

[Report 1937] / Medical Officer of Health, West Suffolk County Council.

Contributors

West Suffolk (England). County Council.

Publication/Creation

1937

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WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT

OF THE

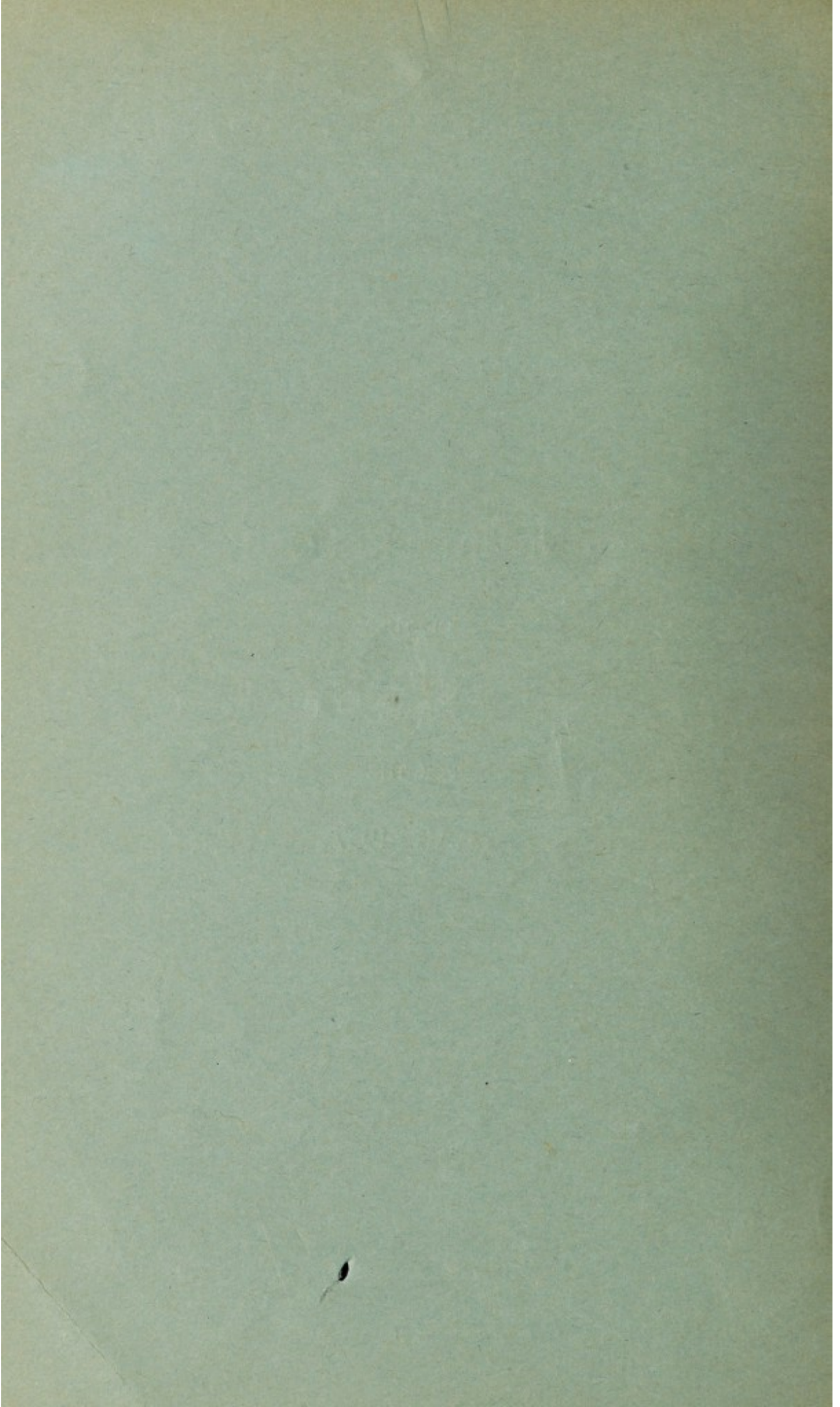
Medical Officer of Health

FOR THE

YEAR 1937.

HENRY ROGER, M.A., 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 the year 1937.

I took up my appointment in September, and thus much of the work to which this report relates was undertaken by my predecessor, Dr. Davidson, and the work of the department has proceeded throughout the year on the lines so efficiently evolved by him.

I gratefully acknowledge the great assistance I received from Dr. Davidson in the work of taking over, and the helpful co-operation I have had from all the members of the County Health Department. I have much appreciated the consideration and support I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

HENRY ROGER,

County Medical Officer of Health.

June, 1938.

STAFF OF THE COUNTY HEALTH DEPARTMENT.

(a) Medical and Dental Staff.

J. F. Davidson, M.B., Ch.B., D.P.H. (Resigned 31-8-37), County Medical Officer, School Medical Officer, and Chief Tuberculosis Officer.

H. Roger, M.A., M.B., Ch.B., D.P.H. (Appointed 1-9-37), County Medical Officer, School Medical Officer, and Chief Tuberculosis Officer.

R. H. Clayton, M.B., B.S., B.Hy., D.P.H., Assistant County Medical Officer and District Medical Officer of Health.

W. Hogg, M.B., B.S., D.P.H. (Resigned 18-7-37), Assistant County Medical Officer.

W. Frain, M.B., Ch.B., D.P.H. (Resigned 8-10-37), Assistant County Medical Officer.

S. T. G. Gray, M.B., Ch.B., D.P.H. (Appointed 19-7-37), Assistant County Medical Officer.

M. P. Crowe, L.R.C.P. and S.I., M.R.C.P. (Ireland), D.P.H. (Appointed 11-10-37), Assistant County Medical Officer.

J. M. Wilson, L.D.S. (Resigned 31-7-37). Assistant Dental Surgeon.

A. B. Brodie, L.D.S. (Resigned 28-2-37). " " "

M. D. Shepherd, L.D.S. (Appointed 3-3-37). " " "

L. J. Clarke, L.D.S. (Appointed 6-9-37). " " "

(b) Veterinary Staff.

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

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

F. D. Boughey, M.R.C.V.S. " " " "

(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, " " " " "

G. M. Woodward, S.R.N., Matron, County Sanatorium. (Resigned 25-8-37).

E. Fletcher, " " " (Appointed 5-9-37).

J. Best, Dental Attendant.

N. Clayton, " " " "

*These Officers hold the Health Visitors' Certificate.

(d) Home Teacher for the Blind.

M. D. Gourlay.

(e) Clerical Staff.

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

STATISTICS AND SOCIAL CONDITIONS OF COUNTY.

Area in Acres	390,916
Population (Estimated, 1937)—Urban	39,490
Rural	63,400
Administrative County	102,890
Rateable Value (General)	£402,205
Estimated Product of a Penny Rate (General)	£1,650

EXTRACT FROM VITAL STATISTICS OF THE YEAR.

(A) Births.

Live Births—	Total.	Males.	Females.
Legitimate	1394	700	694
Illegitimate	58	29	29
Total Births	1452	729	723

Birth Rate per 1,000 of the estimated resident population, 14.1.

Still Births	Total.	Males.	Females.
.. .. .	57	28	29
Rate per 1,000 total births, 37.8.			

(B) Deaths.

Deaths	Total.	Males.	Females.
.. .. .	1397	719	678

Death Rate per 1,000 of the estimated resident population, 13.6.

Deaths from diseases and accidents of pregnancy and childbirth—

(a) from sepsis .. .. .	..	..	Nil.
(b) from other causes .. .. .	..	..	3

Maternal Mortality Rate per 1,000 total births 1.98

Death Rate of Infants under 1 year of age :—

All Infants per 1,000 live births	40.6
Legitimate per 1,000 legitimate live births	40.2
Illegitimate per 1,000 illegitimate live births	51.7
Deaths from Measles (all ages)	4
Deaths from Whooping Cough (all ages)	4
Deaths from Diarrhoea (under 2 years of age)	3
Deaths from Cancer (all ages)	198

Comments on the Main Vital Statistics.

(1). BIRTH RATE.

In 1937 there was a rise in the County Birth Rate, 14.1, as compared with the rate of 12.9 for the previous year, while the total number of live births increased in 1937 by 115. The Birth Rate for England and Wales was 14.9.

During the last few years, the Birth Rate has tended to fall. This year it shows a rise, and is the highest recorded in this County since 1929, when it was 14.4. The figures for each year from and including 1929 to 1937 are :—14.4, 13.9, 13.7, 13.3, 13.2, 13.1, 13.4, 12.9, 14.1.

The average birth rate for the boroughs and urban districts was 13.9. In this section the highest birth rate of 16.7 was returned by Bury St. Edmund's, whilst the lowest rate of 10.8 was found in Hadleigh.

The average birth rate over the rural districts was 14.2, which, as usual, is higher than that for the urban districts ; the highest rate of 18.4 was returned in Mildenhall, the lowest rate of 11.2 was found in Clare.

