitted. Most of these Institutions are, however, at a considerable distance from the County and this is an unsatisfactory arrangement. It also militates against the removal of certain cases which undoubtedly would benefit by Institutional care but whose guardians refuse to allow them to go so far from home.

It is also becoming increasingly difficult to secure vacancies in the various Institutions.

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.

On 31st December, 1937, there was known to be 224 mental defectives for whose maintenance the County Council is, or may become, responsible.

The following Table sets out in detail the classification and whether at home or in Institution.

Classification—	Males		Females		
	At Home	In Institution	At Home	In Institution	Under Guardianship
Feeble-minded	57	15	47	19	1
Imbeciles	21	16	15	16	—
Idiots	2	5	6	2	—
Moral Imbeciles	—	1	—	1	—
	80	37	68	38	1
	117		107		
	Total 224				

ORTHOPAEDIC TREATMENT.

No change has taken place in the arrangements noted in last year's Report. Orthopaedic clinics situated in the County or attended by patients from the County are held as follows:—

Place	Address	Surgeon	Time
Ely	Central Hall, Ely.	Dr. Roderick	2nd Thursday 11 a.m. to 4 p.m. & 4th Thursday 1 p.m. to 4 p.m. each month.
Wisbech	North Cambs. Hospital	Dr. Roderick	1st Thursday each month at 11 a.m.
Peterborough	Memorial Hospital	Dr. Wilson-Stuart	1st, 3rd & 4th Tuesday each month at 2 p.m.

MEDICAL BENEFIT ADMINISTRATION UNDER THE NATIONAL HEALTH INSURANCE ACTS.

The following details regarding medical benefit for insured persons have been supplied by Mr. Edwards, the Clerk to the Insurance Committee, to whom I am obliged for his co-operation.

	1937	1936
No. of doctors on Panel List	44	44
No. of chemists' shops	17	17
Average permanent insured population	32,925	31,672
No. temporary residents treated ...	1,774	1,945
Average total No. on doctors' panels ...	32,557	31,403
Average No. on doctors' lists		
for medicines	13,042	12,628
Average No. on chemists' lists		
for medicines	21,289	20,720
No. of prescriptions issued	89,670	88,554
	£ s d	£ s d
Average cost per prescription ...	0 0 8.52	0 0 8.32
Average cost per person		
(medicines)	0 2 11.91	0 2 11.56
Total cost of prescriptions ...	3,185 5 0	3,070 9 8
Total cost of insulin	67 7 11	78 11 0
Payments due to		
doctors and chemists ...	21,649 9 7	20,670 12 3

HEALTH EDUCATION AND PROPAGANDA.

Co-operating in the Government's Health Services Campaign, the Public Health Department, during last Autumn and the Spring of this year, distributed through schools and welfare centres, a very large amount of literature. Posters were also displayed on hoardings and on notice boards throughout the County, and for their kind help and co-operation in this matter we are greatly indebted to the police, to shop-keepers and to all others who assisted us in this matter.

In addition, by kind courtesy of the management, a special showing of the two health films, "The Health of the Nation" and "One

Hundred Years," was given in the March Hippodrome. A number of addresses on various aspects of the Health Services were also given to various organisations in the County.

SPECIAL INVESTIGATIONS.

During the year a special study of the diets of a number of families in the County was undertaken in co-operation with the Ministry of Health. The work was carried out by a trained investigator and covered all types of families. The working out of the detailed results of such a study takes, however, a long time and the results are not, therefore, yet available.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

I commented last year at some length on the thoroughly unsatisfactory position with regard to the piped water supply to Manea and Chatteris. In spite of promises of an early remedy there is not yet, I understand, any improvement.

[Since this paragraph was written the question of water supply in these two areas has been brought prominently to the notice of both the Ministry of Health and the County Council. It would appear that the problem is, to a large extent, one of distribution so far as these areas are concerned. Now that the actual causes of the failure of the water to reach certain areas is more clearly known, the appropriate remedies will doubtless be applied. Much light was thrown on the matter at the recent unofficial inquiry by an officer of the Ministry of Health].

There is still no change in the position so far as Benwick and parts of the Wisbech Rural District are concerned. The conditions in the northern part of the Isle as regards the supply of water give cause for serious concern. Any action which is likely to be taken at an early date will leave unaffected the major part of the problem, which is the supply of the more rural areas where long lengths of unproductive main make the provision of an adequate water supply a most expensive procedure.

The matter of the actual purity of water supplies has been brought prominently to the notice of the public and of water undertakers by the recent water-borne epidemic of typhoid fever in another part of the country. No doubt all who have the responsibility for piped water supplies are taking, or will take, the necessary steps to safeguard their consumers, especially by the most careful control of gathering grounds and by the frequent bacteriological and chemical examination of the water itself.

Since a considerable number of householders in this County are still dependent upon sources of water supply other than piped supplies a few remarks on the necessity of taking adequate precautions to render such alternative sources as safe as possible may not be out of place. Very many houses in this area have one or more rain water tanks but few use them properly. It is essential that such tanks should be kept clean and should be closed with a well-fitting cover. Again an arrangement should be provided whereby the first washings from roofs should be run to waste since these contain practically all the dust, &c., which has collected during the dry period. It is this material which contaminates the water in the tank and, in decaying, so often gives tank water an unpleasant odour and taste.

Rain water collected in a clean tank from a clean roof, is pure and wholesome and should always be used for drinking in preference to water from shallow wells and from ditches. Unfortunately it is often more highly valued for washing on account of its softness than it is for drinking. This is a very great mistake, since rainwater is likely to be much purer than well or stream water and much less likely to be a cause of disease.

SEWERAGE.

It is with pleasure that I record the virtual completion of the new sewerage scheme in Whittlesey. Many house connections have already been made and the works, certainly the most up-to-date in the County, are now in actual operation. With the provision of a water supply, a sewerage scheme, and with its progressive housing policy, Whittlesey can no longer be considered a backward area so far as the prime sanitary services are concerned.

Since the issue of the last Report the usual Ministry of Health Inquiry has been held in connection with the extension of the

Wisbech sewerage scheme. The new scheme for Ely is in an advanced stage of preparation. Some steps have, I understand, been taken with regard to the preparation of a sewerage scheme for March, but details of the proposals are not available at the time of writing. I trust that the scheme will not only be adequate, but will be carried through without undue delay. The continued increase in the amount of untreated sewage entering what is, after all, a very small water-course, is bound to make the condition of the March river progressively worse until a scheme of sewerage is brought into operation.

HOUSING.

The schedule on page 30 sets out certain interesting matters relating to housing in the area and it will, no doubt, be instructive to the members of local councils who wish to compare the position on their own area with that obtaining in others. It must be noted, however, that areas vary greatly in the amount of old and insanitary property to be found in them and places of recent growth are unlikely to have a large proportion of unsatisfactory housing.

The number of houses reported to be "unfit for human habitation" varies greatly. In Urban Districts the highest proportion is in Chatteris with about 1 in 9, and the lowest March, with 1 in 58. In Rural areas the highest is Ely Rural District, with about 1 in 88. If a house is not repairable and must be pulled down it may be dealt with either by a Demolition Order or by a Clearance Order. The latter is the usual method where a number of adjoining houses have to be dealt with, this forming a Slum Clearance Area. Whittlesey and Wisbech appear to be the only districts which have dealt with any considerable proportion of houses by means of Clearance Orders. The number of houses actually demolished at any given date depends largely on the progress of rehousing schemes. The proportion of Council Houses to the total number of houses is interesting. In Urban Districts this varies from approximately 1 in 8 in Ely to approximately 1 in 14 in Wisbech, the comparable figures being 1 in 7 in Ely Rural District to 1 in 17 in North Witchford.

