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1912.

ISLE OF ELY COUNTY COUNCIL.

FIRST ANNUAL REPORT

ON THE

PUBLIC HEALTH

OF THE

ISLE OF ELY,

FOR THE YEAR 1912,

BY

BERTRAM L. T. BARNETT,

County Medical Officer of Health.

Prepared by direction of the County Council for
The Administrative County of the Isle of Ely.

Sharman and Co., Ltd., Printers, High Street, March.



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**TO THE CHAIRMAN AND MEMBERS OF THE
ISLE OF ELY COUNTY COUNCIL.**



Gentlemen,—

I have the honour of presenting to you my Annual Report on the Public Health of the County in 1912, the first since my appointment.

A summary of my recommendations is given on Page 43.

I wish to call your special attention to the housing question, and to the high infant mortality and low birth rate intimately connected therewith.

I am, Gentlemen,

Your obedient servant,

BERTRAM BARNETT,

County Medical Officer of Health.

July, 1913.

Sanitary Authorities in the Isle of Ely.

THE ISLE OF ELY COUNTY COUNCIL

Acting through its executive :

THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE.

(Quorum : Five).

ARCHER, H.	GRANGER, T. B.
BIDWELL, C.	HILL, R. B. (THE REV.)
BREWIN, G.	HORRELL, W.
CLARKE, W. H.	KEMP, J.
COLE, H.	LUDDINGTON, J. L.
COLLINGWOOD, J.	MORTON, J.
CUTLACK, W.	MOLES, S.
DENNIS, J. H.	NEWMAN, A. E. T. (REV.)
EDWARDS, S. E.	PELL, A. J. (Chairman)
GIRLING, W. R.	SAUNDERS, J. H.
GLENNY, F.	WHITTOME, H. A.

WHITTOME, J. W.

Isle of Ely Insurance Committee.

MEMBERS APPOINTED BY THE COUNTY COUNCIL.

PELL, A. J. (Chairman).
 CLARK, W. H. (Deputy Chairman).
 COLLINGWOOD, J.
 EMERY, Miss K. M.
 GLENNY, F.
 MARSHALL, F. C. (Rev.)
 PECKOVER, Hon. Miss A.

Committee under Sec. 8 (3) of "The Midwife's Act, 1902."

ARCHER, H.	WHITTOME, J. W.
LUDDINGTON, L. H.	YATES, J.
PEAKE, T.	

(Quorum : Two).

County Medical Officer of Health.

BARNETT, B.L.T., M.A., M.B., B.C. (Camb.), M.R.C.S., L.R.C.P.;
 D.P.H., Solicitor, COUNTY BUILDINGS, ELY, CAMBS.

Local Sanitary Authorities.

Urban Districts and Boroughs.	Clerks.	District Medical Officers of Health.
1. Ely	G. M. Hall, Esq.,	S. C. Harris, L.F.P.S., L.S.A.
2. Chatteris	A. H. Ruston, „	R. E. Nix, B.A., M.B., B.C.
3. March	C. Greenwood, „	F. A. Evison, M.R.C.S., L.R.C.P.
4. Whittlesey	B. Weldon, „	C.H.Harding, M.R.C.S., L.R.C.P.
5. Wisbech	C.E.F.Copeman „	H. Groom, B.A., M.D.
Rural Districts.	Clerks.	District Medical Officers of Health.
1. Ely	E. B. Claxton, Esq.,	B. Anningson, M.A., M.D.
2. North Witchford	G. Sharman, „	C. E. Stephens, M.D.
3. Thorney	J. H. Whittome „	H. Clapham, M.R.C.S., L.R.C.P.
4. Whittlesey	J. Peed, „	J.J.Waddelow, F.R.C.S. L.R.C.P.S.
5. Wisbech	T. H. Stockdale „	C. H. Gunson, M.B., Ch., B.
Port of Wisbech	C. E. F. Copeman „	G. F. Collins, M.R.C.S., D.P.H.

DATE OF RECEIPT OF ANNUAL REPORTS.

Ely	Urban	17th February.
Chatteris	Urban	19th April.
March	Urban	15th April.
Whittlesey	Urban	18th April.
Wisbech	Urban	20th February.
Ely	Rural	20th April.
North Witchford	Rural	4th April.
Thorney	Rural	3rd March.
Whittlesey	Rural	1st April.
Wisbech	Rural	22nd April.

DUTIES OF COUNTY MEDICAL OFFICERS OF HEALTH.

"The duties of a Medical Officer of Health of a County shall be such as may be prescribed by General Order of the Local Government Board and such other duties as may be assigned to him by the County Council."—Housing and Town Planning Act, 1909, Part III, S. 68 (2).

The Board on July 29, 1910, issued the County Medical Officers of Health (Duties) Order, 1910, prescribing the following duties:—

- (1) The Medical Officer of Health of the County shall inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health in the County. For this purpose he shall visit the several County districts in the County as occasion may require, giving to the Medical Officer of Health of each County district prior notice of his visit, so far as this may be practicable.
- (2) The Medical Officer of Health of the County shall from time to time inquire into and report upon the hospital accommodation available for the isolation of cases occurring in the County—
 - (a) of small-pox, and
 - (b) of other infectious diseases,and upon any need for the provision of further hospital accommodation.
- (3) The Medical Officer of Health of the County shall communicate to the Medical Officer of Health of a County district within the County any information which he may possess as to any danger to health threatening that district.
- (4) The Medical Officer of Health of the County shall consult with the Medical Officers of Health of County districts within the County whenever the circumstances may render this desirable.
- (5) If the annual or special reports of the Medical Officer of Health of a County district in the County shall not contain adequate information in regard to
 - (a) the vital statistics of the district,
 - (b) the sanitary circumstances and administration of the district, and
 - (c) the action taken in the district for putting in force the provisions of the Housing of the Working Classes Act, 1890 to 1909,the Medical Officer of Health of the County shall obtain from the Medical Officer of Health of the County district such further information on those matters as the circumstances may demand.
- (6) The Medical Officer of Health of the County shall, when directed by Us, or by the County Council, or as occasion may require, make a Special Report to the County Council on any matter appertaining to his duties under this Order.
- (7) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sanitary circumstances, the sanitary administration and the vital statistics of the County.

In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections:—

- (a) A digest of all annual and special reports made by the Medical Officers of Health of all County districts within the County;
 - (b) a section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist;
 - (c) a section on the administration of the Housing of the Working Classes Acts, 1890 to 1909, within the County;
 - (d) a section on the water supply of the several County districts within the County;
 - (e) a section on the pollution of streams within the County and as to the steps for the prevention of pollution taken:—
 - (i) by the local authorities, and
 - (ii) by the County Council;
 - (f) a section on the administration within the County of the Midwives Act, 1902; and
 - (g) a section on the administration of the Sale of Food and Drugs Act, 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of those Acts.
- (8) The Medical Officer of Health of the County shall send to Us two copies of his Annual Report and two copies of any Special Report; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report.

The County Medical Officer is not responsible for the administration of Public Health Law.

It is his duty to collect and to report such statistics or information relating to the health of the County as may in his opinion improve the sanitary condition of the community.

DUTIES OF DISTRICT MEDICAL OFFICERS OF HEALTH.