It will be remembered that in the return for 1933 there was the remarkable feature of the Death Rate exceeding the Birth Rate by .4 ; in 1934 the position was slightly bettered, as the Death Rate and Birth Rate were equal at 13.1 ; in 1935 the Birth Rate was found to exceed the Death Rate by .3 ; in 1936 the Death Rate exceeded the Birth Rate by .6. In 1937 the Birth Rate again exceeds the Death Rate by .5.

(2). DEATH RATE.

The County Death Rate for 1937 is 13.6, that for 1936 being 13.5. This rate exceeds the rate for England and Wales by 1.2. The total number of deaths in the Administrative County during the year is 1,397 ; this figure shows a decrease of 5 on the figure for the previous year. The Crude 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 1937 is as follows : (1) Heart Disease, 371 ; (2) Cancer, 198 ; (3) Cerebral Hæmorrhage, Aneurysm and other Circulatory Diseases, 174 ; (4) Bronchitis and other Respiratory Diseases, 106 ; (5) Influenza, 69 ; (6) Digestive Disorders, 66 ; (7) Senility, 62 ; (8) Violence (including Suicide), 51 ; (9) Nephritis, 46 ; (10) Congenital Debility, Malformation and Premature Birth, 46 ; (11) Tuberculosis, 39.

The first three places remain as in the previous year, but Tuberculosis occupies the eleventh place instead of the eighth as last year.

With regard to Cancer, the total deaths have increased from 192 to 198. The Cancer death rate remains at 1.9, and the disease was the cause of death in 14.2 per cent. of the total deaths returned in the year.

In order that a fair comparison may be made between the death rates of different districts, having regard to the distribution of age and sex, the Registrar General has issued a Comparability Factor for each district, for modifying the crude death rate. Thus the average crude death rate for the boroughs and urban districts of 12.4 is lower than that for the rural districts, which was 14.3. The adjusted death rate for the boroughs and urban districts is 10.0, and that for the rural districts is 10.7. The death rate for England and Wales is 12.4.

The highest death rate in the boroughs and urban districts, after adjustment, of 11.1 is returned by Haverhill, and the lowest of 9.9 by Bury St. Edmund's and Sudbury.

In the rural districts the highest death rate, after adjustment, of 12.3 is returned by Melford, and the lowest of 9.3 by Thingoe.

It is of considerable interest to find that in the urban areas there were 490 deaths, of which 295 or 60.2 per cent. were over the age of 65, and that 156 or 31.8 per cent. were over the age of 75. In the rural districts there were 907 deaths, of which 605 or 66.7 per cent. were over the age of 65, and 353 or 38.9 per cent. were over the age of 75.

(3). INFANT MORTALITY.

The rate for the Administrative County of 40.6 per 1,000 live births shows a decrease of 1.3 on the figure for last year, and it is again a very great improvement on the rate of 58 for England and Wales.

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

1931	52.6	per 1,00 live births.
1932	52.6	" " " "
1933	46.3	" " " "
1934	38.1	" " " "
1935	42.4	" " " "
1936	41.9	" " " "
1937	40.6	" " " "

It will be noted that there is a slight decrease in the figure for this year. It will also be noted that the figure for 1937 is a very good one both in comparison with the years 1931, 32, 33 and with the general rate for England and Wales.

(4). MATERNAL MORTALITY.

The Maternal Mortality Rate per 1,000 total births was 1.98 compared with a rate of 3.11 for England and Wales.

In 1937 there were three maternal deaths, which figure is a decrease of 5 on the figure for last year.

(5). ZYMOTIC DEATHS.

A total of 15 zymotic deaths was returned. A summary of the causes of death is as follows : Encephalitis, 3 ; Measles, 4 ; Whooping-cough, 4 ; Typhoid and Paratyphoid, 1 ; Cerebro-spinal fever, 2 ; Polio-Encephalitis, 1. The Zymotic Death Rate was .145.

General Provision of Health Services for the Area.

LOCAL GOVERNMENT ACT, 1929.

INSTITUTIONAL PROVISION.

(a) Treatment of General Sick.

No change has taken place during the year in this branch of the Public Health Service. The work has been carried on as in previous years at the three County Public Assistance Institutions, at Bury St. Edmund's, Newmarket and Sudbury. At Sudbury an extensive scheme of reconstruction was contemplated and in connection therewith the Institution was visited by Officers from the Ministry to investigate the proposed alterations and improvements. As a result of these investigations the Council have been advised to consider the institutional problem of the County as a whole, on the grounds that while the proposals would involve the expenditure of a large sum on an old building, the institution would remain unsatisfactory in many respects, and that in the other institutions there is what appears to be a large amount of spare accommodation.

In considering the problem of institutional accommodation it is necessary to consider the question first, generally, and then particularly as it affects this County. It is agreed that all future accommodation must be planned on hospital lines and that Public Assistance Institutions are becoming County Hospitals for the Infirm. The institutions which were built a hundred years ago were designed primarily for the able-bodied poor. To-day the primary function of the institutions is to house the sick, the infirm and the aged. It follows then that the original buildings are in many respects quite unsuitable for present-day needs.

Again it is almost a general experience that there is an increase in the number of persons seeking institutional care. This continuous rise in the demand for sick ward accommodation can be assigned to several causes.

The stigma of the poor law is disappearing and there is not now the reluctance of the sick poor to be admitted to an institution where, with its improved medical and nursing service designed for the reception of the sick, the aged and infirm and the chronic sick receive, as they should, the same care and attention adapted to their special needs, as the acute sick in voluntary hospitals. Also when good hospital accommodation is available, the younger members of the community show an increased tendency to avoid the burden of caring for aged relatives at home. In many cases they recognise that better care can be provided than at home and, relieved from the task of giving room and nursing to an aged relative, they are free to devote more time and attention to the bringing up of a family. Added to the above causes we have this important factor to deal with, the increase in the number of old persons in the community.

In the light of these general considerations it follows that future planning and reorganisation of the institutions in the County should envisage the provision of the hospital type of accommodation and the abolition of the now obsolete "House."

With regard to Sudbury, as has been pointed out by the Ministry, the suggested reconstruction would still leave an institution unsatisfactory in many respects.

The site is congested, and reconstruction would, after much expenditure, perpetuate a condition of affairs that it is desirable to abolish. As an alternative it is suggested that the question of using the spare accommodation in the existing institutions should be explored. Such spare accommodation does exist. In the Newmarket Institution this is of a high standard and with the installation of a heating system and electric light the institution would fulfil all the requirements of a modern Public Assistance Institution.

With regard to Bury St. Edmund's, it is true that spare accommodation does exist, but it is of wholly unsuitable character, unsuited even for the present needs of the Institution. Here we have a typical example of the grim "House" with narrow, ill-lit, ill-ventilated wards, reached by narrow stone stairs from small enclosed yards. Side by side with these we have the modern infirmary blocks but, as is to be expected, there is here no spare accommodation.

But as opposed to Sudbury, at Bury St. Edmund's we have an excellent site and sufficient room to make reorganisation there well worth while. Sooner or later it will be found necessary to embark on some improvement scheme and it will have to be considered for future policy (1) to make Bury St. Edmund's the centre for housing the sick poor of the County, and (2) to substitute for the proposed improvements at Sudbury a scheme of reconstruction and improvements at Bury St. Edmund's.

In this connection I would quote the report of the County Medical Officer of Health for the year 1935: "This institution forms a very good example for illustrating the required policy for the future. Here we have a mixture of obsolete and grim 'House' quarters alongside a hospital provision of a first-class type. In the main, I do not think that these 'House' quarters can ever be reasonably adapted for these old people with whom we have now to deal, and consequently my recommendations are:—

- (a) In the future to scrap a large part of the existing House quarters.
- (b) To utilise the present female hospital as the main annexe for aged and infirm people.
- (c) To build a new female hospital and to have incorporated with it a small maternity and lying-in block.
- (d) To centralise the kitchens so that these blocks may be adequately and conveniently served.

In this Institution there are great possibilities for development, and here the Council have a nucleus of buildings from which could eventually arise a unit of a first-class type."

Such a plan would result in the eventual closing down of the Sudbury Institution. The argument in favour of this procedure is one of economy. It would mean that a reconstruction and improvement scheme would be necessary at one institution only, where the results would be likely to justify the expenditure. In addition there would be the undoubted economy over the years as a result of centralisation.

The proposal to close the Sudbury Institution would undoubtedly be met with opposition and for understandable reasons.

It has done, and still does, exceptionally good work and although the House portion is deplorable, the Infirmary section on the female side especially is well up to modern standards.

The Institution has become part of the community and much work and care have gone to its administration. Why remove it to Bury St. Edmund's? Hardship would result from the moving of the old people out of their district. Experience, however, both in this County and elsewhere, shows that this objection may not be well-founded.

Transport difficulties both for patients and visitors may be given as grounds for resisting a change. As regards the patients themselves, however, the distance entailed would in these days of good roads and ambulance services make little difference.

The facilities for visiting would certainly be curtailed, but it must be remembered in this connection how many of the patients are without interested friends or relatives—in many cases it is this very want that has resulted in their seeking admission to the institution.

