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WEST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT

OF THE

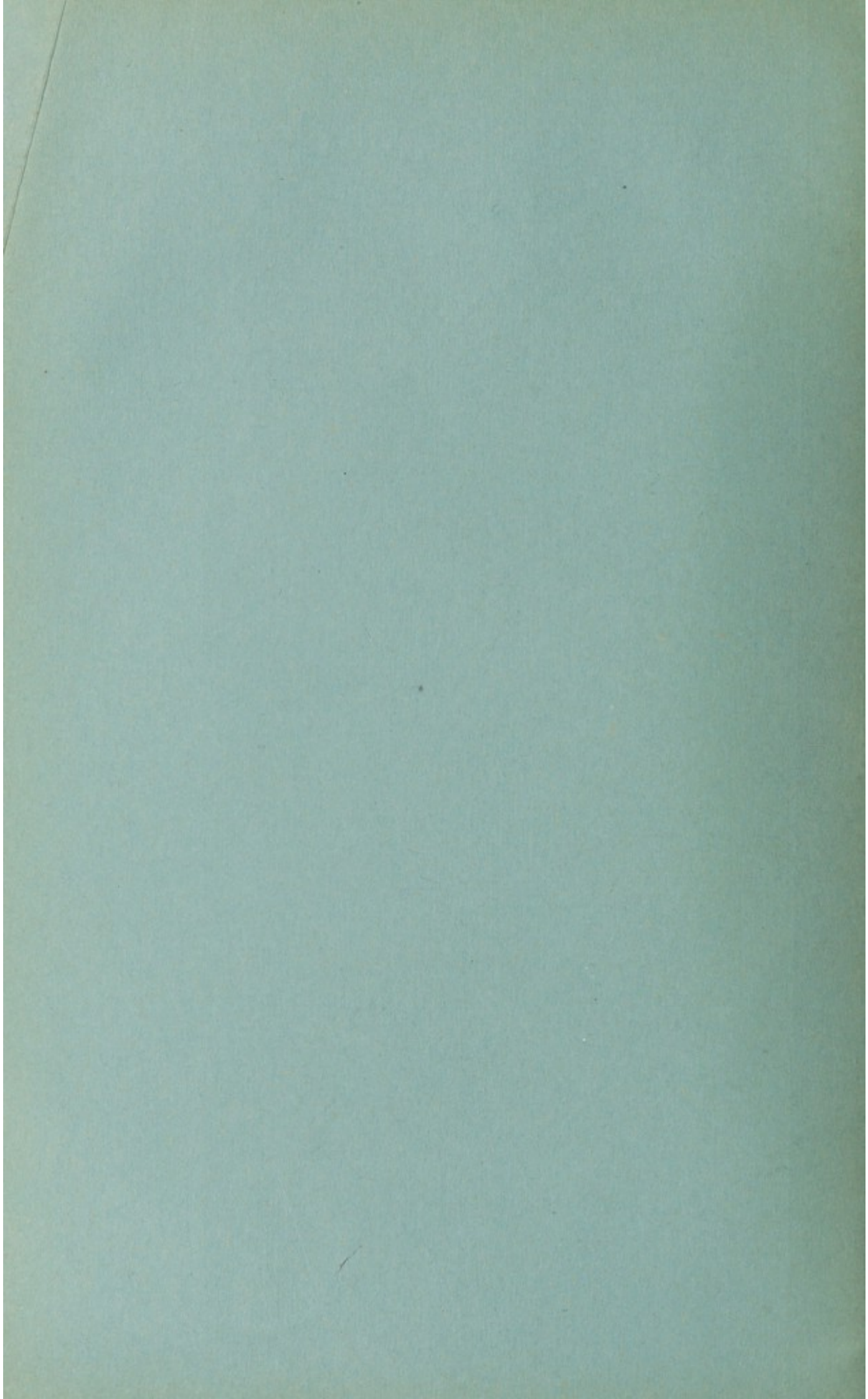
Medical Officer of Health

FOR THE

YEAR 1934.

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

County Medical Officer.



County Health Office,

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 of West Suffolk for 1934.

I take the opportunity of directing attention to the increasing activities of your County Health Department, and to the ever widening duties and services falling to be carried out by your Staff.

It is with considerable pleasure that I am able to report to you on a year's work of advance and consolidation, and I am equally glad to be able to say that, having regard to the County's resources, much has been accomplished under the direction of this Committee.

It is again my privilege to record my appreciation of the work of all members of the County Health Staff; without their solid help and loyalty it would have been impossible for me to place before you such a comprehensive report of accomplished work.

Finally, I should like to be permitted to record my thanks to the Chairman, his Deputy, and to the Members of the Committee, for the generous and kindly help which at all times has been extended to me.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. F. DAVIDSON,

County Medical Officer of Health.

July, 1935.

Staff of the County Health Department.

(a) Medical and Dental Staff.

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

E. J. O'Keeffe, B.A., M.R.C.S., Assistant County Medical Officer.
L.R.C.P., D.P.H. (resigned August, 1934).

E. C. Downer, M.A., M.B., B.Ch., D.P.H. " " " "

A. A. Lisney, M.A., M.B., B.Ch., B.A.O., D.P.H. (appointed September, 1934). " " " "

A. M. Munro, L.D.S. (resigned April, 1934), Assistant Dental Surgeon.

J. S. P. Ballantyne, L.D.S. (resigned August, 1934) " " "

K. I. Drake, L.D.S. (appointed May, 1934) " " "

J. M. Wilson, L.D.S., R.C.S., (Eng.) (Appointed September, 1934). " " "

(b) Veterinary Staff.

F. J. Gildea, M.R.C.V.S. Chief Veterinary Inspector (East and West Suffolk).
(Appointed October, 1934).

H. Mitton, M.R.C.V.S. Assistant Veterinary Inspector (East and West Suffolk).
(Appointed October, 1934).

(c) 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, " " " " "

J. Best, Dental Attendant.

N. Clayton, Dental Attendant.

G. M. Woodward, S.R.N., Matron, County Sanatorium.

*These Officers hold the Health Visitors' Certificate.

(d) 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, 1934)	Urban	...	...	41,100
	Rural	...	...	63,150
Administrative County	...	...	...	104,250
Rateable Value (General)	...	...	...	£421,825
Estimated Product of a Penny Rate (General)	...	...	...	£1,601

Extract from Vital Statistics of the Year.

(A) Births.

Live Births—	Total.	Males.	Females.
Legitimate	1303	690	613
Illegitimate	63	29	34
Total Births	1366	719	647

Birth Rate per 1,000 of the estimated resident population, 13.1

Still Births	Total.	Males.	Females.
Rate per 1,000 total births, 38.02	54	28	26

(B) Deaths.

Deaths	Total.	Males.	Females.
Death Rate per 1,000 of the estimated resident population, 13.1	1362	702	660

Deaths from diseases and accidents of pregnancy and childbirth—

(a) from sepsis	...	...	1
(b) from other causes	...	...	4
Maternal Mortality Rate per 1,000 total births	...	...	3.05

Death Rate of Infants under 1 year of age:—

All Infants per 1,000 live births	...	38.06
Legitimate per 1,000 legitimate live births	...	36.07
Illegitimate per 1,000 illegitimate live births	...	79.36

Deaths from Measles (all ages)	...	4
Deaths from Whooping Cough (all ages)	...	1
Deaths from Diarrhoea (under 2 years of age)...	...	2

General Comments Concerning the Year.

(1) Comments on Main Vital Statistics.

Birth Rate.

In 1934 there was again a slight fall in the County Birth Rate (13.1) as compared with the rate (13.2) for the previous year, while the total number of live births declined in 1934 by 15.

During the last few years there has been no great fluctuation in the Birth Rate figures, although the small changes that have taken place show a decline each year since 1930. The figures for each year from and including 1930 to 1934 are: 13.9, 13.7, 13.3, 13.2, and 13.1.

Ten years ago the figures for the years 1920 to 1924 were: 24.2, 20.6, 18.6, 18.04, and 16.2.

Since 1924 the rate has steadily declined through 1925 (15.7), 1926 (15.3), 1927 (14.7), 1928 (14.2), and 1929 (14.4) until, as recorded previously, the figure of 13.1 was found in 1934.

It is interesting to note that the average birth rate for the boroughs and urban districts was 12.3. In this section the highest birth rate of 14.9 was returned for the third year in succession by Hadleigh, while the lowest rate of 10.4 was found in Newmarket and Sudbury. In last year's return the lowest rate was found in Glemsford.

The average birth rate over the rural districts was 13.6, which, as usual, is higher than that for the urban districts; the highest rate of 16.7 was returned in Moulton, which in the two previous years returned the lowest rate; this year the lowest rate of 9.9 was found in Clare, where out of a population of 6,892 only 68 live births were recorded.

In the return for 1933 there was the remarkable feature of the Death Rate exceeding the Birth Rate by .4, but in 1934 the position is slightly bettered as the Death Rate and Birth Rate are equal at the figure 13.1.

Note.—The falling birth rate very frequently is a source of worry to certain students of social conditions, but in the main, as I have said before, I regard the falling rate as a measure of help in days when economic circumstances are so chaotic. I believe definitely that this continued fall in so far as West Suffolk is concerned depends much more on natural causes than on artificial causes, and that being so I feel that the process can well be left without criticism in the hands of Nature, whose control and wisdom are to be valued much more highly than the opinion and forecasts of statisticians.

Death Rate.

The County Death Rate for 1934 was 13.1, and this rate, while it exceeds the rate for England and Wales by 1.3, is less than the County rate in 1933 by .5. The total number of deaths in the Administrative County during the year was 1362; this figure shows a reduction of 66 on the figure for the previous year. The Death Rate for the County continues to remain high in comparison with the figures for past years.

A summary of the chief causes of death in the County in 1934 is as follows: (1) Heart Disease, 355; (2) Cancer, 199; (3) Cerebral Haemorrhage, Aneurysm and other Circulatory Diseases, 193; (4) Digestive Disorders, 72; (5) Tuberculosis (all forms), 72; (6) Senility, 66; and (7) Nephritis, 49.

The first three places remain as in previous years, but the places 4, 5, 6, 7, were occupied last year by respectively Influenza, Senility, Bronchitis, and Congenital Deformity and Premature Birth.

With regard to Cancer, the total deaths have decreased from 203 to 199. The Cancer death rate remains stationary at 1.8, and the disease was the cause of death in 14.6 per cent. of the total deaths returned in the year.

On investigating the area death returns in the County, it was found that the average death rate for the boroughs and urban districts was 12.5; the highest local death rate of 15.9 was returned by Glemsford, and the lowest of 10.5 was recorded in Hadleigh; in last year's returns these positions were occupied respectively by Sudbury and Bury St. Edmund's.

The average rural death rate was considerably higher than the rate for the boroughs and urban districts and was recorded as 13.4. The highest rural death rate was returned in Clare with 15.1, and the lowest rate was found in Moulton with 11.5. Last year the highest rural rate was in Thedwastre and, as this year, the lowest in Moulton.

Note (1).—It is interesting to observe (a) that Hadleigh returned the highest death rate and the highest birth rate among the urban districts, and (b) that in the rural districts, Moulton returned the lowest death rate and the highest birth rate.

Note (2).—The Death Rate for the County remains high, but I do not think it has any significance from the point of view of prevalent disease or general health. It must be recollected clearly that for the most part there has been a declining birth rate present through many years; there have also been migration changes in these years, probably affecting mostly young and middle-aged adults; the result has been that we are dealing now with a population of increased average age in which mortality of a heavy type must be inevitably expected.

Note (3).—It is of considerable interest to find that in the urban areas there were 513 deaths, of which 314 or 61.2 per cent. were over the age of 65, and that 162 or 31.6 per cent. were over the age of 75. In the rural districts there were 849 deaths, of which 556 or 65.5 per cent. were over the age of 65, and 330 or 38.9 were over the age of 75.

Note (4).—In this year's return it is astonishing to find that alongside such killing diseases as nephritis (49 deaths), bronchitis (44 deaths) and pneumonia (43 deaths) there are ranged the deaths from violence which in a small rural county account for no fewer than 44 deaths.

Infant Mortality.

