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WEST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

OF THE

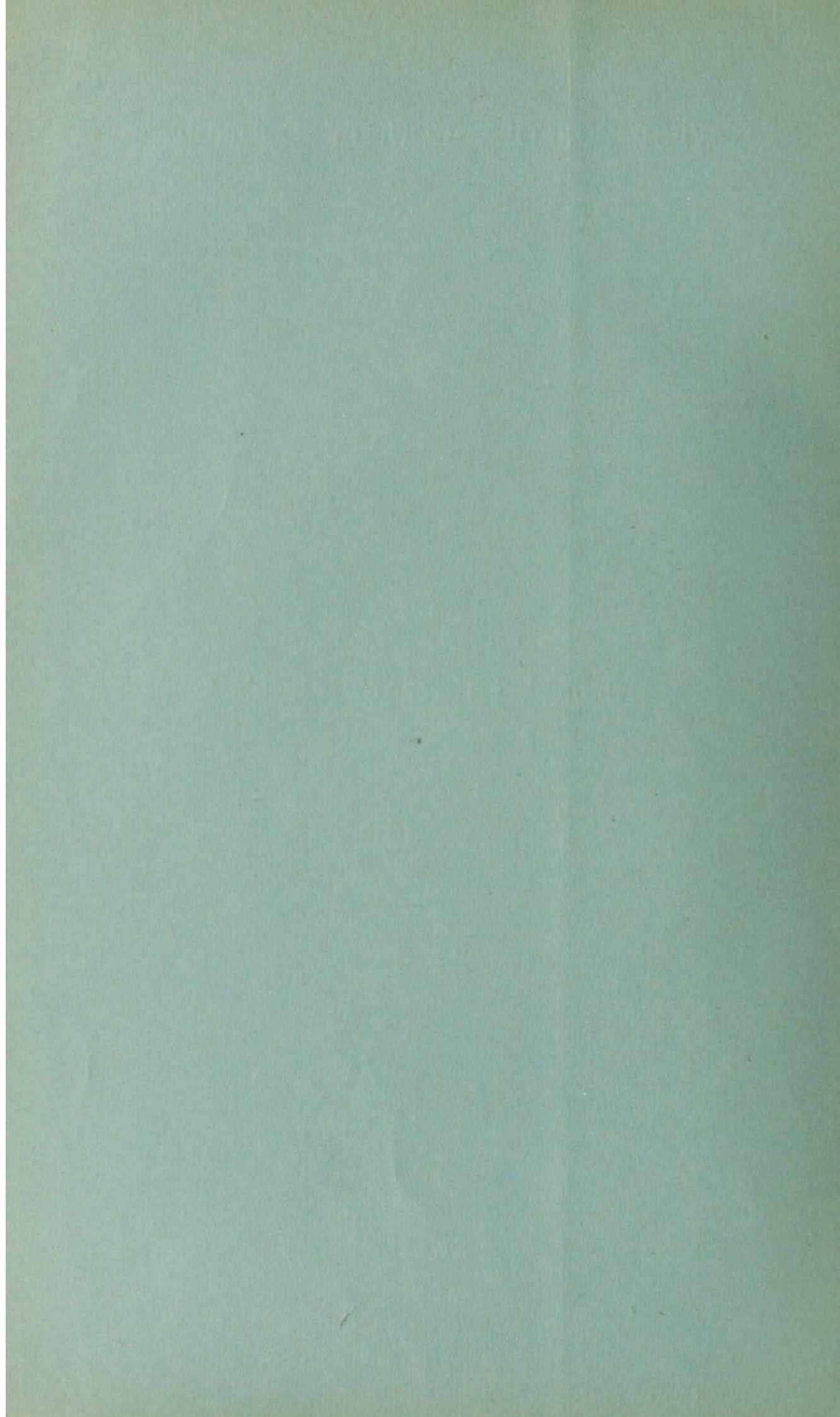
Medical Officer of Health

FOR THE

YEAR 1933.

J. F. DAVIDSON, M.B., Ch.B., D.P.H.,

County Medical Officer.



56, Westgate Street,

Bury St. Edmund's.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY PUBLIC HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the Health of the County for 1933.

This is my Third Annual Report since I came to your County in 1931, and it is a matter of regret to me that in each of these reports it has been necessary for me to allude to the undoubted stresses and heavy difficulties experienced during these years throughout the Administrative County. It is my earnest hope that in the near future it may be my good fortune to issue an Annual Report under happier circumstances and under more settled conditions. In my mind there is no doubt that the finest stimulant for increasing the standard of Public Health is to be found in settled and stable employment, and it is to be trusted that this happy state will become more evident in the County for the benefit of a population which has shown commendable patience during many years of serious trial.

In each section of this Report there will be found details of the services rendered by the County Public Health Department, and I trust that these sections will demonstrate to the County Council the many and varied activities undertaken by the Department.

It is again my privilege to record my appreciation of the work of all members of the County Health Staff; without exception they have worked loyally and efficiently, and their efforts have made it possible for me to issue a report of accomplished work which I hope will be to the satisfaction of the County Council.

Finally, I would like to say how much I appreciate the generous and kindly assistance which I have at all times received from my Chairman, his Deputy, and the Members of the County Public Health Committee.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. F. DAVIDSON,

County Medical Officer of Health.

June, 1934.

Staff of the County Health Department.

(a) Medical and Dental Staff.

J. F. Davidson, M.B., Ch.B., D.P.H., County Medical Officer, and School Medical Officer and Chief Tuberculosis Officer.

A. M. Critchley, M.D., D.P.H., Assistant County Medical Officer.
(Resigned 31-3-33).

E. J. O'Keeffe, B.A., M.R.C.S., " " " "
L.R.C.P., D.P.H.

E. C. Downer, M.A., M.B., B.Ch., " " " "
D.P.H. (appointed 1-4-33).

A. M. Munro, L.D.S., Assistant Dental Surgeon.

J. S. P. Ballantyne, L.D.S. " " "

(b) General Nursing Staff.

G. M. Penly Cooper, S.R.N., Certified Midwife, Chief Health Visitor.

*L. Richardson, " " " " Health Visitor.

B. W. Collins, " " " " " "

*C. B. Coleman, " " " " " "

M. Philpot (resigned 30-11-33), Dental Attendant.

L. Berry (resigned 30-9-33), " "

J. Best (appointed 1-10-33), " "

N. Clayton (appointed 1-12-33), " "

P. Tucker, S.R.N., Matron, County Sanatorium.

*These Officers hold the Health Visitors' Certificate.

(c) Clerical Staff.

The Chief Clerk to the Department, Miss D. Kilner, is assisted by six assistant clerks.

Statistics and Social Conditions of County.

Area in Acres	...	...	...	...	371,300
Population (Estimated, 1933)	...	Urban	...	...	41,240
		Rural	...	...	63,660
Administrative County	...	...	...	...	104,900
Rateable Value	...	...	...	...	£391,814
Estimated Product of a Penny Rate	...	...	...	...	£1,475 13 9

Comments on Social and other Conditions.

(1) General.

The County of West Suffolk is practically wholly devoted to agriculture and its associated industries; factory and industrial life have little part in the lives of the population except in isolated instances.

The precarious position of the agricultural industry throughout a long series of years has added many stresses and anxieties to the lives of the people, and, unfortunately, and I think quite unfairly, many of these troubles in a rural area have been overlooked and overshadowed by those of areas whose masses of population made their voices heard in no uncertain manner.

It is a common but entirely erroneous belief, contributed to in some part by the dogged quiet patience of the country people themselves, that the country has no problems, that it requires little consideration and help, and that it can jog along equally well in good times and bad. Those of us who understand the countryside and its people know well that though in its summer dress it may appear to city eyes as a panacea for all ills, yet it has its difficulties and burdens which are no less real and no less urgent than those of the towns and the more populated areas.

I believe that this County, with its financial resources, slender enough even in the best of times, has made a great fight for long years against serious burdens, and it is to be hoped that the times that lie ahead will return prosperity and good fortune to those who so patiently and with their own resources have withstood this period of unparalleled depression.

I am afraid that we cannot hope that this phase will pass without leaving some mark on the lives of the men and women and children of this area; the direct evidence of its effects may be difficult and even impossible to assess in an accurate fashion, but, indirectly, it can hardly fail to influence in many ways the lives of the people.

When one looks at the unsettled conditions of agriculture to-day, there is pressed upon one the hope that some form or another of factory or industrial life might find a footing in or around the county town of Bury St. Edmund's; in this way, balance and permanency might well be given to local town and country labour, and that happening would be the greatest asset to the health and well-being of the working people. There can be no greater

factor in promoting public health than that provided by regular employment from which in the main there abundantly arises the ability to run homes decently, to buy adequate food, to rear children properly, and to live lives decently without the eternal worry of wondering from where the next penny is to come. Stabilised employment is the best health influence in the world, and it is to be trusted that locally we may see some move in this most essential matter.

(2) Health of the County in 1933.

In the early part of this year there was experienced a well-marked spell of cold weather of some considerable intensity, and, later, in the summer and autumn, this was followed by long continued warmth and drought. It was in fact a remarkable year of contrasts, and it has produced its effects in several separate ways.

The cold spell at the beginning of the year was hailed by many as being a fine healthy seasonable occurrence, but intensely cold weather is usually only so described by those who are virile and strong, by those whose diets are full and satisfying, and by those whose clothing and other necessary personal and domestic comforts are completely adequate. To the very old, to the poor, to the ragged, and to all people to whom life is normally hard, a cold spell is far from being a healthy happy affair, and this fact is far too frequently forgotten by many in comfortable circumstances of life.

At this time, therefore, we experienced a very considerable outbreak of influenza, sharp in type and sometimes complicated by pneumonia. It played havoc throughout the County and gave rise to considerable anxiety, and in many cases the convalescent period was slow and protracted. In the Administrative County there were 79 deaths from influenza, which figure was very nearly double the corresponding figure in the previous year.

The other side of this year of contrasts is to be found in the extraordinarily long spell of warm sunny weather experienced throughout the summer. The people of to-day have recognised to a considerable extent the health value of fresh air and sunshine, both out of doors and in their own homes; they take more exercise, and throughout all grades there is much more attention given to the wearing of suitable clothing; all these things and many other similar ones helped the people to make full use of this vitalising sunshine and fresh air. In this way much healthy reserve and resistance were stored up to meet the infections and the wear and tear of the on-coming winter, and the proof of this is that the winter of 1934 (admittedly a mild and open one) has been an extraordinarily healthy one, and there has been little or no anxiety occasioned by epidemic disease.

Many people still think that when Medical Officers preach the doctrines of fresh air, sunshine, controlled exercise, and similar simple but vital things, they are pandering to a fetish of the medical mind. The proof of the truth of these assertions is before you, and time will add still more proved examples of the wisdom of this work of propaganda and example.

(3) The Future of Public Health Work in Rural Areas.

There is need, I think, to consider now the inevitable changes which the future must bring in Public Health work in rural areas.

It is well to remember in this connection that the whole life and customs of the countryside and its people are slowly changing. Modern progress and modern ideas are forcing their way into the countryside, where, for so long a time, the tilling of the ground and its kindred works, and the living of a very simple life have held undisturbed sway. With this change there has come in the people a shifting of standards, a broadening outlook, and a general change in the habits and customs of centuries of experience.

In recent years the isolation of the countryside which has for a long period contributed to the inferiority complex given to, and too often accepted by countryfolk, has been swept aside in striking fashion; many new things have entered their lives; there is now the almost universal service of broadcasting, telling, as it does, the news of the world to the countryside, giving it knowledge and understanding of many new things, providing for it undreamed of entertainment, and all the time, consciously and unconsciously, influencing materially the outlook of the people, broadening it and sharpening it for things and people other than those of their own homes and villages; again the great development in the daily and weekly press, now easily and cheaply obtainable, has contributed enormously as an influence in the present day lives of the country people; there are many other similar changes, viz., the present development of motor-bus services linking the country and its market towns and places further afield; there is the influence of the market towns themselves which, not content with attracting the country people to them for shopping and marketing, send out as their agencies into the country their motor trading vans thereby in one way or another affecting materially the old village life and its tradespeople, the storekeeper, the shoemaker, the blacksmith and the carpenter.

We must take notice of these things for they will inevitably have far reaching effects which will demand attention in many different ways, and it is to be hoped that the various responsible agencies and organisations will become conscious of this transitional period leading to new conditions and to new requirements, and that they will see to it that their measures and provisions, and their education and teachings will not be found wanting.