The duties have now been increased. They have to send to the County Medical Officer every week:—

- (a) A list of all cases of infectious diseases notified;
- (b) A copy of all notifications of tuberculosis (L.G.B. Order, Nov., 1912).

They also have to include in their annual reports a section stating the action taken under the Housing Acts.

HEALTH OF THE COUNTY.

STATISTICAL SUMMARY.

Table 1.	County.		England and Wales.	Rural England
	1912	1911	1912	1912
Population (estimated)	70448	69890	36539636	
Birth Rate	21.57	23.85	23.8	22.5
Death Rate	12.54	14.48	13.3	12.9
Infant Mortality.....	90.13	121	95	86
Epidemic Death Rate .....	.42	.74	.98	.55
Diarrhœa Death Rate	6.57	28.19	8.53	5.54
Phthisis Death Rate.....	.92	.83		
Cancer Death Rate	1.17	1.33		

The figures given for the mean population of the various districts for the year 1912 are arrived at as set forth on Page XI of the Annual Report for the Registrar General, 1910. It is not necessary to go into the matter in detail, but as some of the District Medical Officers appear to have a difficulty in arriving at these figures, the correct populations for 1913 are given below.

Owing to increased emigration and decreased birth rate the figures given are in all probability slightly too high; all that can be said of them is that they are the most accurate which we can obtain with the material before us.

The death rates, corrected according to age and sex distributions, are of special interest. The necessary factors are provided by the Registrar General and prepared from the census returns, 1911. They are given for the first time this year.

POPULATION AND ACREAGE.

TABLE 2.	Area in Acres (Land and In- land Water).	POPULATION.					
		Census 1901	Census 1911	Increase.	Estimated Middle of 1912	Estimated Middle of 1913	Estimated Middle of 1911
Isle of Ely.	238073	64495	69752	5257	70448	71011	69890
Total Urban District	57077	33729	36608	2879	36989	37297	36684
Total Rural District	180996	30766	33144	2378	33459	33714	33206
Chatteris Urban	13719	4711	5259	548	5332	5390	5274
Ely Urban..	16742	7713	7917	204	7944	7966	7922
March Urban	19777	7565	8403	838	8514	8604	8425
Wisbech M.B.	6477	9831	10822	991	10953	11059	10848
Whittlesey Urban	362	3909	4207	298	4246	4278	4215
Ely Rural	63999	12383	12916	533	12986	13044	12930
North Witchford Rural	26088	4718	5215	497	5281	5334	5228
Thorney Rural.....	18959	1799	1902	103	1916	1927	1904
Whittlesey Rural	25837	3194	3380	186	3405	3424	3385
Wisbech Rural	46113	8672	9731	1059	9871	9985	9759
England & Wales.	37337537	32527843	36070492	3542649	36539636	36919339	

POPULATION AND ACREAGE.

The Isle of Ely has a larger population than 4 out of 50 English counties and 6 of 12 Welsh counties.

The County of the Isle of Ely comprises the area under the ancient jurisdiction of the Bishop Palatine. It is bounded on the north by Lincolnshire, on the west by the Soke of Peterboro' and the County of Huntingdon, on the South by the Administrative County of Cambridge, and on the East by Suffolk and Norfolk. The area is 238,073 acres, and the population 70,448; there is therefore but one inhabitant to each three acres of land. Throughout England and Wales the ratio is, roughly speaking, one inhabitant to each acre. The population is almost entirely agricultural, and urban areas, with the exception of Whittlesea and Chatteris, comprise a large rural district, and these exceptions are in themselves hardly more than large villages. Wisbech is the largest town, with a population of 10,848, Ely only 7,922. In my statistics I have therefore taken urban and rural areas together. The whole of the Isle of Ely is fen land, dotted with islands of sand, gravel or clay. On these the towns and villages are built, and round them the true fen or peat land is sinking at the surprising rate of one inch per annum. At the moment the greater part of the Isle is some feet below the level of the sea, the water being regulated by artificial drainage and steam pumping. There are a fair number of isolated houses built on the fen, but as a rule the people cluster in the villages.

The rates of increase per 1,000 per annum are as follows:—

	1891-1901	1901-1911
County Isle of Ely	1.8	8.2
England and Wales Rural Districts...	3	10
England and Wales, whole country...	12.2	10.9

The increase of the neighbouring Counties was as follows:—

	1891-1901	1901-1911
Norfolk	1.7	4.7
West Suffolk	—3.1	—0.5
Cambridge	0.3	6.7
Bedfordshire	6.4	13.3
Huntingdon	—1.6	2.7
Lincolnshire (Holland)	1.8	6.8

SEXES.—As regards the distribution of the sexes, the population is made up as follows:—

Males	35,223
Females	34,529

giving an excess of males over females, or 980 females to every 1,000 males. This is a higher percentage than any other English county except Rutland. When it is remembered that the proportion both in 1901 and 1911 has been 1,068 females to

1,000 males in England and Wales as a whole, this is a remarkable fact. The results of this disparity are worth the attention of students of sociology. Movements and agitations that are even violent in adjoining counties are fortunately unknown in the Isle.

BIRTH RATE.

Table 3.	COUNTY.	England and Wales.
1911	23.85	24.4
1912	21.57	23.8
Number, 1912.	1520	872,800

COMPARATIVE FIGURES.—The rate is more than 2 per thousand less than that for Rural England (England and Wales has 213 towns with a population of over 20,000) 23.3. The rate for Dublin is 28.2; London, 24.8; Edinburgh, 21.3; Moscow, 35.2; Berlin, 20.8; Paris, 17.8.

Neither does the actual increase for the decennial period 1901-1911 (8.1 per cent.) compare favourably with 10.9 for England and Wales as a whole for the same period, especially when it is remembered that this figure (10.9) is the lowest recorded since the census has been taken, i.e., since 1801.

The birth rate is now 21.57 in the Isle, and 23.8 for England and Wales as a whole. This rate has been declining for 33 years, only two countries, Belgium and France, having lower birth rates.

The fall may be partly natural, but it is no doubt mainly intentional. It is the more serious as it is more prevalent among the energetic, the prudent, and the successful, so that the better stocks bid fair to be overwhelmed by the shiftless and incompetent. This, and the fact that the ranks of the energetic and competent are further depleted by emigration, are most serious matters. The figures demand consideration in connection with the rate of infant mortality, which is at least double what it should be.

DEATH RATE.

Table 4.	COUNTY.	England and Wales.	Rural England
1911	14.48	14.6	12.9
1912	12.54	13.3	
Number, 1912	884	486982	

The deaths given are those of residents in the Isle, whether they have died there or not, and does not include the deaths of non-residents.

COMPARATIVE FIGURES.—The corresponding figures were for—Rural England, 12.9; London, 13.6; 95 great towns, 13.8.

In spite of the high infant mortality the corrected death rate is only 10.53. The open, well-drained country and the absence of large towns, factories, and of extreme poverty are no doubt the causes of these satisfactory figures. No less than 44.91 of the total deaths in 1912 were of persons over 65 years of age. On the other hand, I regret to record that the phthisis death rate is higher: .92 against .82 for 1911. It should be remembered that phthisis is a preventable disease, especially in a sparsely populated district.

INFANT MORTALITY.

(Ratio of deaths under one year of age per thousand births registered.)