The rate for the Administrative County of 38.1 per 1,000 live births shows a decrease of 8.2 on the figure for last year, and it is again a very great improvement on the rate of 59 for England and Wales.

The following are the rates for Infant Mortality in West Suffolk since 1931:—

1931	52.6 per 1000 live births.
1932	52.6 " " " "
1933	46.3 " " " "
1934	38.1 " " " "

General Note.

I consider this to be an achievement worthy of special and particular note; it will be seen that in four years this particular rate has dropped by 14.5 per 1000.

Twenty years before this previously quoted period, that is in 1912, the infant mortality rate in Suffolk was 71.6, being 89.3 in the urban districts and 62.8 in the rural districts. In 1913, 21 years ago, the rate was as high as 74.4 per 1000 live births in Suffolk, and even this, bad as it was, compared favourably with the figure of 109 for England and Wales.

In a little over twenty years this most important rate has been halved in your County, and when one thinks of the saving in infant life the full merit of the happening is apparent.

There are some who think and who argue that we are now keeping alive those babies who in the good old days were allowed to die off in the fine battle of the survival of the fittest. I have no sympathy with such a view, for, apart from medical reasons, surely it is the right of every child born into the world to be given conditions of life which favour and help its existence rather than that from the first day of birth it should wage a ceaseless struggle with its frail system against its conditions of life, until, wearying and despairing, it gives up the struggle and dies—one more glorious victim of the rule of the survival of the fittest.

To-day with this saving in infant life there is being carried out a positive work of the best description, and there is no ground for saying that we only keep alive babies who in their teens will be chronic invalids. To those who may hold this view, I recommend a study of photographs and of literature of one hundred years ago, and I venture to suggest that their ideas will be swamped in a very short space of time.

The onward strides of medicine, its control of plagues and epidemics, its cures and preventions of many diseases, the advancement in environmental and personal health conditions and the awakening of the public conscience and interest—all these are the factors that combine to save babies' lives, and these are the real reasons why babies now do not die in their hundreds out of the thousands that are born. In other words, it is not the keeping alive of frail babies that has counted, but the widespread prevention of all those things which slaughtered infant life in the so-called good old days.

Maternal Mortality.

The Maternal Mortality Rate per 1000 total births was 3.5 compared with a rate of 4.4 for England and Wales.

In 1934 there were five maternal deaths, which figure is an increase of 1 on the figure for last year.

I consider that in the main the position is satisfactory in this County, and, as will be seen from the above figures it is a considerable improvement on the return for England and Wales.

Zymotic Deaths.

A total of 13 zymotic deaths was returned. A summary of the causes of death was as follows: Measles 4, Diphtheria 2, Whooping Cough 1, Scarlet Fever 3, and Encephalitis 3. The Zymotic Death Rate was .124.

(2) The Question of Malnutrition.

This question has received particular care during the year, and a considerable amount of special observation has been made on all children reported to be suffering from this condition.

In each case reported to be suffering from malnutrition by the Medical Officers, a special note has been sent to the Head Teacher and to the parent or guardian, and, in addition, in due course a Health Visitor followed up the case to ascertain if the recommendations had been carried out; in this way 218 cases were visited and advised.

The whole question of malnutrition continues to be one of major concern in view of its importance to the health of the public generally in this area. In addition to the above clinical measures, special attention has been given to the subject by the Domestic Science Department and I am very hopeful that this work will prove of considerable benefit. Again, special lectures have been given on nutrition at the County Welfare Centres and at Women's Institutes all over the County; furthermore, both Medical Officers and Health Visitors have given a great deal of private and individual advice on the subject.

The adoption of the Milk Marketing Board Scheme of milk for School Children is an important step forward in combating the effects of undernourishment, and, properly developed, this scheme should return very considerable benefits.

Despite all these additional measures, I am convinced that the essential remedy is to be found in appropriately timed and applied instruction to girls of school leaving age in (1) how to buy food so that the money expended is used to the very best advantage, (2) how to cook food decently and in appetising fashion and without waste, and (3) how best to utilise left over scrap food so that wastage is avoided.

As I have said before, this may seem very ordinary and unexciting advice, but it is the essential basis not only for domestic physical welfare, but largely also for domestic happiness and contentment. Much depends on securing this commonsense standard, and until it is obtained one cannot expect to find any continued or permanent improvement in the feeding of school children or of adults.

(3) Provision of Milk for School Children.

(a) General Voluntary Scheme.

It will be remembered that the Milk Marketing Board Scheme for the supply of milk to School Children came into force on October 1st, 1934.

For the re-information of the Committee, I summarise the position of the scheme:

(1) At the end of 1934, the scheme had developed on entirely a voluntary basis but with the full support of the County Council and of the County Education Committee.

(2) No milk can be supplied under the terms of the scheme to any school unless the producer and the milk are covered by a Certificate of approval from the County Medical Officer of Health.

(3) In every application which I receive, I cause investigations to be made concerning the premises and methods of the producer, and, after these have been carried out, I obtain a covering certificate from the Agricultural Department. In addition, the milk is sampled bacteriologically, and it must comply with the present standard for Grade "A" milk. If these two investigations are satisfactory, and generally this means that the producer is on the County Accredited Register, I issue a certificate of approval to the producer reserving the right to suspend the certificate if at any time the necessity for that action should arise. Finally, samples of the milk actually being supplied to schools are taken from time to time and are examined bacteriologically (a) for the total count of organisms per 1 c.c., (b) the presence or absence of B. Coli, in 1/100 C.C., and (c) the presence or absence of the tubercle organism.

The period of time covered by this report is from October 1st, 1934, until the first week of the January term; the chief particulars are as follows:—

Number of schools in which the scheme is operating	...	...	...	...	34
Number of children in receipt of milk	...	...	...	...	2232
Number of children in attendance at these schools	...	...	...	...	3714

In general, the result can be regarded as satisfactory, and I hope to see a considerable extension in its scope in due course. The early success of the scheme is largely to the credit of the local School Managers and Head Teachers of these schools, and it is of interest to note that practically all these schools had either a scheme in action or in process of completion before they received the official circular from the Education Department. I hope it can be taken for granted that the circular will stimulate many other schools to adopt the scheme, and that very much greater progress will be made in the next few months.

(b) The Question of the Supply of Free Milk to Necessitous Children.

At a meeting of the Education Committee in December the above question was touched upon, and I take this opportunity of reporting upon it.

At that meeting there were three headings mentioned (1) the need for the supply of free milk to necessitous elementary school children, (2) the steps which would be required to be taken to make possible the provision of free milk to such necessitous children, and (3) the estimated cost to the County Council of such free milk.

With regard to the need for the supply of free milk to malnourished children, I require to say little. No better measure for the improvement of the health of the children could be devised, and from the medical point of view I can give every support to any such proposed measure.

Secondly, regarding the steps to be taken to make possible the provision of free milk, there are two divisions; there is firstly the ascertainment of such children on medical grounds; this is a matter which has already been carried out, and the names of all such children in any elementary school in the county are already available in the medical records; there is secondly the method of providing the milk, and this is not quite so simple. No difficulty would arise in making the arrangements in any school in which milk was being taken on a voluntary basis, but in schools which have not adopted the scheme it would not be practical for the Authority to supply milk, chiefly for the reason that very few producers would consider it worth while to supply milk under these conditions to only a few children (perhaps half a dozen or less) in each school. Generally speaking, however, no difficulty would arise in making this free provision providing that milk under this scheme was already being supplied to the school. Thirdly, regarding the cost, I estimate (on an approximate basis only) that to supply the known medically necessitous children in the County elementary schools with one-third of a pint of milk each school day in the year there would be required a sum of £100 per year. It must be recognised that this sum is an approximate estimate, but I feel sure that it would cover adequately and probably be slightly in excess of the actual sum required.

Note I.—It is of interest to record that the question of the supply of free milk to medically necessitous children was approved by the County Council in March, 1935.

Note II.—With regard to the general voluntary scheme, I give below the latest figures relating to the progress of the Scheme:—Date at which ascertained, 31-3-35.

Number of schools in which the scheme is operating	...	...	...	57
Number of children in receipt of milk	...	...	...	3462
Number of children in attendance at these schools	...	...	...	5914

Note III.—It is a pleasure for me to record my thanks for the generous assistance and willing co-operation of the staff of the Agricultural Department in all matters affecting the success of this Scheme.

General Provisions of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

(A) Institutional Provisions.

(a) GENERAL SICK.

In my reports for 1931, 1932 and 1933 will be found details of the various proposals dealing with the provisions for the care of the general sick, and consequently it is only necessary for me to add brief notes on matters of recent development.

Generally speaking, I believe that the alterations that have been carried out in these institutions constitute a real forward step in the County Council's administration under the terms of the Local Government Act, 1929, and it is my opinion that the position which has been attained to-day is one worthy of considerable commendation.

It will be remembered that at the start of this re-organisation I pointed out that it was impossible to centralise all Public Assistance Institutional functions at Bury St. Edmund's, although this course of action, if it had been practical would have been the obviously correct administrative measure to adopt. Progress was, therefore, made along the lines of maintaining the institutions at Bury St. Edmund's, Newmarket and Sudbury on the same general basis as previously, but with certain improvements in accommodation and with certain alterations in special functions, while the Institution at Kedington would largely cease to be a Public Assistance Institution and become an institution for the housing and treatment of certified cases of mental defect.

This programme of work and effort has been carried out, and I believe that the future results will be to the lasting good of the Administrative County. There remain one or two other proposals which are most desirable, and to these I shall refer in the brief notes which I append herewith, on the County Institutions.

Bury St. Edmund's Institution.

The main hospital reconstruction and the re-housing of the Nursing Staff have been a great success, and the new male wards must be a source of pride both to the Public Assistance Committee and the local Guardians' Committee.

My special note on this institution in last year's report referred in rather harsh but justifiable terms to the kitchen arrangements and kitchen equipment. The question of equipment has been attended to, and this must have resulted in a very great improvement in the conditions under which the kitchen work is carried out. Provisional surveys have been made for a site on which new kitchens and dining halls can be erected, and I hope that the current year will see this work completed.

The whole trend of the work of this institution is towards (1) the treatment of the sick and (2) the housing of the aged poor, and undoubtedly as an administrative plan for the future, the following should be considered:—

- (a) the present female sick quarters to be used for housing the aged poor;
- (b) the provision of new female sick wards; and
- (c) the gradual scrapping of much of the present House-side.

I believe that two proposals must be attended to without undue delay, and in such a way that they will form the nucleus for and be the commencement of any of the operations fore-shadowed above. The first of these proposals is the transfer of the kitchen to a site near to and with convenient access to the present sick wards; and the second—the more urgent one—the building of a maternity annexe. This latter proposal is one which should not be delayed unduly, as the present maternity and labour wards are a very poor provision. In this connection it would not be necessary to have any elaborate plan, but I consider that such a provision is essentially required.

Newmarket Institution.

This institution, excellent alike in structure and lay-out, continues to improve its already very good position by gradual alterations and improvements.

To both the male and female sick wards there are now sick annexes which are of a most useful type. I believe this work, which was undertaken and accomplished at Newmarket could not be bettered in any way. When one remembers that the conversions arose from coal stores and old dilapidated and disused buildings the whole value of the work is enhanced.

The controlling Committee and their Master deserve much commendation for the able and clever way in which all this work has been completed.

In last year's report a special note was made regarding the installation of electric light, and it is to be expected that this will be carried out during the present year.

The special quarters for children, consisting of a day and night nursery, complete with independent bathing, washing and lavatory accommodation and having play verandahs of generous extent, and also play space adjacent, are nearing completion, and it is altogether a fine piece of work.

I consider that in the four years I have been in this County there has been accomplished in Newmarket, by reconstruction and restoration, a general work which will give very many years of useful service to buildings which might quite easily have become derelict almost immediately.

Sudbury Institution.

On several occasions I have pointed out the extreme difficulty in bringing certain parts of this institution to the level of modern standards, but it is most gratifying to report that commendable progress has been made in recent years with work which, to say the least of it, must have been extremely hard and trying.

The female sick wards are now completely transformed, and wards, kitchens, stairway and approaches have been improved out of all recognition; in fact there is in this institution, as a result of this fine work, an excellent female sick block with associated day-rooms.