In a more concrete fashion it is well for me to remind the Council that in the near future there must be changes in the administrative schemes of practically all Health Departments controlling rural areas. There is to-day a very great deal of useless overlapping of services, and there are also many difficulties regarding dual control in general sanitary matters. These questions must be properly approached and settled if the best interests of Public Health work in this area are to be fully safeguarded.

In this connection it is well to remember (and it may be distasteful to some) that the day of regional control and regional provision is not far distant; in many sections of public health work the only rational and efficient method of dealing with widely scattered and poorly financed rural populations is along the lines of regional provision. There will be advanced against this recommendation the usual arguments of the loss entailed by the lack of local control, and, while one appreciates the sentiment of these arguments, one is not impressed with their strength in actual facts, and, if efficiency, and service, and economy are to be studied, it appears essential that local prejudice and local desires, while not being disregarded in any circumstances, should give way to what is best in the general public interest.

Despite the criticism which I know that such recommendations will receive, I am confident that the good sense of the people and their representatives will appreciate ultimately the wisdom of these views, and although the change will come slowly, I am sure that it will arrive and that it will be in the best interests of all concerned.

(4) The Question of Malnutrition.

For several years now the County Health Department has noted that nearly 4 per cent. of the children in attendance at elementary schools are suffering from malnutrition.

It is opportune for me to remind you that malnutrition and starvation are two separate and distinct terms, which, unhappily, are often taken as having the same meaning. Despite the utmost care in employing these terms, many people still think that a malnourished child must of necessity show the signs of severe starvation, and that it must, in fact, be a riddle of bones like the traditional walking skeleton. It must be clearly understood that malnourished children are not starving children in the ordinary sense of the word, because if this is not fully appreciated a ghastly and quite untrue picture of Suffolk's starved children would immediately arise to meet the horrified gaze of the country generally. On the other hand, the term malnutrition does mean that children so described are below par in their general health and physical development; that they are so definitely impoverished in mind and body that they are below the healthy average required to maintain and to sustain the body and mind and their functions in a proper and an adequate manner; and that these children must start life and prepare for adult life under a heavy initial and, unfortunately, very often, a continuing handicap.

The extreme importance of this group of malnourished children lies in the fact that they will be less able to grow properly, to develop properly, to resist disease, and to withstand the wear and tear of life, than their well nourished fellows.

If such cases were only occurring in scattered individuals the results, though sad enough, would only have an individual or at least a limited effect; when, however, the cases, as in this County, attain group formation of some considerable size, the results pass beyond those of an individualistic type and become communal; therein lies the danger and seriousness of the situation from the public health point of view, for, if it is left unchecked, it will seriously cripple all efforts made to improve the general standard of public health, and it will exact a tragic toll of the well-being and fitness of the population.

In an able report by Dr. Critchley on this subject it was shown that there were many causes of this state; some of the causes acted singularly but many were in combination; amongst the causes described were, heredity, past illnesses, present ill-health, faulty hygiene (including bad mothering), poverty, and faulty assimilation.

It is apparent that there are many complex causes in the production of this state of malnutrition, and from the evidence before me, there is little doubt that economic difficulties must play their part. It is found, unfortunately, that where money is short, families are large, often illness is present, and sometimes there is added to these the serious cause of bad mothering.

(Note.—It is not within my province to discuss economic problems of wages, and it is a matter of personal regret to me that, in the past, certain parts of my reports on this subject have been utilised indirectly and without my permission for this object. I wish to say very clearly that I shall always note and report without bias any matter or state which appears to me to affect the public health, but, equally clearly, I wish it to be known that I have neither the interest nor the wish to play a part in or to interfere with matters which are the proper concern of the boards or committees constituted for dealing with them).

It is obvious that we are dealing with a complex problem, but, equally obviously, in thinking of appropriate remedies, there arise two courses of procedure which must be acted upon; these courses are:—

- I.—*The Teaching and example of hygiene both environmental and personal.*
- and II.—*the teaching and example of wise and commonsense domestic management including the teaching of simple plain cookery and of the value of ordinary foodstuffs.*

I believe that the solution of the problem is to be found in these measures which I propose to discuss briefly herewith.

Under the first heading of teaching hygiene, it is necessary to emphasise the vital importance of fresh air, adequate rest, regulated exercise, cleanliness personal and environmental, and the commonsense supervision of the bodily functions. Surely these are simple things and some of you may scorn their importance; very deliberately, however, I say that the proper adoption of these simple measures will do much to prevent illness and to minimise the effects of illness. It is their very simplicity that is their undoing in their appeal to public popularity, but until the public learn to adopt them we cannot hope for any real sustained progress in public health work.

When we come to consider the second heading we arrive at perhaps the most important single issue in the promotion of child health—namely, that of proper and adequate nutrition; with proper nutrition there is formed a bulwark of strength for later life; it is the foundation stone of all the structures; it must be the basis of all public health endeavour. Its vital importance cannot be over emphasised; yet how little real attention is paid to it in some quarters; how many thousands of pounds are spent in trying to patch the damage which has originated from faulty nutrition, and how much of this could have been saved at the cost of a little wisdom and sense in dealing with the question.

What are we to do to remedy this state? I am convinced that patchwork measures are futile; I am equally convinced that the provision of free meals, free milk, and similar procedures, will be equally futile in tackling our County problem; these measures may have a maximum value in combating temporary distress but surely they are more fitted to ward off starvation than malnutrition.

To improve this situation I believe we must design measures capable of dealing not only with the present, but also with the future—we must make use of every possible type of propaganda in teaching the women of to-day and their daughters, who will be the women of to-morrow, these simple principles of sensible home management, of economical cookery, and of wise spending on food supplies. Herein lies the hope of solving this social and medical problem, and all efforts must be concentrated on the work.

Conclusion.

This malnutrition is no new problem; it is not caused, although it may have been aggravated, by the recent financial depression; it is something which has always been with us, and it is something that will continue with us so long as the world goes on; but it behoves everyone who has any interest in Public Health work to use every effort to minimise its effects and to reduce its incidence to negligible proportions.

I ask that its problems should be studied with deliberation; there is no call for alarm or panic, but there is every call for wise endeavour and increasing effort.

(5) Health Education.

For over two years the County Health Department has undertaken a series of lectures on (1) Hygiene of the Home and (2) Nutrition, under the auspices of the County Federation of Women's Institutes. These lectures are generally given by myself, but at times an Assistant Medical Officer or the Superintendent Health Visitor deputises for me. In the first lecture, particular attention is given to the needs and requirements of young children, and special reference is made to diet, clothing and footgear, general cleanliness, rest and exercise, care of the teeth, and to similar other essential but simple points required to establish good health. I feel that these lectures have the maximum value; they reach the very class of women that require them most—namely, the women who are running our cottage homes, and they are designed in simple fashion so that these women may understand every word that is said. I have always been a great believer in and an admirer of the Women's Institute movement, and I am convinced that this field offers the greatest scope for this type of propaganda work.

Again, on several occasions, I have attended special meetings of mothers gathered together on the invitation of the local Head Teacher. At these times either a special talk, *e.g.*, Care of the Teeth and the County Dental Scheme, or some general talk on hygiene is given. I welcome this opportunity afforded me by keen and interested Head Teachers, and I believe that this work does much good; it teaches the mothers the simple principles of healthy life, and it encourages confidence in the work of the School Medical Inspection Department.

In the latter part of the year, three demonstrations on Dental Hygiene were given in the County, under the auspices of the Dental Board of the United Kingdom. These lectures and demonstrations took place at Hadleigh, Newmarket and Exning; they were given in a most excellent fashion; they were simple, interesting, and instructive; I hope that they may have a stimulating effect on the School Dental work in these areas.

As a supplement to this main work of propaganda, health teaching and the teaching of dental hygiene are regularly carried out by the Assistant Medical Officers, the School Dental Surgeons and by the School Nurses.

Conclusion.

Every effort is made by me to stimulate and to extend this work of health teaching and propaganda; a great deal has been accomplished, and I believe that results from the work are beginning to show. Contrary to popular opinion, the country woman is eager and willing to learn; so long as one is simple and direct in teaching, the interest of these women is easily gained and held; they make good listeners and, what is better still, they are beginning to practise the instruction given to them, and that is the greatest reward one can receive for one's efforts.

Extract from Vital Statistics of the Year.

(A) Births.			
Live Births—	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Legitimate	1320	673	647
Illegitimate	61	29	32
Total Births	1381	702	679
Birth Rate per 1,000 of the estimated resident population,	13.2		
Still Births	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Rate per 1,000 total births, 28.8	41	22	19
(B) Deaths.			
Deaths	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Death Rate per 1,000 of the estimated resident population, 13.6	1428	694	734
Deaths from diseases and accidents of pregnancy and childbirth—			
(a) from sepsis			1
(b) from other causes			3
Maternal Mortality Rate per 1,000 total births			2.8
Death Rate of Infants under 1 year of age:—			
All Infants per 1,000 live births			46.3
Legitimate per 1,000 legitimate live births			45.4
Illegitimate per 1,000 illegitimate live births			65.5
Deaths from Measles (all ages)			
Deaths from Whooping Cough (all ages)			5
Deaths from Diarrhoea (under 2 years of age)			2

Comments on Main Vital Statistics.

Birth Rate.

In 1933 there was again a slight fall in the County Birth Rate (13.2) as compared with the previous year. The total births declined by 24, and the actual rate declined by .1. The Birth Rate figure shows very little fluctuation during the last few years, but the whole tendency has been towards decline; the figures since 1930 to 1933 have been 13.9, 13.7, 13.3, and 13.2; although the rate appears to be stabilising itself around these figures it must be remembered that it shows a very considerable fall compared with the figure returned ten years ago.

It is interesting to note that the average rate for the boroughs and urban districts is 12.5; in this section Hadleigh (as last year) returns the highest rate of 15.7, while the lowest rate of 10.3 is found in Glemsford and again this is similar to the finding of last year. Over the rural districts the average birth rate is considerably higher than in the boroughs and urban districts, the figure being 13.5; under this heading the highest birth rate is returned again by Brandon with 16.4, and the lowest rate is found again in Moulton with 11.6.

In previous years (1931 and 1932) the County Birth Rate has exceeded by .4 the County Death Rate but in the present year the Death Rate exceeds the Birth Rate by .4; I have searched the available records of the County statistics and I have been unable to find any previous year in which this has occurred.

It is thought quite naturally by some people that the continued fall in the birth rate is an omen of impending social disaster, but I am convinced that in the main and for the present there can be no real justification for this fear; on the contrary, if the population was steadily increasing in an area like West Suffolk where the existing population has a hard enough struggle with life there would be a marked tendency to create an ever growing vicious circle of distress and difficulty. I believe that behind it all there may be some subtle working of Nature for the good of her future people, and, as I have said before, there is every reason to believe that the decline is due to a natural rather than to an artificial cause.

Death Rate.

The County Death Rate of 13.6 exceeds that for England and Wales by 1.3 and exceeds the County rate for the previous year by .4. The total number of deaths in the Administrative County during the year was 1,428; this figure shows an increase of 35 on the figure for the previous year. The Death Rate continues to remain high in comparison with the figures for the past years.

A summary of the chief causes of death in the County is as follows: (1) Heart Disease 346, (2) Cancer 203, (3) Cerebral Haemorrhage and other circulatory diseases 185, (4) Influenza 79, (5) Senility 71, (6) Bronchitis 57, and (7) Congenital Debility, Premature Birth, etc., 52.

The first three positions are similar to those for last year, but the fourth place has been taken by influenza to the exclusion of tuberculosis; the fifth and sixth places are again the same, but in the seventh place congenital debility has displaced nephritis. It will be noted that tuberculosis does not come within the seven chief causes of death in the County.

With regard to cancer, the total deaths have increased from 191 to 203; the cancer death rate for 1933 was 1.9 compared with a rate of 1.8 in 1932, and 2 in 1931. In 1933 cancer was the cause of 14.2 per cent. of the total deaths.

On investigating the individual death returns from the County, it was found that the average death rate for the boroughs and urban districts was 13.3; the highest death rate of 16.7 was returned by Sudbury, and the lowest of 11.5 was again recorded in Bury St. Edmund's. The average rural death rate was similar to that of the boroughs and urban districts, being 13.8. The highest rural death rate was returned in Thedwastre with 16.8, and the lowest rate was found in Moulton with 10.0.

Infant Mortality.

The rate for the Administrative County of 46.3 per 1,000 live births shows a decrease of 6.3 on the figure for last year, and it is again a very great improvement on the rate of 64 for England and Wales.

I consider that this rate is a matter of congratulation to all concerned for it undoubtedly shows the value of the efforts which are being made to-day for the protection of child life.