In other counties where centralisation has been effected it has been shown that this difficulty of visiting by relatives has been exaggerated and in this County we have had the experience of the removal of patients from Sudbury to Newmarket and later from Kedington, and the problem of visiting has in neither case been an acute one.

(b) Treatment of Acute Sick (Medical and Surgical).

The arrangements for dealing with these cases have continued as in the previous year with complete co-operation between the County Council and the Voluntary Hospitals.

The Public Health Department acknowledges with gratitude the good-will and never-failing help of the Voluntary Hospitals and their Staffs.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

During the year Kedington Institution began to receive patients under this scheme, and by the end of the year it had received practically the complete number for which it was designed—a hundred male and a hundred female cases.

The extensive scheme of reconstruction and internal re-arrangement has resulted in an excellent institution in which all modern services and facilities are available. The following chief features have been provided: Main day rooms for men and women to accommodate three different classes of defectives; main dormitory wards on a similar basis; single wards for special cases; and the necessary bathing, washing, lavatory and storage accommodation; in addition a new engine house unit, a new water supply, a new kitchen unit, a new laundry and new lighting and heating systems were installed; staff quarters were reconstructed, while in the hospital section the general lay-out was improved and a new central stairway was built.

It will be remembered that it was originally suggested that the Infirmary Block should be used to house certain Poor Law cases and a portion was to be used as an Infirmary for Defectives. This decision was finally abandoned as it was seen that it was not practicable to mix ordinary Poor Law cases with Mental Defectives as being against the spirit of the Local Government Act of 1929, and also it would have been almost impossible in administration.

The next possibility then was to use the old infirmary for Defective Sick only. This also would not have been practicable. It would have meant a great waste of beds, and it would have been difficult to administer, owing to its isolated position. It was suitable for one sex only, unless radical reconstruction was undertaken.

I therefore looked round to see if arrangements could not be made for a certain number of beds for sick cases in the main building and I suggested the retention of four single wards on each side to be kept for sick patients. In the event of more sick cases occurring than this, for instance, in an epidemic, one of the smaller dormitories would have to be used as an Infirmary. I had the benefit of the advice of Dr. Turner in this connection and he approves of this arrangement. The advantage of having the sick here is the central position of the wards and the ease with which the patients can be supervised at night. The present sanitary arrangements are suitable and adequate.

This arrangement leaves the Infirmary to be reserved for ordinary mental defectives. Owing to its position, I suggest that it be used for high grades only, and, as Dr. Turner informs me that female defectives are in the majority, I suggest that it be used for high grade females.

The Infirmary will accommodate approximately forty-five beds. There is sufficient dayroom and dining accommodation. Certain alterations will be necessary to provide the necessary sanitary annexes. On the basis of six patients to one wash basin and eight patients to one W.C., it will be necessary to arrange for a total of six W.C.s and eight wash basins on the ground floor. The County Architect is submitting suggestions and plans for the provision of these, and also for the provision of a kitchen-scullery. His plan also provides for the staff sanitary arrangements. One nurse would be required for night duty, but I suggest that arrangements should be made for two nurses to sleep in the Infirmary. There are rooms suitable for them on the first floor. The County Architect has been consulted and has prepared a scheme for reconstruction on the above lines.

The administration and work of the Institution have been carried out smoothly and efficiently and the reports of the Board of Control have been laudatory and encouraging.

The Institution is controlled by the County Medical Officer of Health acting as Medical Superintendent, with a Clerk and Steward, and Matron, as Senior Officers in Charge.

The excellent work of these two latter Officers is worthy of special mention.

POOR LAW MEDICAL OUT-RELIEF.

Poor Law Medical Out-Relief and Appointment of District Medical Officers.

In his reports for 1935 and 1936 the Medical Officer of Health commented on the position with regard to the appointment of the District Medical Officers, and reported on the action that had been taken with a view to eliminating the inequalities in salaries.

After carrying out a further investigation with regard to the amount of work performed by the various district medical officers, over a period of one year, he submitted a report to the Committee, in which he suggested a table of payments based on a standard rate per visit, per consultation and per medicine for the year investigated, plus 20% to obviate errors and unevenness in the returns of the work. It was agreed to adopt this standard of payment in the temporary appointments, for a trial period of one year.

LABORATORY FACILITIES.

The general arrangements for this service have continued without change during the year, and no special difficulties have arisen.

The main portion of the work is undertaken by the West Suffolk General Hospital and has been carried out with great success. Generally, these arrangements have been 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, are carried out at the East Suffolk County Laboratory, Ipswich, and 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	382
Cervical and Urethral swabs	39
Blood for Wassermann Reaction	145
Blood for Widal Reaction	1
Complete Blood Counts	1
Sputum for Tubercle Bacillus	290
Sputum for Organisms	9
Stools for T.B. or Organisms	4
Urine for T.B.	11
Hairs for Ringworm	14
Pus for T.B. Organisms	4
Virulence Tests for K.L.B.	5

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. In addition, there is 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.

On the whole, the area is well served by these hospitals and little trouble is experienced in dealing with the general medical and surgical sick in the County. Difficulties of transport do, however, occasionally arise in cases requiring continued intermediate treatment.

West Suffolk is fortunate that in the West Suffolk General Hospital there are provided equipment and service equal to, and certainly rarely bettered, in general hospitals in any other part of the country. For a hospital situated in the centre of a rural district, the extent of its equipment is extraordinary, and much credit is due to the Governing Body and its staff for bringing about this position.

It is 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 whole system works smoothly and with the maximum service to the public interest.

MATERNITY AND NURSING HOMES.

A routine inspection of all registered Nursing Homes is carried out 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.

New applications for registration are very carefully investigated with regard to premises, furnishing and equipment, and no certificate of registration is granted until this department is satisfied that the Home conforms with the required standard.

The number of Homes registered in the County at the end of December was ten. Three applications for exemption from registration under the Act were received and granted.

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

The arrangement between the County Council and the Diocesan Moral Welfare Association, under which the County Council is responsible for the whole or part of the maintenance of approved cases at suitable Maternity and Training Homes, has continued. Provision is also made, as required, for these cases in the Maternity sections of the County Public Assistance Institutions.

Illegitimate and homeless children requiring institutional care are accommodated in the Children's Homes at Bury St. Edmund's and Sudbury. Both these Homes are directed in a thoroughly efficient way and are fully satisfactory for dealing with these children either permanently or until such time as boarding out or other arrangements are made for them.

AMBULANCE FACILITIES.

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

The greater part of the work is carried out by the Red Cross Society ambulances, which work without any fixed area and are available for any reasonable service. These ambulances are fully equipped with all materials required for dealing with accidents, or with emergency illness en route. The County Health Department has continued to make considerable use of these ambulances, and the service given by them and their personnel has continued to be of the highest order.

(b) **For infectious cases.** Within the County there is no special motor ambulance for the conveyance of infectious cases. The provision of one for the County is envisaged in the scheme for the provision of a County Infectious Diseases Hospital.

INSTITUTIONAL PROVISION FOR CHILDREN.

Two Children's Homes are provided in the County, one at Bury St. Edmund's and one at Sudbury. In the past boys and girls were accommodated in both Homes. It was thought desirable, however, that they should be separated, and consequently on November 20th, 1937, 13 boys were transferred to the Alexandra Home, Bury St. Edmund's, and 13 girls to the Crofton Home, Sudbury.

Maternity and Child Welfare Service.

MIDWIFERY SERVICE.

Under the Midwives Act, 1936, all local supervising Authorities are required to secure an adequate midwifery service in their area. A scheme was therefore drawn up by Dr. Davidson. This was accepted by the County Council and approved by the Ministry of Health, and is now in operation.

This scheme provides for a complete midwifery service for the County, through the West Suffolk County Nursing Association. Most of the County was already covered by District Nursing Associations, and the completion of the service was achieved by the formation of two new districts, the extension of certain existing districts, and, in a few cases, by direct subsidy.

Although these measures have involved certain additional expenditure in the way of grants, they appear to be the most satisfactory and economical way of providing the necessary service. By subsidising the Nursing Association, the County Council secures a midwifery service for the County, and at the same time the District Nursing Associations are enabled to carry on their excellent work in general nursing as well as in midwifery and maternity.

ANTE-NATAL SERVICES.

The County Ante-Natal Scheme has continued to operate throughout the year. This scheme, which is designed to function through the general practitioners in the County, and on its immediate borders, serves the needs of uninsured women who do not normally engage doctors for their confinements, and who normally receive all their maternity care from midwives. Provision is made in the scheme (a) for linking up the work of the doctors and mid-

wives, (b) for securing that the doctor who carries out the ante-natal examination shall be the doctor called in in case of need to the actual confinement, and (c) for subsequent examinations to be made by the doctor after report to the County Medical Officer.

During 1937, a total of two hundred and seventy-six examinations were carried out under this scheme (one hundred and forty-five in 1936). This figure represents 34.6% of the total cases taken by the midwives during 1937.