The main recommendation which I made in my last report was that attention should be given to the better housing of the nursing staff, and considerable progress has now been made towards this end. New quarters are practically completed for the use of the Master and Matron, and in due course the Nursing Staff will be transferred to the quarters previously used by the Master and Matron. By this move there will be provided good quarters for the staff, and there will also be made available certain small-ward accommodation which was very badly required in this institution. A further improvement will be a connecting-up of the new maternity wards to the main female building by an extension of an existing passage-way. This latter improvement should do away with any criticism that the maternity wards are too difficult of access from the sick ward, and when completed, the entire arrangement will do much to improve not only the appearance but the working facilities of the institution.

I commend the attention of the Council to the work which is being done in Sudbury, for I can bear testimony to the difficulties encountered and to the fine efforts which have been made by the Guardians' Committee and their Master to make the best out of an institution whose structural plan is of an extraordinary complexity.

(b) Acute Medical and Acute Surgical Sick.

The arrangements for dealing with these cases have continued unaltered during the present year. There exists between the County Council and the Voluntary Hospitals a full measure of co-operation, and the system has worked smoothly on both sides.

Personally, my Department is much indebted to the Voluntary Hospitals and their staffs for their courteous and never-failing help, and it is most gratifying to me that this pooling of effort has been so successful in this area.

(c) Children's Homes.

These Homes have continued to carry out their important work usefully and well, and I do not think there is any call to make any recommendations with regard to them.

The Council are well aware of my advice that wherever it is possible children should be boarded-out in private homes, and it is a real pleasure for me to find that this policy is being steadily increased. By so doing, the Children's Homes will be relieved of any undue pressure in accommodation, and there will be conferred on the children what, after all, is every child's right—a share in ordinary home life as a member of the family. At the same time, I would like the Council to know that I have every confidence and trust in the work so diligently and carefully carried out by the Matrons of the Homes, and I feel that their present administration could not be bettered in any way.

(B) Standard Dietary for Public Assistance Institutions.

This question of a standard dietary for the institutions was sanctioned by the County Council during the year, and I believe its adoption has been a measure of considerable success.

It is sometimes thought by the general public that conditions in Public Assistance Institutions are akin almost to those of penal settlements, and I am always endeavouring to let the public know and to let them see for themselves not only how good the conditions are but also how sympathetically and ably these institutions are managed and staffed.

I therefore propose giving the diet sheets in full in this report, so that some publicity may be given to the excellent way in which the patients and inmates in these County hospitals are fed.

It will be noted that the dietary provides for a fourteen day cycle; this course was adopted so that each day of the week is not marked by a definite well-known menu; in addition, I have attempted to give variety in the food supplied. Extravagance has been avoided, and economy has been practised in so far as it is justifiable in dealing with such an important matter as food supply.

I have 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; the Master of the Institution must remain the authority for determining the individual needs of the various classes of people in his institution, and the weights and quantities stated in the dietary are only to be regarded as a general indication of the average needs, and as a guide for the Master in estimating particular needs.

The following are the Diet Sheets as at present in use in all the County Public Assistance Institutions:—

PUBLIC ASSISTANCE INSTITUTIONS.

Dietary (14 Day Cycle).

BREAKFAST.	DINNER.	SUPPER.
1. SUNDAY. Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Porridge ... 1 pt. Syrup ... $\frac{1}{2}$ oz. Tea ... 1 pt.	Irish Stew ... 1 pt. Bread ... 4 oz.	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Egg ... 2 oz. Tea ... 1 pt.
2. MONDAY. Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Egg ... 2 oz. Tea ... 1 pt.	Cold Beef (Pressed) 3 oz. Potatoes ... 6 oz. Other vegs. ... 4 oz. Sultana Pudding ... 4 oz. (Milk Pudding during hot weather)	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Cake ... 4 oz. Tea ... 1 pt.
3. TUESDAY. Bread ... 7 oz. Margarine ... $\frac{3}{4}$ oz. Marmalade ... $\frac{1}{2}$ oz. Tea or Cocoa ... 1 pt.	Toad-in-hole ... 10 oz. Gravy ... Potatoes ... 3 oz. Other vegs. ... 4 oz.	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Cheese ... 1 oz. Tea ... 1 pt.
4. WEDNESDAY. Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Fish (Kipper, Herring, Bloaters, etc.), or Marmalade or Jam ... $\frac{1}{2}$ oz. Tea ... 1 pt.	Boiled or Roast Mutton ... 3 oz. Potatoes ... 6 oz. Green vegs. ... 4 oz. Currant Roll ... 4 oz. (Milk Pudding during hot weather)	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Cake ... 4 oz. Tea ... 1 pt. (Fresh fruit in season)
5. THURSDAY. Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Bacon ... 2 oz. Tea ... 1 pt.	Soup ... 1 pt. Dumplings ... 2 oz. Bread ... 4 oz.	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Jam ... $\frac{1}{2}$ oz. or Fish (Kipper, Herring, Bloaters, etc.) Tea ... 1 pt.
6. FRIDAY. Bread ... 7 oz. Margarine ... $\frac{1}{2}$ oz. Marmalade ... $\frac{1}{2}$ oz. Tea or Cocoa ... 1 pt.	Meat Pudding ... 10 oz. Potatoes ... 6 oz. Other vegs. ... 4 oz. Stewed fruit ... 4 oz.	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Cheese ... 1 oz. or Egg ... 2 oz. Tea ... 1 pt.
7. SATURDAY. Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Sausage ... 2 oz. Tea ... 1 pt.	Cold Roast Pork, Beef or Mutton ... 3 oz. Potatoes ... 4 oz. Other vegs. ... 4 oz. Milk Pudding ... 6 oz.	Bread ... 6 oz. Margarine ... $\frac{1}{2}$ oz. Cheese ... 2 oz. Tea ... 1 pt.

BREAKFAST.	DINNER.	SUPPER.
8. SUNDAY.		
Bread ... 7 oz.	Boiled Beef ... 3 oz.	Bread ... 6 oz.
Margarine ... $\frac{3}{4}$ oz.	Boiled Suet Pudding ... 3 oz.	Margarine ... $\frac{1}{2}$ oz.
Marmalade ... $\frac{1}{2}$ oz.	Potatoes ... 6 oz.	Cake ... 4 oz.
Tea or Cocoa ... 1 pt.	Greens ... 4 oz.	Tea ... 1 pt.
	Bread ... 4 oz.	
9. MONDAY.		
Bread ... 6 oz.	Soup made with meat and vegetables ... 1 $\frac{1}{2}$ pt.	Bread ... 6 oz.
Margarine ... $\frac{1}{2}$ oz.	Norfolk Dumplings ... 2 oz.	Margarine ... $\frac{1}{2}$ oz.
Brawn ... 2 oz.	Bread ... 4 oz.	Cheese ... 1 oz.
Tea ... 1 pt.		Tea ... 1 pt.
		Fresh fruit in season.
10. TUESDAY.		
Bread ... 6 oz.	Roast Mutton ... 3 oz.	Bread ... 6 oz.
Margarine ... $\frac{1}{2}$ oz.	Potatoes ... 6 oz.	Margarine ... $\frac{1}{2}$ oz.
Bacon ... 2 oz.	Other vegs. ... 4 oz.	Jam ... $\frac{1}{2}$ oz.
Tea ... 1 pt.	Bread Pudding ... 4 oz.	Tea ... 1 pt.
11. WEDNESDAY.		
Bread ... 7 oz.	Shepherds' Pie and Gravy ... 10 oz.	Bread ... 6 oz.
Margarine ... $\frac{3}{4}$ oz.	Potatoes ... 3 oz.	Margarine ... $\frac{1}{2}$ oz.
Tea or Cocoa ... 1 pt.	Other vegs. ... 4 oz.	Fish (as before)
		Tea ... 1 pt.
12. THURSDAY.		
Bread ... 6 oz.	Irish Stew ... 1 pt.	Bread ... 6 oz.
Margarine ... $\frac{1}{2}$ oz.	Bread ... 4 oz.	Margarine ... $\frac{1}{2}$ oz.
Jam or Marmalade ... $\frac{1}{2}$ oz.		Egg ... 2 oz.
Tea ... 1 pt.		Tea ... 1 pt.
13. FRIDAY.		
Bread ... 6 oz.	Boiled Mutton or Beef ... 3 oz.	Bread ... 6 oz.
Margarine ... $\frac{1}{2}$ oz.	Potatoes ... 6 oz.	Margarine ... $\frac{1}{2}$ oz.
Porridge ... $\frac{1}{2}$ pt.	Bread ... 4 oz.	Fish (as before)
Tea ... 1 pt.	Stewed fruit ... 4 oz.	Tea ... 1 pt.
14. SATURDAY.		
Bread ... 6 oz.	Cold Roast Beef, Pork or Mutton ... 3 oz.	Bread ... 6 oz.
Margarine ... $\frac{1}{2}$ oz.	Potatoes ... 6 oz.	Margarine ... $\frac{1}{2}$ oz.
Bacon ... 2 oz.	Other vegs. ... 4 oz.	Cheese ... 1 oz.
Tea ... 1 pt.	Syrup Pudding or Treacle Roll ... 4 oz.	Tea ... 1 pt.
		(Fresh fruit in season)

NOTES:—

- Tea*: Lettuce, water-cress, or salad should be given in lieu of jam when convenient.
- Jam, marmalade, pickles, etc. should be home-made where possible.
- The weight of meat in ounces denotes the weight of meat when cooked, without bone.
- All nurseries should be supplied with butter, or with margarine guaranteed to contain vitamins.
- Alternative items for dinner: Liver, tripe, steamed meats, pies and tarts.
- Fish to include especially kipper, herring, bloaters, fish-roe.
- Seasonal variation of diet permitted as required.

(C) Nursing Services in Public Assistance Institutions.

I have investigated the conditions and terms of service of these staffs, and I have submitted reports thereon to the Public Assistance Committee. At the time of writing this Report the matter is still under consideration, and consequently I am only able to refer to the subject in general terms.

For some time now, the House Committees of the Institutions have been somewhat concerned with the continued and in some cases the rather rapid changes which have been taking place in the nursing personnel, and it was largely because of this fact that I was asked by the Public Assistance Department to make this report.

It might be well for the Committee to realise that to obtain efficient and reliable women for this service, and to keep them, is not by any means an easy matter. The work is heavy, monotonous, exacting, and as it is almost entirely concerned with nursing chronic cases it is depressing, and can be described as "dead work" in comparison with work in other branches of the nursing service. It must never be forgotten, however, that Poor Law Nursing is a service which will always be required, and that it will always be necessary to obtain women to carry out this work. It is, I think, everlastingly to the credit of the women who do this work that it is done so well and that such good heart is given to duties which are very often objectionable and arduous to a degree.

There has grown up in the Poor Law Service two very distinct groups of nurses. Firstly, there are the Assistant Nurses with some degree of training and efficiency (usually girls who have tried other branches of nursing and who have failed examinations, etc., but many of whom are excellent for the purpose of Poor Law Nursing), and secondly, there are the Junior Assistant Nurses who come into the Service very often as young girls, sometimes as older women, and who receive all their training and experience after appointment to the institution, *i.e.*, in the course of their duties which are carried out under the supervision of the Matron or Sister. Some of us would like to see both these classes recognised by some diploma in practical training, so that they might derive greater incentive and interest in their work and so that they might obtain improved status, and that advance will probably come, but at the moment we must face the question in its present condition.

Firstly, I think we require to get the various names applied to the different nurses simplified, and I propose that the following should be adopted:—

- (1) Matron (trained nurse and holding C.M.B. certificate).
- (2) Sister (trained nurse holding C.M.B. certificate).
- (3) Staff Nurse (trained or untrained but holding C.M.B. certificate).
- (4) Assistant Nurse (untrained but with not less than three years' nursing experience).
- * (5) Junior Nurse (all others with no training).

(N.B.—A moment's reflection will lead the Committee to think that there is considerable importance in getting these "titles" recognised).

*After three years' training, and if suitably reported upon by the Matron, these nurses could be recognised as and promoted to the position of Assistant Nurses (see later section of this Report).