Maternal Mortality.

The Maternal Mortality Rate per 1,000 total births was 2.8 compared with the similar rate for England and Wales of 4.23.

This rate although comparing most favourably with that for England and Wales shows an increase on the County rate for last year, but, as the figure for that year was an unusually fortunate one, I consider that we can still feel gratified with the rate for this year. In 1933 there were four maternal deaths as compared with one in the previous year. I consider that the County's record in this respect is no mean achievement, and that it is a solid testimony to the fine work of the County medical and nursing services.

Zymotic Deaths.

A total of eight Zymotic Deaths was returned. The summary of the causes of death was as follows: Whooping Cough 5, Scarlet Fever 1, and Encephalitis 2. The Zymotic Death Rate was .076.

General Provisions of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

(A) Institutional Provisions.

(a) GENERAL SICK.

In my reports for 1931 and 1932, I outlined in some detail the various changes which I had proposed with regard to the County Public Assistance Institutions; many of these changes have now been accomplished, and others will be completed within the next twelve months.

Bury St. Edmund's.

At Bury St. Edmund's, the Master and Matron have been housed in a bungalow in the grounds, while their old quarters have been utilised for the accommodation of the nursing staff. The nursing staff has benefited considerably from this re-arrangement; they now occupy practically a self-contained flat, entirely remote from the sick wards; they have privacy, and they are able to have much greater freedom in their off-duty hours.

The accommodation previously used as Nurses' quarters was part of the male sick wards, and, as a result of the transfer of the nurses, very valuable sick ward accommodation has been made available at low cost. The new sick accommodation consists of two single-bedded wards and one four-bedded ward on the ground floor together with one ward of eight beds, one ward of four beds, and one ward of two beds on the first floor; there is provided on the first floor lavatory, washing, and bathing accommodation. The new wards form an excellent unit, and they can compare very favourably with any similar wards in a general hospital. In fact, the entire male sick wards at this institution are well constructed, and well-planned, and they form a first class provision for the treatment of the sick.

The female sick wards are not nearly so satisfactory in type, but they are capable of giving much useful service for many years to come. The installation of central heating throughout this block has been a great asset, and many a frail old person must have blessed this decision of the Committee.

The Maternity Block is used as an adjunct to the main Maternity Wards at Newmarket as planned in my earlier reports; this arrangement has worked without trouble, but, in the future, it is to be hoped that this section at Bury St. Edmund's will be improved. The provision is a poor one generally, and it is a little difficult to approve of it even for emergency purposes.

The Hospital section is completed by two single-bedded and one two-bedded chalets in the grounds adjoining the female sick wards.

General Note on this Institution.

I am concerned with the existing kitchen arrangements, which were designed to serve adequately in the days when the house section formed the most important part of the institution. They have now many drawbacks, and the efficient working of the kitchen department must be a matter of difficulty. For one thing the kitchens are situated a very long way from the sick wards, and all food must of necessity be transported to these wards for a considerable distance along outside ways. This arrangement must give rise to trouble and anxiety and the whole matter should receive attention in the near future. The tendency of this institution is for it to extend in and around the present sick wards in which are housed, under present day conditions, the major and certainly the most important section of the inmates. The present House blocks are nowadays not nearly so important, and in the future they will tend to become more and more obsolete. It is, therefore, most important that the planning of a new Kitchen block should be carried out with this in mind, and, consequently, the site for any such new provision must be near to, and with convenient access, to the sick wards. There should be no departure from this suggestion if the best interests of the future of this institution are to be served.

Newmarket Institution.

Alterations at Newmarket have been going ahead steadily for some time, and they have all tended to improve an institution which, as I have said before, is the County's greatest asset in its legacy under the Local Government Act.

A considerable portion of the work of reclaiming and reconstructing sometimes more or less derelict buildings, and sometimes obsolete house blocks, has been carried through in a highly satisfactory fashion.

On the male side a most excellent sick ward annexe of approximately thirty beds complete with day room, dining room, bathroom and lavatory accommodation has been completed. This transformation is the best piece of re-construction work that I have seen, and as it was carried out by institutional labour (a praiseworthy and constant feature of this institution) it is a result of considerable merit.

On the female side a similar but smaller annexe has also been completed, and work is now in progress which will allow of any necessary expansion of this annexe in the future. Here again a more or less derelict building has been transformed into serviceable and comfortable quarters equipped with all essential details.

I consider that this work of re-construction at Newmarket has not only allowed a needed expansion of the County's resources, but it has at the same time given a new life of many years to buildings, which in less experienced and in less enterprising hands, would in many cases have been condemned in a few years as only fit for demolition. It is fitting, I think, that the County Council and the County generally should realise what has been accomplished in this way by resident labour, and that the responsible Committee and their Master should receive commendation for their efforts.

Work has been commenced on the new day and night Nursery which will make Newmarket the chief centre for children in the County. Here they will be housed in comfortable fashion, and they will have good surroundings. When completed this Nursery should be an excellent provision.

For some time now Newmarket has acted as the main centre for the County maternity work, and this arrangement has worked in a most satisfactory way. The Maternity Block at Newmarket is excellent, and I do not think it could be surpassed by any provision in a private Nursing Home.

General Note on the Institution.

I have pointed out on several occasions that in these buildings the County has a very valuable possession, and it is because of the resources of this institution that I once again recommend that electric lighting should be installed throughout the buildings. The present system of lighting by gas is unsatisfactory, and in the sick wards particularly it is most inconvenient and ineffective. I do consider that this is the time to make the change over, for

it would be absurd to wait until alterations are completed before having this question settled; it is a thing which is bound to come, and surely now is the time to do it. If this alteration was carried out the County would have in Newmarket a first class institution modernly planned and excellently administered.

Sudbury Institution.

In previous reports I have stressed the difficulties encountered in this institution. Its structural plan makes things very trying for the staff but I am glad to be able to report that under the present Master and Matron greater heart is being taken in making the best of what in many ways is a bad job. Furthermore, they are succeeding in their efforts, and already Sudbury is losing some of those features which were previously so bad.

Firstly, a very great improvement has been carried out recently in one of the female sick wards, where, with additional windows and greater utilisation of floor space, a remarkably successful result has been obtained. This ward, which was previously dingy and cramped, and far from the ideal for sick quarters, has been transformed, and, with its new day room adjoining, it now forms a satisfactory provision. Further work is taking place in the other main female sick ward, and this will improve things to a great extent. Here again, day room accommodation (previously absent from these sick wards) will be available, and altogether the changes throughout the female sick wards (carried out again by resident labour) are very praiseworthy. I bring to the notice of the County Council what has been and what is being done at Sudbury with internal labour and with the minimum of expenditure. Future changes in this block include a re-arrangement of stairways and some small but necessary alteration to the ward kitchen. On the male side the wards are of a poorer type, but I believe it will be possible to improve them when time is available for this to be undertaken.

The emergency maternity wards which were re-constructed under my original plan are very satisfactory and form a good provision. They are, it is true, some distance from the sick wards, but I believe that with a little adjustment this need not give rise to any difficulty.

General Note on the Institution.

The main necessity at Sudbury is the better and more satisfactory housing of the nursing staff, who, at the moment, for lack of anything better, are scattered over the institution in an unsatisfactory and an uneconomical fashion.

The whole question turns on the quarters of the Master and Matron, and there is here a close parallel to the scheme so successfully carried through at Bury St. Edmund's. In brief, if the Master and Matron could be housed elsewhere, *e.g.*, in a converted existing building or in a new building, then their quarters would be available for the nurses. This would make a good and economical provision, and it would be in the best interests of the staff. Again the existing nurses' bedrooms would become automatically available for additional male and female sick ward accommodation, and the institution would in this way be provided with several small sick wards—a provision which is urgently required. I must emphasize very strongly that this question of suitable quarters for the nursing staff must be tackled forthwith; the staff requires this consideration; and as a result of these proposals the institution would benefit to a very material extent.

Kedington Institution.

During the year it was finally agreed to convert this institution into a Home for Mentally Defectives with a capacity of two hundred beds. Under the new scheme twelve hospital beds will be reserved in the hospital section to serve for the treatment of intercurrent diseases among the defectives. The remainder of the hospital section will be used exclusively for the care of special West Suffolk sick cases. The changes therefore in summary are (a) the removal of the present house cases to Newmarket; (b) the removal of the certified mental cases to St. Audrey's Hospital; (c) the provision of 200 beds for Mental Defectives; and (d) the reservation of 12 hospital beds to serve the mental unit; the remainder of the hospital beds to be used for West Suffolk cases.

I feel convinced that in the future this institution will be of great service to the area, and, undoubtedly, it is a most opportune time for proper advantage to be taken of its resources. In its present state the institution is running at very considerably below its normal capacity, and, therefore, the associated maintenance costs are relatively very high. It would not have been possible for this county by itself, without very heavy expenditure, to have converted the institution for the treatment of the sick, and consequently, on this score alone, the adoption of a joint scheme for the care of defectives possesses much merit. I am confident that the scheme will be successful, and that the proper development of the institution on a mental basis is assured, for it has every practical factor in its favour. I believe that this decision, made after careful consideration by the County Council, will be found to be most satisfactory under the test of experience.

(b) Acute Surgical and Acute Medical Cases.

Arrangements are in force for dealing with all special cases under agreement with the West Suffolk General Hospital and with St. Leonard's Hospital. The initial arrangements were found to function well during a trial period of twelve months, and it was found possible by both interested sides to adopt them for the ensuing period without modification.

I am convinced that these arrangements are of the best description and that they serve adequately the needs of the County. In West Suffolk it would be unwise and uneconomic for the County Council to make arrangements for these cases directly under their own auspices; it is, therefore, a matter for congratulation that the fullest co-operation of the Voluntary Hospitals has been secured, and that the plan has worked without the slightest friction on either side.

(c) Children's Homes.

The Children's Homes at Bury St. Edmund's and at Sudbury continue to carry out their work usefully and well, and, therefore, I do not see any great need to amalgamate these two Homes into one central home. In fact, I prefer these homes to be small in type, for whenever they grow to any great extent they tend so often to become not homes but institutions, and surely there could be no greater tragedy for child life than this.

I feel that the West Suffolk Homes give great service and devotion to the children living in them, and I recognise their worth, but, nevertheless, I plead very strongly for the policy of boarding-out children under proper supervision in suitable private homes. It is only in this way that these children can share properly in home and family life, and I am a strong believer in giving wherever possible this priceless thing to these children. I am glad to see that the controlling committees have given consideration to this policy which I have advanced since I came here, and I hope to see it adopted to an even greater extent in the future. I recognise that we must always have Children's Homes, and I know the fine efforts made by them in the interests of the children, but I do ask that wherever possible these small people should have the chance of sharing in ordinary home and family life by becoming for the time being a member of the household. To those of us who value home life, there is no need for me to point out my reasons, for they will understand what I mean when I say how important and how essential it is for every child's happiness and well-being to be given a share of home life as one of a private family.

(B) Standard Dietary for Public Assistance Institutions.

During the year, at the request of the Committee, I prepared a standard dietary for use in the County Institutions.

It was my aim to avoid extravagance and to practice economy in so far as it was justifiable in dealing with such an important matter as food supply. I felt it was necessary to break monotony, and to accomplish this I made out a dietary with a fifteen day cycle; by this means, it was possible to have changing menus, and no day of the week was for ever marked by cold meat, stew, or cheese as under the old system. Again, I tried to give a variable diet and I tried to give a diet capable of pleasing the inmates—a practice described by some as extravagant, but one in my opinion which is most necessary and desirable. Our old people in these institutions are estimable decent old folk whose present position is little fault of their own; their lot is cast (I do not say unhappily) along fairly rigid and unchanging lines; is it too much to give them variety and pleasure at their meal times? There will be few I think who will disagree with me on this point if they judge the issue from a personal point of view.

In the dietary I made suggestions for breakfast, dinner and supper for each day of a fifteen day cycle. I made no attempt to state definite amounts of food requiring to be supplied to people of different classes in the institutions; such a procedure would be neither practicable nor desirable, for the Master of the Institution must remain the authority for determining the individual needs of the various classes of people in his institution. Consequently the weights and quantities stated by me in the dietary were designed to give an indication of average needs, and as a guide for the Master in estimating particular needs.

The dietary has been given a trial at Newmarket and at Sudbury, and at both institutions careful note was taken of the cost and general working, because it was impossible for me to vouch, without trial, for either of these two things. At the end of the year the dietary was still under trial, and as the Committee have yet to give a final decision on the matter, I am unable at this stage to report further on it. It is necessary for me, however, to say that at both institutions the reaction of the inmates was entirely favourable; it is to be hoped that similar reactions will be felt by those whose duty it is to pass the costs for the dietary.