I have found that the scheme works smoothly and no difficulties have arisen in connection with its administration.

MATERNAL MORTALITY.

In April, 1937, a report on Maternal Mortality was presented to Parliament and relative to the recommendations made in this report Circular 1622 was issued in May, 1937.

This Circular sets out a list of recommendations which the Minister of Health regards as essential for an efficient Maternity Service.

Quite a number of these recommendations were already being carried out in West Suffolk, but the following, regarded by the Minister as most important, and specially emphasised as such, had not yet been put into effect. I therefore recommended that the Council should give their consideration to this matter and by so doing provide the essentials of an efficient Maternity Scheme.

The recommendations were :—

1. The provision of Post-Natal Services.
2. The provision of the Services of an Obstetric Consultant.
3. The provision of Emergency Units.
4. Home Helps.
5. Provision of Dentures.

1. Post-Natal Services.

It is generally agreed that a considerable proportion of the gynaecological conditions from which women suffer can be attributed to the effects of childbearing. Since many of these disabilities have an adverse effect not only on the health of the mother but also on the course of her future confinements, their detection and rectification is of importance in the prevention of maternal morbidity, mortality and sterility.

An efficient post-natal service should include

- (a) examination,
- (b) the opinion of a consultant in all cases in which specialist advice is indicated,
- (c) arrangements for hospital treatment for patients requiring it.

I suggested that a post-natal service based on the ante-natal arrangements now working successfully in the County would prove entirely satisfactory.

2. The Provision of the Services of an Obstetric Consultant.

The Report stresses the fundamental importance of including in every Maternity Scheme the provision of the services of one or more Consultants and the Minister expresses the view that it is desirable that every Authority should take the necessary steps to provide an adequate Consultant Service.

The duties of a Consultant specially applicable to this County would include :—

(a) assistance to general practitioners in domiciliary cases of doubt or difficulty during pregnancy, at the time of confinement or in the puerperium,

(b) the supervision of the in-patient treatment of maternity patients for whom the Local Authority assumes responsibility.

It appeared to me that the above services would be best provided by a panel of three consultants, arranged thus :

one for the East side of the County in combination with East Suffolk, where a Consultant Service was already established ;

one for the West side of the County in combination with Cambridgeshire, who also had appointed a consultant ;

one for the Central area.

I communicated with the Medical Officers of Health of East Suffolk and Cambridgeshire, who supplied me with details of the financial arrangements of their Consultant Services. They were of the opinion that the services of their consultants would be available on similar terms for this County.

For the central part of the County it was necessary to make an appointment for which this Council would alone be responsible.

With regard to the consultants themselves, certain qualifications are laid down as being necessary, and it is recommended that they should have charge of maternity beds.

To complete the scheme of Consultant Service, I considered it necessary to secure the reservation of a certain number of beds in each of the three hospitals to which the consultants are attached, *viz.*: The East Suffolk and Ipswich Hospital, Addenbrooke's Hospital, Cambridge, and the West Suffolk General Hospital, Bury St. Edmund's.

3. The Provision of Emergency Units.

The Report shows that lives are lost through women being sent to hospital because the necessary expert services are not available in their homes. In certain cases it would be of advantage if the services of the skilled hospital staff were brought to the patient, instead of subjecting the patient to the risk of transport to the hospital.

These arrangements were made by establishing an Emergency Unit consisting of the consultant obstetrician and a nurse from the Maternity department of the hospital.

In arranging for this service, the same principle was adopted as in the appointment of consultants, that is, the division of the County into three areas, and arranging for the same consultants to carry out the emergency duties.

This recommendation was in line with the Minister's suggestion that "local authorities, acting where necessary in combination, will take all possible steps to secure its establishment."

It will be realised, of course, that a grave emergency requiring the above service is a rare one and it is hoped that it will become increasingly so, when advantage is taken of all the services—ante-natal, consultant, post-natal, domiciliary and hospital—which are provided.

All the above recommendations, including the provision of Home Helps and Dentures, have been adopted by the County Council, and arrangements have been made to put them into effect.

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.

In recent years this work has been extended very considerably, and this development has been of the greatest service to the general public of this County.

By reference to the appended report of the West Suffolk division of the County Nursing Association, it will be noted that during 1937 one new district was formed and certain extensions were completed.

(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 at a charge to the County Council.

(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 such nursing may be given subject to the discretion of the County Medical Officer.

WEST SUFFOLK BRANCH OF THE SUFFOLK NURSING ASSOCIATION.

I append an extract from the Annual Report of the County Nursing Association, so that an idea may be obtained of the year's work in the area of West Suffolk.

"**Committee.** The resignations of Miss Blyde, Dr. Davidson and Mrs. Thomas have been received with regret. The vacancies thus created have been filled by the Duchess of Grafton, Dr. Roger and Miss Savage.

Nursing Staff. There are fifty-four nurses working in the county. During the past year, nine have resigned for the following reasons:—Other work, 7; domestic reasons, 1; retired, 1.

It is gratifying to be able to report that only five nurses in the County are living in lodgings.

District Nursing Associations.

Bury St. Edmund's. There are four Queen's Nurses now employed at Bury St. Edmund's. Larger premises were required for them, and an attractive, well-furnished house in a good position has been provided. The new Home was officially opened by Mrs. Heilgers in February.

Sudbury. Thanks to the enterprise of the local Committee, a modern house, comfortably and attractively furnished, is now provided for their nurses.

There is only one unaffiliated district in the county.

Motor Transport. Twenty-seven nurses are using cars for their work.

Candidates in Training. There are two general trained nurses in training at Plaistow.

A special "refresher" course in district work was taken at Ipswich by a general trained nurse, prior to her opening up a new district.

Midwives' Association. The membership has increased during the past year. The members are indebted to Miss MacDonald for some excellent lectures. They also wish to record their thanks to this Committee for a grant of £10 towards their funds.

Midwives' Act, 1936. The midwifery service in the County is now complete.

One new district has been started at Hopton.

In other districts certain adjustments have been made to include villages hitherto not provided with a nursing service. No nurse has been displaced as a result of these adjustments, all of which have been carried out in the friendliest possible way.

This Committee wishes to place on record their appreciation of the helpful co-operation of the local District Nursing Associations and the nurses in this matter. It is largely due to their public-spirited attitude towards the work as a whole (and not just in relation to their own villages), that the completion of the service in the County has been made possible.

Arrangements have now been completed in West Suffolk for the provision of the services of Consultant Obstetricians and ante-natal and post-natal examinations; also, when necessary, the services of a Home Help.

Health Visiting. This work is being done by the District Nurses, except at Bury St. Edmund's and Haverhill.

Infant Welfare Centres. The total number of Centres in this County is fifteen. The number of attendances shows an increase at most centres. The district nurses attend in their own area in addition to the County Council Doctor and Health Visitor.

Thanks to Local Workers. Cordial thanks are again extended to all local Secretaries and Committees for their continued help and co-operation, and to the nurses for their loyal and willing service."

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 two hundred and two 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.

The midwives in West Suffolk have a reputation for careful and efficient work, which is very often done under difficult and trying circumstances. The general public owes a debt of gratitude to these women who give devoted and efficient service in its interests, and the Health Department does not forget their value to the County.

POST-GRADUATE COURSES FOR MIDWIVES.

Under the Midwives' Act, 1936, every local Supervising Authority is required to make provision to enable every midwife practising in its area, to attend a post-graduate course in accordance with the rules of the Central Midwives' Board. Arrangements have therefore been made for the appointment of a second whole-time relief nurse. In this way it will be possible to release the nurses in the County in rotation, to attend courses of training at an Institution approved by the Central Midwives' Board.

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 seventy-eight. In 1937 the midwives attended by themselves seven hundred and ninety-eight cases, while in four hundred and seventy-three cases they acted as Maternity Nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of three hundred and twenty-seven cases, which represents a percentage of 40.97. In two hundred and ninety of these cases medical help was sought in respect of the mother, and the chief conditions necessitating the help were Ruptured Perineum, Delayed Labour, Albuminuria, Threatened Abortion and Miscarriage, Rise of Temperature, Post-partum Hæmorrhage, Varicose Veins and Oedema of Feet.

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

INFECTIOUS DISEASES OF SPECIAL NATURE.

(a) **General.** Eight cases of puerperal pyrexia were notified in 1937. All these cases were investigated and enquiry was made to ascertain that the necessary treatment had been secured.

(b) **Ophthalmia Neonatorum.** One case of ophthalmia neonatorum was notified in the County in 1937.

Note.—In cases of this type, the utmost care is taken to secure immediate and effective treatment and supervision; if necessary, special hospital treatment is provided under the County Scheme. As a result of these measures the terrible subsequent blindness that this disease gave rise to so often in the past has been abolished.

INFANT WELFARE CENTRES AND HOME VISITING AND SUPERVISION.

The fifteen Infant Welfare Centres maintained by the County Council and staffed by the County Medical Staff have been continued without change at Bury St. Edmund's, Newmarket, Sudbury, Haverhill, Hadleigh, Glemsford, Long Melford, Exning, Bures, Lakenheath, Waldingfield, Clare, Brandon, Thurlow, and Kedington.