Table 5.	COUNTY.	England and Wales.	Rural England
1911	121	130	118
1912	90.13	95	86
Number, 1912	137	82,943	

The infant mortality rate for 1912 shows a great improvement over that for 1911, but is still much too high for a healthy rural district. Improper feeding caused by ignorance is no doubt the

chief cause. Mothers all over the world seem to be fixed in the opinion that children of a few months old are to be fed with anything rather than milk, their natural food. I hope that the newly-formed County Association of Health Visitors will be able to do much to mitigate this slaughter of innocents. Even some of the Medical Officers of Health seem to regard the matter as natural.

In one of the reports sent to me recording an infantile mortality of over 100 (i.e., 1 in 10) a written opinion followed: "The infantile mortality needs no comment." Any mortality over 40 per 1,000 is probably preventable, so that in 1911 in the Isle 136 infants were sacrificed (in 1912, 67) on the altar of ignorance or neglect. This is a sufficiently serious matter in itself, and being coupled with a declining birth rate, increasing emigration (the most energetic and thrifty have the fewest children and emigrate the most), it becomes of vital national importance.

Special note should be made of the infantile death rate in March and Ely, the former having a rate of 143.61. The Medical Officer of Health for March points out that no less than 12 of the 27 infant deaths occur in the first four weeks of life, and suggests that a form of epidemic abortion, allied to contagious abortion in cattle, is prevalent. To me it is impossible to believe that such can be the case, and even supposing that the whole of the deaths under one month be eliminated, the death rate is still almost as high as that for Rural England. The people of March are on the whole well-to-do and well housed. I can only suppose that the deaths are due to ignorance in feeding.

It is a curious fact that the milk supply in March has several times been found to be below the standard. It is only fair to state that the vendors of milk have never been convicted, as they have always been able to satisfy the magistrates that they sold the natural product as it came from the cow. The quality of the milk supply and the rate of infantile mortality are so closely connected that the two factors must always be taken together into consideration.

Among the most recent discoveries of sanitary science is the co-relation of flies and infant mortality. It is hardly too much to say that wherever the infant mortality is higher than it should be the cause is to be found in the swarms of flies. Flies breed in all kinds of decaying matter, vegetable or animal, but mostly in horse manure, and they carry infection on their hairy feet and in their intestines, and deposit it wherever they settle. This is a matter for private individuals even more than for the Sanitary Authorities, inasmuch as it is only by the constant removal of all kinds of refuse from the neighbourhood of dwellings that the pest can be cured.

Infantile diarrhoea is the disease most commonly carried by flies, but they may also act as carriers of typhoid, tuberculosis, and other serious complaints.

TABLE 6.

CAUSES OF INFANT MORTALITY IN URBAN AND RURAL DISTRICTS, 1912.

Population, 70,448.

Deaths at all Ages, 884.

Births, 1,520.

Infant Mortality Rate, 90.13.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
Small-pox									
Chicken-pox									
Measles							1	2	3
Scarlet fever									
Whooping-Cough				1	3	1	3	2	10
Diphtheria and Croup									
Erysipelas									
Tuberculous Meningitis... ..							1		1
Abdominal Tuberculous... ..									
Other Tuberculous Diseases								1	1
Meningitis (<i>not Tuberculous</i>)						1			1
Convulsions		3				2	2	1	8
Laryngitis									
Bronchitis		2		1	4	1	2	3	13
Pneumonia (all forms)			1	1	6	3	2	4	17
Diarrhœa						1	2		3
Enteritis					4				4
Gastritis							1		1
Syphilis					1				1
Rickets									
Suffocation, overlying	1					1			2
Injury at birth	1								1
Atelectasis... ..	4								4
Congenital Malformations	5				4		1		10
Premature birth	20	3	6		3				32
Atrophy, Debility & Marasmus	5		2	1	3	4	3		18
Other Causes	1	1			1	1	2	1	7
TOTALS	37	9	9	4	29	15	20	14	137

TABLE 7. AGE OF INFANT DEATHS IN DISTRICTS, 1912.

Districts.	Population.	Deaths at all Ages.	Births.	Number of Infant Deaths in first four weeks of life.				Number of Infant Deaths in first twelve months of life.				In first year.	Ratio per 1000 Births.	
				1	2	3	4	1	1-2	3-5	6-8			9-12
URBAN :														
Chatteris	5332	71	120						3	2	2		7	58.33
Ely	7944	111	134	6	1		1	8	3	1	1	1	14	104.47
March	8514	110	188	7	1	4		12	3	1	7	4	27	143.61
Whittlesey	4246	58	93		1		2	3	2	2		1	8	86.02
Wisbech	10953	136	219	2	2			4	3	6	5	1	19	86.75
Total Urban	36989	486	754	15	5	4	3	27	14	12	15	7	75	99.46
RURAL :														
Ely	12986	165	293	6	3	3	1	13	5	1	4	2	25	85.32
North Witchford	5281	56	100	3				3	2		1	2	8	80.00
Thorney	1916	14	52	1		1		2				1	3	57.67
Whittlesey	3405	31	84	2		1		3	2				5	59.52
Wisbech	9871	132	237	10	1			11	6	2		2	21	88.60
Total Rural.....	33459	398	766	22	4	5	1	32	15	3	5	7	62	80.93
Total Urban	36989	486	754	15	5	4	3	27	14	12	15	7	75	99.46
Total County ..	70448	884	1520	37	9	9	4	59	29	15	20	14	137	90.13

NOTIFICATION OF BIRTHS ACT, 1907.

Wherever this Act has been adopted the result has been a notable diminution in the rate of infant mortality. It is now in force over a great part of the country, and the evils that have been threatened in connection with it have not come to pass. It is of urgent necessity with our low birth rate that we should keep alive and in good health those babies that are born. Feeling as I do that an agricultural population like our own supplies the most valuable members of the community, I press for the adoption of this Act.

RECOMMENDATION.—That the Notification of Births Act be adopted for the County as a whole.

CAUSES OF GENERAL DEATH RATE.

I append a table giving the causes of death throughout the County:—

CANCER.

Deaths per thousand of population.

Table 9	County.	England and Wales, 1910.
1911	1.33	.96
1912	1.17	
Number, 1912.	83	

CANCER.—I regret to say that this disease is prevalent in the Isle. In the present state of our knowledge it cannot be said that cancer is preventable. At the same time, seeing the way in which it appears to cling to localities and houses, I would strongly urge the Sanitary Authorities to cleanse the houses where a death has taken place or during the course of a long illness. The rate in the Isle for 1911 was 1.33, for 1912 1.17, the total crude death rate being 14.48 and 12.54 respectively; in other words about 1 death in 13 was caused by this dreadful disease.

DIARRHŒA.

Deaths per thousand calculated on the number of births.

Table 10.	County.	England and Wales.	Rural England
1911	28.19	23.96	—
1912	6.57	8.53	5.54
Number, 1912	10		

DIARRHŒA.—According to recent regulations of the Registrar General this now only includes those who die under two years old. Owing to the cold, wet summer the rate was low in 1912, 6.57, against 28.19 in 1911. It is not the actual heat that injures the children, but that heat leads to putrefaction, and in hot, dry weather flies, now known to be common carriers of disease, breed in the refuse heaps that are allowed to accumulate round houses. I again call attention to the need for bye-laws in scavenging in its present connection with infantile diarrhœa.

TABLE 11.