(C) Poor Law Medical Out-Relief.

The arrangements under this heading remained unaltered during the year. In several respects, however, modifications are required, for the service shows many inequalities, and it is to be hoped that re-organisation will take place during 1934.

II. INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

As previously reported, this provision in West Suffolk is quite inadequate, and serious difficulties are encountered in obtaining institutional care for these cases. On several occasions I have made strong representations to the Joint Committee so that urgent cases could be accommodated, but they have invariably failed simply because there was no accommodation for the cases. One appreciates that any scheme of an over elaborate type should not be entertained for these mental cases, but, nevertheless, it will be generally agreed that some provision must be made in their own interests and in the interests of the general public.

The adoption of the scheme for converting Kedington into an institution for the care of mentally defectives will give appreciable relief to the present situation, and I feel sure that this scheme will prove of the greatest benefit to a considerable portion of East Anglia.

III. LABORATORY FACILITIES.

The general arrangements for this service have continued without change during the year. The main portion of the work is undertaken by the West Suffolk General Hospital, and I have found this arrangement to be most satisfactory, and, on the whole, convenient for practically all parts of the County. The southern portion of the County, however, experienced delay and inconvenience by this arrangement, and, as previously reported, urgent work from this area was transferred to Ipswich and Colchester. In addition, the bacteriological testing including animal inoculations for the detection of the tubercle bacillus in milk samples are carried out at the East Suffolk County Laboratory, Ipswich, while certain blood examinations under the Venereal Diseases Service are undertaken at King's College Hospital, London.

The following is a summary of the work undertaken during the year for the County Council by the West Suffolk General Hospital:—

Throat, Nasal, etc., Swabs	...	...	...	...	...	241
Cervical swabs and smears	...	...	...	...	...	19
Examination of urine (examination for T.B.)	...	...	...	...	...	5
Blood, for Wasserman Reaction	...	...	...	...	...	185
Blood Counts	...	...	...	...	...	1
Blood, for Widal Reaction	...	...	...	...	...	2
Sputum for Tubercle Bacillus	...	...	...	...	...	280
• Sputum for Organisms	...	...	...	...	...	4
Pleural Fluid for T.B.	...	...	...	...	...	1
Hairs for Ringworm	...	...	...	...	...	11
Skin Tests for Allergy	...	...	...	...	...	1

IV. GENERAL HOSPITALS.

The County is served mainly by the West Suffolk General Hospital at Bury St. Edmund's, and, to a lesser extent, by the St. Leonard's Hospital, at Sudbury. There is, in addition within the County the Rous Memorial Hospital at Newmarket. The peripheral portions of West Suffolk are served largely by Addenbrooke's Hospital, Cambridge, the Norfolk and Norwich Hospital, Norwich, and the East Suffolk and Ipswich Hospital, Ipswich.

I believe that the area is adequately served by these hospitals, and, apart from difficulties of transport, little trouble is experienced in dealing with the general medical and surgical sick in the County.

Recent improvements have been carried out both at Bury St. Edmund's and at Sudbury, and as a result both hospitals have benefited considerably. The equipment at the West Suffolk General Hospital is astonishingly good, and it is indeed a pleasure to find this County Hospital so modern in its general equipment.

In this area, as in many other places, there is a very great need for the development of private paying cubicles or wards for people who are able financially to pay for treatment, and who wish very naturally for a private room or for greater privacy than a general ward can provide. This need is particularly great in West Suffolk where there are no private nursing homes sufficiently equipped to undertake acute surgical cases. The existing accommodation of private wards is inadequate, and I do think that whenever possible an extension of these facilities should be undertaken. I know that the West Suffolk Hospital's authorities are well aware of this need, and it is to be hoped that they will be helped liberally in any attempt that they may make to give Bury St. Edmund's and the County this much needed service.

Here again it is my pleasant duty to acknowledge the courteous and valuable help of the Governing bodies and staffs of the Voluntary Hospitals within and without the County. I believe I am correct in saying that all our joint work has been carried out in full and friendly co-operation; there is much value in this statement for I believe strongly in the principle that all agencies and organisations should co-operate and work together so that the best interests of the people may be served. I think that we in West Suffolk can lay claim in these days to this distinction.

V. MATERNITY AND NURSING HOMES.

Inspection of all registered Nursing Homes is carried out routinely by the Superintendent Health Visitor and in special cases by a member of the Medical Staff. The general administration of the work is carried out under the provisions contained in the Nursing Homes Registration Act, 1927.

My policy with regard to these matters has remained unchanged; existing homes are regularly inspected, while new applications for registration are most carefully investigated with regard to premises, furnishing, and equipment, and, until the department is satisfied on these points, the certificate of registration is withheld.

The number of Homes registered in the County at the end of December was 9. No new applications for registration were made during the year, while three applications for exemption for registration under the Act were received and granted.

VI. INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No special official arrangements are made for the care of unmarried mothers, except by reception into Public Assistance Institutions. Illegitimate and homeless children can be accommodated in the Children's Homes at Bury St. Edmund's and Sudbury. Both these Homes are of the best description, and keen interest is taken in the welfare of the children. They form an eminently satisfactory provision for children of this type in the County.

VII. AMBULANCE FACILITIES.

(a) **For General non-infectious Cases.** Two general motor-ambulances are maintained at Bury St. Edmunds and one at Newmarket by the British Red Cross Society, while another ambulance is provided at Haverhill by a local voluntary association.

The general service is largely carried out by the Red Cross Society ambulances which work without any fixed area and which are available for any reasonable service. The Red Cross ambulances are equipped with all materials required for dealing with accidents, and with emergency illness en route. The County Health Department makes considerable use of these ambulances, and in my experience the service given by them and their personnel have been of the best description and entirely beyond any criticism.

It would appear that the County, with the exception of the Sudbury area, is relatively well covered by the existing ambulance services. It is somewhat disquietening, however, to think that Sudbury and its immediate area have no ambulance at call at a nearer distance than Bury St. Edmund's. I understand that the Suffolk Branch of the Red Cross Society very generously assess the cost of journeys undertaken for Sudbury and district on the basis of charge which would be made if the ambulance was in fact stationed at Sudbury. Despite this valuable concession it seems to me that an ambulance ought to be stationed at Sudbury, and I feel sure that the people of Sudbury, after realising the advantages of this proposal, would not lag in making the necessary financial provision for the service. The lack of an ambulance station in this area is to be deplored, and it is to be hoped that in the near future this essential matter will receive the consideration of the Sudbury people.

I feel convinced that if Sudbury had an ambulance one might say that the County service for general cases was reasonably adequate and efficient.

(b) **For infectious cases.** I regret to repeat my note of last year that no motor ambulance for infectious diseases is maintained by any Authority within the County. The only motor ambulances available are hired from outside authorities, while within the County the usual transport is by horse-ambulance.

This state of matters is a serious one; it may be that horse transport is satisfactory for the circumscribed Borough areas but outside these boundaries such transport is hopeless. Many difficulties are experienced in this way, and I do hope that the day of an infectious diseases motor ambulance will not be too long delayed.

Maternity and Child Welfare Service.

Infant Welfare Centres.

The work of this Department has continued on the general lines mentioned in my previous Reports. I have made a very strong endeavour to increase the educational side of the work, and I think that the County Clinics now carry out a great deal of useful propaganda work in addition to the general clinical supervision of the mothers and children in attendance.

There is a large field for educational work in West Suffolk, and, contrary to the usual belief, I find that the country women are eager and anxious to learn and that they do profit from the instruction given to them. In the areas of the County in which clinics exist it is now quite usual to find a better appreciation of health needs, and better still, one finds that the mothers are actually carrying out what they have been told. I have been informed on several

occasions by outside members of the public that they now note the difference in the outlook of the women who attend these centres; they tell me that they themselves notice that the women are doing their best in their own homes and in the management of the children to carry out the simple but vital things which they are taught at Welfare Centres. There could be no more encouraging compliment to the Service than this, and it shows definitely that every effort should be made to widen the scope of this work.

The statistical figures for the year's work show a distinct improvement on those for the previous year, and I consider that they are satisfactory, having regard to the many difficulties encountered in a very rural area. To those unfamiliar with these difficulties, the attendance figures may in some cases appear low, but when one remembers that (a) these clinics are held only once a month, (b) that the clinic day may be utterly spoiled by bad weather, and (c) that very often mothers push a pram several miles to attend, the results achieved are of no mean description.

It is, however, disappointing to find that the poorest clinics are those where one would ordinarily expect the best results; undoubtedly the attendance and interest should be better than it is, for example, in Newmarket, Sudbury, Hadleigh, and Haverhill. On the other hand, in the country districts the clinics, almost without exception are attended regularly and enthusiastically.

For the success of this work a very great deal depends on the interest and keenness of the local district nurses; they can do a very great deal in encouraging the attendance of mothers, and it is to them that I look for much support.

I take this opportunity of recording my grateful thanks to the voluntary helpers at the County Clinics for all their excellent work. We owe to them much gratitude for their fine work, and I feel sure that they themselves feel recompensed in the knowledge that they are being of such great help in this valuable service.

General Note.

There are 14 Infant Welfare Centres held under the auspices of the County Council, and, in addition, one centre is provided and maintained by a voluntary association.

During the year a total of 3,143 attendances were made by children at the centres; of these 1,131 were made by children under one year of age, while 2,012 were made by children between the ages of one and five years. The number of children who attended for the first time was 348, including 218 children under one year of age.

It is of great interest to find that the number of children under one year of age who attended centres represented 21.8 of the notified live births.

Home Visiting and Supervision.

In 1933 a total of 5,090 visits were made to children under the age of one year, and of these 1,006 were first visits; to children between the ages of one and five years a total of 13,972 visits was made.

This entire work is carried out by the County Health Visitors and by the District Nurse Health Visitors. I find that with few exceptions the work is well done and that efficient supervision of the children is being maintained.

The Health Visitors doing this work have great opportunities of influencing the mothers by friendly encouragement and kindly advice; it is not too much to say that this service, properly conducted, should be one of the most valuable agencies for preventive work undertaken by the Health Department, and it is because of this reason that I am so anxious to increase the knowledge and interests of our district nurses in health propaganda. Many of them already do valuable work in this way, but, in others, although great willingness is shown, their work just lacks the touch which is so essential if real good is to be done. I am hoping that the standard will tend to improve steadily, but at the same time I am conscious that perhaps I am asking too much of women who are more or less untrained in the work and who are also frequently burdened sufficiently well by their other duties of midwifery and of nursing.

It is a common mistake to think that anyone can do health visiting; it is true that anyone can look into a house, chat with the mother, and record "nice baby, six teeth, progress good," but there is a wealth of difference between this and the real service of wise, patient, and commonsense health teaching; it is a matter of knowledge, of training, and of special experience, and that is why fully trained Health Visitors are so much more valuable in this service than district nurses, who have to do the work without training and more or less as a side line to their main duties of midwifery and nursing. There is no false sentiment in this view; neither is it to be taken as being opposition to district nurses; on the contrary it is a statement of commonsense fact from which there is no escape.

I bring this to the notice of the Committee so that they may realise how necessary it is to get the best type of trained women to carry out this most important work.

Ante-Natal Services.

This work is carried out by the general medical practitioners in their private capacities, and by the county midwives under the supervision of the Inspector of Midwives. No official scheme has been adopted by the County Council for this work beyond the provision that, at each Welfare Centre, general advice is given on ante-natal care, and, when required, steps are taken to insure that any necessary treatment is obtained.

I am conscious that the ante-natal supervision in this County is, so far as the official provision is concerned, practically non-existent. I know that the midwives in certain cases, although most careful and diligent, are not capable of proper ante-natal supervision through lack of training and supervision. As I have said in another section of this report I am convinced, however, that the maximum possible safeguards are taken under existing conditions; each midwife knows that it is part of her duty to call in medical attention when she has the least doubt about the normality of her case, and I find this rule to be observed faithfully and well. Again, as the younger nurses, with their special training and experience in ante-natal work, replace the older nurses, who were denied this training, the general standard of the work should constantly tend to improve.

In this County it is impracticable to consider the institution of ante-natal clinics; difficulties of staffing, of accommodation, and chiefly of transport facilities would combine to make the scheme unworkable; the only other possible method is to form a panel of practitioners for the ante-natal care of uninsured women in the County; there are many advantages in this scheme, and it may be possible to recommend its adoption in the future.