With the exception of the one at Bury St. Edmund's, which is held weekly, each centre is open for one session per month and at eight of these centres there is an associated clinic for the examination and treatment of school children. The usual staff at each centre consists of Medical Officer, Health Visitor, District Nurse and voluntary helpers.

It is extremely pleasing to note that increased work has been carried out during 1937 at Sudbury, Haverhill, Brandon, Hadleigh, Lakenheath, Newmarket, Exning, Waldingfield, Thurlow and Kedington; in fact, at ten of the centres there has been an improved attendance record. The Exning Centre again shows an increased attendance, although last year's attendance was considered to be the maximum.

Generally the record of work accomplished by these centres in 1937 is a very satisfactory one; their clinical scope has extended and at the same time the important educational side of the service has been continued steadily. The County Centres have continued to work in the best traditions of preventive medicine in that they are essentially centres of education; they do not exist for treatment purposes; and their efforts are constantly directed towards improving the health of the mothers and children.

During the year a total of 4,992 attendances (4,162 attendances in 1936 and 3,604 in 1935) were made by children at these centres; of these, 1,850 attendances were made by children under one year of age, while 3,142 attendances were made by children between the ages of one and five years.

The number of children who attended for the first time was 429 (441 in 1936 and 360 in 1935), and this number included 325 children under the age of one year. With regard to the clinical medical work carried out in 1937, there was an increase of 426 in the number of individual medical examinations. In addition to individual talks and instruction, the Medical Officers gave 151 general talks to welfare audiences.

It is interesting to note that the number of children under one year of age who attended Centres represented 28.2 per cent. (24.2 per cent. in 1936 and 21.7 per cent. in 1935) of the notified live births.

ORTHOPAEDIC TREATMENT.

This important branch of preventive medicine has been carried on very successfully throughout the year.

The main provision for this treatment in West Suffolk is centred at the West Suffolk General Hospital, where there are provided (a) Monthly consultations by the Consulting Orthopaedic Surgeon, (b) Weekly out-patient attendances by the Assistant Orthopaedic Surgeon, (c) Massage, Remedial Measures and Electrical Treatment, etc., and (d) Operative and In-patient treatment for suitable cases.

For local convenience, the County Council, through this Department, avail themselves of the special British Red Cross Society (Cambridge Branch) Orthopaedic Clinic, which is held at Newmarket.

At the West Suffolk General Hospital children under school age made 27 out-patient attendances, and 5 children under school age received in-patient treatment. A total of 6 orthopaedic operations were performed on children under school age in hospital during 1937.

Where necessary, special cases are sent to recognised Orthopaedic Hospitals outside the County, and the choice of these cases largely depends on the initial recommendations of the Consulting Surgeon.

There has been no change in the general administration of the Scheme.

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 both to the personal health of the children and to the suitability of their environmental conditions, and each report of the Health Visitor is seen by me as a routine procedure.

The work has proceeded satisfactorily during the year. The children who are under this Act in Suffolk are well cared for, and, generally, the conduct of the foster parents has been satisfactory. It is necessary, however, to be extremely vigilant in this work in order to keep in check the few unscrupulous and callous foster parents, who inevitably arise from time to time, and to protect innocent children from hardship and suffering.

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

Number of Cases on Register 1-1-37	..	..	163
Number of New Cases	..	..	82
Number returned to parents	..	..	8
Number adopted	..	..	1
Number died	..	..	1
Number who attained 9 years of age	..	..	39
Number who left county	..	..	58
Number transferred to Public Assistance Institutions	..	..	—
Number of cases on Register 31-12-37	..	..	138
Number of unsatisfactory cases	..	..	1

County Tuberculosis Service.

(a) GENERAL STATISTICAL FACTS.

Eighty-one new cases of pulmonary tuberculosis were notified during 1937; this is an increase of ten on the corresponding figure for 1936, and a decrease of two on the figure for 1935.

The new cases of non-pulmonary tuberculosis notified during the year numbered thirty-nine, which is an increase of two on the figure for the previous year.

During the year a total of thirty-nine deaths was recorded, thirty being pulmonary cases and nine being non-pulmonary cases. In the previous year the total deaths were fifty-five, comprising forty-three pulmonary cases and twelve non-pulmonary cases.

The death rate from tuberculosis in 1937 was .38, the corresponding figure in 1936 being .53.

The number of notified cases on the Register at the end of the year was four hundred and thirty-six, and of this number one hundred and seventy-seven were insured persons. The number on the Register shows an increase of twenty-four on the figure for the previous year.

During the year thirty-seven admissions were made to the West Suffolk Sanatorium, and over the same period thirty-one cases were discharged from the Sanatorium. The total number of in-patient days was 4,998.

In addition thirteen pulmonary cases were admitted to other sanatoria approved for the treatment of tuberculosis, while under similar auspices eighteen non-pulmonary cases were admitted.

Again, thirteen pulmonary cases and one non-pulmonary case were admitted to the Special Departments of the Public Assistance Institutions during 1937.

In the course of the year eighty-three X-Ray examinations and 290 sputum tests were made.

The County Medical Staff made 809 home visits to cases of tuberculosis, and in addition eighty-five dispensary consultations were given. Personal and other consultations between the Tuberculosis Officers and medical practitioners numbered 182. Finally, the County Health Visitors made 1,064 home visits of supervision to cases of tuberculosis.

I submit herewith a Table of New Cases reported in 1937, together with a summary of the total deaths from tuberculosis in the area during the year.

TUBERCULOSIS.

NEW CASES AND DEATHS DURING 1937.

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	—	—	1	2	1	—	—	1	—
5	—	1	7	6	2	—	—	—	—
10	—	1	4	1	5	1	1	1	1
15	3	8	1	4	15	—	1	—	1
20	2	5	2	1	25	—	2	—	—
25	9	11	3	1	35	3	8	—	1
35	10	8	—	—	45	5	3	2	—
45	9	2	2	1	55	5	—	—	—
55	5	1	—	2	65	—	—	—	1
65 and upwards	2	4	—	—	75	—	1	—	—
Totals	40	41	20	19	Totals ...	14	16	4	5

(b) NOTIFICATIONS.

In 1937, the heaviest notification in men was at the age period thirty-five and this was followed by the age periods twenty-five and forty-five.

In women, according to this year's Table the main notification period remained as previously at the age period twenty-five, with noticeable aggregations at fifteen and at thirty-five.

(c) DEATHS IN 1937.

The pulmonary male deaths show a decrease of seven, and the pulmonary female deaths a decrease of three on the figures for the previous year.

The non-pulmonary deaths show a decrease of three on the figure for 1936 for men. The number for women is the same as in 1936.

The female mortality is again strikingly illustrated in the age periods of thirty-five to forty-five, when no fewer than eleven of the total sixteen deaths took place.

The male mortality is highest at the age periods of forty-five and fifty-five, with also a fairly high mortality at the age period of thirty-five.

(d) THE COUNTY SANATORIUM

The County Sanatorium has continued its three main functions: (1) to treat early cases, (2) to act as an observation and drafting centre for special cases which may be transferred elsewhere, and (3) to treat suitable intermediate cases.

The Institution continues to give extremely useful service to the County Scheme and for suitable cases it affords an excellent provision.

I have pleasure in recording the high quality of the work performed by all the members of the Staff of the Sanatorium. The number of patient days has again been heavy, and the type of case treated at various times required and obtained the best and most generous service from the Staff.

(e) **NOTE ON THE SERVICE.**

The clinical service has been maintained unaltered throughout the year, with domiciliary visiting as the main basis for its work. It is impossible, in view of transport and other similar difficulties, to maintain an efficient dispensary service, and such work is restricted to the Dispensary at Bury St. Edmund's.

Considerable and extended use has again been made of X-Ray examinations.

Close clinical supervision is maintained of all notified cases, and in all cases of doubtful diagnosis the Medical Officers are available for consultation. Generally, the Service has been carried on in complete harmony with the medical practitioners and hospitals of the area, and much good work has been accomplished in consultation and in co-operation with the practising medical men and the hospitals.

The examination of contacts has been continued and the work has been most successful in regard to children. The adult contact examination has, however, been disappointing. It is a matter of difficulty to persuade people who say they feel perfectly well to undergo a medical examination. Special efforts, however, will be made during the coming year to improve this most important branch of preventive work.

Venereal Diseases.

The treatment of these diseases is mainly carried out at the County Clinic which is held weekly at Westgate House, Bury St. Edmund's, on Wednesday mornings.

In 1937 the total number of cases treated by the County Venereal Diseases Officers (Dr. Hogg and Dr. Gray), was twenty-seven, and of these nine were new cases seen for the first time during the year. In addition, ten new cases were treated at outside centres. There were, therefore, nineteen new West Suffolk cases in 1937.