These figures, of course, represent the state of affairs at the time the information was supplied, *i.e.*, in April, 1938. They take no account of any projected housing programmes or buildings not yet erected but proposed.

Every Council house in the Urban Districts has a piped water supply, with the exception of some of the Whittlesey houses. This is, of course, accounted for by the fact that a number of these are erected in parts of the area where such a supply is not available. In the Rural Districts 10 council houses in North Witchford and 64 in the Wisbech District are without a piped water supply, but the Ely Rural District can claim a piped supply for every one of its 544 houses, no mean achievement, having regard to the very rural character of much of the area.

A fixed bath should, of course, go with a piped water supply in every case, but only in Chatteris is that ideal reached. One hopes that, whatever may have been the case in the past, no new Council houses will be erected without this provision in the future. It is appreciated, on the other hand, that when some of the earlier houses were erected a piped water supply had not become available.

The rent to be paid for a house is a matter of the greatest importance. However necessary good housing may be and is, adequate food is even more essential and it is, therefore, desirable that rents should be fixed at a level which will leave a sufficient balance from the weekly wage to allow for the cost of an adequate diet. It is not the actual figure for rent which matters so much as the ratio which it bears to the total wage. It is not always realised how much higher this ratio is among the lower paid workers than it is among the more highly paid members of the community. Moreover, the cost of an adequate diet is just as high for the poor as it is for those more fortunately placed. Any difference which is found in actual practice is due chiefly to the purchase of luxuries or to different methods of marketing.

Rents, inclusive of rates, vary in the County from 4/3 to 13/- for a 3 bedroomed house. It is noteworthy that the lowest and the highest figures come from Wisbech Borough. The lowest rent for a 4 bedroomed house is 6/- in the Ely Rural District and 12/- in Wisbech Borough. Houses of less than 3 bedrooms (*i.e.*, chiefly houses for elderly couples without children), have rents of 4/4 to 8/-. There is stated to be no difficulty in letting Council houses and this is not to be wondered at since, in general, such houses are reasonably modern and have conveniences which are often lacking in older private property. That there is a demand for these houses is evidenced by the fact that in only one area were Council houses vacant at the end of the year.

During 1937 the County Council, in its administration of the Housing (Rural Workers) Acts, received 24 applications in respect of 34 dwellings for grants or loans for the reconditioning of old property in rural areas. Of these, 18 were approved and grants amounting to £1,396 made. No loans were made.

URBAN DISTRICTS.

	Ely	Chatteris	March	Whittlesey	Wisbech Borough
1—Number of inhabited houses in the District	2565	1460	3950	2300	4426
2—Number of houses statutorily reported to the Local Authority as "unfit for human habitation" during the period beginning 1st April, 1931, and ending 31st Mar., 1938	55	158	73	204	209
3—Number of houses included in— (a) Demolition Order (b) Clearance Order in the period indicated	26 Nil	82 19	48 nil	16 188	54 147
4—Number of houses actually demolished or cleared in the period	26	57	46	57	89
5—Number of houses erected by the Local Authority— (a) Houses with 4 or more bedrooms .. (b) Houses with 3 bedrooms (c) Houses with less than 3 bedrooms .. (e.g., bungalows for aged couples)	Prior to 1924 48 158 .. 9 14 ..	Prior to 1924 2 72 .. 20 46 ..	Prior to 1924 26 164	Prior to 1924 38 84	Prior to 1924 8 42 5 1930-37 145 6
5a—Number of Council houses having— (a) a piped water supply (b) fixed bath	327 265	Every house has a fixed bath and a piped water supply.	294 218	130 90	318 303
6—Particulars of Rents (inclusive of rates) at which Council houses are let— (a) 4 bedrooms or more (b) 3 bedrooms (c) less than 3 bedrooms	6/- to 11/1 4/4 to 6/9	10/6 7/- to 9/9 5/9 to 6/9	7/6 6/2 to 12/6 4/6	5/7 to 11/7	12/- 4/3 to 13/- 5/4 to 8/-
7—Is any difficulty experienced in letting Council houses?	No	No	No	No	No
8—Number of Council houses vacant at the end of 1937	None	None	7	None	None

RURAL DISTRICTS.

	Ely	North Witchford	Thorney	Wisbech
1—Number of inhabited houses in the District ..	3800	1432	530	3126
2—Number of houses statutorily reported to the Local Authority as "unfit for human habitation" during the period beginning 1st April, 1931, and ending 31st March, 1938 ..	477	26	6	68
3—Number of houses included in— (a) Demolition Order (b) Clearance Order in the period indicated ..	230 35	9 ..	6 ..	6 5
4—Number of houses actually demolished or cleared in the period	122	10	4	18
5—Number of houses erected by the Local Authority— (a) Houses with 4 or more bedrooms (b) Houses with 3 bedrooms (c) Houses with less than 3 bedrooms .. (e.g., bungalows for aged couples)	Prior to 1924 1924-30 1930-37 80 4 92 12	Prior to 1924 1924-30 1930-37 52 ..	Prior to 1924 1924-30 1930-37	Prior to 1924 1924-30 1930-37
5a—Number of Council houses having— (a) a piped water supply (b) a fixed bath	544 398	74 24	46 4	124 102
6—Particulars of Rents (inclusive of rates) at which Council houses are let— (a) 4 bedrooms or more (b) 3 bedrooms (c) less than 3 bedrooms	6/- 4/6 to 8/- 5/-	6/- to 7/-	5/11 to 11/-	5/6 to 7/5
7—Is any difficulty experienced in letting Council houses?	No	No	No	No
8—Number of Council houses vacant at the end of 1937	None	None	None	None

SCHOOLS.

The sanitary condition of the schools continues to improve though progress is often exceedingly slow. Steps are now being taken to remedy the dangerous overcrowding in the Whittlesey Junior and Infant Schools.

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
75	132	63	107	289	588	264	492	15	7	5	1962

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

INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.*

The arrangements for the examination of milk for tubercle bacilli which were detailed in the Report for 1932 have continued in force.

The efficiency of the inspection of dairies and farms by the Local Sanitary Authorities varies considerably. In many instances the premises and methods of dairying are far below the standards laid down in the Milk and Dairies Order, 1926, and it is not to be wondered at that milk produced under such conditions often contains a considerable amount of actual gross dirt. Such milk is often poor in keeping quality and one shudders to think of the conditions of cowsheds, of the cattle, and of the milkers themselves on the farms where it is produced. The production of dirty milk is a crime without excuse. There is not the slightest reason why those who continue to supply it should continue in business, and they could not do so if the public would only insist on having a satisfactory supply. After all, milk is practically the only food direct from an animal source which is consumed raw. It is particularly liable from its origin to pollution by the germs of disease, and upon it are chiefly fed those who are particularly liable to disease, namely babies and young children. Ordinary cleanliness, by which is meant freedom from gross dirt, is only the first step towards a *safe*

milk supply, but it is a step which can be taken immediately by every milk producer and insisted upon by every consumer.