On the whole, however, it must be noted that the experience of this County with regard to maternal mortality is an excellent one, and the low maternal death rate is a tribute to the safeguarding methods which I have mentioned, and to the zeal, efficiency and unceasing care of all those whose work it is to conduct the confinements in the County. While this is so, it must not be taken for granted that the low maternal death rate can be used as an argument against the need for an ante-natal service; there are many features and many states which could be greatly benefited by proper ante-natal care, and chief among these is the vital one of greater protection for women against those happenings which may not cause death but which may well lead and do lead to states of chronic sub-normal fitness and ill-health following childbirth.

Infectious Diseases of Special Nature.

(a) **General.** Six cases of puerperal fever and eight cases of puerperal pyrexia were notified in 1933. All these cases were investigated, and enquiry was made to ascertain that the necessary treatment had been secured.

(b) **Ophthalmia Neonatorum.** No case of ophthalmia neonatorum was notified in the County during 1933. This is a record of great significance and importance.

Administration of the Children Act.

The County Health Visitors make routine quarterly visits to all children registered under this Act. Additional and special visits are made when required, and, if necessary, in unsatisfactory cases, a Medical Officer makes a visit. Strict attention is given, not only to the personal health of the children, but also to the suitability of their environmental conditions, and each report is seen by me as a routine procedure.

A considerable amount of work was entailed by the raising of the age of supervision from seven to nine, and in addition, the great development of holiday fortnights in the summer holiday months imposed a great deal of extra work on the Health Visiting Staff.

The extra work, however, is not grudged, for it is most essential that these children should be adequately safeguarded; in fact I cannot understand why all these children are not placed under supervision until school leaving age is attained. Work under this Act is still a difficult procedure, and, unfortunately, there still remain serious loopholes which may be exploited by unscrupulous people. In the main, however, the foster-parents in the County (and it is rich in foster-parents) do their duties admirably, and I believe in most cases the children are well protected and loved along with the children proper of the household. Nevertheless the utmost care in supervision must be taken so that the unscrupulous few may not cause suffering and hardship to innocent and unprotected children.

Statistical details of the year's work are given in the following table:—

Number of Cases on Register 1-1-33	...	...	...	...	94
.. who had previously been removed on attaining 7 years	...	...	...	...	...
.. of age, replaced on register	...	...	...	...	52
.. of New cases	...	...	...	...	77
.. returned to parents	...	...	...	...	8
.. adopted	...	...	...	...	1
.. died	...	...	...	...	—
.. who attained 9 years of age	...	...	...	...	37
.. left county	...	...	...	...	19
.. transferred to Public Assistance Institutions	...	...	...	...	—
.. of cases on Register, 31-12-33	...	...	...	...	158
.. of unsatisfactory cases	...	...	...	...	—
.. of visits by Medical Officers	...	...	...	...	—

Nursing in the Home.

(a) **General.** The general nursing services in West Suffolk are undertaken by the County Nursing Association in conjunction with the County Council.

As I have previously mentioned, the development in the activities of this Association is one of the greatest achievements in general health work in this County during recent years. It is highly satisfactory to find that practically all the County is covered by District Nursing Associations, and in a rural area like West Suffolk this is a result of great merit. It must be remembered that with a scattered population of poor financial resources the work of instituting and maintaining district nursing associations is far from being an easy matter, and it is because this development is sometimes taken too much for granted that I call special attention to it.

Again, without hesitation, I report that the work of the County nurses reaches a high standard of efficiency; more than that, it is carried out by a body of women wholly trustworthy and with all their interests and enthusiasm centred in their work. Their difficulties are many, but I never fail to admire their resource and keenness and their untiring will to help the public.

It is to be hoped that the public realise the worth of these women; it is true that nobody asked them to be nurses, but it is equally true to say that the public would be in a poor plight without them. Often their work is taken for granted; often they are criticised, and sometimes they are badgered in quite unnecessary fashion; yet they maintain their tranquility and do their difficult work practically without any justifiable criticism. Surely this is a fine record of service.

I appeal strongly for the utmost consideration for these nurses; they must be treated decently in terms and conditions of service; the public must realise that they are not cast-iron of constitution, and, therefore, they must see to it that they do not tax them selfishly or in unnecessary fashion. The day when the idea that a nurse was superhuman and was to be treated without thought and consideration is dying, but it dies hard, and its final death cannot come too soon.

In this County there is a fine body of good hearted efficient women doing the nursing work; it is for each district association committee to see that their nurse gets fair play from the public she serves.

I am glad to say that progress is being made in providing motor transport for district nurses, and I shall hope to see increased progress in this way. The whole future of district nursing must be divorced from small uneconomic areas where the utmost difficulty is found in keeping up maintenance, and, as a substitute, there must come larger areas with efficient transport and with sufficient population served to give reasonable salary and working conditions. It is in this way that greater efficiency will come and in the end it will be found to be the most economical procedure. To bring this about local wishes or dislikes must be submerged for the common good of the area, and I feel confident that increased heed will be given to these suggestions for improving a service which in certain parts is hard pressed financially to keep going on a more or less promiscuous income.

(b) **Tuberculosis.** Under the direction of the County Medical Officer, arrangements are made in special cases of tuberculosis for home nursing to be carried out by district nurses.

(c) **Infectious Diseases.** No arrangements are made by the County Council for the nursing of cases of infectious diseases in the homes of the patients, although in special circumstances, cases of ophthalmia neonatorum may be so treated by the direction of the County Medical Officer.

(d) **West Suffolk Branch of the Suffolk Nursing Association.** I append a short note taken from the Annual Report of the Association so that an idea may be obtained of the year's work in the West Suffolk Area.

Candidates for Training. One candidate obtained the C.M.B. Certificate during the past year and one was released from her contract on the payment of the penalty on the terms set out in her form of agreement. Another candidate commences her training at Plaistow on June 8th.

Nursing Staff. Fifty-three nurses are working for District Nursing Associations in West Suffolk. One nurse resigned for domestic reasons but returned to her district after a few months' absence, and two nurses resigned for other work. It is reported with regret that one nurse died in February.

Emergency Nurse. This post is still held by Nurse L. J. Williams, who continues to be fully employed.

New District. A District Nursing Association has been formed, including the villages of Aldham, Elmsett and Whatfield, and the Nurse commenced work there on February 1st.

Walsham-le-Willows. This District has been re-started after a lapse of several years.

Withersfield is now included in the Thurlow District Nursing Association.

Herringswell is now included in the Barton Mills District Nursing Association and the Nurse has been supplied with a car to enable her to carry out the extra work.

Cornard. Owing to lack of support, this district has been closed down temporarily, but it is hoped that before long it may be re-started.

Higham (East Suffolk) is no longer included in the Nayland District Nursing Association.

Motor Transport. There are now eleven cars in use by District Nurses in the County.

Health Visiting. This work is carried out under the County Council Scheme by District Nurses in their own Districts except in Bury St. Edmund's, Sudbury, Eriswell and Walsham-le-Willows. In districts where there is no nurse the work is done by County Council Health Visitors.

Infant Welfare Centres are being run at Bury St. Edmund's, Brandon, Bures, Clare, Exning, Glensford, Hadleigh, Haverhill, Lakenheath, Long Melford, Newmarket, Sudbury, Thurlow and Waldingfield. These are being attended by a County Council Doctor and Health Visitor and the District Nurse. The District Nursing Association runs a Welfare Centre at Moulton which is attended by a local Doctor and the District Nurse.

Midwives' Association. Thanks to a grant of ten guineas made by this Committee, to the funds of the Midwives' Association, it has been possible to secure the services of lecturers from London. In addition to these, Dr. J. F. Davidson, the County Medical Officer, has given several very interesting lectures and the Association is proving the greatest help and interest to its members by keeping them in touch with modern conditions and progress."

Midwives.

(a) **Midwifery Service**. This service is carried out by the West Suffolk Nursing Association in conjunction with the County Council.

The general financial arrangements previously in force have been continued during the year.

(b) **Inspection of Midwives**. The work of inspection is carried out by the County Superintendent Health Visitor, who pays routine visits to all midwives practising in the Administrative County. During the year 220 visits of inspection were made, and again it is pleasing to report that no serious complaint of breach of duty was referred to me. The Inspector reports that she continues to be satisfied with the general standard of the work of the County Midwives.

I consider that the West Suffolk Midwives have made for themselves an enviable reputation for careful and efficient work undertaken very often under difficult and trying circumstances. The general public owe a debt of gratitude to these women who give devoted and efficient service in their interests, and their value to the County is not forgotten by the Health Department.

(c) **Statistical Particulars of the Year's Work**. The number of midwives practising at the end of the year in the area served by the Council was 90. In 1933 the midwives attended by themselves 593 cases, while in 337 cases they acted as Maternity Nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of 172 cases, which represents a percentage of 29.0. In 154 of these cases medical help was sought in respect of the mother and the chief conditions necessitating this help were delayed labour, ruptured perineum, threatened abortion and miscarriage, abnormal presentations, and post-labour abnormalities.

In 18 cases medical help was sought in respect of the baby, chiefly for dangerous feebleness, discharge from eyes, and congenital deformities.

(d) **Ante-Natal Work by Midwives**. Ante-natal work and the maintenance of ante-natal records are carried out routinely by the midwives in the area. I repeat that I cannot testify to the accuracy, experience, and knowledge of the midwives doing this work, but I can testify to their infinite care which, after all, is perhaps the main guiding principle in the work. I can say that they fully appreciate that they must never assume the slightest risk in their cases without calling in medical help. That lesson they have learned well and truly, and it has proved itself to be an ample safeguard.

Undoubtedly, the standard of ante-natal work will improve immensely as the younger nurses come into the general district work, for they will have the advantage of a proper training in their duties, and, consequently, one can look forward confidently to a higher level of knowledge and experience; this factor is bound to improve the service generally and its influence is already apparent.

(e) **Educational Facilities for Midwives**. In my last report I alluded to the efforts and enthusiasm of the County Superintendent in arranging lectures for the midwives; this work has been largely extended and lectures on a wide variety of subjects have been given during the year.

The response made by the Midwives has been excellent; they have attended with great regularity and with obvious enthusiasm, and I am quite sure that they have benefitted considerably as a result of the scheme.

The County Midwives must in the future, even more so than at the present, be interested in and understand not only their main work of midwifery and nursing, but also the general scope and aim of preventive medicine. The day of the Health Department being the only people interested in preventive work is over; every other medical unit, in hospital or private practice, and every other nursing unit must take their share and do their part, and consequently it is of the utmost importance that the knowledge and interests of the midwives should be broadened and increased, and I can think of no better method than that possible under a series of instructional lectures.

So far, the scheme has been very successful, and I have the greatest confidence in its increased adoption.

County Tuberculosis Service.

General Statistical Facts.

New cases of pulmonary tuberculosis notified during 1933 numbered ninety, which figure is a decrease of twenty-three on the corresponding figure in 1932. The new cases of non-pulmonary tuberculosis notified during the year numbered forty-two, which shows an increase of four on the figure for the previous year.

During the year a total of 59 deaths was recorded, 50 being pulmonary cases and 9 being non-pulmonary cases. In the previous year the total deaths were 86, comprising 72 pulmonary cases and 14 non-pulmonary cases.

The Death Rate from tuberculosis in 1933 was .56, the corresponding figure in 1932 being .81.

The number of notified cases on the Register at the end of the year was 496, and of this number 161 were insured persons. The number on the Register shows a decrease of 17 on the figure for the last year.

During the year 36 admissions were made to the West Suffolk Sanatorium, and, over the same period, 42 cases were discharged from the Sanatorium. The total number of in-patient days was 5,216.

In addition, 12 pulmonary cases were admitted to other institutions approved for the treatment of tuberculosis, while under similar auspices 5 non-pulmonary cases were admitted.

Again, 14 pulmonary cases and 2 non-pulmonary cases were admitted to the special departments of the Public Assistance Institutions during 1933.

In the course of the year 52 X-Ray examinations and 280 sputum tests were carried out.

The County Medical Staff made 981 home visits to cases of tuberculosis, and in addition 66 dispensary consultations were given. Personal and other consultations between the Tuberculosis Officers and medical practitioners numbered 226. In addition, the County Health Visitors carried out 1,178 home visits of supervision to cases of tuberculosis.

I submit herewith a Table of new cases reported in 1933, together with a summary of the total deaths from tuberculosis in the area during the year.

TUBERCULOSIS.

NEW CASES AND DEATHS DURING 1933.