I believe that the adoption of this section would give greater peace to the relationships of the various members of any one nursing staff, and that by giving promotion after three years to the Junior Nurses there would be much greater interest and keenness given to them to make good.

Secondly, in order to obtain a contented and settled staff, two chief points must be settled, *viz.*, (1) Salary and (2) Amenities.

With regard to salary, I think the position in the County is in the main satisfactory, but there are discrepancies of an important nature. It must be recognised that in the County we are unable to compete either under (1) or (2) with say Middlesex, but I believe something can be done to improve matters under both headings.

(a) Salary Conditions.

The question turns to a certain extent on the constitution of the nursing staffs in the various institutions. At present, the nursing staff at Bury St. Edmund's is adequate and is capable of meeting practically all emergencies, *viz.*, special cases, holiday and sickness duties, etc. In the institutions at Newmarket and Sudbury and Kedington the staff can scarcely meet normal demands and are incapable of meeting extra demands of any kind, and at these Institutions, notably Sudbury and Newmarket, the cost for external temporary nursing assistance (which is often of an unsatisfactory nature) is extremely high. In a twelve month period the cost of this external nursing assistance was £320 8s. 4d. over the four County Institutions.

I make the suggestion that by a reconstruction of the nursing services in these institutions the money now spent on external temporary help could be used for improving the conditions of the permanent staff and for increasing the permanent staff so that it could be sufficient to meet all ordinary demands without calling in external and costly assistance.

At the moment, Newmarket and Kedington employ only trained Assistant Nurses; at Sudbury there is a mixture of Assistant (trained) Nurses and of untrained Junior Nurses; while at Bury practically the whole staff is composed of junior untrained nurses. (Note—this is really only on paper, for several of these so-called "junior" nurses have qualified by years of nursing experience to be regarded as Assistant Nurses).

In examining the position two distinct facts must be kept in mind, viz. (1) if untrained nurses predominate, then the trained supervising staff must be considerably increased, and (2) if trained assistant Nurses predominate then while a supervising staff must always be required, it need not be nearly so extensive or as expensive as in the previous instance.

The point to be settled then is this: do you wish all your nurses to be trained Assistant Nurses or do you wish your nurses to be largely junior untrained nurses? In my opinion, a mid course is desirable, viz., a nucleus of trained nurses plus a certain number in each institution of untrained junior nurses. In this way at each institution there would be established in a minor but none the less important way a kind of training school whereby these untrained people would be given experience under supervision. This would result in each institution being its own nursery for its nurses, and I believe it would be a sound arrangement providing always that these untrained women can be obtained.

(b) Amenities.

This Committee and the various House Committees of the Institutions have given attention to this matter and much has been done to improve things.

At Bury St. Edmund's the new arrangements for the comfortable housing of the Nursing Staff have answered excellently and nothing more need be contemplated.

At Newmarket the same statement is true.

At Sudbury the Committee are well aware that things are far from satisfactory, and steps are now being taken to remove completely the many disagreeable features present in the existing scheme for housing the nurses.

At Kedington the position is not good, but will be considerably improved on the completion of the new arrangements.

General Conclusions.

The financial arrangements regarding salaries cannot yet be stated as they are still under adjustment, but the Committee and the various House Committees have already accepted with considerable interest and sympathy the general principles of this Report, and I am certain that its final adoption will do much to secure a contented, reasonably salaried, and decently housed nursing staff in each of the County Institutions.

(D) Poor Law Medical Out-Relief, and Appointment of District Medical Officers.

The arrangements for these appointments have continued practically unchanged in type since the County Council assumed responsibility for them under the terms of the Local Government Act, 1929.

In the past a definite appointment of a District Medical Officer has been made to each district; as I have said, these appointments have been largely continued except in certain instances, where, in anticipation of new procedure being advocated, they have been continued only on a temporary basis.

For some time it has been felt that there were many inequalities throughout this Service, and as such a state of matters is always bad from the administrative and every other point of view, I thought it advisable to present this report to you.

As a first step in investigating the position, I requested the Public Assistance Officer to obtain from the District Medical Officers their registers of medical out-relief (viz., home visits, visits at surgery, medicines, etc.) so that I could ascertain for myself the amount and nature of the work carried out.

From the registers that I received I was able in a general way to assess the work that was being carried out, but it is almost impossible to obtain really accurate information. It is tolerably certain, however, that a great deal more medical service has been given than is recorded, for it is well known that many medical officers on a salaried basis, knowing the

circumstances of the persons in their areas, have attended patients known to them to be on poor law relief without asking for or receiving an order from the Relieving Officer, and without recording in their books the services rendered. Obviously, however, the system is somewhat haphazard to say the least of it, and it certainly requires careful adjustment.

With a view to securing more uniform conditions, I have placed before the Committee certain recommendations, and these are at present under consideration.

Generally speaking, there are two alternative suggestions: (a) that the Service should be maintained on its present lines but that its entire administration should be reviewed in every detail, so that the present anomalies and irregularities may be swept away and so that a proper and equitable basis may be established for all its workings; or (b) that the present Service should be replaced by one with an entirely different administrative basis, namely, that of free choice of doctor, with suspension of all new appointments of District Medical Officers. Under this proposal there would be established on the lines of the National Health Insurance Scheme free choice of doctor by all patients and all practising physicians in the area approved for the Poor Law Panel would be available for service under certain conditions.

I hope that in 1935 a decision will be made to adopt one or other of these proposals so that a much-needed reform may be given to this particular service in West Suffolk.

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, and no special difficulty has been experienced under the present conditions.

The main portion of the work is undertaken by the West Suffolk General Hospital; it has been carried out with great success and on the whole this provision is entirely adequate to meet the needs of the greater part of the County.

In view of the postal and transport difficulties to Bury St. Edmund's, urgent work from the southern portion of the County is sent to either Ipswich or Colchester, while, in addition, bacteriological examinations, including biological tests, of milk samples is 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	...	...	...	...	...	190
Cervical swabs and smears	...	...	...	...	...	24
Examination of urine (for T.B.)	...	...	...	...	...	6
Blood for Wassermann Reaction	...	...	...	...	...	160
Blood for Widal Reaction	...	...	...	...	...	5
Sputum for Tubercle Bacillus	...	...	...	...	...	284
Sputum for Organisms	...	...	...	...	...	6
Pleural Fluid for T.B.	...	...	...	...	...	1
Stools for T.B.	...	...	...	...	...	6
Pus for T.B.	...	...	...	...	...	5
Hairs for Ringworm	...	...	...	...	...	16

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.

I take the opportunity of repeating my note on the very great need for more extensive provision 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.

I am well aware of the desire of the West Suffolk Hospital authorities to provide such an extension of private wards, and I can think of no better or more deserving improvement than this particular one. It is strongly to be hoped that finances will permit the authorities to go forward with schemes of this kind, so that an urgent public need may be served.

It is once again my pleasant duty to acknowledge the courteous and valuable help of the Governing Bodies and the Administrative and Clinical Staffs of all the Voluntary Hospitals within and without the Administrative County. Full co-operation has now been established in all the essential services, and the entire system works smoothly and with the maximum service to the public interest.

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. Edmund's 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 disquieting, 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.

There are fourteen Infant Welfare Centres held under the auspices of the County Council, at Bury St. Edmund's, Newmarket, Sudbury, Haverhill, Hadleigh, Glensford, Long Melford, Exning, Bures, Lakenheath, Waldingfield, Clare, Brandon, and Thurlow, while, in addition, one centre is provided and maintained at Moulton by a voluntary association.

The general work of these clinics has been maintained on the same lines as previously, and considerable care is taken so that the educational side of the work predominates. It is and has always been my object to make these centres training centres rather than treatment centres, although of course routine clinical work is carried on as part of their general service.

On the whole, one finds a great appreciation of the health propaganda given at these centres, and the work does return value, as is evidenced not only by ourselves but also by the outside public.

It is interesting to compare the working of these clinics from the point of view of attendance, and one finds that notable increases in attendances were recorded at Clare, Exning, Lakenheath, Newmarket, while there was a slight increase at Glensford. I am particularly pleased to find the clinics at Clare, Newmarket and Lakenheath showing a marked improvement in their activities, while the Exning Clinic remains outstandingly prominent as in previous years. There have been slight decreases in attendance at Bures, Long Melford, Hadleigh, Haverhill, and Brandon, while the clinics at Thurlow and Waldingfield have been more or less stationary. The clinics at Hadleigh and Haverhill remain disappointing in their lack of enthusiasm and activity when one remembers the important areas which they serve, but it is to be hoped that a long overdue improvement will soon fall to be recorded.

During the year a total of 3,227 attendances were made by children at these centres; of these 1,154 were made by children under one year of age, while 2,073 were made by children between the ages of one and five years. The number of children who attended for the first time was 347, including 240 children under the age of one year.

It is of considerable interest to find that the number of children under one year of age who attended centres represented 21.4 per cent. of the notified live births.

Home Visiting and Supervision.

In 1934, a total of 5477 visits were made to children under one year of age, and of these 1050 were first visits; to children between the ages of one and five years a total of 14,708 visits was made. The total visits for 1934 was 20,185, which shows an increase of 1,123 visits on the figure for the previous year.

This entire work is carried out by the County Health Visitors and by the District Nurse Health Visitors; it will be seen from the number of visits how extensive the work is, and, better still, it is my opinion that the work is well and truly done.

In a County like West Suffolk, with a population in the main scattered over wide areas of country, much depends upon the efficient home visiting by Health Visitors, because it is impossible to provide clinics or centres to serve anything like the total population of the area.

It is precisely for this reason that I place so much importance on the need for fully-trained and experienced women doing this particular work. The District Nurse Health Visitors carry out much useful work in this direction, but it is obviously impossible for them to do it as efficiently as County Health Visitors. For one thing, they lack the essential training, and for another their nursing and midwifery duties are usually so heavy that they can have little energy left for their health visiting. It is obvious that health visiting which is carried out as a side-line can never be so efficient as health visiting carried out as main and essential work, and that is precisely the reason why District Nurse Health Visitors can never adequately replace trained and qualified County Health Visitors.

I would remind the Committee again that efficient health visiting is not easy of accomplishment and that to carry it out properly there is required, apart from tact and common-sense, wide knowledge and training on health matters; it is essential in a County such as this to have a strong nucleus of trained Health Visitors if this most important work is to render adequate and proper service. I have the greatest respect for the work of the District Nurses as such, and they certainly do their best as part-time Health Visitors, but their work cannot stand comparison to that returned by the trained County Health Visitors.

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 ensure that any necessary treatment is obtained.

For some time I have felt that the supervision which the County Council provides under this heading was capable of very considerable improvement, because it is obvious that, although midwives are quite capable of carrying out efficiently such simple ante-natal procedures as testing urine, it is not to be expected that they will be entirely capable of carrying out external pelvic measurements and general examinations.

It is required, therefore, to provide a more elaborate service for uninsured women who do not engage doctors for their confinements and who normally receive their entire maternity care from midwives.

In examining the position there are two possible schemes available; firstly, there is the method of Ante-natal Clinics, staffed either by the County Council Medical Staff or by specially appointed experienced practitioners. This scheme probably is the best one from the point of view of efficiency and skill of the examining personnel, but I cannot recommend its adoption in West Suffolk, because (a) there is in such a proposal a serious lack of any continuity of service; by this I mean most importantly that the medical man who sees and examines the woman ante-natally is as a rule not the medical man who will be called to the actual confinement, and I believe this to be so serious a drawback that it condemns by itself this proposal; there is (b) an associated objection to this proposal to be found in the difficulties of transport and travelling generally in this County; this latter reason would by itself rule out the attendance of a large number of women at centres which might be organised.

The second scheme available is the so-called Panel Scheme whereby a selected panel of general practitioners would be appointed on a certain agreed basis by the County Council to carry out ante-natal supervision in cases of uninsured women who do not as a matter of course engage doctors for their confinements.

I believe that the Panel Scheme is the method of choice in this area, and I have recommended accordingly to my Committee.

Infectious Diseases of Special Nature.

(a) **General.** One case of puerperal fever and eight cases of puerperal pyrexia were notified in 1934. All these cases were investigated, and enquiry was made to ascertain that the necessary treatment had been secured.