The number of producers of accredited milk in the County at the end of 1937 was 28.

It is regrettable that the number of producers of accredited milk in this County remains so low. Those who hold an accredited licence do, by that action at least, evince a desire to produce clean milk and a belief that they are able to do so. They can also be assured that they will receive every help and assistance in maintaining the standard which accredited milk must reach.

42 samples of milk were submitted for examination, all of which were collected at the time of sale.

In 2 cases tubercle bacilli were found and further samples, 3 from one herd and 2 from another, were taken and sent for examination. These, however, proved to be negative.

(b) *Sampling of Milk.*

During the year 65 samples were obtained, 3 of which were from a prospective applicant for an Accredited Licence. Thirty of these failed to conform to the required standard. The producers were notified of the failure and it was indicated that the advice of the Agricultural Instructor should be sought in order to remedy the cause of failure.

The arrangements for milk sampling have recently been improved by the appointment of an additional officer in the Weights and Measures Dept., and this will allow of much more frequent sampling and more effective action in the case of failures.

(c) *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.

(d) *Adulteration.*

264 samples (106 formal and 158 informal) were submitted for analysis.

125 of these were of milk, and 20 were found to be deficient in milk fat and 1 to contain added water.

Proceedings were instituted against the vendor in the case of added water and he was fined 30/- and 7/6 costs.

Letters were addressed to vendors drawing their attention to the deficiency in milk fat in milk retailed by them.

Samples taken in 1937	Benwick	Chatteris	Coates	Doddington	Elm	Ely	Friday Bridge	Gorefield	Guyhirne	Haddenham	Leverington	Little Downham	Littleport	Manea	March
Aspirin
Baking Powder	1	..
Biscuits	3
Butter	3	..	..	..	3	..	1	2	2	1	..	2	1	4
Cheese..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Coffee
Cream	2	..	..	1	..	..	..	1
Cream (Tinned)
Cream (pat)	1	..	..	..	..	..	..	..	..	..
Currants
Dates (pudding)	1	..	..	..	..	..	..	..	..
Epsom Salts
Fish Dressing
Fruit Sauce
Ginger Wine	1	..	..	..	..	..	..	..	..
Glycerine
Lard	2	..	..	..	..	1	1	..	1
Lemonade Powder	1	..	..	..
Lemonade & Barley Water	1	..
Lemon Cheese
Lemon Curd	1	..	..	..	..
Lemon Squash	1	..	..	..
Linseed (crushed)
Linseed (Meal)
Jam (Apple & Rasp.)	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Jam (Raspberry)	1	..	..	..	..	..	..	..	..	1	..	1	..	..
Jam (Strawberry)
Honey..
Horseradish Cream	1	..	..	..	..	..	..	..
Malted Milk
Margarine	1	1	..	2	..	..	..	..	..	..
Milk ..	2	10	1	5	4	8	..	..	..	8	3	..	1	4	14
Mincemeat	1
Mint
Mint Sauce
Mustard Cr. Oint.	1	..
Nutmegs (ground)
Olive Oil
Onions (pickled)	4	..	..	..	..	..	..	..	..	..	..	1	3	1
Pepper	2	..	..	..	..	..	..	..	..	..
Rice	2	..	..	..	..	..	..	..	..	..
Sponge Cakes	3
Suet	3	..	..	..	..	..	1	..	..	..
Strawberries in Syrup	1	..	..
Sultanas	1
Tea	2	..	..	..	..	1
Vinegar	1	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	2	20	2	5	4	21	5	4	4	12	7	4	7	11	30

Samples taken in 1937	Murrow	Newton	Parson Drove	Stretham	Sutton	Thorney	Tydd St. Giles	Whittlesey	Wilburton	Wimblington	Witchford	Wisbech	Wisbech St. Mary	Total
Aspirin	1	..	..	..	1
Baking Powder	1
Biscuits	3
Butter	1	1	..	1	..	1	..	..	..	..	3	1	27
Cheese	2	..	4
Coffee	1	..	..	..	..	..	1
Cream	4
Cream (Tinned)	1	..	..	..	..	..	1
Cream pat	1
Currants	3	..	..	..	..	..	..	..	3
Dates (pudding)	1
Epsom Salts	1	..	..	..	1
Fish Dressing	1	..	1
Fruit Sauce	1	..	1
Ginger Wine	1
Glycerine	1	..	..	..	..	..	..	..	..	1
Lard	1	2	..	..	..	..	..	..	8
Lemonade Powder	1
Lemonade & Barley Water	1
Lemon Cheese	1	..	..	..	..	..	1
Lemon Curd	1	..	..	..	..	..	2
Lemon Squash	1
Linseed (crushed)	1	..	..	..	..	..	..	..	..	1
Linseed (Meal)	3	..	3
Jam (Apple & Rasp.)	1	..	..	..	..	..	..	..	..	..	..	..	2
Jam (Raspberry)	3
Jam (Strawberry)	2	..	..	..	..	..	2
Honey	1	..	..	..	..	..	..	1
Horseradish Cream	1
Malted Milk	1	..	1
Margarine ..	1	..	..	..	..	..	..	..	..	..	..	1	1	7
Milk	1	4	3	..	14	1	6	2	33	1	125
Mincemeat	1	..	..	..	..	..	..	..	2
Mint	1	..	1
Mint Sauce	1	..	1
Mustard Cr. Oint.	1
Nutmegs (ground)	1	..	..	..	..	..	1
Olive Oil	1	..	..	..	..	..	1
Onions (pickled)	3	..	12
Pepper	2	..	4
Rice	2
Sponge Cakes	3
Suet ..	1	..	..	..	..	..	..	..	..	..	..	2	..	7
Strawberries in Syrup	1
Sultanas	2	..	..	..	..	..	..	..	3
Tea	1	..	..	..	..	..	..	..	..	4
Vinegar	3	..	..	..	5	..	9
Totals ..	2	2	1	1	8	10	4	25	1	8	2	59	3	264

(e) *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.

PREVALENCE OF, AND CONTROL OVER. INFECTIOUS DISEASES.

Scarlet Fever.—The total number of cases notified this year is 223, as against 260 last year. There was a considerable increase in the number of notified cases in Ely and District and this was offset by a fall in the number from Whittlesey. Scarlet fever is not now considered to be a simple infectious disease, but rather one of a group of disturbances due to a reaction of the body to the presence of one of several varieties of a small organism, the streptococcus. This organism may, in different individuals, give rise to such different "diseases" as sore throat, tonsillitis, erysipelas, puerperal fever, or scarlet fever, &c. On the other hand, the individual may become merely a carrier of the organism without suffering from any illness at all. It is this which makes the disease so extremely difficult to control.

Diphtheria.—There is an increase in the total number of cases this year and this has affected several districts. Immunising injections were given to a number of children in schools in March, Wisbech, Whittlesey and Littleport. In the case of the last named a small outbreak of diphtheria provided a favourable opportunity for a campaign and of the total school population 60 per cent. received injections. Together with the usual measures, such as the exclusion of contacts and carriers, this appears to have prevented further spread of the disease. It is doubtful, however, how far the method of school immunisation campaigns is capable of extension. It is not only the immediate campaign that has to be considered, but also the fact that to be of real value new entrants to the school should be immunised either before or shortly after they begin to attend. Diphtheria is, however, particularly fatal to very young children, especially after the first year of life, and our present arrangements do not cover these. A scheme which is in force in some counties is for the County Council to provide immunisation for young children either in fixed clinics or by utilising the services of local practitioners. This would do away with the need for campaigns in the schools and would, moreover, deal with susceptible children as early as possible. If well supported such a scheme would do much to prevent further diphtheria outbreaks and would at least confer protection upon practically every child receiving injections. This is a matter which I commend for consideration by the appropriate Committee.