The diagnosis returned in respect of the nineteen new cases was: Syphilis 1, Gonorrhœa 11, and other conditions 7. The number of doses of arsenobenzene compounds given at Bury St. Edmund's was 32; 99 doses of Bismuth preparations were also given. The number of in-patient days returned for West Suffolk cases was: Ipswich 2, Cambridge 29.

During the year 24 specimens were sent to laboratories for examination; 15 of these were blood specimens for Wassermann test.

The number of attendances at Bury St. Edmund's were 261, Cambridge 204, Ipswich 69.

GENERAL NOTE ON THE SERVICE.

The general arrangements for this service have continued unchanged.

The incidence of acute disease in the County is low and the work of the clinic is mainly directed to the treatment of congenital disease.

These congenital cases are generally detected through the Medical Officers and Health Visitors in attendance in the Maternity and Child Welfare Service and in the Service of School Medical Inspection. In these cases, every effort is made to persuade the mother and family to attend the clinic.

The Clinics at Cambridge and at Ipswich have rendered valuable service in dealing with in-patient cases, and with cases without the scope of the County Clinic.

Sanitary Circumstances of the Area.

(1) WATER SUPPLY.

I append notes from the Reports of the District Medical Officers:—

BOROUGH AND URBAN DISTRICTS.

Bury St. Edmund's.

Water mains extended eight hundred and eighty-one yards. Quality and quantity satisfactory in every respect.

Hadleigh.

The Town has a piped water supply for the No. 1 or Town District, two deep boreholes, one Lady Lane and one Angel Street. The pumping capacity is about 8,500 gallons per hour with both pumps working. All the houses in the No. 1 District are not yet connected to the mains. Fifty-five further houses have been connected during the year. Houses not yet connected draw their supplies either from eight stand-pipes in the streets connected to the mains, two deep boreholes in the streets with hand pumps attached, or from private wells; very few, if any, of these are in use in the No. 1 District.

Public Supply was substituted for well water in fifty-five cases. Quality and quantity satisfactory.

A bacteriological examination has just been made of a sample of water taken from the Town's water mains. The report is that the water is of great organic purity and free from any trace of pollution either chemically or bacteriologically. The water is slightly ferruginous, but the amount of iron left in solution is negligible. When clear, the water is of excellent quality for drinking and all the purposes of a public supply.

Three pumps were repaired.

Haverhill.

The supply is obtained from a well sunk one hundred and three feet deep into the chalk with two headings about twenty-five feet long running North and South, and two boreholes, one nine inches in diameter at the bottom of the well to a depth of two hundred and fifty feet, and the other ten and one-eighth inches in diameter, sunk to a depth of three hundred and fifty feet through the South heading. The water is raised by deep well three-throw pumps in duplicate, and one borehole pump, each capable of delivering 10,000 gallons per hour, and the power is obtained from 24 B.H.P. Crossley Crude Oil Engines in duplicate.

The water is of good quality, but hard.

One sample of water was taken from the pipe supply. The result of the analysis showed it to be of excellent quality but very hard, nearly half the hardness being of the permanent variety. The question of installing a softening plant has been considered by the Council, and the Surveyor has now been instructed to prepare a report dealing with the matter.

Newmarket.

The water supply throughout the Urban District (with the exception of a few private wells) is controlled by the Newmarket Waterworks Company Limited. The water is raised from wells sunk in the chalk at Southfields Farm, Newmarket, and pumped to a storage reservoir situated on high ground from which it gravitates into the Company's mains throughout the town.

There has not been any important extension of public water supplies during the year. The water has been satisfactory both in quality and in quantity.

Three samples of water, two from wells and one from the pipe supply, were taken, the results in all cases being satisfactory.

Sudbury.

One hundred and ninety-six yards of pipe extension along Melford Road to supply a developing part of the town have been laid.

Quality satisfactory.

RURAL DISTRICTS.

Clare.

Six samples were taken from wells and two from the pipe supply, with good results.

It is intended that the scheme for the Withersfield Water supply should be at sufficient capacity to supply adjoining parishes such as the Thurlows and Wrattings.

Cosford.

Power schemes with house connection and stand-pipe services are available in the Parishes of Bildeston, Boxford, Brettenham, Edwardstone, Hitcham, Lavenham, Lindsey, Nedging-with-Naughton, and Whatfield.

Boreholes with hand-pumps are provided in the parishes of Aldham, Elmsett, Hitcham, Kersey, Kettlebaston and Preston.

Dug wells are provided in nine parishes.

There is no evidence of serious shortage of water supply in any parish in the District.

Fifty-six samples were taken from wells, of which seven were condemned, and eleven from the pipe supply, all of which were satisfactory. Five wells were closed and two were cleansed or repaired.

Melford.

One sample was taken from the pipe-supply with a satisfactory result, and twenty-two samples from wells. Seven of these latter samples were condemned. One well was closed and six repaired. The public supply was substituted for well water in one case.

Mildenhall.

There is a public supply in the parish of Brandon, owned by the Council, and piped supplies, privately owned, in parts of the parishes of Gazeley, Santon Downham, and Higham. In part of the parish of Mildenhall a number of houses obtain a supply from the mains of the Ely Rural District Council.

A Public Water Enquiry was held on suggested schemes for nine parishes.

Five samples were taken from wells with satisfactory results and the public supply was substituted for well water in five cases.

The mains were extended to take in twelve new Council Houses at Brandon. Four other new Council Houses and six new privately owned houses at Brandon came on to the existing main. Two houses in West Row have been connected up to the mains of the Ely Rural District Council.

Thedwastre.

The water supply of the district is derived chiefly from wells and bores; most of the newer houses have bores. Several bores have been sunk to supply large houses. The only piped supply in the district is at Gedding (apart from supplies from house to lodge, etc.), and this supplies a group of houses at Gedding Corner and is privately owned.

In only isolated cases is water derived from ponds, etc.

Twenty samples, of which five were condemned, were taken from wells. Five wells were repaired. No complaints were received re shortage.

Thingoe.

Active steps were taken during 1937 to complete the piped supplies in the eight parishes for which loan sanction had been obtained. The Great Barton supply was available in July, 1937. A piped water supply will be available in Ixworth, Barrow, Denham and Ingham during the early months of 1938, as also in Great Saxham.

By May, 1938, it is anticipated that the other two parishes, Stanningfield and Bradfield Combust, together with the Sicklesmere and Cox Green areas of Great Whelnetham, will have water available by a scheme which will necessitate $6\frac{1}{2}$ miles of piping and a cost of £5,400. In addition to these public piped supplies, the Council sank seven bores during 1937 for water supplies to their new Council Houses.

It is anticipated that as the benefits of these new water undertakings become apparent, and as housing development progresses, there will be demands for similar projects in other parishes in the area.

All samples of water submitted to bacteriological and chemical examination during the year from the Rede and Great Barton Public piped supplies were found to be suitable for all domestic and drinking purposes.

The Council are very mindful of their responsibility to safeguard public water supplies and to ensure that all water supplied by them is pure and wholesome. To this end it is their policy to have all new piped supplies bacteriologically and chemically examined once per month during the year of their establishment and thereafter at less frequent periods. A further protection is available in that the Medical Officer is instructed to take additional samples when he has reason to believe that such additional sampling is urgently required.

Forty samples of water, of which five were condemned, were taken from wells, and two, with satisfactory results, from the pipe supply. Ten wells were cleansed or repaired, and the public supply was substituted for well water in two districts.

(2) RIVERS AND STREAMS.

Many streams and ditches are heavily polluted by untreated or partially treated sewage and drainage.

The provision of water schemes throughout the County should have as their complement the provision of the proper means of sewage disposal.

One of the chief sources of trouble in the County is found in the Stour Valley and especially in the course of the river at Bures bridge. The County Council have taken the matter up with the Melford Rural District Council and during the year a consultation between the County Council, the Rural District Council and Officers of the Ministry took place.

In the case of Bures certain palliative measures were agreed upon, and have been carried out, but in spite of this the pollution continues.

It is agreed by all the parties concerned that here and in the other areas the only effective remedy is the provision of proper sewage systems, but it is obvious that, on the grounds of cost, there are many and serious difficulties.

Such schemes would put an intolerable burden on the districts who are quite unable by themselves to meet the financial obligations entailed.

It appears that the remedy lies with the Ministry of Health and this County awaits hopefully a decision that grants for Sewage Schemes on the same lines as those for Rural Water Supplies will be forthcoming.

If such grants were made, the County Council would willingly undertake their share of the burden, and a great advance in safeguarding the public health would result.

(3). DRAINAGE AND SEWERAGE.

NOTES FROM BOROUGH, URBAN AND RURAL DISTRICT REPORTS.

In Bury St. Edmund's the soil sewers have been extended three hundred and sixty-five yards and the surface water sewers 1,796 yards. There are still approximately fifty cesspools in the town.

In Hadleigh twenty-five further connections, representing sixty houses, were made to the sewers. Three cesspools were abolished and drains were connected to the sewer. There are approximately seventeen cesspools in the district.

In Newmarket there have been no important extensions to the sewage system nor to the Sewage Disposal Works.