Notifications of Infectious Disease and Removals to Hospital, 1912. (Rates calculated on estimated population for middle of 1912).

Disease.	Cases Notified in all Districts.							Disease.	Cases Notified in the Several Districts.										Removals to Hospitals.					Urban Total		
	All Ages	In Age Groups.							All Rural Districts.	Chatteris.		Ely.		March.		Whittlesey.		Wisbech.		Chatteris.	Ely.	March.	Whittlesey.		Wisbech.	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	Over 45			Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.							
			1 to 5	5 to 15	15 to 25	25 to 45	Over 45																			
URBAN.																										
1. Diphtheria and Membranous Croup	23		5	16	1	1		1	2	.37	9	1.13				2	.47	10	.91	23						2
2. Erysipelas	28		1	1	4	13	8	1	2	.37	3	.37	14	1.64		1	.23	8	.73	28						2
3. Scarlet Fever.....	114	3	39	59	9	4		3	29	5.43	28	3.52	27	3.17		10	2.35	20	1.82	114						4
4. Enteric Fever ...	7			1	4	1	1	4	3	.37								4	.36	7						2
5. Puerperal Fever ...	1				1			5	2	.25								1	.09	1						2
6. Poliomyelitis	2							6												2						
7. Pulmonary Tuberculosis	75		5	4	17	38	12	7	15	1.88	16	1.87				3	.70	41	3.74	75						7
Totals for Urban Districts.....	250	3	47	82	36	58	21	3	33	6.18	60	7.55	57	6.69		16	3.76	84	7.66	250						8
RURAL.																										
1. Diphtheria and Membranous Croup	43		5	27	4	5	2	1	7	.53	1	.18	26	13.56				9	.91	43						3
2. Erysipelas	32		4	18	3	10	7	2	18	1.38	4	.75				5	1.46	5	.50	32						2
3. Scarlet Fever.....	30		7	18	5	4		3	8	.60	1	.18	4	2.08		4	1.17	13	1.31	30						3
4. Enteric Fever ...	9			2	3	4	1	4	8	.61						1	.29	1	.10	9						4
5. Puerperal Fever ...	1							5												1						5
6. Poliomyelitis	1			1				6	1	.07										1						6
7. Pulmonary Tuberculosis ...	72		1	7	21	30	14	7	32	2.46	5	.94	9	4.69		1	.29	25	2.53	72						2
8. Varicella.....	6			3				8										6	.60	6						
Totals for Rural Districts.....	194	1	18	58	36	50	23	8	74	5.69	11	2.08	39	20.35		11	3.23	59	5.97	194						7
Totals for County ...	444	4	65	140	72	108	44	11												444						15

N.B.—Some of the above figures do not agree with those given in the L.G.B. Report No. 78. They are those given in the tables attached to the Annual Reports of the District Medical Officer.

EPIDEMIC DEATH RATES.

On the whole epidemic disease, which includes smallpox, measles, scarlet fever, whooping cough, diphtheria, and enteric, has not been very prevalent in the past year. The death rate was .74 for 1911, and .42 for 1912.

URBAN.

CHATTERIS.—Twenty-nine cases of scarlet fever, but of a very mild type, no deaths. Two cases of diphtheria.

ELY.—Nine cases of diphtheria traced to a mild sore throat in one of the schools. Twenty-eight cases of scarlet fever, mild.

MARCH.—Twenty-eight cases of scarlet fever, no deaths.

WHITTLESEY.—Four cases of enteric, one death. Scarlet fever, twenty cases.

WISBECH.—Diphtheria, ten cases, mostly of a mild type, no deaths.

RURAL.

ELY.—Eight cases of scarlet fever, none fatal. Seven cases of diphtheria, one fatal. Eight cases of typhoid, two fatal.

NORTH WITCHFORD.—Only one case of scarlet fever. There was no serious epidemic, with the exception of whooping cough at Benwick.

THORNEY.—Twenty-six cases of diphtheria. The epidemic was of a very mild type. There were no deaths, and the cause of the epidemic was not traced. Four cases of scarlet fever.

WHITTLESEY.—Scarlet fever, four cases.

WISBECH.—Thirty-three cases notified of scarlet fever and diphtheria. One case of enteric.

SCHOOL CLOSURE.

I reprint the table in my report as School Medical Officer:—

Disease.	Closures.
Measles	13
Scarlet Fever	1
Whooping Cough	7
Diphtheria	3
Chicken Pox	2
Influenza	8
Total Closures	34

34 Schools closed for 93 weeks.
Average period of closure—2.73 weeks

I feel that the present position is unsatisfactory, and that the welfare of the children is too often subordinated to grant earning. Exclusion is often better than closure, but cannot be practiced to any large extent because of the loss of grant involved.

ISOLATION HOSPITALS.

These are the hospitals provided for the isolation of smallpox. Wisbech alone has provided such. In the event of an outbreak of smallpox the position would be very serious, especially as many of the children are now unvaccinated.

GENERAL FEVER HOSPITALS.

There are three in the whole of the Isle. One, so far as I can find out, has never been used; the second is possibly suitable as an isolation hospital but not as a general fever hospital, and has not been used for two years and a half. In the third the accommodation is hardly up to modern standards.

Ely Urban and Rural Districts are still discussing the matter of a joint hospital.

There is also no public steam disinfecting station in the Isle.

WATER SUPPLY.

This is a most serious matter in a fen district, as practically no wells can be dug, and for all water, therefore, the choice lies between rain water collected in tanks from the roof and pipe water in the few places where it is laid on from outside.

The area supplied by the Wisbech water works has been somewhat extended. It is much to be desired in the interest of the community that this work should proceed apace.

CHATTERIS.—Supply from Wisbech.

ELY.—Constant supply from town waterworks.

MARCH.—Constant supply from Wisbech.

WHITTLESEA.—No supply, shallow wells mostly contaminated.

WISBECH.—Constant supply.

The following statistics with regard to the rainfall in Ely and March for the year 1912 have been kindly supplied by:—

MR. A. SEWELL, The Gallery, Ely.

MR. A. LUNN, C.E., Dartford Road, March.

1912. ELY.

Month.	Total Depth, <i>in.</i>	Greatest fall in 24 hours, <i>in.</i>	No. of days on which rain fell.
January	2.91	.41	19
February	1.50	.63	18
March	2.45	.45	18
April.....	.22	.12	5
May	1.36	.29	17
June	2.74	.52	19
July	3.21	1.05	15
August	8.20	2.46	23
September ...	1.69	.59	9
October	1.96	.42	16
November ...	2.46	.47	17
December ...	2.28	.43	22
Total ...	30.98		198

1912. MARCH.

Month.	Total Depth, <i>in.</i>	Greatest fall in 24 hours, <i>in.</i>	No. of days on which rain fell.
January	2.94	.61	18
February	1.09	.31	15
March	2.26	.56	15
April.....	.17	.13	3
May	1.59	.40	14
June	4.04	1.63	18
July	3.65	1.00	14
August	7.00	1.96	22
September ...	1.37	.68	9
October	1.94	.45	13
November ...	1.98	.40	14
December ...	2.52	.61	15
Total ...	30.55		170

RURAL.

ELY.—Mepal, Wardy Hill, and parts of Littleport and Downham, the supply is from rivers, ditches, and ponds.