The number of cases of pneumonia shows a fall as compared with last year. I am, however, rather doubtful as to the completeness of notification of this disease in some areas. Chicken pox and measles

are notifiable only in the North Witchford area, but a good idea of the prevalence of these diseases may be obtained by noting that 289 cases of chicken pox and 588 of Measles were notified by Head Teachers during the year. Mumps was responsible for 492 cases, German measles for 264 and whooping cough for 107 cases, all these, of course, being school children only. Of these diseases, measles and whooping cough are the most serious, and both are much more fatal than scarlet fever. The latter has for many years shown a very low fatality rate.

The Joint Hospital Board for the northern part of the County is considering plans for the proposed new hospital and it is evident, from press reports, that the eventual cost will be greater than some of the members anticipated. It may be of interest to point out in this connexion that the Committee on Local Expenditure in 1932 stated that the average cost of isolation hospitals for which loans had been sanctioned in the previous five years was £770 per bed, and that an isolation hospital just completed has cost approximately the same sum. While also it is, of course, necessary that accommodation in the new hospital should be adequate in point of space, it is equally necessary that in its construction regard should be had to changing conceptions of the uses and functions of isolation hospitals. For instance, it is doubtful whether, in view of the general character of scarlet fever at the present time, it is necessary to isolate all, or nearly all, cases of this disease and if cases are isolated whether wards should not be very small (if, indeed, complete cubicle isolation is not desirable) in order to prevent not merely gross cross-infection, but also the mixing of different strains of the scarlet fever organism. And since the emphasis must now be placed more on the securing of adequate treatment rather than the mere removal of infectious cases from their homes, it is most desirable that the hospital should provide for the nursing of severe cases of measles and whooping cough, and probably also pneumonia, to mention only three infectious diseases which require both careful nursing and isolation. The provision of a large proportion of cubicles is, therefore, not an extravagance, but merely taking steps to ensure that the best use is made of the hospital.

It is to be hoped that, under no circumstances whatsoever, will any overcrowding of the hospital be permitted. Whatever the emergency a crowded isolation hospital is much more likely to be a positive danger to all who enter it than it is to be a source of help or a means of security to the community.

Meanwhile, there are no actual changes to report in the arrangements for the treatment of infectious disease, except that the County Council have now come to an agreement with the King's Lynn Borough Council whereby the latter will provide in their own hospital for any cases of small-pox arising within the County.

PUBLIC VACCINATION.

Return respecting the Vaccination of Children whose Births were Registered during the year 1936, and number of Certificates and Statutory Declarations received by Vaccination Officers during the year 1937.

Registration District.	Number of Births in the "Birth List Sheets" as registered from 1st January to 31st December, 1936.					Number of these Births duly entered by 31st January, 1938, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:					Number of these births, which, on 31st January, 1938, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of—				Total number of Certificates of successful Primary Vaccination of children under 14 received during the calendar year 1937.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer, irrespective of the dates of birth of the children to which they relate, during the calendar year 1937.
	Col. I.	Col. II.	Col. III.	Col. IV.	Col. V.	Col. I.	Col. II.	Col. III.	Col. IV.	Col. V.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places unknown or cases not having been found.	Number of these births remaining on 31st Jan., 1938, neither duly entered in the "Vaccination Register" (Cols. 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (Cols. 8, 9 and 10 of this Return).		
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.				
Chatteris	96	39	..	..	50	4	1	2	..	..	39	59
Ely	132	21	..	..	96	10	..	..	1	4	15	89
Haddenham	41	8	1	..	31	1	..	..	2	..	3	37		
Leverington	105	14	..	..	77	8	..	..	..	4	13	93
Littleport	106	16	..	..	79	5	1	..	..	5	15	89
March	254	23	1	..	208	10	..	..	11	1	24	176		
Sutton	43	5	..	..	29	3	..	..	..	6	1	33
Upwell	47	5	..	..	38	1	..	..	..	3	7	32
Walsoken	98	8	..	..	76	5	..	1	1	7	11	104		
Whittlesey	194	24	1	..	160	4	1	..	4	..	26	131				
Wisbech	195	33	1	..	142	2	..	..	5	12	51	49		
TOTAL	1311	196	4	..	986	53	3	3	24	42	205	897				

VACCINATION.

The details regarding the administration of the Vaccination Acts will be found on page 40. I have nothing to add to the remarks which I made last year regarding the apparent futility of maintaining the present cumbersome system of legislation when it is so largely ineffective.

MATERNITY AND CHILD WELFARE.

MATERNITY AND NURSING HOMES.

There have been no new applications for registration or exemption from registration under the Nursing Homes Registration Act during 1937.

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.

THE MIDWIVES' ACT, 1936.

The Minister of Health requires that the present Report should include particulars of the action taken by the County Council to implement the Act, and the following account of our arrangements is therefore given.

As a result of negotiation, all the District Nursing Associations, with one exception, agreed to be responsible for the midwifery and maternity nursing work arising in their areas and to extend these areas, where necessary, in order to secure continuity of service. The Chatteris Nursing Association alone felt itself unable to co-operate in the scheme. A new Nursing Association was formed in Thorney. No alternative arrangements being possible, and as no Nursing Association could be formed, it was found necessary to appoint midwives directly under the County Council in the three districts of Elm and Friday Bridge, Parson Drove and Wisbech St. Mary, and Chatteris. Eventually arrangements were made covering the whole of the County. Substantial grants are being paid by the County Council to the Nursing Associations for this work, and the amount of these grants is dependent on the fulfilment of certain conditions, such as the payment of certain salaries to the nurses, the giving of adequate holidays and off-duty times, adequate superannuation

arrangements, provision of a motor car where necessary, and the installation of a telephone. The particular circumstances of each area were investigated before final agreements were drawn up.

Some difficulty was experienced in making arrangements for a midwifery and maternity service in the parish of Tydd St. Giles and Newton, but the Leverington Nursing Association eventually agreed to be responsible for this area. The parish of Outwell and Upwell is served by the Norfolk County Nursing Federation, to whom the Isle of Ely County Council pays a grant. The Littleport Nursing Association serves, in addition to its area in the Isle of Ely, a portion of Norfolk which is more easily accessible from the Isle than from Norfolk.

The scheme is, on the whole, working well. There have been a few minor difficulties regarding arrangements for reliefs, but these have been settled. There is not the slightest doubt in my mind that, so far at least as this County is concerned, the success of the scheme is in the hands of the midwives themselves. Tactfulness and commonsense, together with the desire and ability to live in harmony with one's colleagues and patients will, in most cases, smooth over any difficulties which are likely to arise in practice.