Age Periods.	New Cases.				Deaths. *			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	1	—
1	—	—	3	1	—	—	3	—
5	—	2	4	5	—	—	1	1
10	1	2	4	3	—	1	—	—
15	5	4	1	1	3	2	—	—
20	3	9	2	5	1	3	—	—
25	16	13	3	1	12	8	—	1
35	5	8	1	4	4	5	—	—
45	7	4	1	1	2	2	1	—
55	4	2	1	—	4	3	—	—
65 and upwards	2	3	—	—	—	—	—	1
Totals ..	43	47	21	21	26	24	6	3

*Note.—One of these cases was not notified before death.

From this table it will be seen that the heaviest notification of pulmonary tuberculosis in men is about the age period of 25. This year the figure for this age period is 16, but both at the earlier age period of 20 and the later age period of 35 the notifications are relatively low. In 1933 there was a very definite mass of notifications affecting and in the main confined to young men of the age period of 25. In the previous year there was a distinct aggregation of notifications in men affecting the four age periods 20, 25, 35 and 45, while in the still earlier year of 1931 the male notification table showed a maximum aggregation about the age period 25.

In women the main notification of pulmonary tuberculosis was the 25 age period, but it did not show the isolation of the similar male aggregation, for both the age periods of 20 and 30 in women showed an appreciable aggregation. In the previous years of 1932 and 1931 there appeared this similar aggregation affecting the age periods 20, 25 and 35.

In looking at the table of pulmonary deaths during the years 1931, 1932 and 1933, one is impressed by the heavy mortality in young women about the age period of 25. For several years now there appears in these tables a very heavy mortality in women about these ages, whereas in the tables for men there is no particularly marked aggregation; the deaths being spread over the periods mainly between 25 and 45.

I do not propose discussing in detail the notifications and deaths of the non-pulmonary types of tubercle because of the varying issues encountered; on account of these it would be unwise to draw definite conclusions from the tables as set out in this report.

Remarks on the Service.

(1) **General.** The year 1933 has been the lightest year in dealing with Tuberculosis since I came to the County. With the new resources for dealing with cases requiring in-patient treatment a very great deal of anxiety has been removed, and I have experienced no difficulty in obtaining adequate treatment facilities for early, intermediate, and surgical cases; on the other hand, some trouble is experienced in dealing with terminal cases of the disease.

For the early and intermediate cases, the County Sanatorium acts both as a treatment centre and as a clearing centre. By this I mean that certain cases receive all their treatment in the institution, while others who may require special treatment for which the institution is not adapted, are transferred elsewhere to receive it. This system is satisfactory and it functions with little or no trouble.

With regard to terminal cases, there is sometimes difficulty. One realises that these cases very often show a maximum infectivity, and of course they ought to be isolated for the safety of those around them. There is no separate provision for these cases in West Suffolk, but excellent quarters are available at Bury St. Edmund's, and at Sudbury Public Assistance Institutions, where special sections are reserved for them. There was for a time a dread of Public Assistance Institutions generally in this connection, but that is gradually disappearing although I do not believe it will ever disappear entirely; in any case this is the best local method of dealing with them unless special new accommodation is arranged. It must be remembered that these cases require isolation and care and attention in nursing; they do not require ordinary sanatorium treatment. Again it must be noted that it is impossible to nurse dying cases of tuberculosis alongside early and intermediate cases of the disease, and, finally with regard to these cases, one meets the difficulty (an easily understandable one) of the patient and the relatives who, realising that death is near, wish it to come at home and not away at an institution. Altogether the problem is not an easy one, but I believe that, on the whole, the provision made for these cases is sufficiently adequate for the time being.

X-Ray examination and sputum testing have been carried out routinely, and the entire service has been given much administrative and clinical supervision.

(2) **Examination of Contacts.** A strong endeavour has been made to carry out this work, and it has been successfully done in so far as women, and particularly children, are concerned. Very great care is exercised over children in infected households, and they are maintained under supervision, both by home visits under the Tuberculosis Service and by examination at school under the School Medical Service.

The question of the examination of male adult contacts is an extremely difficult one. Owing to the difficulties of transport, it is impossible for these men to make dispensary attendances even though they are willing to do so; again, although I should be very pleased to arrange for them to be seen in their homes, for the most part they find it impossible to leave their work for the examination. It is almost impossible to get hold of men for these examinations, especially when they feel absolutely fit and when their attendance means loss of weekly money. We do our best, but I have little hope of improving matters because it will be easily seen that these difficulties in a rural county are practically insuperable.

(3) **Conclusion.** I am glad to be able to report satisfactorily on this Service, because it was my chief anxiety when I first came to the County. During the last three years the altered administration has gradually pulled the service round to efficiency and usefulness, and these two things were very badly required. The clinical supervision is now complete and continuous, and increasing use is being made of the Department by the medical practitioners in the County. Confidence in the Service has been restored, and this, combined with adequate treatment services, has given the Tuberculosis Section its proper position as an important unit in the Public Health Services of the County.

Venereal Diseases.

The main provision for the treatment of these diseases is at the County Clinic in Westgate Street, Bury St. Edmund's. West Suffolk cases are also treated at Cambridge and at Ipswich in association with the Voluntary Hospitals in these towns.

The provision in Bury St. Edmund's has many deficiencies, and, owing to difficulties in accommodating the various County clinics, I have restricted, as reported last year, the Venereal Diseases Clinic to one session per week, and, accordingly, it has been held weekly on Wednesday mornings.

In 1933 the total number of cases treated by the County Venereal Diseases Officer (Dr. O'Keeffe) was 66, and of these 20 were new cases seen for the first time during the year. In addition, 17 cases were treated at outside centres. There were, therefore, 37 new West Suffolk cases in 1933.

The diagnosis returned in respect of the 37 new cases was: Syphilis 15, Gonorrhœa 11, and other conditions 11. No in-patient days were returned by any County case during the year. The number of doses of arsenobenzene compounds given was: Bury St. Edmund's 64, Cambridge 35, and Ipswich 25.

During the year 63 specimens were sent to approved laboratories for examination; 47 of these were blood specimens for Wassermann Test.

The noteworthy features in the year's return are, firstly, that the new cases showed a decrease in number from 65 to 37, and, secondly that the number of attendances at Bury St. Edmund's decreased to 574.

General Note on the Service.

In my earlier Reports mention has been made of the many difficulties encountered in the administration of this scheme in West Suffolk. In this area one has to contend with a very scattered population having for the most part indifferent transport services on all days of the week except market days. The running of a Clinic, therefore, at a suitable time for all concerned is a matter of extreme difficulty especially as other County Clinics have also to be held on the days and at the times which most conveniently fit in with 'bus and train services. Again, there is the difficulty of suitable premises; the present County Clinic is a poor provision in many respects, and the good work it has done has only been made possible by the enthusiasm and efficiency of the Medical Officer in charge.

In considering the future of this service it is well to realise that venereal diseases of an acute type show little prevalence in the County; the incidence of acute syphilis is practically nil, while that of acute gonorrhœa is very low. I have come to this conclusion after careful consideration of the question in consultation with my district colleagues, and I do not think that there can be any doubt about this statement. For some considerable time now the main work of the County Clinic has been the treatment of congenital syphilis, which, of course, is work of the highest value. For this work the present clinic is well enough adapted, but for the treatment of acute cases it is poor in type and unsatisfactory in practically every way.

I believe that in the future this service in West Suffolk will have little to do with the treatment of acute cases, and that its chief work will be, as at present, the treatment of congenital disease, and I further believe that the best solution of the difficulties of the situation will be to treat acute cases elsewhere at the discretion of the Medical Officer, and to reserve this clinic mainly for the treatment of the congenital stages of the disease.

The Treatment of Congenital Disease.

For some years now I have made every effort to secure treatment for cases of congenital syphilis, and our returns each year show the success of our attempts.

All these cases are detected through other branches of the Health Department, chiefly those of Maternity and Child Welfare and School Medical Inspection. The Medical Staff have given special attention to finding these cases, and strong efforts are made to secure treatment for them in the County Venereal Diseases Clinic. In diplomatic fashion the influence of the County Health Visitors is used in following up the cases with a view to attendance at the clinic, and in practically all cases this has been secured. Usually, and at all times if possible, the mothers as well as the children are seen, and, if required, treated. Unfortunately it has not been possible except now and again to obtain the attendance of the fathers, but, apart from this, our scheme has been most successful.

I have taken some pride in this work, for it is preventive work of the best type, and I do feel that in West Suffolk a very great deal of useful service has been given in this way.

It is too early to be optimistic, but I feel that if the decline in, and low incidence of the acute venereal diseases continues in the County, the area may well be in the not very distant future, practically clear of these troubles.

Conclusion.

I wish to emphasise to the Committee that the County Clinic cannot be regarded as a general treatment centre in the accepted sense of the word. Its position, structure, and equipment would also prevent it functioning properly as an acute treatment centre but, happily, it is capable of dealing with the main local demand which is for the treatment of congenital disease. I am convinced that the best plan the Council can adopt is to treat acute cases elsewhere at the discretion of the Medical Officer and to continue the County Clinic for the treatment of congenital disease so long as the need exists.

Sanitary Circumstances of the Area.

(1) Water Supplies.

This provision, which is always a difficult problem in a rural area with a widely scattered population, gave rise to additional anxieties during the year owing to the exceptional drought experienced over a period of many months.

While Suffolk did not suffer so badly in this connection as some districts in the country, yet the position, in some localities, was really serious, and, unfortunately, owing to the lack of adequate rainfall in the early months of 1934, it is extremely likely that the shortage will recur during the summer months, especially if the summer is again warm and dry.

I have pointed out in previous reports that the provision of water supply is extremely crude in many parts of the County; many people depend on shallow wells either definitely polluted or liable to pollution at any time; others have their main supply from roadside ponds which take the road washings and the surface drainage of adjacent fields; a few depend on reasonably safe and deep wells; and a few utilise filtered rain water stored in suitable containers. Added to all these facts it is true to say that in quite a number of instances water has to be fetched some considerable distance. With these circumstances in mind, it can be readily realised that a period of exceptional drought gives rise to real anxiety, and, in many cases, to real hardship.

Generally speaking, the finding of sources of water gives rise to little difficulty in this area; the trouble starts in harnessing the source and in distributing the supply. And the predominant difficulties are firstly the question of cost, and, secondly, the available population that can profit from such an undertaking. In most parishes in this County it is financially impossible to bear locally the initial and upkeep costs of a public water supply. Therefore, if any progress is to be made, financial help must be obtained, and therein is the chief difficulty of the situation.

I believe strongly that the situation can only be met properly when it is considered on a regional basis with probably national support. There is much justifiable criticism of such a proposal, but I think that in the end progress will demand and command it as it has done in many other issues which were in their time thought to be insuperable.

I give herewith extracts of special interest relating to water supplies from the reports of District Medical Officers:—

Bury St. Edmund's. The service has been extended to some considerable extent. The quality and quantity of the water have been satisfactory.

Newmarket. Extensions in the service have been made during the year; the quality and quantity of the water have been satisfactory.

Hadleigh. At the end of the year 289 houses had been connected to the public supply, which was found to be satisfactory throughout.

Thedwastre. Nine samples of well water were analysed, and four were condemned; nine wells were cleansed or repaired. Since September water had to be carted in certain areas.

Cosford. Pipe supplies have shown no shortage, but public wells and ponds dried up at Cockfield, Brettenham, Wattisham, Nedging, Naughton and Aldham, and arrangements were made for supplies to be taken round by water-cart. The Council have under consideration schemes for Cockfield, Aldham, and Wattisham parishes.

Mildenhall. No samples were taken for analysis; one well was condemned and seven were repaired or cleansed.

Thingoe. Eleven samples of well water were analysed; one well was condemned and ten were repaired or cleansed. Water shortage was reported in several parishes.

(2) Rivers and Streams.

The remarks which I have made in my reports for 1931 and 1932 still remain applicable. Many streams and ditches in this County are grossly polluted by untreated drainage, and in certain areas definite complaints of nuisance have arisen.

This pollution must inevitably go on in the absence of proper sewerage schemes; I am afraid there is no immediate hope of improving the situation, but I am convinced that something will have to be done in the future.

The River Lark in its Bury St. Edmund's reaches has been kept under periodic observation, but no complaint arose which demanded serious attention. The recent improvements in cutting the banks and clearing the bed have helped to prevent stagnation; this is useful work which might be routinely undertaken in the interests of public health.

(3) Drainage and Sewerage.

Matters of interest are quoted from the Reports of the District Medical Officers:—

Bury St. Edmund's. Soil sewers extended by 477 yards and surface water sewers extended by 465 yards. There are approximately 16 sewers still remaining in the borough.