There are a few cesspools in parts of the District where the sewerage system is not yet available. The actual number is not known.

In Sudbury the sewer has been extended down Melford Road to take the sewage from a number of houses which at present have cesspits, but the work was not completed at the end of the year. There are forty-four cesspools in the district.

In Clare the approximate number of different types of conveniences are : pit privies, 947 ; pail closets, 851 ; water closets, 281. Fourteen privies have been abolished, eighteen pail closets provided and twelve water closets provided.

In Cosford, the sewer has been extended in nine-inch pipes from the Council Housing Scheme, Melford Road, Lavenham, to the existing sewer in Water Street, Lavenham. This was completed in May, 1937.

The total number of conveniences in the district at the end of the year was : privies, 1,460 ; pail closets, 1,105 ; water closets, 104. Six privies and pail or earth closets were connected to the water-carriage system, and eight privies were converted to pail closets.

In Mildenhall there are no sewers except an open one in the parish of Lakenheath.

In Thingoe there has been no extension of sewerage. The Medical Officer points out that the district will shortly appreciate the benefits of piped water supplies, but that these supplies will serve to aggravate the present position caused by the absence of sewerage schemes and sewage disposal works in all parts of the area.

Parishes have already been surveyed in order that sewerage schemes might be adopted as and when Exchequer aid becomes available for such undertakings.

Housing Conditions in West Suffolk.

HOUSING (RURAL WORKERS') ACTS.

Much has been written and said of late on the question of the drift from the land and the steps that must be taken to prevent this drift and save the countryside. It is not enough to bewail the exodus to the towns and the depopulation of the country. The amenities of the towns must be brought to the country in the shape of education, water supply, sanitation and housing.

The acceptance of lower standards of living for country dwellers has had a disastrous effect on the countryside. We have been accustomed to accept as true that unsatisfactory conditions are good enough for a country district and that country folk do not need the conveniences of town life.

As regards housing, Sir Kingsley Wood, as Minister of Health, in addressing the Rural District Councils' Association, expressed the opinion that if young people of the country were to be expected to work on the land rather than seek employment in the towns, they could not be expected to settle down happily in decayed and insanitary houses.

In this connection may be quoted the observations of Professor Stapledon in his book "The Land Now and To-morrow." His arguments on the rural housing problem should carry weight coming as they do from an expert in agriculture :

" There are whole districts where the farm houses, buildings and cottages are entirely out of keeping with modern standards and where there is much dilapidation. It is not only dilapidation that needs to be rectified, but houses, buildings and cottages are frequently dark, airless, ill-designed, cramped and in themselves very inadequate, ill placed in juxtaposition to each other and in relation to air, sun and dryness. It is not only that houses and cottages which should be condemned are frequently not condemned but the standards of adequacy are set ridiculously low, little or no account being taken of the extremely important matter of convenience."

Professor Stapledon would like to see the matter of rural housing placed in the forefront in the fight for the revival of the countryside.

Under the Housing Acts much has been done but much still remains to be done.

The abolition of slums and the relief of overcrowding is the responsibility of the local authorities.

Under the Housing (Rural Workers') Acts the County Council can play their part in the improvement of housing conditions in rural areas.

The object of the Acts is to give assistance by grant or loan to owners who are willing to reconstruct or recondition buildings which will be suitable for occupation by agricultural workers or persons of similar economic position. They are also a valuable means of dealing with overcrowding as in many cases the proposed works entail additional bedroom accommodation. By means of the Act, too, cottages of architectural interest and unfit for human habitation may be rendered fit, and remain as part of the countryside.

The Acts are operated by the County Council. But before giving such grants the County Council must be satisfied that the plans for reconditioning are adequate, and that the grant it gives will be well spent in securing the health and comfort of the people for whom the house is designed.

The Acts are applicable only to houses of good structure, and should not be used as an alternative to demolition, to preserve property that has no claim to survival. This was made very clear in the Moyne Report which describes reconditioning as " works that are necessary to provide in each tenement or house of good structure a reasonable standard of comfort and convenience."

In considering reconditioning another very important factor is the site.

The house when reconditioned should enjoy space, light, air and the usual services. If it does not, reconditioning has served only to perpetuate a condition of affairs that the Acts were designed to abolish.

In order then to stimulate interest in these Acts, and to help owners proposing to recondition property under the scheme, the County Council have issued the following schedule.

"WEST SUFFOLK COUNTY COUNCIL.

Housing (Rural Workers') Acts, 1926 and 1931.

1. These Acts offer to help owners to reconstruct or improve dwellings or buildings so that they may be tenanted by agricultural workers (or persons in substantially the same position as agricultural workers).

The help available under the Acts should therefore be known to owners of such dwellings, particularly as unless put into proper condition they are liable to be closed by the Local Sanitary Authority.

Assistance is available for structural alteration, repair, or addition to dwellings, new roofs, and for providing water supply, drainage or sanitary conveniences or other like works. It is not available for ordinary repairs or upkeep except so far as this is incidental to work which may be assisted.

(The building requirements are set out in Appendix 1.)

2. No assistance is available if the value of the dwelling after the completion of the proposed works is more than £400; or if the estimated cost of the works is less than £50 per dwelling; or unless the dwelling after the works are carried out will be in all respects fit for habitation.

Assistance may be given either by grant or by loan or both.

3. **Grants** are given up to two-thirds of the estimated cost of the works (the grant for each dwelling not to exceed £100) as follows:—

Example 1.		Example 2.	
Cost of Works	£150 (or over)	Cost of Works	£120.
Amount of Grant	£100.	Amount of Grant	£80.

No assistance is given in respect of the cost of work which is commenced before the written approval of the County Council has been given thereto.

4. **Loans.** If the property is not mortgaged, the owner may borrow the balance of the cost of reconditioning (after deducting grant) from the County Council. The loan is repayable by half-yearly instalments over a period of twenty years; interest at the rate of 4 per cent. per annum (or such other rate as may be fixed by the Minister of Health from time to time). The mortgage deed is prepared free of cost by the Council.

5. **Conditions of Grant.** The following conditions apply for a period of twenty years after payment of grant:—

(a) The dwelling must be occupied by a person (whether as owner or tenant) whose income is such that he would not ordinarily pay a rent in excess of that paid by agricultural workers in the district.

(b) The rent must not be more than the ordinary agricultural rent or the average rent paid during the previous five years, plus 4 per cent. on that part of the cost of the works not covered by grant.

If these conditions are not complied with, the grant must be repaid at compound interest.

(A table showing increase of rents permissible under the Act is given in Appendix 2, at the end of this pamphlet).

NOTE.—There is no objection to the sale of any dwellings in respect of which grant has been given, but the conditions, being attached to the dwelling itself, remain applicable for the twenty years, whether or not the dwelling changes hands in the meantime.

6. **Conversions.** Grants up to £100 per dwelling are also available (subject to the same conditions), for the conversion into dwellings of buildings not previously used for that purpose.

7. **Submission of Plans, etc.** Proper drawings and a specification (each in duplicate) explaining the owner's proposals must accompany the application. The cost of their preparation may be included in the estimated cost of the scheme. The plans must be approved by the Rural District Council.

8. **Cottages of Architectural Interest.** In the preparation of plans care must be taken to preserve any architectural or artistic interest attached to the dwellings so as to secure, as far as possible, that the character of the dwellings and their fitness for their surroundings is maintained.

When replacing old or inserting new windows the original type should be followed as closely as possible. Few features are more characteristic of the style of the cottage than the glazing of the windows. The greatest care should be taken to maintain the original proportions of the square or pane. To replace the casement type by sash windows, or well proportioned panes by single large sheets of glass, may completely destroy the character of the cottage.

With this in view it is essential that accurate elevations of the buildings as proposed should be shown on the drawings.

9. **Administration.** The County Council administer the Acts, co-operating as far as possible with the District Councils, and persons who desire assistance should apply to the Clerk of the County Council, Shire Hall, Bury St. Edmund's, for forms of application.

APPENDIX 1.

GENERAL BUILDING REQUIREMENTS.

N.B. The following notes indicate the principle upon which the Council's requirements are based. Special circumstances necessarily call for relaxation in some particulars, and such cases, if represented, will always receive sympathetic consideration.

Site. Generally speaking the site should equal approximately 1/12th acre per cottage and there should be at the rear of each cottage a space with an approximate minimum width of 20 feet.

Accommodation. If the *maximum grant* is to be obtained the following accommodation is desirable :—

Room.	Minimum Floor Area.
Living Room	150 sq. feet.
Scullery or Washhouse	45 sq. feet.
Larder	10 sq. feet.
Fuel Store	15 sq. feet.
Bedroom, 1	140 sq. feet.
Bedroom, 2	100 sq. feet.
Bedroom, 3	70 sq. feet.

Bedrooms. At least two bedrooms should have independent access.

Wherever possible a third bedroom is asked for ; but if a house has two large bedrooms, this condition is sometimes waived in suitable cases. One of the deciding factors is whether accommodation for families is available in the vicinity.