We are unfortunate in this County in that we have no County Nursing Association and no County Nursing Superintendent. The duties of the latter would involve regular visiting and inspection of the midwives and their work, the co-ordination of the service generally, the making of all arrangements for holiday and sickness reliefs and the investigation of difficulties, professional and otherwise, which arise in connection with the work. A County Nursing Association might also be asked to assume responsibility for those areas at present served by County Council midwives, the position of the present midwives being, of course, secured. The Isle of Ely must be almost unique in having no County Nursing Association working within its borders, but it is only fair to say that there was, at one time, such an Association which, however, came to an end for lack of public support. I feel that if such an Association had been functioning at the time the Midwives' Act, 1936, came into operation, the necessary arrangements under that Act could have been accomplished very much more easily and probably at considerably less cost to the County, while the Association itself if acting, as it no doubt would, as agent for the Council in distributing grants under the Act, would have had its own position very greatly strengthened. At the moment there is a move to investigate the possibility of again setting up a County Nursing Association.

The above, however, is really a digression from the actual County Scheme under the Midwives' Act. The following is a tabulated statement giving the various details regarding the midwives employed by the District Nursing Associations and by the County Council.

Area Covered.	Name of Midwife.	Hon. Sec. of District Nursing Association.
Benwick, Doddington, Wimblington.	Nurse L. A. Mills, Kenley, Benwick Rd., Doddington. Tel.: Doddington 214.	Mrs. A. M. Morton, Coneywood Farm, Doddington.
Ely, Witcham.	Nurses at— 18, Egremont St., Ely. Tel.: Ely 124.	Miss H. M. Willink, Palace Green Cottage, Ely.
Haddenham and Wilburton.	Nurse M. Lowe, Linden Farm, Haddenham. Tel.: Haddenham 16.	Mrs. E. Robinson, South Place, Haddenham.
Leverington and Gorefield.	Nurse R. Barnsdale, Gorefield. Tel.: Newton 71.	H. J. Allitt, Esq., Manor Farm, Newton.
Little Downham.	Nurse J. Cordery, School Lane, Little Downham. Tel.: Pymoor 52.	Mrs. E. M. Young, The Rectory, Little Downham.
Littleport.	Nurse D. West, 33, Hempfield Place, Littleport. Tel.: Littleport 96.	<i>Jt. Hon. Secs.:</i> Miss M. Martin, Highfield House, Littleport. Mrs. M. Goy, Main Street, Littleport.
Manea and Welches Dam.	Nurse M. L. Vincent, Westfield Rd., Manea. Tel.: Manea 223.	Mrs. A. Hazel, School Lane, Manea.
March.	The Matron, Nursing Home, March. Tel.: March 3176.	Mrs. A. Walton, St. John's Rectory, March.
Prickwillow.	Nurse J. B. Douglas, 11, Council Houses, Lark Bank, Prickwillow. Tel.: Prickwillow 204.	Miss S. E. Willson, Lambsware Hill, Prickwillow.
Stretham and Thetford.	Nurse H. Cook, 11, Ely Road, Stretham. Tel.: Stretham 35.	Mrs. E. E. Stevens, Cambridge Road, Stretham.
Sutton, Mepal.	Nurse V. E. Wild, Pound Lane, Sutton. Tel.: Sutton 14.	Mrs. L. Haylock, High Street, Sutton.
Thorney.	Nurse E. E. Holder, 7a, Abbey Place, Thorney. Tel.: Thorney 325.	C. E. Bolden, Esq., School House, Thorney.
Whittlesey.	Nurses at— 30, Whitmore Street, Whittlesey. Tel.: Whittlesey 181.	Mrs. E. E. Brown, 7, Cemetery Road, Whittlesey.
Wisbech.	Nurse Marsh, 9, The Crescent. Tel.: 687. Nurse Williams, 92, Norwich Rd. Tel.: 206. Nurse Chitty, 33, Prince's Rd. Tel.: 414.	H. Fundry, Esq., Hillburn Road, Wisbech.

COUNTY COUNCIL MIDWIVES.

Area Covered.	Name of Midwife.
Chatteris.	Nurse F. Millar, Guisborough House, London Road, Chatteris. Tel.: Chatteris 144.
Fridaybridge,	Nurse B. Ward, c/o Mrs. Ream, Back Road, Fridaybridge. Tel.: Wisbech 799.
Parson Drove, Wisbech St. Mary.	Nurse A. L. Guiver, "Pitsdale," Leverington Common, Nr. Wisbech. Tel.: Wisbech St. Mary 44.

In addition, 5 private midwives have notified their intention to practise. There are also known to be 3 women holding a certificate in obstetric nursing.

An Order under Section 6 of the Midwives' Act, 1936, came into force on June 1st, 1938. Under this Order it will no longer be lawful for unqualified women (handy-women) to act as maternity nurses for gain.

So much for the Midwives' Act, 1936. Whether the present scheme will do anything to decrease maternal mortality remains to be seen. I am doubtful, however, whether it is really a wise thing to encourage domiciliary midwifery, in spite of all that has been said in its support. The average small house is no more a suitable place in which to conduct a confinement than to remove an appendix, and the former is no less liable to septic infection than the latter. There are difficulties of space, of water supply and of equipment. There are a thousand and one possible sources of infection and there is nearly always a lack of skilled help. Much has been said about the doctor not being available when he is required for a confinement, but is the busy midwife any more likely to be with her patient at the psychological moment? And if she cannot be present who is to care for the mother? Moreover, there is the long period of the puerperium which, while it ought to be a period of rest for the mother, is so often not so. In most cases she still bears the burden and fret of the household, which is not infrequently added to because of inadequate domestic help and probably inadequate and unsuitable feeding. Thus she may not only fail to recover her own strength quickly, but the conditions may have their effect upon the breast milk and the feeding of the child. Would it not be better to do away altogether with domiciliary confinements and to set up instead small maternity homes, taking only normal cases, and linked to maternity hospitals to

which all abnormal cases, and especially those with any suspicion of infection, could be sent without delay? Of course, such homes would need to be very efficient and to be closely supervised, but with a proper aseptic and antiseptic technique there would be much less likelihood of sepsis, in my opinion, than is involved in the practice of domiciliary midwifery. To point out cases of outbreaks of puerperal sepsis in badly run homes with slipshod methods is not to disprove the argument. An equally long list of cases in domiciliary practice could easily be produced. In such a home, too, a doctor would find it much easier to perform such manipulations as have often to be done under appalling circumstances in a small house. There would be proper means to sterilise his instruments, sterile gowns and masks, sterile dressings, and so on. But to the mother the suggested arrangements would be especially a boon. She would be taken right away from the cares of the household. She would be able to rest and to regain her vigour. Even the infant would not be a worry to her, since other hands than her own would care for it. At the end of a fortnight she would be much more fit to take up the reins again than if she had had no respite at all.

The popularity of institutional confinement where facilities are available is evidence that mothers appreciate the advantages to be gained.

Incidentally, the fact that the domiciliary midwifery arrangements have to be bolstered up by ante-natal schemes, provision of expensive consultant services, home helps, a heavily subsidised nursing service makes one wonder whether it would not be cheaper, as well as being more satisfactory, to eliminate the domiciliary confinement entirely. Of course, the services referred to would still require to be provided, but there would not be nearly so much arrangement required or so much dissipation of energy. Certainly it would be easier to supervise cases in a home rather than to wander over the countryside after them with makeshift equipment and makeshift arrangements.

MIDWIVES.