Newmarket. No important extension of sewerage or sewage disposal has taken place during the year, but the sewage disposal works are found capable of dealing with the flow with satisfactory results.

Hadleigh. During the year 78 further connections were made to the sewer; this figure represents 130 houses in addition to business premises. A commencement was made with drainage of 60 Council houses to the sewers, including the provision of 60 new water closets.

Conclusion.

It is satisfactory to find that increased use is being made of the water carriage system in the boroughs and urban districts. It cannot be too strongly urged that in a borough or urban area the only satisfactory system of drainage and sewerage is that of water carriage.

In the rural districts, it is difficult to estimate the position, but, unfortunately, there appear to be still in existence a large number of the old-fashioned insanitary privies. Every effort must be made to convert these to pail closets, and although progress is being made it is dreadfully slow and apathetic. In a rural area there can be no better system than that of pail closets, providing always that these are regularly emptied and cleansed, and providing that there is garden space to take the material. I think it would be worth the while of some authorities to consider the question of providing a night-soil cart collection in villages where garden space is very limited.

Details of closet accommodation, of scavenging, of refuse disposal, of general sanitary inspection, and of premises which can be controlled by bye-laws or regulations will be found in the Reports of the District Medical Officers, and I do not propose to comment upon them here.

Housing Conditions in West Suffolk.

It is common knowledge that the year 1933 saw an intensive effort being made through the country to improve housing conditions. That effort was long overdue, for, undoubtedly, much required to be done to improve existing states and to give decent and reasonable conditions of living to the people.

This County was never faced with the appalling slums of the great cities, but it was faced with much housing that was far from being satisfactory or adequate. From experience, we knew that in certain districts people were living under overcrowded conditions, that they were living under conditions which gave no proper separation of the sexes, that they were living in houses in urgent need of repair, and finally, that some people were living in condemned houses simply because there was nowhere else for them to be housed.

Unfortunately, there have been many difficulties in the way of arriving at a solution to these troubles, and these difficulties have not been helped in any way by the too frequently encountered sentiment that anything is good enough for a rural area.

Frankly, I am at a loss to understand this view, for I believe I am correct in saying that one of the great inducements that can be offered to really good agricultural workers is that of adequate and decent cottages. When so much depends locally and even nationally upon the successful fortunes of the agricultural industry, it is surely folly to delay in attacking this question of housing which is admittedly so important a matter in securing the proper type of decent worker.

Again, it is sometimes quite erroneously assumed that because in the main the population of Suffolk is extremely scattered (in the rural districts the average works out at one inhabitant to every 5.75 acres) there can be no pressing need to improve housing conditions. Anyone with knowledge of some of our rural houses will appreciate that this argument cannot be employed in estimating conditions and circumstances of individual houses, and it is precisely on this basis that a proper survey of housing must be conducted. I personally inspected by request certain houses in a part of the County where the rural population is scattered in the way previously described; in all probability the density per acre of this part was light, but, nevertheless, these particular houses presented the most extreme dilapidations that I have ever had the misfortune to see. In one or two the entire fabric was defective, and, apart from being unhealthy, they were actually dangerous from the possibility of imminent collapse; in one house there were large holes in the roof and in the gable, and in wet weather several pails

and baths were used more or less unsuccessfully to catch the rain; the flooring throughout was defective, with holes here and there through which you could see the room below; in a second house, in addition to other defects, the front wall was defective and bulging and could be moved easily by hand; the other houses inspected presented similar but less marked defects. And the point to be remembered is that these houses were occupied, and, in the case of the first one mentioned, there were a father and mother, a father-in-law and four children. Although this is an extreme example, I think it demonstrates the fallacy of assuming that housing conditions are satisfactory providing that the density per acre is light in amount.

As the reports of the various districts have now been completed I do not propose to say anything further except to add the hope that the proper spirit will be shown in dealing with the question. I am rather afraid that it is too much to hope that a complete solution will be obtained, but I believe that much will be done under these schemes to provide reasonable conditions for the people.

I give herewith certain details from the general reports for 1933:—

Bury St. Edmund's. A housing scheme of 313 houses and 48 flats has been completed; in addition, nine clearance orders comprising 46 houses are in course of preparation.

Newmarket. A slum clearance scheme has been adopted provisionally by the Council and submitted to the Ministry of Health.

Hadleigh. Two clearance areas have been declared, and a five-year programme submitted to the Ministry.

Mildenhall. It is proposed to erect 48 houses, viz., Barton Mills 8, West Row 4, and Lakenheath 36.

Cosford. A slum clearance scheme has been prepared and submitted to the Ministry; the number of houses proposed to be demolished is 11, and for rehousing the displaced persons it is proposed to build 10 houses. The number of persons proposed to be displaced is 41.

Thedwastre. It is proposed to demolish 28 houses and to replace these by the erection of 22 houses.

Thingoe. It is proposed to demolish 10 houses which will displace 31 people; and to erect new houses as follows: Hawstead 4, Barrow 2, Brockley 1, and Pakenham 3.

Conclusion.

From the brief notes of the proposals outlined above, it is apparent that much serious consideration is now being given to matters of housing in this County. The mere fact that these proposals have been made is clear proof that those who for years have hammered at this question were correct in their opinion that urgent improvement was required in housing matters; it is to be hoped that the good work will continue, and that it will never again lag behind the obvious requirements of the respective districts.

Inspection and Supervision of Food.

(a) Milk Supply.

It must be clearly kept in mind that there is one outstanding principle before the County Council; that principle is to safeguard the general bulk milk supply, and to raise and to maintain its standard of bacteriological purity.

The entire question of milk production is one of the utmost importance to this County; its value can be measured, not only in terms of health and fitness, but also in terms of pounds, shillings and pence.

In terms of health, one knows and one is never done emphasising that milk which is bacteriologically clean is the finest individual foodstuff for children of all ages; we know that, given the assurance of uniform and constant purity, its greater consumption could be recommended in the fullest fashion; such a happening would contribute materially to the fitness of the people, and it would certainly minimise many of those defects and disorders which are commonly found in children to-day.

In terms of pounds, shillings and pence, the milk industry must play a considerable part (and very probably a steadily increasing part) in the general agricultural finances of the County.

Having regard to these statements, which I think will be generally admitted as being reasonable and true, it is apparent that the County Council's supervision of the milk production of the area assumes a very great importance; failure in this supervision may well lead to effects on general health, and it may well lead to financial loss to the milk producers of the County.

I do not think that the day can be far distant when, very rightly, the cleanly producers will obtain preference over the dirty producers, and it may well happen that the price paid to producers will depend on the bacteriological standard of their product. In my opinion, it would be advisable to anticipate this possibility by an earnest clean milk production campaign, because appropriate action at this time will in all likelihood be found to be most advantageous to the County in the future.

It is my opinion that the most desirable aim for the future is to improve bulk milk by cleanly methods throughout all stages of production rather than to neglect these cleanly methods and to institute widespread and general pasteurisation. I firmly believe that, unless carefully organised, widespread pasteurisation would tend to defeat clean milk production, because there would always be the feeling that no matter the type of production any injurious effects would be removed in the process of pasteurisation. Probably I am old fashioned, but, personally, I uphold very strongly the desirability of securing good and pure milk by cleanly production rather than by the various heating processes that constitute the procedure of pasteurisation. Some feel that this is an ideal; that it is not practical, and admittedly there are grounds for their criticism, but I do think that, given the right support, it could be done and successfully done; at any rate I do feel that if pasteurisation is found to be the method of choice, a standard of pre-pasteurisation purity should be demanded; if it is not, then the death knell of clean milk production is within hearing.

I believe, however, that no matter what may be the settlement of this question of pasteurisation it will still be necessary to forge ahead with every possible effort to increase the scope of clean milk production, and accordingly I make the following recommendations with a few remarks on each recommendation.

(1) It is necessary that all district and other councils should be made to appreciate how vital it is to secure and to maintain proper supervision over every milk producer and retailer in their administrative areas, and that they should appreciate that the only satisfactory criterion of good pure milk is the bacteriological test of purity, and that this testing should be routinely adopted. In this connection, it may be said that clean milk can be produced under structural conditions considerably below a perfect standard providing that there are the will and the knowledge and the supervision to insure that every stage in production is carried out under a scrupulous and unfailing standard of cleanliness. Given these things, there is not the shadow of doubt that every producer who is worth his salt can produce bulk milk well within the present standard for Grade "A" milk; this is not theory; on the contrary, I have proved it frequently, and if the control was left to me, I would refuse to register all producers who could not keep within the standard, and I am sure that thereby I would be doing no injustice to anyone.

(2) The bulk milk produced in the County should be sampled regularly under instructions by the County Council (this measure was adopted by the County Council in May, 1933) and tested (a) for its bacteriological standard of purity, and (b) for the presence of the tubercle bacillus. This measure has already helped to raise the standard of bulk milk in the County and at the same time to check the presence of tubercle infected milk; I am certain that its institution was a wise step by the Council, and I hope that the service will be increased in scope in the near future. [See report under (d)].

(3) Measures should be taken to carry out a regular veterinary inspection of all milk cows in the area in accordance with the terms set out in Part IV. of the Milk and Dairies Order. Combined with the previous measure of routine sampling, this recommendation has much value, and probably by itself it is the most valuable single procedure for the detection and control of tuberculosis and other diseases in milk cows. The adoption of this proposal would be a really practical step in the control of tubercle infected milk, and, despite the cost involved, I believe it is a measure well worthy of the fullest consideration.

I feel sure that these recommendations, if adopted and carried out in a proper manner, would go far to accomplish our ideal of obtaining a uniformly good and pure bulk milk supply. In many ways the responsibility for improvement must rest with the District Councils, and it is to be hoped that they will give very careful consideration to this important matter.

It is true that much progress has been made in milk production in the last few years, but much more requires to be done and to be kept going if we are to be satisfied with our bulk milk in this area.

(b) Milk and Dairies Order, 1926.

Under this Order 9 inspections of herds were made, 329 cows were examined, and 38 samples of milk were taken and sent for biological examination. Two animals from these herds were referred to the Committee under the Diseases of Animals Act and were slaughtered under the Tuberculosis Order, 1925.

(c) Milk (Special Designations) Order, 1923.

One Grade "A" License was granted during the year, and one license was continued. Both these licenses are held by owners who are producing milk under the best possible conditions and with the greatest attention to measures of cleanliness.

It is still my regret that more producers do not consider Grade "A" milk production under license, but one has to admit that there is great difficulty in getting a local market for this product, and again there seems to be something wrong with a system which compels a man producing a clean first class article to pay for a license and to submit to fairly close supervision, while the indifferent and dirty producers can go along much as they please. Very probably the best procedure in the end would be (a) to wipe out Grade "A" Licenses altogether and to allow present Grade "A" producers to proceed to the Certified Class, and (b) to compel all bulk milk to reach Grade "A" standard before it can be sold to the public.

(d) County Council Sampling of Bulk Milk.

As previously stated, the County Council agreed to this proposal in May, 1933, and authorised that fifty samples should be taken under my direction during the ensuing twelve months.

During 1933, twenty-three samples were obtained and submitted for examination (a) for bacteriological standard (total bacterial count and B. Coli count) and (b) for presence of the tubercle bacillus.

The table of results is so interesting that I give it herewith.

(A). FIRST REPORT.

Sample No.	Total Bacterial Count.	1/100 c.c. B. Coli Count.	Presence of Tubercle.
1	850,000	Present.	Present.
2	160,000	Present.	Nil.
3	over a million	Nil.	Nil.
4	272,000	Nil.	Nil.
5	750,000	Present.	Nil.
6	350,000	Present.	Nil.
7	900	Nil.	Nil.
8	Uncountable	Present.	Nil.

Note.—At this stage the first report on the sampling results was made to the Public Health Committee. Of these eight samples, with regard to the general count No. 3 and No. 8 were very bad; No. 1, No. 4, No. 5 and No. 6, were bad, and *two only*, No. 2 and No. 7, were good. In the B. Coli count five samples were bad, viz., No. 1, No. 2, No. 5, No. 6, and No. 8, and *three were good*, viz., No. 3, No. 4, and No. 7. One sample, No. 1, showed tubercle.

(B). SECOND REPORT.

Sample No.	Total Bacterial Count.	B. Coli Count.	Presence of Tubercle.
9	96,000	Present.	Nil.
10	Uncountable	Present.	Nil.
11	16,000	Njl.	Nil.
12	10,000	Nil.	Nil.
13	4,000	Present.	Nil.
14	25,000	Present.	Nil.
15	600	Njl.	Nil.
16	1,600	Njl.	Nil.
17	10,000	Njl.	Nil.
18	1,000	Present.	Present.
19	600	Nil.	Nil.
20	1,600	Nil.	Nil.
21	2,500	Njl.	Nil.
22	5,700	Njl.	Nil.
23	3,200	Nil.	Nil.