Haddenham, Witchford, Wentworth, Wilburton, Witcham, Sutton, Stretham, and parts of Littleport and Downham, the supply is obtained from wells. On the whole the supply from these is not satisfactory.

Aldreth has a natural spring.

NORTH WITCHFORD.—Wimblington and Doddington are well supplied by the Wisbech Water Company. Manea is about to be supplied. Benwick is entirely supplied by rainwater. A supply should be laid from Doddington, which is only four miles distant.

THORNEY.—Water is obtained from the Nene and filtered. It is not satisfactory, but the only supply that can be obtained at present. I mention this matter later under rivers pollution. Outside the village the supply is rain water or from ditches.

WHITTLESEY.—The water supply is by rivers, rain water tanks and surface wells.

WISBECH.—Some part of the district is supplied by the Wisbech Water Works Company. Those who have not this supply rely on rain water, usually stored in underground tanks.

DRAINAGE AND SEWAGE DISPOSAL.

Drainage is on the whole satisfactory, but in March a new sewer is urgently required. With regard to the sewage disposal little is done except in Wisbech and Thorney. In the former place the sewage is carried to a distance out of the town and out of the County, and in the latter it is disposed of by broad irrigation.

In Ely the crude sewage is poured into the river. In Chatteris it is discharged into the Forty Feet drain. In March the sewage is to a certain extent treated before discharge into the river.

In the other Rural districts there are sewers in some of the villages. Midden pits are still far too common. The abolition of these seems to be progressing gradually. In North Witchford there are earth pails, which are emptied weekly by the Council's carts. This is, in my opinion, the ideal system for a Rural district.

RIVERS POLLUTION.

As I have reported to your Committee several times during the past year, the City of Peterboro' has been discharging what was practically crude sewage into the River Nene or the counter-drain running parallel with it. This is the more serious as the River Nene is not only the water supply of persons dwelling on

its banks, but the only possible supply for Thorney. The Thorney water supply has been several times analysed, and has been found anything but perfect. It is my earnest recommendation that unless the Peterboro' Corporation promptly improve the quality of their effluent at the outfall, the necessary steps be taken against them.

TUBERCULOSIS.

Table 12.	County.	England and Wales, 1911, 1912.
1911	83	
1912	92	
Number, 1912.	65	

In the Isle of Ely in 1912 there were 65 deaths from tuberculosis of the lung (consumption) and 18 from other forms of tuberculosis, making 83 in all, or 1 in 10 of all deaths. This compares fairly well with the death rate in Rural England.

It is a low estimate to reckon three cases for every death; this means that in the Isle of Ely we have 195 cases of consumption, which is the most infectious form of tubercular disease. Each one of these persons is not only an economic dead weight on the community, but is also a centre of infection to his or her neighbours.

Besides these cases of phthisis we have the other tuberculous patients 54, giving 249 in all.

Preventive and remedial measures may be considered under two heads:—

1. Educational.—I take this first because it is undoubtedly efficacious, and is cheap and simple. Dr. Evison, in his annual report, calls attention to the prevailing ignorance of and necessity for disinfection and isolation. At present it does not seem to be realised throughout the Isle that consumption is infectious and preventable, and consequently, owing to the lack of the most elementary sanitary precautions, there are a number of contact cases.

2. Curative.—This resolves itself into the provision of fresh air, regulated exercise, and good food, especially in the early stages of the disease. The administration of tuberculin is also productive of excellent results under suitable conditions.

The education and the treatment are best obtained for a time at least in a Sanatorium.

I have already laid two schemes before you during the past year, and hope you may see your way to act. I will, therefore, not repeat my previous remarks, which are no doubt fresh in your memory.

I should here like to place on record the generous offer of Mr. William Cutlack, who proposed to present his mansion and grounds at Littleport to the County for a Sanatorium. Most unfortunately the Local Government Board, while considering it suitable for such a purpose, were obliged to refuse their sanction to the proposal on account of the indifference of the Littleport water supply.

MENTAL DISEASE.

Mental disorders deserve special mention, both because they appear to be on the increase both in the Isle and in the country as a whole, and also because they cause more affliction than bodily ailments.

The particulars for the following table have been kindly furnished by Dr. A. D. Thompson, Medical Superintendent of the Fulbourn Asylum, and relate to persons domiciled in the Isle.

Admissions...	...	...	...	...	34
Discharges ...	...	...	...	...	13
Deaths:— Cause...	...	...	...	...
General Paralysis					3
Pulmonary Congestion					2
Cardiac Valvular Disease					6
Status Epilepticus					2
Acute Pneumonia					1
Pulmonary Tuberculosis					1
Erysipelas of Head and Neck					1
Pulmonary Œdema					1
Fatty Degeneration of the Heart					1

} 18

MENTALLY DEFECTIVE.

These should not be confused with the insane who are subjects of brain disease generally occurring in adult life, whereas the mentally defective are congenitally unsound. I had occasion in my school report to call attention to several

cases which came under my notice during the year 1912. In my report for 1913 I hope to have to record the passing of a Bill dealing with this matter now before Parliament, for it will in many ways make it much easier to deal with the afflicted persons for their own benefit and for that of the community at large.

HOUSING AND TOWN PLANNING.

The Housing and Town Planning Act came into force at the end of the year 1909.

Since then many additional orders, rules, and regulations have been issued by the Local Government Board. The Act as a whole is of such great importance, especially in growing Rural areas, that I think it will be of use if I set down here some of the principal clauses:—

HOUSING, TOWN-PLANNING, &c., ACT, 1909.

Part I. Housing of the Working Classes. Part III of the 1890 Act is to take effect in every district, authorizing the Council to provide houses subject to the sanction of the Local Government Board in urban and of the County Council in rural districts, the County Council by the 1900 Act having powers to act in default of a Rural Council. Increased facilities are given for acquisition of land and easier terms for loans both to local authorities and public utility societies.

The power of the County Council to act in default in any county district, urban or rural, may be set in motion by complaints from a County or Parish Council, parish meeting, or four inhabitant householders to the Local Government Board, and the Board may then, after inquiry, either enforce the exercise of their powers by a district council or, with the consent of the County Council, direct the County Council to act.

By Section 14 every house or tenement, e.g., in the Isle, let at £16 a year or less, except on a repairing lease of at least three years, shall be kept in repair by the landlord; the District Council may act in default. By-laws may be made to apply to the owner as well as to the tenant. The house-to-house inspections which District Councils were required by the 1890 Act to make from time to time, are to be subject to regulations now issued by the Local Government Board; powers and duties of closure, demolition, and improvement, in sanitary areas are strengthened, power of closure being now given to the local authority in addition to the power previously given to the Justices; and appeal lies to the final authority of the Board. Power of entry is given at all reasonable times. Back-to-back houses are not to be erected. The Board may require a Report, and may hold inquiries or make inspections as to the housing conditions of any area.

In virtue of the powers of the County Council under "The Local Government Act, 1888," Sect. 19 (2), to take action with regard to any matter affecting the public health of any district in the County, it will be seen that the County Council may have much work thrown on them by this part of the new Housing Act, unless the District Councils exert their new powers with far greater vigour than they have exerted their old.