During the year under review 37 midwives notified their intention to practise in the County. Some of these persons were only temporarily resident in the area and at the end of the year 32 names remained on the list. Of this number 21 were employed by District Nursing Associations, 3 by the County Council, 3 were on the staff of the Public Assistance Institutions and 5 were working independently.

There are no bona-fide midwives in the area.

The Assistant Medical Officer, as Assistant Supervisor of Midwives, visits the midwives from time to time and inspects their records and appliances and investigates their methods of practice.

ANTE-NATAL ARRANGEMENTS.

A new ante-natal scheme was introduced during the year to provide for the ante-natal and post-natal examination by their own doctors of all patients who have engaged a midwife to look after them during their pregnancy and confinement. Two examinations before and one after confinement are provided for such cases at the expense of the County Council. The scheme is working well and it is hoped that in this way many cases who might otherwise meet with difficulty during pregnancy will be able to have the trouble detected and dealt with before any ill effects ensue.

The Regulations of the Central Midwives' Board require a midwife to call in the assistance of a registered medical practitioner in any emergency and 89 such calls were made during the year.

The conditions for which help was sought were as follows:—

Albuminuria	...	...	...	1
Breech presentation	...	...	...	6
Cleft palate	...	...	...	1
Delayed 2nd stage	...	...	...	9
Enfeebled child	...	...	...	4
Haematuria	...	...	...	1
Inflamed breast	...	...	...	2
Inflamed and discharging eyes				5
Inflamed leg	...	...	...	1
Inertia	...	...	...	2
Malpresentation	...	...	...	3
Other conditions	...	...	...	10
Puerperal pyrexia	...	...	...	2
Raised blood pressure	...	...	...	1
Retained placenta	...	...	...	2
Rigor	...	...	...	1
Rise of temperature	...	...	...	2
Ruptured perineum	...	...	...	30
Still-birth	...	...	...	1
Talipes	...	...	...	1
Threatened miscarriage	...	...	...	4
				—
				89
				—

The sum of £93 0s. 9d. was incurred in respect of fees to medical practitioners summoned to the aid of midwives in necessitous cases.

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

Artificial feeding	...	...	...	13
Death	...	...	...	1
Laying out dead body	...	...	...	7
Liability to be a source of infection	...	...	...	9
Stillbirth	...	...	...	3

Twenty-seven cases of difficulty in connection with parturition were treated at Addenbrooke's Hospital for a total period of 592 in-patient days.

There is no County Nursing Association in the Isle of Ely. Nurses employed by 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.

Milk to infants and nursing mothers was provided to the value of £291 17s. 6d.

During the year the Health Visitors and District Nurses paid 987 visits to expectant mothers, 8,272 visits to children under one year of age, and 10,018 visits to children between one and five years.

These visits are of the very greatest value and my only regret is that with our present staff it is not possible for this most useful work to be done more thoroughly. Only those who know how difficult is the Health Visitors' task and how much help they may and do render to the mothers and children in their districts, can appreciate the importance of the work of these women in raising the general standard of health in the community.

OPHTHALMIA NEONATORUM.

The following table gives particulars of cases of ophthalmia neonatorum notified during 1937.

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At home	In hospital				
7	5	2	7	—	—	—

CHILDREN'S ACT, 1908—1933.

The names of 60 children appeared on the Register at the beginning of the year as being in the care of foster parents. Thirteen

children were placed in the area during the year and 21 names were removed from the Register. Of these 1 had died, 1 was removed from the care of the foster-parent by order of a Justice, and 19 were returned to their homes or had attained the age of nine years.

During 1937 the Health Visitors paid 224 visits to the homes and children.

WELFARE OF THE BLIND.

The welfare of the blind in the County remains the responsibility of the Isle of Ely Society for the Blind, to whom the Council has delegated its powers. From the Annual Report of the Society it appears there are 104 blind persons on the register, of whom 83 are unemployable and living at home, and 10 are employed. Of the remainder a few are receiving training and others are in various institutions. Other details regarding the work of the Society will be found in the Annual Report, which is published separately.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1937.

The following table shows the new cases of the disease notified during 1937 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- .. ..	..	..	..	..	..	..	..	1
1- .. ..	..	..	4	3	1	..	..	1
5-	1	..	5	4	..	..	..	..
10- .. ..	..	1	5	2	..	..	..	..
15-	1	4	2	4	2	1	1	..
20-	5	..	..	3	7	6	1	..
25-	5	4	2	..	5	4	..	..
35-	7	5	1	2	2	2	..	..
45-	1	4	..	..	3	1	..	1
55-	3	1	..	..	1	2	..	1
65 and upwards	1	3	1	..	..	..	..	..
Totals ..	24	22	20	18	21	16	2	4

The Clinical Tuberculosis Officer, Dr. F. E. Crawley, reports as follows:—

“The weekly sessions at the County Tuberculosis Dispensaries at March, Wisbech and Ely have been continued and the attendances have been as follows:—

Wisbech ...	157	patients made	244	attendances
March ...	138	„	256	„
Ely ...	77	„	136	„
	<hr/>		<hr/>	
	372		636	
	<hr/>		<hr/>	

The Dispensary Service is concerned with diagnosis and supervision and no active treatment is given. Where treatment, other than institutional treatment, is considered necessary the patients are advised to obtain such treatment from their own doctors but may be supplied with cod liver oil at the discretion of the Tuberculosis Officer. Many patients still require extra nourishment, which is supplied by the Public Assistance Committee or the Public Health Committee, and patients were assisted by the latter Committee at a cost of £125 15s. 6d.

172 visits were made by the Tuberculosis Officer to the homes of patients who were unable to attend the dispensaries.

During the year 54 patients were sent to Sanatorium or Hospital and, with 46 patients already in institutions on January 1st, made a total of 100 institutional cases who spent in hospital a total of 16,058 in-patient days.

A summary of the statistics of the Dispensary Service for the past nine years is printed on pages 50 and 51.

The increase as shown in the work of the Tuberculosis Dispensary Service does not give an indication of the increase or decrease of tuberculosis in the County. This would only be possible if every patient suspected of suffering from tuberculosis in its many forms was referred to the Tuberculosis Officer. There are counties in which this ideal is almost attained and in which 98 per cent. of patients suffering from tuberculosis are seen by the Tuberculosis Officer *before* notification, but during the past year in the Isle only 43 per cent. of patients were seen *before* notification and only 63 per cent. seen before or after. Thus, over one-third of the patients notified in 1937 as suffering from tuberculosis were not referred by the doctors to the Tuberculosis Officer. Since almost half of these "hidden" patients were suffering from tuberculosis of the lungs the examination of contacts was rendered all the more difficult. In addition it has repeatedly been found that patients notified as suffering from tuberculosis of the lung or non-pulmonary tuberculosis, have been so notified without the confirmatory evidence of sputum tests or X-ray examinations and further examination by the Tuberculosis Officer has shown that the notification was not justified. It is, therefore, more than likely that there are patients whose names are still on the Tuberculosis Register, some invaliding themselves under the mistaken idea that they are consumptive, when a visit to the Tuberculosis Officer at the outset would have proved the non-existence of this disease."

Tuberculosis Dispensary Service.