(b) **Ophthalmia Neonatorum.** Two cases of ophthalmia neonatorum were notified in the County during 1934. In neither case was the vision impaired.

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, 1-1-34	...	...	...	...	158
" of New cases	...	...	...	...	69
" returned to parents	...	...	...	...	6
" adopted	...	...	...	...	—
" died	...	...	...	...	1
" who attained 9 years of age	...	...	...	...	39
" left county	...	...	...	...	22
" transferred to Public Assistance Institutions	...	...	...	...	—
" of cases on Register, 31-12-34	...	...	...	...	159
" 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.

The work generally reaches a high standard of attainment and the greatest praise is due to the County District Nurses for their zeal and efficiency. It must be remembered that probably a District Nurse has harder work to do than any other type of nurse; very frequently the work draws severely on her physical resources and equally frequently it is undertaken under very unfavourable conditions. The way in which the Suffolk Nurses carry out their difficult duties is always worthy of praise, and I take this opportunity to bring before the Committee the excellent service which they render to the general public in all areas of the County.

The growth of this service in West Suffolk has been a great achievement and by degrees it is being extended in such a way that it is to be hoped that soon no area in the County will lack this most essential service.

I am glad to note that in 1934, further progress was made in providing motor transport for district nurses, for I believe that the future vitality of this work depends upon (1) the best possible salary conditions and the best possible working conditions for each nurse, and (2) the enlargement and extension of districts to make this economically possible. There is no doubt that such developments will improve the standard of the whole service, and undoubtedly its efficiency to the public will be enormously increased by such progressive policies.

(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 in Training. There are two candidates in training, one at Plaistow and one at Ipswich.

Nursing Staff. There are fifty-two nurses working for District Nursing Associations in West Suffolk. Twelve nurses resigned during the year for the following reasons: Other work, 2; domestic reasons, 4; ill-health, 1; retired, 4; asked to resign, 1.

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

Hundon District Nursing Association. The Hundon, Kedington and Barnardiston District Nursing Association closed down at the end of March owing to lack of financial support. Hundon has definitely decided not to employ a nurse for at all events twelve months, but a scheme is being considered to form a new Association comprising the villages of Kedington, Barnardiston and Great and Little Wratting. Meetings are being held at Kedington, and it is hoped that the scheme may be put into operation before long. Great Wratting is at present included in the Thurlow district, but by giving up this village to the Kedington Association, it will enable the Thurlow district to include Great Bradley, where a nurse is badly needed. If this plan materialises, it will mean that the area all round Haverhill is covered by a District Nursing service.

Sudbury. On the retirement of Nurse Moyes and Nurse Bayne, who had been district nurses in Sudbury for many years, the Committee decided to re-organise the district and establish a Contributory Scheme as in other affiliated districts in the county. Thanks to the untiring efforts of the Hon. Secretary and the members of the Nursing Association Committee and of the Hospital Contributory Scheme Committee, the scheme has been established and will be in force as from April 1st, 1934.

Mildenhall and District Nursing Association. The Cottage Hospital at Mildenhall closed down several months ago owing to lack of financial support. Efforts are being made to re-establish the District Nursing Association and to include Beck Row, Holywell Row, West Row, etc., combining this with the existing district of Barton Mills. If this is possible, two full-time nurses and two part-time nurses will be employed, and two cars will be provided for the use of the full-time nurses.

Motor Transport. There are now 14 cars in use by district nurses in the county.

Infant 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, Eriswell and Walsham-le-Willows. In districts where there is no nurse, the work is carried out by County Council Health Visitors.

Infant Welfare Centres. There are 14 of these centres in the County, all of these being attended by a County Council Doctor and Health Visitor. The Moulton District Nursing Association run a clinic which is attended by a local Doctor and the District Nurse.

Midwives' Association. This Association is still very popular with its members, and is much appreciated both as a source of help in their work and from the social side.

Insurance Against Bicycle Accidents. Attention having been drawn to the liability of District Nursing Associations in the event of a nurse being the cause of injury to persons or property while she is cycling on duty, the Alliance Assurance Company were approached, and they are prepared to issue a policy for 5s. 6d. per nurse to cover this risk. A circular letter was sent to the local Secretaries giving them this information, and many districts have taken out a policy."

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 214 visits of inspection were made, and 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 74. In 1934 the midwives attended by themselves 673 cases, while in 398 cases they acted as Maternity Nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of 195 cases, which represents a percentage of 28.9. In 178 of these cases medical help was sought in respect of the mother, and the chief conditions necessitating the help were Ruptured Perineum, Delayed Labour, Threatened Abortion and Miscarriage, Abnormal Presentation, and Albuminuria.

In 17 cases, medical help was sought for the baby in respect of chiefly Dangerous Feebleness, Deformity, and Inflammation of the Eyes.

(d) **Ante-Natal Work by Midwives.** I have referred to this question previously, and I have made certain recommendations whereby I think the general ante-natal supervision might be improved, at the same time relieving the midwives of heavy and serious responsibilities.

Ante-natal work and the keeping of ante-natal records are carried out routinely by the Midwives of the area under the supervision of the Inspector of Midwives. The work is carried out excellently by the younger nurses, who have had the advantage of ante-natal work in their training, but the whole question is one of some trial and uncertainty to those older midwives who are largely without such training.

Serious risks in the work have been obviated by the well acted on instruction from this Department that midwives should call in medical help whenever anything abnormal, even of the slightest degree, is found in their cases, but I believe the contemplated scheme for the future will do much to improve matters.

(c) **Educational Facilities.** The County Superintendent has continued her excellent work in arranging a series of lectures at monthly intervals for all practising midwives in the area. The response made by the midwives has been excellent, and their interest and enthusiasm have conferred real and lasting success to the scheme.

In the current year, it is hoped that these educational facilities will be still further increased, and that "refresher" ante-natal courses in a London Hospital will be available to certain of the midwives in the area. This latter proposal is an excellent one, and it will certainly fulfil a most useful and valuable function. The scheme has my full support, and I believe that any money spent in its extension and development will indeed be well spent, for such refresher courses of a practical nature have a great influence in improving the work of midwives and in bringing their ideas and methods in line with modern standards and requirements.

County Tuberculosis Service.

(a) General Statistical Facts.

New cases of pulmonary tuberculosis notified during 1934 numbered ninety-one, which figure is an increase of one on the corresponding figure in 1933. The new cases of non-pulmonary tuberculosis notified during the year numbered thirty-seven, which shows a decrease of five on the figure for the previous year.

During the year a total of 72 deaths was recorded, 56 being pulmonary cases and 16 being non-pulmonary cases. In the previous year the total deaths were 59, comprising 50 pulmonary cases and 9 non-pulmonary cases.

The Death Rate from tuberculosis in 1934 was .69, the corresponding figure in 1933 being .56.

The number of notified cases on the Register at the end of the year was 480, and of this number 150 were insured persons. The number on the Register shows a decrease of 16 on the figure for the last year.

During the year 27 admissions were made to the West Suffolk Sanatorium, and, over the same period, 26 cases were discharged from the Sanatorium. The total number of in-patient days was 4,079.

In addition, 13 pulmonary cases were admitted to other institutions approved for the treatment of tuberculosis, while under similar auspices 11 non-pulmonary cases were admitted.

Again, 14 pulmonary cases but no non-pulmonary cases were admitted to the special departments of the Public Assistance Institutions during 1934.

In the course of the year 51 X-Ray examinations and 282 sputum tests were carried out.

The County Medical Staff made 987 home visits to cases of tuberculosis, and in addition, 75 dispensary consultations were given. Personal and other consultations between the tuberculosis officers and medical practitioners numbered 194. In addition, the County health visitors carried out 981 home visits of supervision to cases of tuberculosis.

I submit herewith a Table of new cases reported in 1934, together with a summary of the total deaths from tuberculosis in the area during the year.

TUBERCULOSIS.
NEW CASES AND DEATHS DURING 1934.

New Cases.					Deaths. *				
Age Periods.	Pulmonary.		Non-Pulmonary.		Age Periods.	Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.		M.	F.	M.	F.
0	—	—	1	—	0	—	—	1	—
1	—	—	5	7	1	—	—	1	1
5	2	—	3	2	2	—	—	—	1
10	3	1	7	3	5	—	—	1	1
15	—	6	1	—	15	4	2	1	—
20	4	8	—	—	25	5	8	2	—
25	12	12	3	—	35	8	7	—	—
35	5	12	2	—	45	5	2	1	2
45	11	4	1	—	55	2	2	1	1
55	1	4	—	1	65	5	5	1	1
65 and upwards	2	4	1	—	75	1	—	—	—
Totals ..	40	51	24	13		30	26	9	7

*Note.—Three of these cases were not notified before death.

(b) Note on Notifications.

It is interesting to note that the heaviest notifications of pulmonary tuberculosis in men is at the age periods of 25 and 45. In previous years one has found the main notification figures to be about the age of 25, that is to say in comparatively young men, but this year it is remarkable to find almost as heavy a notification figure at the comparatively late age period of 45.

In women, according to this year's table, there is a considerable aggregation of notifications about the age periods of 20, 25 and 35, but these features have been common in results of recent years, and in the women's table there is nothing to compare with the high late notification number in men of the 45 age period.

(c) Note on Deaths during 1934.

Again this year, there is a striking mortality in females with pulmonary tuberculosis about the age periods 25 and 35; in fact, fifteen of the twenty-six female deaths occurred in these age groups. In men with pulmonary tuberculosis the deaths are again mainly spread over the age periods 25, 35 and 45, although the mid periods of 25 and 35 give a return of thirteen deaths out of a total of 30.

(d) General Note on the Service.

No special difficulties have been encountered during the year, and I have found the existing arrangements to be both adequate and efficient.

The County Sanatorium has three main functions: (a) it treats early cases, (b) it treats suitable intermediate cases, and (c) it acts as an observation and drafting centre for special cases which are transferred elsewhere as the necessity arises. In the treatment of pulmonary tuberculosis considerable use is made of outside Sanatoria especially for cases which require special forms of treatment, and I have experienced no difficulty in obtaining vacancies for such cases. All cases of surgical tubercle are treated in outside institutions and no case of surgical tuberculosis is ever maintained in the County Sanatorium. For the terminal cases, increasing use is being made of special beds in Public Assistance Institutions and this provision has been a very considerable help to the Service.

The clinical service has been maintained unaltered, and practically all the work is carried out by domiciliary visiting owing to the difficulties of transport to dispensaries. Considerable use has been made of X-Ray examinations, and fifty-one such examinations were made in 1934. Generally, the year has increased the value attendant upon the work of the Service, which has maintained close supervision of all notified cases.

Special attention has been given to the examination of contacts, and this measure has been particularly complete in the case of children. It is, as I have said previously, practically impossible, except under special circumstances, to obtain the examination of male adult contacts, and only a little less difficult to obtain the examination of female adult contacts.

It is always difficult in this connection to make adults who feel perfectly well and fit to submit to medical examination; some simply do not wish it, while quite a few refuse because of the fear of something being found out at the examination; added to all this, one is faced with the difficulty (we have found it almost insuperable) that working time has to be lost to enable these examinations to take place. I do not believe it will be possible under local conditions to improve this rate of contact examination in adults, but it is satisfactory to feel that no fewer than 322 child contacts were examined during the year.

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 1934, the total number of cases treated by the County Venereal Diseases Officers (Drs. O'Keeffe and Lisney) was 55, and of these 21 were new cases seen for the first time during the year. In addition, 16 cases were treated at outside centres. There were, therefore, 37 new West Suffolk cases in 1934.

The diagnosis returned in respect of the 37 new cases was: Syphilis 17, Gonorrhoea 8, and other conditions 12. The number of doses of arsenobenzene compounds given was: Bury St. Edmund's 59, Cambridge 68, and Ipswich 15. The number of in-patient days returned for West Suffolk cases was: Cambridge 51, Ipswich 93.

During the year 45 specimens were sent to approved laboratories for examination; 33 of these were blood specimens for Wassermann test.

The noteworthy features in this year's return are, firstly, that the number of new cases remained stationary at 37, and, secondly, that the number of attendances at Bury St. Edmund's were 410, Cambridge 139, Ipswich 49, and King's College Hospital 5.