Part II. Town Planning. In this part County Councils are ignored, except in so far as their roads may be affected by town-planning schemes; regulations are to be made by the Local Government Board to provide for co-operation "with the owners and other persons interested in the land," and for notice of the scheme to "be given at the earliest stage possible to any Council interested in "the land." The

Local Government Board, too, may be moved to find a District Council in default, and to order it to prepare a scheme "on any representation," including presumably that by a County Council. The objects of such a scheme are to secure "proper sanitary conditions, amenity, and convenience in connexion with the laying out and use of any land which is in course of development or appears likely to be used for building purposes."

The influence of such a scheme in preserving the public health in future areas to be built over may be recognised from the schedule of "matters to be dealt with by general provisions prescribed by the Local Government Board," including the space about buildings, their height and character, their number to the acre, open spaces, sewerage and sewage-disposal, lighting, water supply, disposal of land, power of entry and inspection, and so forth. Moreover, these provisions are to deal with "streets, roads, and other ways, and stopping up or diversion of existing highways."

Part III. County Medical Officers, County Public Health and Housing Committees, &c. Every county is to appoint a medical officer of health. He is not to act concurrently as medical officer of health of a district; he is not to be appointed for a limited period only; he is to be removable only with the consent of the Local Government Board. No such officer appointed in future is to engage in private practice or to hold any other public appointment without the express written consent of the Local Government Board. His duties are prescribed by the Local Government Board, and have been set out on pp. 7-8.

The County Medical Officer now has the same powers of entry as a district medical officer of health; he is to receive direct from the Clerk of a Rural District Council a copy of certain representations, complaints, or information received under "The Housing Act, 1909," and the medical officer of health of any district is to give him any reasonable information required for the purpose of his duties prescribed by the Local Government Board. If the clerk or medical officer of health of a district fail to comply with these provisions, they are liable to a fine of £10 for each offence on information being laid by the County Council. Finally, every County Council is to establish a Public Health and Housing Committee.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910.

These were issued as a result of Part I of the 1909 Act in September, 1910, and imposed the following duties on Local Sanitary Authorities:—

1. To consider Section 17 (1) of the Act as to house-to-house inspections and determine their procedure;
2. To provide for thorough inspection of dwelling-houses from time to time according to varying needs;
3. To cause Medical Officer of Health or an officer under him to prepare list from time to time of houses which, in opinion of Medical Officer of Health, require early inspection;
4. Inspection in each case to be made by or under direction and supervision of Medical Officer of Health into (a) water supply; (b) closet accommodation; (c) drainage; (d) light, air, dampness and cleanliness; (e) paving and drainage, etc., of yards and out-houses; (f) arrangements for refuse and ashes; (g) existence of any room unfit for habitation; (h) other unhealthy defects.
5. Medical Officer of Health to include in his Annual Report a tabular statement of his findings and of the action taken thereon,

It must be wrong that anybody should be able to build any sort of a dwelling anywhere. There should be some simple bye-laws that will prevent any human habitation becoming a nuisance and a danger to health within twenty years. This is especially the case in urban areas, and Dr. Nix strongly emphasises the fact in his annual report on the health of Chatteris.

RECOMMENDATION.—That letters be written to Chatteris Urban District Council and all the Rural District Councils in the Isle asking them if they propose to adopt bye-laws for new streets and for buildings, and if not, the reasons for their action.

THE HOUSING PROBLEM.

Such is the dearth of housing accommodation that no house, however old or insanitary, long remains vacant. The system of tied cottages, now universally condemned from the sanitary and also the social point of view, is in purely Rural districts exceedingly common.

Many of the cottages are hopelessly bad, and should rightly be demolished; some others would be moderately well fitted for one or two persons, but are badly overcrowded by their present inhabitants. The custom of taking lodgers is closely connected with the low birth rate to which I have above called attention. Young persons cannot obtain cottages when of a marriageable age, and consequently emigrate to the towns or the Colonies, to the great detriment of national life.

The following details are taken from the reports of the District Medical Officers:—

URBAN DISTRICTS.

CHATTERIS.—One hundred inspections have been made. Eight closing orders were made. In 76 cases defects were remedied without making closing orders. Owing to the absence of any building regulations, some of the new houses show grave sanitary defects.

ELY.—The plans of 13 new cottages have been passed, the County Cottages in the Downham Road built, and two new cottages in Chettisham. 986 cottages were inspected by the Medical Officer of Health. In 233 cases defects were found. Nine have already been pulled down and rebuilt. The number of houses past repair is 34. Eight are unoccupied in consequence of report. The following have been served during the year: 13 informal notices in respect of 32 houses, 9 Statutory notices under S. 17 in respect of 20 houses. Sixteen cottages are to be built by the U.D.C.

MARCH.—Building operations have been less active than usual, but the supply of houses on the whole satisfies the demand. There was a detailed examination by the Medical Officer of Health of 38 dwellings. Two dwellings were voluntarily closed.

WHITTLESEA.—Inspection is being carried out, but little action has apparently taken place.

WISBECH.—A survey has been made of all the houses. About 400 defects were found, which in many cases have been remedied.

RURAL DISTRICTS.

ELY.—In some parts of the district, especially in the fen, there are dwellings which by no means reach the standard of the Act. Forty new houses have been erected. Houses inspected, 350; unfit, 18; remedied without closing order, 15. There is no supervision over the erection of new houses.

NORTH WITCHFORD.—Seventy houses have been inspected. A great many have been improved, and three have been rebuilt. There are many houses that are not large enough for the number of inmates. It is impossible to turn out families wholesale from these inadequate dwellings, because there are no other houses available. There are many two-roomed houses existing which I consider only fit for two old people who are able to live in happiness in their old days on their pensions. Nine new houses have been built.

THORNEY.—Periodical inspection of houses is carried out. The houses are very good. Twelve cottages have been built by the Council and twelve by private enterprise.

WHITTLESEY.—There is apparently no systematic inspection under the Act.

WISBECH.—Forty dwelling houses have been inspected in the year. Five were represented for closing orders. Four closing orders made. Two have been put in good order. One has been demolished, but will be rebuilt. Thirty-five houses have been repaired without asking for closing orders.

In this connection it will be well to consider the number of persons living without houses as enumerated at the last census. The 3rd of April is not a time of year when most of us would sleep in a barn or shed from choice, and the fruit pickers have not arrived, so we may suppose that it is pressure on the house accommodation that induces persons to sleep "rough," as it is called locally. Do we, who sleep comfortably in our beds, realise that there are 239 persons, many of them young children, living thus in a population of 69,752, or 3.4 per thousand? Can nothing be done? Again let me repeat that what is required is more houses.

PERSONS LIVING IN BARNS, SHEDS, CARAVANS,
&c., ON 3RD APRIL, 1911.

Table					MALES.	FEMALES.
Urban Districts—						
Chatteris	...	...	...	...	8	4
Ely	...	...	...	...	9	10
March	...	...	...	...	8	11
Whittlesey	...	...	...	...	1	—
Wisbech	...	...	...	...	28	13
Rural Districts—						
Ely	...	...	...	...	19	12
North Witchford	...	...	...	...	26	17
Thorney	...	...	...	...	23	—
Whittlesey	...	...	...	...	15	5
Wisbech	...	...	...	...	26	4
Total	...	...	...	...	163	76

SANITARY INSPECTION.