Note.—The second report was made to the Committee at this stage; *in this group there were 15 samples*; with regard to total bacterial count—one sample, No. 10, was bad; and *fourteen samples were good*. In the B. Coli count, five samples were bad and *ten samples were good*. In one sample, No. 18, tubercle bacilli were found.

Conclusion.

When I first reported on this scheme I pointed out that it would certainly have a strong propaganda effect. It will be noted that the counts in the first table are greatly in excess of those in the second table, and as further proof the last thirteen samples taken show excellent total counts and in only three of these was the B. Coli count bad.

The proof of the value of the scheme is here before you, and in my opinion it constitutes abundant evidence for increasing this valuable work.

(e) **SALE OF FOOD AND DRUGS ACTS.**

The Police are Sampling Officers, and the Annual Return of the Chief Constable showed that during 1933, 81 samples had been taken; Milk, 41; Butter, 4; Margarine, 5; Lard, 6; Baking Powder, 2; Ground Rice, 2; Malt Vinegar, 1; Demerara Sugar, 2; Scotch Whisky, 1; Olive Oil, 1; Sausages, 3; Ground Almonds, 1; White Pepper, 2; Cocoa, 2; Mince-meat, 1; Coffee, 1; Sausage Preservative, 1; Vinegar, 1; Jam, 1; Beer, 1; Lemon Curd, 1; Self-Raising Flour, 1.

All were found to be genuine, except one sample of milk, which was found to be adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts; 36 samples were examined during the year—Milk, 25; Butter, 3; Margarine, 2; Vinegar, 1; Coffee, 1; Jam, 1; Sausages, 1; Cream, 1; Sugar, 1.

All were found to be genuine.

Prevalence of and Control over Infectious and other Diseases.

(A) **Isolation Hospital Accommodation.**

I regret to report that for a variety of reasons a final decision on this important question has not yet been reached.

My original survey report was made in the early months of 1932, and, since that time, in my annual and special reports, I have pointed out the serious inadequacies of the present arrangements. I must admit, however, that the solution of the problem is difficult, and, consequently, I am not surprised that delay has occurred. It will be recollected that in my survey report I pointed out:

(1) That in several districts of the County there were no definite arrangements for the isolation and hospital treatment of infectious diseases, and that in certain other districts the arrangements that were in force were of a somewhat indefinite nature;

(2) That there was only one modern hospital for the treatment of these diseases situated within the County, and that hospital (Exning) was largely under Cambridgeshire control.

(3) That there was no motor ambulance maintained within the County for the transport of cases of infectious diseases.

(4) That from my general survey it was obvious that the lack of proper isolation hospital accommodation was a very serious matter; that it was inadequate to meet normal contingencies, and, that in the event of widespread epidemic the position would be chaotic.

My Committee and its Special Sub-Committees set up to consider the question realise fully the seriousness of the situation, and it has been constantly emphasised by me that something must be done to bring the arrangements to a proper level of safety; the main trouble in its settlement is one of finance, and in a county like West Suffolk the cost must present an issue of considerable seriousness.

I would point out for the benefit of those not directly acquainted with the difficulties of the Committee that the probable initial cost of a central isolation hospital would be in the region of £500 per bed; it is easily understandable that, faced with this tremendous expenditure, very great care has to be taken to explore every aspect of the question before a final decision is made.

This point of view I personally appreciate, but, nevertheless, I must emphasise that the public safety must be protected, and that better and more adequate arrangements must be made. As I have said before, I am not alone in my views, for they have the support of my colleagues throughout the County; in fact, they themselves have emphasised the danger of the present position, and they have strongly urged that a more complete scheme should be undertaken without delay.

The position to-day has given me a great deal of anxiety, and, from time to time, I have serious difficulty not only in providing hospital treatment but also in getting the patients to hospital. So serious was the position that I felt I could not accept personal responsibility for it without report to my Committee and this I accordingly did.

I would again emphasise that if it were not so grave it would be amusing to note how soon in the presence of infectious disease the apathy of the local people changes to sharp demands and requests as to why nothing is being done, why cases are allowed to stay at home, and why this, and why that. In a rural area, in non-epidemic periods there is a complete apathy to the need of preparing for an emergency, but, let the emergency develop and everybody rallies round to see why nothing is done and to know the reason for it.

They have been plainly told why nothing is done, not once, but many times, and if they wish something to be done they must make up their minds to spend money, not in an extravagant fashion, but in a way sufficient to meet local demands.

I repeat my note of last year when I said that I hoped the day would never come when Suffolk would be overwhelmed with epidemic disease, but if it did I hoped equally greatly that the results therefrom would not be ascribed to myself and my colleagues.

Finally, I would emphasise that I know well that in a rural area with a scattered population there is not the same need for isolation hospital accommodation as in more densely populated districts, but I know equally well that West Suffolk does not at the moment possess the resources for dealing reasonably well with the cases which one would ordinarily expect from a rural County; any proposal, therefore, to better the position is not one of extravagance but of necessity; the position remains one of difficulty and anxiety; I hope that fortune may be kind enough not to produce to the people of West Suffolk practical proof of all my warnings.

(B) **Notifiable Diseases (other than Tuberculosis) during the Year 1933**

Diseases.	Total Cases notified.	Removed to Hospital	Deaths.
Scarlet Fever	150	102	1
Diphtheria	21	18	—
Enteric Fever (including Paratyphoid)	3	2	—
Puerperal Fever ...	9	3	1
Puerperal Pyrexia ...	7	—	—
Pneumonia	41	—	12
Erysipelas	14	2	—
Ophthalmia Neonatorum	—	—	—
Encephalitis Lethargica	1	1	1
Measles	—	—	—
Chicken-pox	—	—	—
Poliomyelitis	1	1	—
Cerebro-spinal Fever ...	—	—	—

No case of small-pox occurred during the year.

This Table has been compiled from the Annual Reports of the District Medical Officers.

(C) **Infectious Diseases and School Children.**

In 1933, twenty-six schools were closed for outbreaks of infectious diseases. The particular diseases for which closure was ordered were: Influenza 25 and Measles 1.

During the year, 69 Low Attendance Certificates were issued in respect of the following infectious diseases:—Chickenpox and Whooping Cough 2, Chickenpox 11, Measles 4, Influenza 21, Whooping Cough 17, Measles and Chickenpox 1, Influenza and Colds 8, Influenza and Mumps 3, and Scarlet Fever 2.

Conclusion.

In the early months of the year, the County experienced a sharp outbreak of influenza of a fairly serious type and with a widespread distribution. The epidemic coincided with a spell of particularly cold weather, and consequently catarrhal complications and sequelæ were prominent. In some parts of the County there were quite a number of cases of influenzal pneumonia of a somewhat severe type. The school population fell victim extensively to the epidemic and no fewer than twenty-five schools were closed on account of this disease being prevalent amongst teachers and children.

There was also a tendency towards a prolonged occurrence of Whooping Cough, and seventeen schools received low attendance certificates on account of this disease.

Scarlet Fever and Diphtheria assumed no serious proportions and were confined more or less to local cases with no tendency towards an epidemic.

School closures generally have been carried out in accordance with the instructions of the Board of Education, but on every occasion when this decision was considered, due regard was given by me to the particular local conditions involved. This matter is one which always tends to give rise to trouble, because on the first suspicion of infectious disease one frequently finds that the local people clamour for the closure of the school. It is frequently a matter of difficulty to convince them that school closure is not always in the interests of the children especially when a state of quite groundless panic exists. It has been conclusively proved that in many cases it is better to keep the school open and the children under supervision than to let the children run wild with a subsequent entire loss of control over them.

In this County a strong endeavour is made to supervise the children in any school in which infectious disease of a serious nature is present, the children are maintained under continued observation and in extreme cases daily visits are made. With our available staff, it is impossible in times of general and widespread epidemic to carry this policy out as completely as I should wish, but, nevertheless, I am satisfied that the supervision given during these times is reasonably complete, having regard to the rural nature of the area.

Blind Persons Act, 1920.

The total number of cases on the visiting lists of the Health Visitors is 124, and arrangements are made to visit them at least twice a year. The age groups of the blind persons in the County are as follows:—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age.	Total.
0—5	5—16	16—21	21—50	50—70	Over 70	Unknown.	
1	3	4	35	54	43	2	142

The following represents the number of blind persons in the County engaged in remunerative occupations: Basket and Cane workers 7, Boot Repairess 1, Hawker 1, Knitters 3, Mat Maker 1, Musicians, Music Teachers and Piano Tuners 2, Net Maker 1, Poultry Farmer 1, Shop Keeper 1, Woodworker 1, and Miscellaneous 3.

The registered Home Workers are under the care of the Norwich Institution for the Blind. Six persons have been dealt with under this scheme, though one has now entered the Institution and is being employed in the workshop. Another woman is similarly being maintained and employed in the Institution.

I consider the general visitation of the blind people in this area is satisfactory, and I know that the County Health Visitors carry out this work in a diligent and at the same time in a friendly manner. I do not feel that there is any need for an official blind visitor or teacher, and I am satisfied that no case of hardship affecting blind people arises in this County without it being recognised, and further that each such case is dealt with according to its particular merits and requirements.

Population, Death Rate, Birth Rate, and Deaths classified according to Diseases.

DISTRICT.	Population as estimated by R.G. for 1932.	Birth Rate.	Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Encephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System.	Other Tubercular Diseases.	Syphilis.	General Paralysis of the Insane (Tabes Dorsalis).	Diabetes.	Cancer, Malignant Disease.	Cerebral Hæmorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhoea, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis (Acute & Chronic).	Pæriperal Sepsis.	Other accidents and diseases of Preg- nancy & Parturition.	Congenital Debility, Malformation, inclg. Premature Birth.	Peptic Ulcer.	Violent Deaths, other than Suicide.	Senility.	Suicide.	Other Defined Diseases.	Diseases ill-defined or unknown.				
<i>Boroughs and Urban—</i>																																											
Bury St. Edmund's	16800	13.1	11.5				1	1			14	4	1	2		6	33	8	46	1	16	9	3	2	1	1	1	1	1	8	12		6	1	5	1	1	9					
Glemsford...	1265	10.3	15.8								1					1	1	2	2		1	4										1					4		3				
Hadleigh ...	2933	15.7	12.9								1	1				1	2	1	8		2	5									1		2		4	10	2	7					
Haverhill ...	3789	12.7	15.3								1						11		13		14		1										4		2		6	8	1	8	1		
Newmarket	9609	11.5	13.0								6	9	2			2	16	10	18	1	3	9	4	1		3	1		1	4	4		6	2	6	3	8	1	8	1			
Sudbury ...	6844	11.5	16.7								8	1	1				14	10	21		7	9	4	1			1	1		2	2		4		3		3	8	3	14			
Totals	41240	12.5	13.3				1	1			31	15	4	2		10	77	31	108	2	43	33	12	4	1	5	4	2	14	25		23	3	18	31	5	43	1					
<i>Rural—</i>																																											
Brandon ...	5613	16.4	11.0								7	3	1				8	3	14			3	4				1	1					1		1		2	9		4			
Clare ...	6968	13.1	14.6								6	3					18	3	28		11	2	2	2			2					4		6		5		2	6				
Cosford ...	9401	12.7	12.3					1			4	6				1	24	5	35		4	3	1	1								1		5	1	1	6		5	3			
Melford ...	11290	12.3	13.8					1			9	8	1			3	14	9	37	1	13	11	2	2								2	6		3	11	1	11					
Mildenhall	7836	14.0	12.1						1		1	5		1		2	9	10	25		8	3	4										1		2	5	3	8					
Moulton ...	1904	11.6	10.0									3					3	4	4													1		1		1		2					
Theodwastre	7858	12.9	16.8					2			9	2	1			1	17	4	42		13		3	2			2					2		5		3	4	1	15				
Thingoe ...	12790	14.8	15.4				1	1			12	5	2			2	33	10	53		14	2	8	1	1			1		5	6		5		2	6	4	2	20	1			
Totals	63660	13.5	13.8				1	1	4	1	48	35	5	1	1	10	126	48	238	1	63	24	24	8	1	5	2	4	22	25		3	29	3	22	40	9	71	4				
Grand Totals	104900	13.2	13.6				1	1	2	5	79	50	9	3	1	20	203	79	346	3	106	57	36	12	2	10	6	6	36	50	1	3	52	6	40	71	14	114	5				