General Note on the Service.

The main work attempted at the County Clinic has been in connection with the treatment of the congenital phases of disease, and as reported last year, considerable success has attended this very important work. All such congenital cases are detected for the most part through the other branches of the Health Department, particularly those of Maternity and Child Welfare, and School Medical Inspection. It is a tribute to the work of the service and particularly to the discretion and zeal of the County Health Visitors that cases of suspected congenital disease only rarely fail to come to the clinic for examination and diagnosis. Again, having regard to the difficulties of transport and the long distances which must be travelled by patients, it is highly satisfactory to note that in the main, treatment attendances have been made with regularity. As I have said previously, I believe this work to be the most important function of the County clinic, and it must be agreed that it is preventive work of the highest importance.

In last year's report I mentioned that the incidence of acute venereal diseases in the County was low; and I have no reason at this stage to depart from that observation. It is comparatively rare to find acute or early syphilis, and cases of gonorrhoea, although by no means rare, are comparatively few in number. To the best of my knowledge, I do not think there are many concealed cases in the County, although it is probable that there are a few chronic female gonorrhoeal cases—a contingency which is practically impossible to eradicate in any area.

On the whole in this County, the position with regard to the prevalence of venereal disease is satisfactory, and there is every reason to believe that this low incidence will continue and even that it may become less than at present.

The future of the County Clinic.

As I have stated on other occasions, the County Clinic lacks many of the necessary facilities for the adequate treatment of acute diseases, but I believe it is possible to carry on in the way which we have adopted during 1934. Briefly this is as follows: all cases of congenital disease are treated at the clinic, together with suitable cases of acute disease, while cases of acute disease requiring special treatment facilities are transferred by the Venereal Disease Officer, in consultation with me, to the most convenient external treatment centre, for example, Cambridge or Ipswich. This arrangement has worked smoothly during the year, and in this way 16 acute cases were transferred elsewhere.

There appears to be no need for any elaborate arrangements at the moment because the incidence of the disease is so small and consequently I am of the opinion that the unofficial arrangements now in force should continue unchanged so long as local circumstances do not make any fresh demands on the service.

Sanitary Circumstances of the Area.

(1) Water Supply.

This matter has given rise to acute concern in the years 1933 and 1934. During this period exceptional droughts have been experienced, and little or no relief has been obtained from the winter snowfall or rainfall.

This combination of happenings has focussed public attention on a question which has always been difficult and one which has never reached any high standard of either efficiency or sufficiency in this County.

Unfortunately in the past little action to secure proper and adequate water supplies has been taken by some authorities, and the population has been left to obtain its water supplies as best it can. The fallacy of this procedure has been brought into the full glare of publicity, both local and general, by the exceptional droughts recently experienced, and a position which even in normal years was little better than precarious has become one of real hardship, demanding public concern and remedy. I think it is true to say that if sanitary authorities had made proper and inextricable provision in the past the water shortage would have given rise to little anxiety in this County, and certainly the present position of seriousness would never have come about. The proof of that statement is to be found when certain areas of West Suffolk are contrasted and compared with other areas of the country. It is to be hoped that the urgency of the present position will provide a suitable and adequate provision for the future, but this cannot be done without effort and without considerable financial expenditure.

It is well-known that certain sums have been provided by the Government to assist rural water supplies, always providing that the County Council contributes in equal share to the cost of the proposed undertaking. Such an arrangement, to say the least of it, is somewhat hard on those sanitary authorities who have already done their duty in this matter, but there is no escape from the ruling and it is the only way by which progress can be made.

It is clear that considerable interest has been aroused by the prospect of grants from the Government, and the County Council, and many proposals for the improvement of supplies have either been carried out or at the moment are under discussion by the controlling authorities; in a later part of this section of the report I give extracts from the District reports relating to this important matter.

When considering this question of water supplies, it is interesting to note the rather remarkable variations in rainfall recorded at points within a very small radius. For example, in a table below I give the records for ten years at Ickworth, Hengrave and Westley.

RAINFALL.

	<i>Hengrave.</i>	<i>Ickworth.</i>	<i>Westley.</i>
1924 ...	29.16	32.53	30.28
1925 ...	23.86	23.69	24.29
1926 ...	25.51	27.54	26.88
1927 ...	29.80	30.10	31.40
1928 ...	21.84	25.07	25.90
1929 ...	19.78	21.21	21.24
1930 ...	24.95	29.88	28.41
1931 ...	24.93	28.27	28.28
1932 ...	23.01	26.43	26.21
1933 ...	21.75	20.98	21.75
	244.59	265.70	264.64
Yearly Average over 10 years	24.45	26.57	26.46
Highest Yearly Average	29.80 (1927)	32.53 (1924)	31.40 (1927)
Lowest Yearly Average	19.78 (1929)	20.98 (1933)	21.24 (1929)

It is worthy of note that the total rainfall over the ten-year period approximates very closely at Ickworth and Westley, but that it is definitely considerably in excess of the rainfall recorded at Hengrave. This factor is one of considerable importance in considering questions of rainfall and water supply, and the varying results obtained over circumscribed areas obviously assume some importance. The explanation of the difference between, say, Ickworth and Hengrave probably lies in the difference in altitude, and it would be both interesting and instructive to have similar figures for comparison in other adjoining districts in the County.

EXTRACTS re WATER SUPPLIES AND PROPOSED SCHEMES FROM DISTRICT REPORTS.

Boroughs and Urban Districts.

Haverhill.—Supply well maintained and no shortage noted. Two samples were taken from wells and two wells were condemned. An analysis of the pipe supply was satisfactory.

Sudbury.—Analyses from 4 wells and from 4 pipe supplies were taken. No wells were condemned, and the pipe supply analysis was satisfactory. Supply generally was good and the quantity sufficient.

Bury St. Edmund's.—Supply satisfactory for all purposes. Public supply was substituted for 6 well supplies. Public mains were extended by 696 yards to part of area to be added to Borough boundaries on April 1st, 1935. The quality of the water was satisfactory.

Newmarket.—Supply satisfactory in quality and quantity. One sample was taken of well-water and four from pipe supplies. The analysis in all cases was satisfactory.

Hadleigh.—Piped supply from deep bore-hole satisfactory except for iron in solution. Existing supply will probably be augmented in near future by additional bore-hole. Public supply was substituted for well-water in the cases of 60 houses, and extensions of mains have been carried out to supply 16 new houses.

Glensford.—Generally satisfactory and no shortage has been experienced. The water analysis shows a high content of iron, it is very hard, and there is considerable free carbonic acid gas.

General Note.

It will be seen in these reports that no serious shortage was experienced in the supplies of any borough or urban area despite the serious and recurring droughts of the past seasons.

Rural Districts.

Moulton.—No shortage experienced except at Higham, where well has been deepened and the supply is now normal.

Clare.—A survey of available water supplies has been undertaken, and it is proposed to sink 8 new wells. Duplicate plant has been installed at Clare waterworks; four new public wells have been provided and two were in process of construction at the end of the year.

Cosford.—Serious shortage of water has been experienced in many parishes during the past two years and, as a result, the matter has been given the constant attention of the Council.

With the aid of Exchequer and County Council grants, water supply schemes have recently been completed in the parishes of Aldham, Kettlebaston, Preston and Mildenhall, the first three being bore-hole supplies (with hand-pumps), and the latter being the re-conditioning of a private well which has been given to the Council.

A scheme for the provision of a bore-hole supply, with hand-pump, is at present nearing completion in the parish of Kersey, and in the parish of Wattisham arrangements have been made to purchase water from a private well and distribute to the parishioners by means of a stand-pipe. In the parish of Cockfield a rather similar arrangement has been made with the West Suffolk County Council Small Holdings Estate.

Regarding the parishes of Lavenham, Nedging-with-Naughton, Bildeston, Brettenham and Boxford, the Council has engaged a Consulting Engineer who is at present preparing more comprehensive water supply schemes embodying reservoirs, pumping stations, distributing mains and standpipes, and it is hoped to submit these schemes to the Minister of Health for loan sanction in the course of the next two months. In this respect, contracts for the sinking of boreholes have already been accepted, and the work is now proceeding. These schemes are also being undertaken with the help of Exchequer and County Council grants.

The provision of a water supply for the Howe Road and Great Green district of Cockfield is still receiving the attention of the Council, and a small distributing scheme or, alternatively, a bore-hole with hand-pump scheme, will be adopted.

So far as is known, the completion of the aforementioned schemes will result in adequate water supplies for all the parishes within the Rural District.

Mildenhall.—A scheme is now before the Minister of Health for a public water supply to Mildenhall High Town, Barton Mills, Worlington and Freckenham, from a pumping station to be situated at High Lodge, Mildenhall, a separate small pumping station at Kentford for that village, a pumping station at Lakenheath for Lakenheath village. It is proposed to obtain a piped supply to West Row, Beck Row, and Holywell Row from the existing pumping station situated between Beck Row and West Row of the Ely R.D.C.

Thedwastre.—Shortage was felt in all parishes. At Beyton water was carted to nine cottages during greater part of the year, and at Hunston for four months. Wells are to be sunk in villages of Hinderclay, Hunston, Rickinghall and Drinkstone.

Thingoe.—A shortage of water was experienced in a number of villages. Carting from other sources was resorted to. Brockley and Hargrave Parish Councils arranged for their own carting. Parts of Ingham, Wordwell and Ampton were supplied by private supplies, also by carting, and numbers of wells in other Parishes gave out, the persons affected were put to using other private supplies.

General Note.

It is evident that in several rural districts there has been a serious shortage in available water supplies with, in some cases, the development of acute difficulties. It will also be observed that many of the Districts are proceeding with schemes for improvement—this being specially noticeable in Cosford, Mildenhall and Thingoe.

(2) Rivers and Streams.

The remarks which I have made in my reports for 1931 and 1932 are still applicable to the position in this County.

Many streams and ditches in the County are grossly polluted by very frequently untreated or only half-treated sewage and drainage, and it is somewhat surprising that complaints of nuisance are not greater in number. In the absence of proper sewerage schemes it is inevitable that these conditions will go on, but as I have said previously, a day of reckoning must equally inevitably arrive, and I believe that day is not very far distant.

Frequent trouble has been experienced on the River Stour in and around the neighbourhood of Bures, where undoubtedly pollution of a serious degree has occurred and continues to occur.

Although it is no real defence, it is said that no nuisance would occur if the drains were carried well into the bed of the stream and if the river level were maintained by the proper use of mill-gates. I agree that this would largely reduce the occurrence of nuisance, but it would not affect in any way the fact that gross pollution is entering the river. The whole question is one of very considerable difficulty, and I am afraid the position's precariousness will be increased in the immediate future.

I have received no local complaints with regard to the River Lark and pollution from trade effluents in the neighbourhood of Bury St. Edmund's.

(3) Drainage and Sewerage.

At Hadleigh the main sewers have been extended to serve sixteen new houses, but there has been no extension of the disposal works.

Newmarket Sewage works are reported to be satisfactory and capable of dealing with the work, which has not had any important extensions during the year.

At Bury St. Edmund's soil and surface water sewers have been considerably extended, the former by 527 yards and the latter by 233 yards.

It is reported from Sudbury that three and a half acres of new land have been laid out for the additional treatment of the town's sewage.

General Note.

Improvements are steadily being carried out in the boroughs and urban districts, although a certain amount of essential work still appears necessary. It is to be hoped, for instance, that the people of Hadleigh will realise the great advantages of a system of water-carriage in an urban area, and that they will make steadily increasing use of the excellent system provided by the local Council.

In the rural areas the position is not nearly so good, and I am afraid that in some cases no great attention is given to the most desirable and necessary reform of converting privy closets to pail closets. This is a matter which should be attended to without delay, for it is one of the most urgent of rural sanitary problems, and it is one which can be carried out with a very little expense. In this connection, I repeat my note that the provision of night soil cart collection is well worthy of the attention of several authorities in the area.

Details of closet accommodation, of scavenging, of refuse disposal, and of general sanitary inspection and the like will be found in the Reports of the District Medical Officers, and I do not propose to comment on them here.

Housing Conditions in West Suffolk.