Inasmuch as there is no form for general use I am not able to present the facts with regard to sanitary inspection in tabular form. I intend this year to draw up a form for general use, and hope that the Medical Officers will order their Inspectors to fill them up. One or two of the Medical Officers have incorporated such information in their reports, but without figures for the whole county it is not possible to say precisely what has been accomplished.

TRADE PREMISES UNDER SUPERVISION.

DAIRIES, COWSHEDS AND MILKSHOPS.

The milk supply is regulated by (1) The laws and orders relating to the whole country; (2) The bye-laws in force in the various sanitary districts.

There are bye-laws relating to Dairies, Cowsheds and Milkshops only in one district (Wisbech Urban). These are not very stringent.

It is much to be hoped that bye-laws at least as forcible will be passed in the other nine districts.

The following is a summary of the District Officers' reports:

URBAN DISTRICTS.

CHATTERIS.—Cowsheds and dairies are all kept in accordance with the requirements.

ELY.—Twenty dairies and cowsheds were inspected. The town dairies are satisfactory. In the villages they are mostly used as a general store, and are unsuitable. Ten cowsheds have been rebuilt or altered. Nine are in a bad state, and no attempt has been made to improve them.

MARCH.—On the whole the condition of the dairies and cowsheds of the district is rather above than below the average.

WISBECH.—The quality and quantity has been all that can be desired.

RURAL DISTRICTS.

ELY.—No regulations have been adopted by the Council. There are 14 milk purveyors in the district.

NORTH WITCHFORD.—The milk supply is sadly insufficient. Condensed milk is greatly used for artificially fed infants, and is most injurious to their health and development.

THORNEY.—A great difficulty is experienced among the cottagers in obtaining milk even in cases of illness.

WHITTLESEY.—

WISBECH.—The dairies and cowsheds have been inspected and found in a clean and satisfactory state.

COUNTY VETERINARY INSPECTORS.

The following are the County Veterinary Inspectors:—

Name.	Address.
T. RUNCIMAN - - - -	Ely.
A. YOUNG - - - - -	Chatteris.
H. H. TRUMAN - - - -	March.
J. H. POLES - - - - -	Whittlesey.
R. W. KNOWLES - - - -	Wisbech.

SLAUGHTER HOUSES.

The slaughter houses throughout the Isle of Ely are on the whole, in my opinion, in an unsatisfactory state, especially in view of danger from tuberculous meat. There should no doubt be public abattoirs, such as are found in nearly every other civilised country.

I am glad to say that some of the District Officers report some improvements.

COMMON LODGING HOUSES.

Bye-laws are in force in three urban districts—Chatteris, March and Wisbech.

Certifying Surgeons in the Isle of Ely.

The following are the names of the Certifying Factory Surgeons in the Isle of Ely:—

Chatteris Urban Districts, and part of North Witchford Rural District, viz., the civil parishes of Benwick, Dodding-ton, and Welches Dam.	}	O. Horrocks, L.R.C.P., & S. High Street, Chatteris.
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Ely Urban District, and part of Ely Rural District, viz., the civil parishes of Coveney, Downham, Thetford, and Witchford.	}	F. H. Beckett, M.B., B.C., St. Andreys, Ely.
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March Urban District, and part of North Witchford Rural District, viz., the civil parishes of Manea and Wimblington.	}	F. A. Evison, M.D., Broad Street, March.
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Whittlesey Urban District. Whittlesey Rural District. Thorney Rural District.	}	J. J. Waddelow, F.R.C.S., Whittlesey.
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Wisbech Municipal Borough. Wisbech Rural District.	}	W. Groom, M.D. 32, O'd Market, Wisbech, Cambs.
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Part of Ely Rural District, viz., the civil parishes of Grunty Fen, Haddenham, Mepal and Wictham, Stretham, Sutton, Wentworth and Wilburton.	}	C. W. Howe, M. B. Haddenham, Isle of Ely.
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Part of Ely Rural District, viz, the civil parishes of Littleport and Redmere.	}	F. W. Mawby, L.S.A., Mow Fen Hall, Littleport, Ely.
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TABLE

WORKSHOPS

IN THE

URBAN AND RURAL DISTRICTS.

	No. Workshops on Register.	Number of Inspections.				Bake-houses.		Defects found (not including Bake-houses.		Out-workers	
		Factories.	Workshops.	Work-places.	Outworkers	Number.	Under ground (in use).	Under P.H.A.	Under F.W.A.	Lists.	Workers.
URBAN.											
Chatteris	44	2									
Ely	103	11	97	8		12		23		6	14
March	53	13	44	31							
Whittlesey	31		Several								
Wisbech	128		No return								
RURAL.											
Ely	129		128	30		28	26	4			
North Witchford	26		39	11		11					
Thorney	13		4								
Whittlesey	11		No return								
Wisbech	41	7	34								
	579	33	346	80		51	26	27		6	14

NUMBERS EMPLOYED IN THE ISLE OF ELY FACTORIES.

Persons employed in the Factories (various trades):—

Printing	120
Brewing and Malting	92
Aerated Waters	16
Grist, Milling, Flour and Bakers	92
Gas and Coke	24
Iron Founders, Engineering and Machine Repairing	287
Electricity, Wheelwright, Smith, Joiner, Carpenter, &c....	83
Fibre Mats... ..	9
Saw Mills and Chip Baskets	188
Curriers (Boots and Leggings)	7
Cycle and Motor Repairs	11
Hemp Thrashing and Preparing	21
Bricks	285
Forage, Grain Cleaning and Oat Clipping	42
Firewood	2
Shirts	104
Bags and Baskets	15
Laundry	33
Coaches and Carriages	22
Artificial Manure	4
Bean and Pea Picking and Fruit Preserving	65
Dental Work	3
	<hr/>
	1525

Age and Sex.

Persons above 18 years of age employed as full timers... ..	
Males	1103
Females	290
Persons under 18 years of age... ..	
Males	82
Females	50
	<hr/>
Total	1525

FACTORIES AND WORKSHOPS.

The District Council is responsible for the sanitary condition of the workshops and workplaces, the Home Office, through H.M. Factory Inspector, for that of factories, except as regards escape from fire and sanitary accommodation.

The District Council are also responsible for carrying out special sanitary regulations in regard to bakehouses, and controlling the conditions under which certain classes of work are done in the home of the worker.

District Councils should be urged to take more interest in the work of supervision of these premises. I think it will be a

matter of surprise to many of them that such a number of factories and workshops exist in their rural areas.

Lists of outworkers are compulsorily supplied half-yearly by every employer.

The following table has been prepared from the annual reports of the District M. O.'s H. table, and chiefly by information kindly supplied by H. M. Inspector of Factories, Rampant Horse Street, Norwich.

FACTORIES IN THE URBAN AND RURAL DISTRICTS.