	1929	1930	1931	1932	1933	1934	1935	1936	1937
New cases referred by practitioners—									
Tuberculous...	47	53	53	44	44	37	51	61	57
Doubtful ...	31	28	11	4	6	7	10	5	3
Non-Tuberculous ...	48	84	72	80	86	95	43	75	78
Total...	126	165	136	128	136	139	104	141	138
Contacts of known tuberculous patients seen for the first time during the year—									
Tuberculous...	2	2	3	—	1	4	—	1	—
Doubtful ...	12	4	2	1	2	—	3	2	—
Non-Tuberculous ...	28	40	42	39	55	53	30	68	59
Total...	42	46	47	40	58	57	33	71	59
Patients on the Register at the end of the year:									
Who have at some time had tubercle bacilli in their sputum ...	—	—	62	62	71	71	76	82	78
Tuberculous (including the last mentioned patients) ...	286	224	229	228	227	220	237	262	247
Doubtful ...	11	6	13	5	8	7	13	7	3
Deaths during the year of patients on the Register ...	29	26	24	29	23	25	30	28	26
Attendances of patients at the Dispensaries	986	759	724	724	710	825	647	784	626
Visits by Tuberculosis Officer to homes of patients ...	75	96	103	116	128	108	141	186	172
Total examinations of patients by Tuberculosis Officer	1,061	855	827	840	838	933	788	970	798

	1929	1930	1931	1932	1933	1934	1935	1936	1937
Personal consultations between practitioners and Tuberculosis Officer		16		30	36	35	32	50	42
Other consultations between practitioners and Tuberculosis Officer	66	107	85	87	98	81	95	125	95
Sputum Tests	87	89	88	108	87	69	95	120	101
X-ray Examinations	—	12	27	29	30	48	48	86	75
Number of patients who received Sanatorium treatment during the year... ..	69	90	82	79	72	67	80	91	100
Number of days spent in Sanatorium by these patients	8,700	10,354	11,553	12,053	10,997	10,354	10,973	15,771	16,058
Average Stay	126	115	149	153	153	155	137	173	161
Visits by Health Visitors for Dispensary purposes	302	512	604	629	565	596	599	819	759

Tuberculous Patients, including those not under the care of the Tuberculosis Dispensary Service.

Primary Notifications during the year ...	120	117	84	62	73	94	97	129	86
Number of patients remaining on the Tuberculosis Registers of the District Medical Officers of Health at the end of the year	774	498	518	496	495	560	593	654	677

TUBERCULOSIS.

Details of the Notifications received during the year 1937 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 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
" " in 1933			..	..	1	2	..	2	6	3	2	..	1	17	17
" " in 1934			..	1	1	1	3	6	5	7	1	3	1	29	29
" " in 1935			..	..	..	1	4	2	9	6	6	2	..	30	30
" " in 1936			..	..	1	1	4	4	11	12	6	4	..	43	43
" " in 1937			..	..	1	..	1	5	5	7	1	3	1	24	24
" Females 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
" " in 1933			..	1	2	1	2	7	4	3	2	1	..	23	23
" " in 1934			..	..	..	2	3	5	3	3	5	..	1	22	22
" " in 1935			..	..	..	..	2	3	3	4	1	2	2	17	17
" " in 1936			..	..	1	2	2	5	11	8	5	1	..	35	35
" " in 1937			..	..	..	1	4	..	4	5	4	1	3	22	23
Non-Pulmonary: Males 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
" " in 1933			2	2	7	5	..	2	1	..	1	..	1	21	21
" " in 1934			2	3	8	7	2	1	2	..	..	1	..	26	26
" " in 1935			..	2	6	2	..	2	1	4	1	1	..	19	19
" " in 1936			..	2	8	5	..	3	2	1	2	1	..	24	24
" " in 1937			..	4	5	5	2	..	2	1	..	..	1	20	20
" Females 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
" " in 1933			..	1	2	2	..	1	3	..	1	2	..	12	12
" " in 1934			1	3	5	..	..	4	2	..	1	..	1	17	17
" " in 1935			..	2	4	1	..	3	3	..	..	..	..	13	13
" " in 1936			..	5	6	1	8	3	2	..	..	1	1	27	27
" " in 1937			..	3	4	2	4	3	..	2	..	..	..	18	19

VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease from 1919 to 1937 at the Clinics at Cambridge, Kings Lynn and Peterborough:—

Year	Total New Cases attending for Consultation	New cases of				Total Out-Patient Attendances	Total In-Patient Days
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions		
1919	35	12	..	16	7	..	104
1920	48	26	..	16	6	416	197
1921	41	17	..	23	1	341	155
1922	26	7	..	10	9	265	145
1923	29	10	1	16	2	288	386
1924	19	9	..	7	3	280	260
1925	40	12	..	21	7	293	270
1926	12	3	..	8	1	278	2
1927	21	4	..	14	3	244	89
1928	47	20	1	21	5	564	168
1929	56	15	..	32	9	827	68
1930	53	13	1	31	8	603	58
1931	40	7	..	30	3	797	19
1932	52	11	1	31	9	629	266
1933	71	17	1	29	24	843	141
1934	84	22	..	34	28	1475	269
1935	102	28	1	45	28	2770	279
1936	83	10	..	37	36	1502	228
1937	58	16	..	25	17	1280	186

Of the total cases attending the clinic at Cambridge (including cases from areas other than the Isle of Ely) 12 % ceased treatment before their cure was completed. This is a considerable fall compared with the 19 % of the previous year.

Of those attending at Peterborough (again including cases from areas other than the Isle of Ely) 12 % ceased treatment before their cure was completed ; a similar percentage to that of the previous year.

Of those attending at Kings Lynn (again including cases from areas other than the Isle of Ely) 9 % ceased attendance before completion of treatment, as against 7 % in 1936.

EXTRACTS FROM THE DISTRICT REPORTS.

I.—URBAN.

CHATTERIS URBAN DISTRICT.

Area 13,719 acres.

1937 Statistics:—Birth-rate, 14·3. Death-rate, 14·3 (uncorrected). Death-rate (corrected), 12·18. Infantile Mortality-rate, 82·19. Illegitimacy-rate, 27·39.

Estimated mid-year (1937) population ... 5,093

The Medical Officer draws attention to the low pressure in the trunk water mains prevalent during the summer months, with the result that a considerable portion of the town is without water during the greater part of the day for considerable periods. This creates a gravely insanitary condition and urgently demands remedy. During the periods which the water supply was defective the result of the inadequate flushing in the sewers was very obvious and insanitary.

ELY URBAN DISTRICT.

Area 14,764 acres.

1937 Statistics:—Birth-rate, 13·44. Death-rate, 13·19 (uncorrected). Death-rate (corrected), 11·08. Infantile Mortality-rate, 35·71 per 1,000 births. Illegitimacy-rate, 71·43.

Estimated mid-year (1937) population ... 8,335

Up to the present the water supply has proved sufficient, but it must be remembered that the number of consumers is increasing and having regard to this fact and also that the original water scheme was instituted in 1880, when the population was smaller, it appears that, with the possibility of a dry season or seasons, the Council may be faced with the problem of obtaining an augmented water supply for this district.

MARCH URBAN DISTRICT.

Area 19,777 acres.

1937 Statistics:—Birth-rate, 16·6. Death-rate, 11·79 (uncorrected). Death-rate (corrected), 10·96. Infantile Mortality-rate, 48·79 per 1,000 births. Illegitimacy-rate, 34·15.