I give herewith certain extracts from the returns of the District Medical Officers of Health:—

Bury St. Edmund's. There is still a shortage of working class dwellings. Overcrowding occurs in isolated cases for want of houses of sufficient size for poor families, but it is not by any means general. The general condition of the dwellings is satisfactory. All defective dwellings have been scheduled under the Housing Act, 1930, and either put in repair or steps taken for their demolition.

Forty Houses and 8 Flats in course of erection to replace 44 houses included in Clearance Areas which orders are awaiting confirmation by Ministry of Health.

Glemsford. The general standard is poor. The prevailing tendency towards small families has largely solved the overcrowding problem in this area. One house has been closed on account of disrepair. Five new houses have been privately built.

Hadleigh. There are many old houses in the district. Two Clearance Areas declared, and a 5 years' programme submitted to the Ministry of Health.

One Clearance Area in Angel Street is nearing completion, and 8 new houses almost ready for occupation, when the 8 cottages will be demolished. The second Clearance Area Scheme in Angel Street is at the moment held up for negotiations with the Owners as to the value.

The 2 Clearance Areas will cover 18 houses and one other building, and rehousing will be provided for 58 persons.

There are not many serious cases of overcrowding in the district. 21 new houses were erected during 1934 by private enterprise.

Haverhill. There are 1190 inhabited houses in the area. The general condition of the houses is satisfactory and very few cases of overcrowding exist.

The scheme adopted under Circular 1331 (Housing Act, 1930) includes 9 Clearance Areas and will involve the demolition of 33 houses, and displacement of 105 persons. In addition to these, it is proposed to demolish 4 individual unfit houses.

The displaced persons will be rehoused in 24 non-parlour 3 bedroom houses on the Recreation Road site, the scheme to be completed in three years.

The first year's programme of the Slum Clearance under the Housing Act, 1930, has been carried out. This comprised three clearance areas including 10 houses and 3 individual unfit houses, and necessitated the total displacement of 51 persons. One owner lodged an objection with the Ministry of Health, and a Public Enquiry was held, but the owner withdrew his objection at the last moment and Confirming Orders were made in all cases. Eight A3 type houses were erected to house the displaced persons, and these have been let at inclusive rents of 4s. 7d. per week. The unfit houses have all been demolished.

In addition, application has been made to the Ministry of Health for confirmation of four further Clearance Areas, being the second year's programme for 1935.

Newmarket. On the whole, the present state of housing in the district can be regarded as satisfactory. From a survey carried out during 1933 it was found that there were some defective dwellings and overcrowding was occasionally met with. The Council are, however, tackling this problem, and 5 Areas have been scheduled as Clearance Areas to be dealt with under the 1930 Housing Act. The 5 areas are situated in the village of Exning, and it is considered that when these areas are dealt with a great improvement will be effected.

With reference to the above-mentioned Clearance Areas it is proposed to proceed with the erection of a housing scheme of 24 dwellings, which will re-house persons evacuating the defective houses scheduled for demolition.

Sudbury. There are 36 houses under a demolition order. When these are made effective there will remain about 30 of rather poor type. Overcrowding on Common Lodging House standard is not very marked, but under Housing Bill at present before Parliament there will be a good deal.

Thirty-six houses are in course of construction to rehouse persons displaced by the demolition orders. No housing scheme is proposed at present, but consideration is being given to the possibility of construction of small houses for old age pensioners.

Brandon. No houses have been erected by your Council during the year. There is still a good deal of overcrowding in the District, and requests have been made to improve the housing accommodation, but shortage of the right kind of house renders this question of bad Housing difficult to deal with satisfactorily.

Clare. No further Housing Schemes undertaken by the Council. It is considered that the 130 already erected is sufficient to meet the needs of the area for the time being.

Cosford. There is definitely a shortage of houses for working classes in the district, and several Parish Councils have during the past year or so made application for the erection of Council houses. The Rating Officers report that there has not for many years been such lack of unoccupied cottages.

The Council has fully considered the matter from time to time and it is satisfied that, without subsidies, houses cannot be erected for the purpose of housing the working classes at lower rents than approximately 7s. 6d. per week inclusive, unless the Council make larger contributions from the rates than is usual in such cases.

I have reported 34 dwellings during the current year as being unfit for human habitation, including ten houses in the Bildeston Slum Clearance Area, and the Council is at present erecting or is contemplating erecting twenty-four houses under the Act of 1930 for the purpose of re-housing persons affected by the action aforementioned, ten of which are in consequence of the Bildeston Slum Clearance Scheme.

Overcrowding as to be defined by the new Housing Act is known to exist within the Rural District, and the Council contemplate that several additional houses will have to be erected when the Act becomes law.

I am making a progressive survey of the District as to defective and unfit dwellings, and these are receiving the constant attention of the Council as and when they are reported.

Melford. The standard of housing is a low one, especially in the purely Rural areas. However, demolition orders were only made in 5 cases during 1934.

Overcrowding is not very marked under the Common Lodging House standard, but under the Standard of the New Housing Act, if it becomes law, there will be a good deal.

Mildenhall. Although a considerable number of houses have been built in the area, much requires yet to be done both in the way of repairing existing houses and building fresh houses in place of those which are unfit for habitation. The standard of house considered fit for occupation is rising, and many houses which were formerly considered fit for habitation are no longer considered so.

The proposed Housing Schemes include the clearance of 39 houses under 1930 Act, 9 Cottages under Section 19 of the 1930 Act, and the proposed erection of 48 Council Houses (Barton Mills 8, West Row 4, Lakenheath 36).

Moulton. No Housing Schemes undertaken by District Council. The general situation is unaltered. No schemes proposed.

Thedwastre. There is much overcrowding, an approximate estimate of 60 cases.

Many houses which in course of time must be condemned. Council have decided to include ten further houses for demolition in their Slum Clearance; these are to be replaced by ten new cottages. I am rather hopeful that I can persuade the Council to enlarge still further on the Scheme.

Twenty of the twenty-two new houses provided for in the original scheme should be completed by June, 1935; at present six are completed and occupied.

Thingoe. The survey of the District has been continued in 7 Parishes. Two cottages are to be demolished in Ixworth, replacement planned for. Two cottages are also for demolition in Brockley, Whepstead (Displacements). The cost of quotation has held this matter up. Overcrowding is being relieved by the erection of cottages under the 1925 Housing Act (with no State grant available).

The defects and improvements to cottages have been the subject of much effort during the year. One cottage in Great Saxham is also classified for demolition; attempts are being made to save this, there being a possibility of the extensive repairs needed being carried out. There is still overcrowding and no proper separation of sexes; it is hoped that the new Housing Bill will help considerably in forming a standard in order that the cases can be defined.

Six cottages are about to be erected in the Parishes of Pakenham and Ixworth, and eight cottages are in course of erection in Hawstead. This is under the Slum Clearance Order.

Under the 1925 Housing Act, plans are being made for the erection of twenty-seven cottages in the Parishes of Ixworth, Great Barton, Bradfield St. George, Bradfield St. Clare and Great Whelnetham. Eight cottages are also being erected in Risby under the 1925 Act.

General Note.

It will be noted that a great deal of attention has been given to this question during the year and that valuable progress is now being made in this important matter.

Despite the progress so far made there still remains much to do before one can view complacently the nature and sufficiency of our rural housing in this area, and consequently it is to be hoped that efforts to this end will be continued as a routine annual procedure and that they will not be relegated to a single spurt of endeavour made under pressure from the Government.

Inspection and Supervision of Food.

(a) Milk Supply.

Despite the many criticisms to which recent schemes of the Milk Marketing Board have been subjected, I believe that in 1934 and the current year more has been attempted, and, better still, has been carried out to improve general milk supplies than we have ever previously known.

These forward attempts to improve the standard of bulk milk are worthy of every support, and it would only be gracious of health authorities generally to admit this, as in the course of a few months the Board has accomplished a progress of which health authorities in the main have been idly and quite uselessly talking about for many years.

One admits that criticisms can be levelled at the present schemes, but nevertheless they are without doubt the most important development that has ever taken place to improve the standard of milk supplies generally, and I am convinced that if helpful advice instead of stupid criticisms were forthcoming the success of the whole venture would be assured.

It is obvious that, given some incentive and forward drive, the majority of milk producers can (as they ought, and probably as they will have to) produce milk that is well within the reasonable standard for Grade "A" Milk. All these years the best efforts of health authorities have failed to accomplish this, but in the current year of 1935 I believe that in West Suffolk we are well on the way to attain this end, and, having attained it, there will come immense value to the industry as a whole.

To my mind there is nothing more important to a clean, wholesome and nutritious milk supply than (1) reasonable premises, (2) reasonable equipment, (3) absolute cleanliness throughout, and (4) strict supervision by the producer, or a capable deputy.

In these few requirements are contained all the essentials for the obtaining of a milk supply that will at one and the same time be a credit to the farmers and dairymen and an asset to the general public.

It is my aim to further in every way that I can the present developments in this area, for I believe strongly in them and all their future possibilities.

(b) Milk and Dairies Order, 1926.

Under this Order 14 inspections of herds were made, 215 cows were examined, and 22 samples of milk were taken and sent for biological examination. Nine animals from these herds were referred to the Committee under the Diseases of Animals Act.

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

Two Grade "A" Licenses were renewed at the start of 1934 but both producers, after an interval, qualified for Grade "A" T.T. licenses, whose issue and control were under the Ministry of Health.

(d) County Council Sampling of Bulk Milk.

During 1934, 56 samples of bulk milk were taken and examined (1) for general bacteriological content per 1 c.c. (2) for presence of *B. Coli* in 1/100 c.c. and (3) for the presence of the organisms of Tuberculosis.

Of these 56 samples of bulk milk,

(1) For general count per 1 c.c.

50 were *within* the required standard for Grade "A" Milk.

6 were *without* the required standard for Grade "A" Milk.

(2) For presence of B. Coli in 1/100 c.c.

38 were *within* the required standard for Grade "A" Milk.

18 were *without* the required standard for Grade "A" Milk.

(3) For the presence of the Tubercle Bacillus.

Two samples were returned as positive for Tubercle.

I consider that the above result is really very satisfactory, and it proves that clean milk well within Grade "A" standard can be produced without difficulty so long as absolute cleanliness is maintained in equipment, workers, and cows.

It is interesting to recall that in 1933 when this sampling work was commenced 70 per cent. of the first ten samples taken failed to reach Grade "A" standard.

As the scheme became known and interest was aroused the position began to improve, and in the succeeding 13 samples taken in 1933 every single one qualified for Grade "A" standard on the general count and only three failed on the *B. Coli* standard.

In 1934, when more than twice the number of samples were taken, 91 per cent. qualified for the Grade "A" standard for general count, and 68 per cent. qualified for the Grade "A" standard for *B. Coli* count.

It must be noted that these samples were taken in unselected fashion, and I think the results prove that the scheme was fully justified and that it is well worth while to continue with it.

(e) SALE OF FOOD AND DRUGS ACTS.

The Police are Sampling Officers, and the Annual Return of the Chief Constable showed that during 1934, 112 samples had been taken; Milk, 47; Butter, 9; Margarine, 11; Lard, 3; Baking Powder, 2; Malt Vinegar, 2; Demerara Sugar, 1; Sausages, 8; Cocoa, 1; Mince-meat, 6; Jam, 6; Beer, 1; Lemon Curd, 7; Shredded Suet, 1; Sugar, 7.

All were found to be genuine, except six samples of milk, which were found to be adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts; 33 samples were examined during the year—Milk, 23; Butter, 3; Margarine, 2; Vinegar, 1; Sugar, 2; Lemon Curd, 1; Marmalade, 1.

All were found to be genuine, with the exception of 4 samples of milk, which were found to be adulterated.

Prevalence of and Control over Infectious and other Diseases.

(A) Isolation Hospital Accommodation.

I regret that there is no change to report regarding this matter.

The position is at the best a precarious one and it may easily become one of tragedy under less fortunate circumstances than have recently fallen to the lot of this County.

I admit the solution is difficult to find, and it is a matter of the greatest difficulty to come to a decision which will be favourably received in all parts of the County. Again, an improvement in the existing resources will cost a great deal of money, and I state this plainly for there is no use in shirking the issue.