URBAN DISTRICTS.				No. of Factories	No. of Males employed	No. of Females employed	No. of Y.P. Males employed	No. of Y.P. Females employed
Chatteris ...	...	...	...	14	183	6	13	
Ely... ..	...	...	...	26	127	14	7	3
March ...	...	...	...	23	99	28	2	4
Whittlesey ...	...	...	...	10	14		1	
Wisbech ...	...	...	...	48	301	145	20	31
RURAL DISTRICTS.								
North Witchford ...	...	...	...	5	6			
Ely ... ..	...	...	...	33	112	97	5	12
Whittlesey ...	...	...	...	11	245		34	
Wisbech ...	...	...	...	10	16			
Benwick	} North Witch- ford.			1	1			
Doddington				1	1			
Manea				2	2			
Wimblington				1	2			
Downham Fen	} Ely.			2	5			
Pymoor				1	2			
Prickwillow				2	7	4		2
Haddenham				7	16			
Stretham				3	12		2	
Sutton				6	26		2	
Littleport				12	44	93	1	10
Christchurch	} Whit- tlesey.			5	144		24	
King's Dyke				1	80		6	
Lattersea Field				3	19		4	
Coates				1	1			
Thorney				1	1			
Christchurch	} Wisb'ch			2	2			
Gorefield				1	2			
Leverington				2	6			
Murrow				1	1			
Parson Drove				1	2			
Tydd St. Giles				1	1			
Upwell				1	1			
St. Mary				1	1			

BYE-LAWS, REGULATIONS AND ADOPTIVE ACTS.

It will be seen by the table 13, p. 30, that none of the Rural areas have any bye-laws, and those adopted by the Urban areas are not only few in number, but in some cases out of date. For instance there is no regulation anywhere except in the Borough of Wisbech with regard to refuse removal. As I have already mentioned, Chatteris has no building bye-laws.

It is of course necessary that the bye-laws should be both simple in nature and adapted to local circumstances and conditions; but the fact that vexatious bye-laws have been passed in some other places is no excuse for having no bye-laws in the Isle.

SALE OF FOODS AND DRUGS ACT.

The work under the Sale of Foods and Drugs Acts is carried out by the Police, working under the Chief Constable. Analyses of samples taken are made by the County Analyst. Mr. J. West Knights, of Tenison Road, Cambridge, is the appointed Analyst. Some idea of the amount of work done can be gathered from the fact that during 1912 the following samples were taken and analysed:—

Milk	...	...	...	72
Butter	...	...	...	16
Lard	...	...	...	14
Spirits	...	...	...	22
Beer and Stout	...	...	...	3
Drugs	...	...	...	10
Groceries, &c.	...	...	...	44
Total	...	...	...	181

Of the 181 samples analysed, 11 or 6.77 per cent. were found to be adulterated.

As I have stated above, several samples of milk taken at March were found to be deficient in fat, but in each case where the vendor was summoned the case was dismissed.

MIDWIVES ACT, 1902.

There are no midwives in the Isle of Ely.

No one may practice as a midwife habitually and for gain except she hold a diploma or was in *bona fide* practice before 1902; in each case she must be registered.

Only one is registered, and she is the wife of a professional man, and does not practice.

Following an information kindly supplied by the Police, I have made various inquiries, but have only succeeded in discovering one woman who was undoubtedly in illegal practice.

Unfortunately she is living in the next county though practicing in this, and that Authority does not appear inclined to act. I hope this Council will see fit to move further in the matter.

One woman resigned during the year as the result of my representation to her.

It is very much to be desired that some system of scholarships should be devised similar to that working successfully in other counties, whereby a proper supply of village nurse midwives should be trained for the Isle of Ely.

RECOMMENDATION.—That at least two scholarships be given for nurse midwives.

FINANCIAL POSITION OF DISTRICTS.

Urban Districts:—

	Assessable Value.	Product of 1d. Rate.		
	£	£	s.	d.
Chatteris.....	19,916	82	19	8
Ely	37,467	156	2	3
March	42,314	176	6	2
Whittlesey.....	6,522	27	3	6
Wisbech.....	42,343	176	8	7
Urban Totals.....	<u>£148,562</u>	<u>£619</u>	<u>0</u>	<u>2</u>

Rural Districts:—

Ely	60,277	251	3	1
North Witchford	28,120	117	3	4
Thorney	17,760	74	0	0
Whittlesey	30,575	127	7	11
Wisbech	58,734	244	14	6
Rural Totals	<u>£195,466</u>	<u>£814</u>	<u>8</u>	<u>10</u>
Urban Totals.....	<u>£148,562</u>	<u>£619</u>	<u>0</u>	<u>2</u>
County Totals.....	<u>£344,028</u>	<u>£1,433</u>	<u>9</u>	<u>0</u>

1911.

	Popu- lation.	Birth Rate.	Death Rate.	Cor- rected Death Rate.	Infant Mortality.	Epidemic Death Rate.	Diarrhoea Death Rate.	Phthisis Death Rate.	Cancer Death Rate.	Deaths over 65.
Chatteris U.	5274	138	74	14.03	14	4	3	2	8	39
Ely	7922	176	110	13.88	17	1	1	4	8	49
March	8425	193	112	13.29	27	1	9	6	8	35
Whittlesey	4215	104	73	17.31	10	5	4	5	13	34
Wisbech	10848	249	197	18.16	41	24	10	15	14	67
Ely R.	12930	295	166	12.83	26	7	3	13	15	59
North Witchford ..	5288	129	67	12.81	12		3	5	5	26
Thorney	1904	47	22	11.55	8		1	1		4
Whittlesey	3385	81	40	11.81	9	2	4	1	5	14
Wisbech	9759	255	151	15.47	38	8	9	7	17	50
	69890	1667	1012	14.48	202	52	47	58	93	377
		23.85		12.16	121.175	74	28.19	83	1.33	*37.25

* Percentage of Total.

1912.

	Popu- lation.	Birth Rate.		Death Rate.		Cor- rected Death Rate.	Infant Mortality.		Epidemic Death Rate.		Diarrhoea Death Rate.		Phthisis Death Rate.		Cancer Death Rate.		Deaths over 65.
Chatteris, U.....	5332	120	22.50	71	13.31	11.31	7	58.33	1	.18	6	1.12	5	.93	33	46.47	
Ely.....	7944	134	16.86	111	13.97	11.72	14	104.47	4	.50	9	1.13	10	1.25	53	47.74	
March	8514	188	22.08	110	12.92	11.61	27	143.61	5	.58	1	5.31	8	.94	42	37.27	
Whittlesey	4246	93	21.92	58	13.66	10.92	8	86.02	1	.23	2	.47	8	1.88	26	44.82	
Wisbech	10953	219	19.99	136	12.41	10.08	19	86.75	5	.45	4	18.26	15	1.36	56	41.17	
Ely, R	12986	293	22.56	165	12.70	10.45	25	85.32	7	.53	3	10.23	11	.83	83	50.20	
North Witchford..	5281	100	18.93	56	10.60	8.56	8	80	3	.56	1	19.23	4	.75	25	44.64	
Thorney	1916	52	27.14	14	7.30	6.78	3	57.67					2	1.04	9	64.28	
Whittlesey	3405	84	24.66	31	9.10	7.99	5	59.52			2	.58	5	1.46	15	48.38	
Wisbech	9871	237	24.01	132	13.37	11.26	21	88.60	4	.40	12	1.21	15	1.52	55	41.66	
County as a whole	70448	1520	21.57	884	12.54	10.53	137	90.13	30	.42	10	6.57	83	1.17	397	*44.91	

* Percentage of Total.

RECOMMENDATIONS.

(1) That the Notification of Births Act be adopted for the County as a whole.

(2) That letters be written to Chatteris Urban District Council and all the Rural District Councils in the Isle asking them if they propose to adopt bye-laws for new streets and for buildings, and if not, the reasons for their action.

(3) That at least two scholarships be given for Nurse Midwives.