Estimated mid-year (1937) population ... 12,300

The Medical Officer comments:—

“We are still looking forward to the materialisation of the new Sewerage Scheme. This will mean the removal of a possible source

of danger to the community, especially in case of a typhoid outbreak. The preparation of such an extensive scheme must, of necessity, take time, but it is gratifying to know that the plans for the execution of the scheme are now ready for submission to the Ministry of Health."

WHITTLESEY URBAN DISTRICT.

Area 23,362 acres.

1937 Statistics:—Birth-rate, 17·79. Death-rate, 9·94 (uncorrected). Death-rate (corrected), 8·84. Infantile Mortality-rate, 62·07 per 1,000 births. Illegitimacy-rate, 34·45.

Estimated mid-year (1937) population 8,152

It is with great pleasure that I report details of activities in an attempt to improve housing conditions in the district. In 1933 it was recognised that the housing conditions of the district were unsatisfactory and almost one hundred houses were represented to the Council as being unfit. The Orders were confirmed by the Minister of Health in 1936 and the majority of the tenants have been accommodated in Council Houses during 1937 and the remainder will be rehoused early in 1938,

Towards the end of 1937 over one hundred houses were again represented to the Council as unfit and a third list, bringing the total to approximately 300, will be submitted early in 1938. It must not be considered that on the demolition of these houses all unfit houses will have been dealt with, for unfit houses still exist, but it is hoped that owners will realise that the remaining houses can probably be made fit at reasonable cost and that it is to their advantage to render them fit for habitation. Hardship is certainly caused in some cases by demolition of property and it affords no pleasure to those who are responsible for the operation of the Housing Acts to see such hardship caused. For some time to come it is hoped that a gradual improvement in housing conditions will be effected by the improvements of houses by owners purely from the realisation of their responsibilities for the welfare of their tenants and the wish to maintain their property in good, habitable condition.

WISBECH MUNICIPAL BOROUGH.

Area 4,666 acres.

1937 Statistics:—Birth-rate, 16·78. Death-rate 18·85 (uncorrected). Death-rate (corrected), 11·63. Infantile Mortality-rate, 79·85 per 1,000 births. Illegitimacy-rate, 76·05.

Estimated mid-year (1937) population 15,670

The Medical Officer reports that the Joint Hospital Board, formed in April of this year, are fully alive to the very urgent need for a modern Isolation Hospital to serve this district, to replace the

present old buildings and I am happy to know that plans for a new Hospital are being prepared which, when approved by the Board, will be submitted to the Ministry.

From the Report of the Sanitary Inspector:—

“Much progress has again been made in the repair and improvement of working class properties, and in conformity with recent legislation the standard of fitness of these properties is gradually being raised, together with the elimination of the worn out properties. This work now takes up the greater part of the time of your Public Health Department, as all work undertaken in compliance with notices served is followed up and supervised whilst in progress.

The sewerage scheme, which is at last past the inquiry stage, when put into operation will do much to relieve the annoyance and, in many cases, nuisance from cesspool emptying and the discharge of the cesspool emptier into the sewer at various points in the Borough.”

II.—RURAL.

ELY RURAL DISTRICT.

Area 65,999 acres.

1937 Statistics:—Birth-rate, 14·96. Death-rate, 11·6 (uncorrected). Death-rate (corrected), 9·63. Infantile Mortality-rate, 40·82 per 1,000 births. Illegitimacy-rate, 40·82.

Estimated mid-year (1937) population 13,100

The Medical Officer reports that at all times throughout the year there has been an abundant supply of pure water available in all parts of the Rural District and with the further several small extensions it might be said that the entire population of the district is now supplied. Occupants of the few dwellings remotely situated can avail themselves of supplies from standpipes.

NORTH WITCHFORD RURAL DISTRICT.

Area 26,088 acres.

1937 Statistics:—Birth-rate, 12·51. Death-rate, 13·72 (uncorrected). Death-rate (corrected), 12·35. Infantile Mortality-rate, 48·39 per 1,000 births. Illegitimacy-rate, 32·26.

Estimated mid-year (1937) population 4,956

The Medical Officer again draws attention to the fact that Benwick is still without a piped supply of water. Wimblington and Doddington have been served satisfactorily both as regards quantity and quality, but the pressure at Manea has been very poor, with the

consequence that it has been impossible to draw water during the day in many parts of that village.

Progress is still being made in the provision of water closets for pail closets, &c., where sufficient water supply and sewerage are available. Great improvement was effected at many Council Schools where the water carriage system has displaced the pail closets.

THORNEY RURAL DISTRICT.

Area 21,796 acres.

1937 Statistics:—Birth-rate, 14·76. Death-rate, 10·42 (uncorrected). Death-rate (corrected), 11·67. Infantile Mortality-rate, 88·24. Illegitimacy-rate, 29·41.

Estimated mid-year (1937) population 2,304

The new sluice at the "Dog-in-a-Doublet" has now been completed and enables Thorney to obtain ample supply of water even in a drought, in addition it has kept out the tidal water of the River Nene and salt is now no longer a troublesome constituent. The slow sand filtration plant is still working inefficiently and heavy dosage of chlorine is necessary to keep the water safe.

Recent advice on the working of the filter has given hopes that the filter may soon be restored to perfect function.

North Side is still without the piped supply it was hoped to obtain this year, and there is no immediate prospect of this supply being obtained. The water supply to the other parts of the district is unchanged, but although the Council are anxious to provide a piped supply throughout the district the magnitude and heavy cost of the scheme make this impossible in a district of such low rateable value without considerable financial assistance, which at the present moment is unavailable.

WISBECH RURAL DISTRICT.

Area 49,798 acres.

1937 Statistics:—Birth-rate, 18·24. Death-rate 10·02 (uncorrected). Death-rate (corrected), 9·82. Infantile Mortality-rate, 56·34 per 1,000 births. Illegitimacy-rate, 46·95.

Estimated mid-year (1937) population 11,680

The Medical Officer notes:—

"A portion of the District is in possession of a good and wholesome water supply provided by the Wisbech Water Works Co. from their springs at Marham. Those who do not have this supply depend upon rain water collected in tanks or underground cisterns. If the rainfall in any season is below the average, the shortage of water in the country villages soon becomes acute. It is to be hoped that the Marham water supply will be extended to the whole Rural District of Wisbech. This should be installed with as little delay as possible."

INDEX.

	PAGE
Blind Persons Welfare	48
Children's Act	47
Death, Causes of	18
District Reports—Urban	55
„ „ —Rural	57
Financial Statement	10
Food, Inspection and Supervision of	32
General Provision of Health Services in the Area.. .. .	22
Health Education	24
Health Visitors	6
Housing	27
Infantile Mortality	13
Infectious Diseases	39
„ „ Prevalence of, and Control over	37
Institutional Medical Services	22
Local Sanitary Authorities	8
Maternity and Child Welfare	41
Maternity and Nursing Homes	41
Medical Benefit, Administration of	24
Mental Defectives, Institutional provision for care of	22
Midwives.. .. .	45
Midwives' Act, 1936	41
Ophthalmia Neonatorum	47
Orthopaedic Treatment	23
Sanitary Circumstances of the Area	25
Schools	32
Sewerage	26
Staff	6
Statistics, General	11
„ „ Vital	12
Tuberculosis	52
Tuberculosis, Dispensaries, work at	48
Vaccination	40
Venereal Diseases	53
Water Supply	25