There is no need for me to go into the details of this question—I have written about it since 1931, and my comments will be found in each Annual Report and in special reports since that time. The position remains unaltered, and, personally, it gives me a great deal of anxiety lest untoward circumstances should develop.

(B) Notifiable Diseases (other than Tuberculosis) during the Year 1934.

Compiled from the Reports of the District Medical Officers of Health.

Diseases.	Total Cases notified.	Removed to Hospital	Deaths.
Small Pox	—	—	—
Scarlet Fever	326	178	2
Diphtheria	15	10	2
Enteric Fever (including Paratyphoid)	—	—	—
Puerperal Fever	1	1	1
Puerperal Pyrexia	8	2	—
Pneumonia	19	—	1
Erysipelas	24	1	—
Ophthalmia Neonatorum	2	1	—
Encephalitis Lethargica	1	1	1
Chicken-pox	6	—	—

(C) Infectious Diseases and School Children.

In 1934, sixteen schools were closed on account of outbreaks of infectious diseases; the following are the details: Measles 10, Scarlet Fever 5, and Chickenpox 1.

During the year, 86 Low Attendance Certificates were issued by the Medical Department in respect of the following conditions: Measles 43, Whooping Cough 18, Chickenpox 10, Scarlet Fever 5, Influenza and Colds 5, Mumps and Chickenpox 3, Mumps and Scarlet Fever 1, and Mumps and Influenza 1.

The main feature of the work under this heading was the extensive and somewhat severe outbreak of Measles among the children; Whooping Cough, an allied disease, although it did not necessitate school closure, was also prevalent. These two diseases have an unfortunate way of exacting toll from the health of the children for quite a long period after the acute attack is over, and this year it was found that quite a number of children still retained definite traces of the sequelæ of Measles even after a considerable time had elapsed from their acute attack; and when one remembers that these sequelæ are chiefly some form of bronchitis or chest trouble, together with general debility, it follows that the potential damage to general health may be very considerable.

Despite all our teachings, parents will not understand that Measles and Whooping Cough are killing diseases and devastating diseases; parents retain their horror of Diphtheria and Scarlet Fever, but they simply will not realise that Measles and Whooping Cough kill and disable at a far greater rate than do either our present form of Diphtheria or Scarlet Fever.

The tragedy of the whole matter lies in the fact that simple commonsense precautions taken during the acute stage and during early convalescence, will obviate almost entirely any serious results, and it is one of our major duties to endeavour to dispel the lighthearted way in which both Measles and Whooping Cough are regarded by most of our local parents.

The occurrence of Scarlet Fever was spasmodic in various parts of the County, and the chief trouble was experienced at Great Wratting, where the epidemic was sharp but mild in type. The lack of proper facilities for isolation made itself felt keenly in this epidemic, and I believe that only good fortune prevented a serious spread of the disease in this area.

There was no noteworthy outbreak of Diphtheria, and in 1934 Influenza and its kindred colds were almost entirely absent.

No other disease was sufficiently noteworthy to require comment.

Blind Persons Act, 1920.

(1) General Report on the Service in West Suffolk.

Registration.

There are at present 146 registered blind persons in the county, the age groups being 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.	
2	3	3	34	56	46	2	146

Institutions.

Eight persons are being maintained in Public Assistance Institutions, four in Institutions for the Blind, four in training and special schools, and three in Asylums or Institutions for the Mentally Defective.

Visiting.

Home Visiting is undertaken by the County Health Visitors, who have paid 363 visits during the year.

Home Workers.

An arrangement has been made with the Norwich Institution for the Blind, for the supervision of the Home Workers in the county. There are at present 6 such workers recognised under the scheme.

Workshop Workers.

Two women are being maintained in Institutions for the Blind, where they are employed in their workshops.

Other Workers.

In addition to the recognised "Home Workers," 15 persons are employed in remunerative occupations, as follows: Basket and Cane workers 2, Boot repairers 1, Hawkers 3, Mat-maker 1, Musicians and Piano-tuners 2, Net-maker 1, Poultry farmer 1, Shop-keeper 1, Wood-worker 1, Miscellaneous 2.

Training.

Braille. Arrangements are made, where necessary, for the teaching of Braille by local persons. One person has received instruction in this way during the year.

Other Training. In addition to sending blind children to special schools, the Education Committee undertake the training of blind adults on the advice of the County Medical Officer. At present 3 men are undergoing courses of training.

Treatment.

During the year, travelling expenses have been paid in 5 cases to enable blind persons to attend ophthalmic hospitals or the ophthalmic departments of general hospitals.

Pensions and Grants, etc.

Necessitous cases are referred to the Public Assistance Committee, but assistance is also given in suitable cases, in applying to charitable organisations for special pensions.

(2) General Conclusion.

It will be noted under the heading of Registration that there are 146 persons on the County Register. It is of interest to observe that of these 146, no fewer than 102 are over the age of fifty, while 46 are over the age of 70. To a great extent, therefore, the blind people of West Suffolk (69.8 per cent. of them) are over the age when they may be either employed or trained.

As a result of increased care and precautions at birth, the terrible ravages of Ophthalmia Neonatorum have been largely prevented and consequently infant and child blindness from this cause is practically non-existent in this area. It will be seen from the registration table that in the total of 146 blind persons there are only 8 below the age of 21.

Obviously the problem in this County wherein the greatest need is required is the group of blind people numbering 34 in the middle age groups of life from 21 to 50, and particularly those between 21 and 40 years of age. It is this group and, of course, that of blind persons under 21 years of age to which attention with regard to training and employment must be given, although it must be sadly confessed that the attempt to make the training and employment of blind persons economically sound is almost certainly doomed to partial if not complete failure.

Despite opinions to the contrary (which I personally would be only too glad to admit if it were possible) it is to my mind almost hopeless for even the most expert blind workers to compete in the open and competitive market with their sighted fellows; how much more hopeless must it therefore be for the less expert (and probably the majority) of blind workers to do this? I mention these facts not to discourage the wonderful efforts of those who are teaching the blind and helping them to market their products but to bring forward the question—Is it wise to go forward with such marketing schemes and would it not be wiser to acknowledge the uneconomic position of the whole affair with a readjustment of proposals and plans as may be necessary?

In West Suffolk there are no special Home Teachers or Home Visitors for the blind; the work has been carried out to date by the County Health Visitors, who, of course, though trained and certificated as Health Visitors, have no specialised knowledge of blind training or blind work. It is well known that the Ministry are pressing the Authority to appoint a trained Home Teacher for the blind, and while this in itself is an excellent provision, I do not feel that in West Suffolk a full-time appointment is fully justifiable. There is, of course, no point in disputing the good which would come from the work of such a Home Teacher but obviously the appointment is to be a fairly expensive one, more especially when it is remembered that nearly 70 per cent. of our blind are over 50, and that for the most part they are content with their lot. It is probable, however, that a compromise may be reached whereby the West Suffolk blind will receive the advantages of a Home Teacher who might well carry out other or additional duties outside this area.

Again this year there has been the problem of certification which obviously should be done by a whole-time ophthalmic expert; the present forms of certificate are so complicated that the ordinary general medical man cannot hope to make anything like an intelligent and full report, and while one appreciates the importance of research work which may be based on these forms one really feels that the limit of strain has been imposed on certifying officers. In West Suffolk it is proposed that, where possible, all original certifications should be done by a full-time expert and that all cases in which the diagnosis is in doubt will be referred routinely to the expert for report.

I believe that while the service in West Suffolk is far from being complete or elaborate, the blind generally are well cared for and that no state of hardship is allowed to exist.

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

DISTRICT.	Population as estimated by R.G. for 1931	Birth Rate.	Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Etiophthalmia.	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 Hemorrhage, 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).	Puerperal Septicaemia.	Other accidents and diseases of Preg- nancy & Parturition.	Constitutional Debility, Malformation, Infection, 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	16810	14.1	11.2	3								8	1				3	28	11	53	1	16	5	3			2	2	1	8	4			5	2	7	1		25			
Glensford...	1254	12.7	15.9								1						1	4	4			4	1									1		1		1	1		1			
Hadleigh ...	2956	14.9	10.5									3					1	3	2	9				2	1						1	1	1		1		5	2		2		
Haverhill ...	3750	10.7	14.9								1							16	2	11		12								2	4					1	2	1	1	2		
Newmarket	9530	10.4	12.7							1	1	7	3			1	2	19	13	25	1	3	5	2			3	1		3	4			2	4	7	5		8			
Sudbury ...	6800	10.4	14.1	1							2	5	1					9	10	23		7	5	3			1		1	1						1	3	6	2	10	1	
Totals	41100	12.3	12.5	3	1	1	1	1	1	5	23	6	6	1	7	79	38	125	2	42	16	10	1	6	3	2	15	18	9	8	20	19	3	48	1							
<i>Rural—</i>																																										
Brandon ...	5570	15.3	12.9								2	2						6	8	24			2	3						1	1	3		3			11	1	5			
Clare ...	6892	9.9	15.1								1	6	1				1	16	9	24		10	1	3	1		2				1	5		3	1	4	2	2	10			
Cosford ...	9280	15.0	14.6	2						1	2	5	1				1	27	10	28		10	6	5			1			2	3			3		6	11	2	9	1		
Melford ...	11170	12.4	14.3			2					6	6	2			1		23	14	38	1	12	8	3	1	2	1			2	5			3	2	4	10	1	13			
Mildenhall	7820	14.2	12.9									4	2				14	6	28	1	1	6	6	2					2	4	3		3	1	4	5		9				
Moulton ...	1918	16.7	11.5	1													1	4	2	1		1	1	1						1	2	1	2	3		1						
Thedwastre	7820	12.6	11.8							1	4	1	1			1		10	2	32	2	5	2	4					1	3	6		2	1		3		11				
Thingoe ...	12680	14.7	12.8					1			2	6	1				1	20	7	55		10	2	8	2		1	1	1	1	6	6		1	3	5	4	2	3	13	1	
Totals	63150	13.6	13.4	1	2	3	1	1	1	1	12	33	10	1	2	4	120	58	230	4	49	28	33	6	2	5	1	5	19	31	1	4	24	6	24	47	9	71	2			
Grand Totals	104250	13.1	13.1	4	3	—	4	1	—	2	17	56	16	1	3	11	199	96	355	6	91	44	43	7	2	11	4	7	34	49	1	4	33	14	44	66	12	119	3			

Journal of John W. Bennett's expedition to the Great Salt Lake, 1845-46

Date	Latitude	Longitude	Wind	Direction	Force	Sea	Weather	Temperature	Barometer	Remarks
July 1	37° 15'	113° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left St. Louis
July 2	37° 30'	113° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Independence
July 3	37° 45'	114° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Independence
July 4	38° 00'	114° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Fort Union
July 5	38° 15'	114° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Fort Union
July 6	38° 30'	114° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Santa Fe
July 7	38° 45'	115° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Santa Fe
July 8	39° 00'	115° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Albuquerque
July 9	39° 15'	115° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Albuquerque
July 10	39° 30'	115° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Las Alamos
July 11	39° 45'	116° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Las Alamos
July 12	39° 55'	116° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Santa Rita
July 13	40° 05'	116° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Santa Rita
July 14	40° 15'	116° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at El Paso
July 15	40° 25'	117° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left El Paso
July 16	40° 35'	117° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Fort Hancock
July 17	40° 45'	117° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Fort Hancock
July 18	40° 55'	117° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at El Paso
July 19	41° 05'	118° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left El Paso
July 20	41° 15'	118° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Fort Hancock
July 21	41° 25'	118° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Fort Hancock
July 22	41° 35'	118° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at El Paso
July 23	41° 45'	119° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left El Paso
July 24	41° 55'	119° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Fort Hancock
July 25	42° 05'	119° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Fort Hancock
July 26	42° 15'	119° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at El Paso
July 27	42° 25'	120° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left El Paso
July 28	42° 35'	120° 15'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at Fort Hancock
July 29	42° 45'	120° 30'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left Fort Hancock
July 30	42° 55'	120° 45'	W	1/2	1/2	1/2	1/2	1/2	1/2	Arrived at El Paso
July 31	43° 05'	121° 00'	W	1/2	1/2	1/2	1/2	1/2	1/2	Left El Paso