One bedroom, at least, must have a fireplace ; other bedrooms which have no fireplaces, nor windows in two walls of the room, must have a ventilator in a wall other than the window wall or a hopped or louvered panel in or over the door or in the wall nearest to the staircase window to keep the air in motion.

Staircase Window. Wherever possible there must be a window on the staircase, but if it is not feasible a borrowed light must be provided in the most suitable wall.

Food Storage. Each house must have a properly lighted and ventilated food store, and the window opening must be protected with flygauze.

Wash-House. Proper wash-house accommodation and a furnace pan must be provided for each house. The furnace pan may be placed in the scullery if this is suitable or a detached washhouse with independent access may be used in common with other houses.

Dairy. If a dairy is provided it must have an external door for independent access in case of infectious disease.

Partitions. Partitions dividing bedrooms must not be constructed of a single thickness of boarding.

If, to avoid breaking up paving on a ground floor, a framed partition is used, the sill must have a dampcourse under it and stand on a brick or concrete plinth.

Roofing Materials. Straw thatch must be protected with small mesh galvanised wire netting. Slates must be laid with a four inch lap, plain tiles $2\frac{1}{2}$ inch lap, and other types of slates and tiles must be laid in accordance with the manufacturers' recommendations. Ridges and hips must be similar in colour to the roof covering.

Unceiled Rooms. If the floor of the room above an unceiled room is not tongued, it must be protected by a counter floor or similar device.

W.C.'s and E.C.'s. A separate W.C. or E.C., properly lighted and ventilated, must be provided for each house. If an E.C. is provided it must be entered from outdoors, and there must be sufficient garden ground for satisfactory disposal arrangements if necessary.

W.C.'s may not be entered direct from a scullery or living room, and all new W.C.'s or existing indoor W.C.'s must be provided with flushing cisterns. Existing outdoor W.C.'s must be similarly equipped, if a piped water supply is available or can be provided.

Drainage. Drainage must be arranged with the Sanitary Officer and comply with the requirements of the Local Sanitary Authority.

Water Supply. Each house must have a suitable water supply.

Wells must be safe from the danger of surface pollution and be provided with a pump or winch for raising the water. Where wells are not on the site of the dwelling, it must be proved to the satisfaction of the Committee that the right to draw water exists.

Except in very special circumstances and subject to stringent conditions, rain water is not accepted for drinking or culinary purposes ; nor, except as a supplementary supply, for flushing W.C.'s, unless storage capacity is not less than 250 gallons and reserved solely for water for this purpose.

Washing-up Sink. A washing-up sink with draining board must be provided for each house, and it must not be placed in a living room.

Dampness. Where there is evidence of the absence of horizontal dampcourses in existing brick walls, they must be provided.

Other walls and bases of timber framed buildings which are without dampcourses, protection must be provided by means of a waterproof cement plinth externally, and a similar dado set with lime plaster internally, of the requisite height.

If the floor line is below the external ground, the surrounding earth must be excavated to a depth of 6 inches below the floor line; and where this involves a sunken area, the banks must be sloped back to allow free circulation of air and the area must be paved and drained.

Eaves Gutters. Eaves gutters and down pipes must be provided to all dripping eaves; except that in the case of thatched eaves a concrete channel must be formed at the base of the walls, wide enough to receive the drip, and provision must be made for draining off water. A deep waterproof cement plinth must also be provided as a protection against the splash of dripping water.

Pavings. There must be suitable paving around all external doors and where necessary paved approach paths are to be provided.

Floors. Portland cement concrete not less than 4 inches thick shall be laid under the flooring or pavings of all ground floor rooms.

Internal concrete floors must be laid on a bed of broken stone or brick to avoid the condensation of water.

Heights of Rooms. All ground floor rooms must have a height of at least 6 ft. 6 ins. clear of all joists.

The flat ceiling of the bedrooms must be at least 6 ft. 9 ins. above the floor; parts of bedrooms with a height of less than 5 ft. 0 ins. will not be included in the floor area.

Where rooms are less than 7ft. 0 ins. high it is desirable that windows should be provided in at least two walls.

Windows. The window area of every habitable room shall equal at least 1/12th the floor area and at least half shall be made to open.

Additions. The external and party walls of all additions (not outbuildings) must be constructed of brick or other suitable incombustible material not less than 8½ inches thick.

APPENDIX 2.

Table showing amounts by which the weekly rents of dwellings may be increased after reconditioning.

Owner's Outlay.	Increase Allowable. s. d.	Owner's Outlay.	Increase Allowable. s. d.
£35	6	£85	1 4
£40	7	£90	1 5
£45	8	£95	1 5
£50	9	£100	1 6
£55	10	£105	1 7
£60	11	£110	1 8
£65	1 0	£115	1 9
£70	1 1	£120	1 10
£75	1 2	£125	1 11
£80	1 3	£130	2 0

NOTE.—The amounts of increases allowable are given to the nearest penny.

EXAMPLE :—

Cost of Scheme	£195
Amount of Grant	£100
Owner's Outlay	£95
Increase of Rent permissible	1/5 per week."

These may be taken as the minimum requirements and no one will surely say they are stringent. For reconditioning whether under grants or otherwise, standards must be applied, and these standards should have regard to something more than actual "fitness for human habitation." To quote Sir Kingsley Wood, when Minister of Health, reconditioned houses must be "not only sanitary and water-tight, but satisfactory and comfortable homes."

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

Bury St. Edmund's.

There still appears to be a demand for houses suitable for occupation by persons of the working classes. The completion of the fifty-three houses now in course of erection to abate overcrowding should help a little by freeing some of the smaller dwellings.

The total number of dwellings erected under the Housing Acts is four hundred and fifteen, including three hundred and fifty-one houses and sixty-four flats.

Hadleigh.

There are many old houses in the district, a great number of which have been, and are still being, improved by the improvement in the sanitary accommodation, W.C.s, sinks, drains and water supplies being installed. Two Slum Clearance Areas have been dealt with, and completed.

The five years' programme which deals with individual unfit houses is still in hand. Nine demolition orders were made in 1936, the houses have been vacated, but not yet demolished, four new houses were erected in 1937 to deal with these cases.

This it was expected would have completed the five years' programme, but in 1937 ten more houses were considered for demolition and at the end of the year the owners had notified the Council that they did not intend to submit lists of repairs and four further houses will be erected in 1938 when demolition orders will be made on the ten houses.

Two further cases of overcrowding were abated by moving tenants into Council Houses.

Six cottages are being reconditioned under the Housing (Rural Workers) Act, and other cases are in hand.

Four new houses will be commenced early in 1938.

The total number of houses erected under the Housing Acts is seventy-six.

Haverhill.

With the exception of the demolition of six houses in one of the Clearance Areas, the whole of the three years' programme under the Housing Act, 1930, has been completed.

Four A4 type houses (area nine hundred and thirty-five feet superficial) and two B4 houses (area 1,176 feet super) have been erected during the year, in which overcrowded families have been housed, the total number re-housed in these houses being fifty-eight persons.

In addition eight one bedroom bungalows were erected at a cost of £187 each, exclusive of land, and have proved very popular, being let at basic rents of 4/-, plus 1/4 rates per week. The Council have decided to erect a further eight bungalows and four A3 houses on the Clements Lane site.

The total number of houses erected under the Housing Acts is one hundred and thirty-nine.

Newmarket.

During the year, Clearance Orders have been confirmed on fifty-four of the one hundred and sixty-two houses which had previously been represented as being unfit for human habitation. The remaining number of houses will be dealt with when suitable building sites have been acquired.

At the present time there are nineteen overcrowded dwellings and one hundred and twenty-three persons dwelling therein. Eight cases of overcrowding have been abated during the year.

Four houses have been represented by the Medical Officer of Health as "Individual Houses" unfit for human habitation.

The Endsleigh Terrace No. 2 Housing Scheme for thirty non-parlour type houses has been commenced but will not be completed until about May, 1938.

Plans and specifications have been prepared for a further twenty-seven houses to be erected on land at the rear of King George Avenue, Exning, and tenders for the contract will be invited during the early part of 1938. The Council are also negotiating for further Housing Sites in the District.

Sudbury.

The general standard of housing has improved by former building schemes. Nineteen houses were overcrowded. Eight houses have been built to relieve some of these, and the other cases have been reduced by moving families and the dispersal of families.

No further housing scheme is at present in existence. A survey has been made of places suitable for a new site as the present site is filled.

The total number of houses erected under the Housing Acts is one hundred and twenty-nine.

Clare.

Thirty-six dwellings, concerning thirty-six families totalling two hundred and twenty-three persons, were found to be overcrowded at the end of the year. Thirteen new cases, concerning eighty-three persons, were reported during the year. All the cases were relieved.

The Council proposes to build ninety-eight houses, thirty-two to deal with overcrowding, sixty-six for housing needs generally.

At the end of the year six houses had been completed and twenty-two were in the course of erection. The Council has in view the need of modern houses for agricultural workers, and their housing programme generally has been considered from the point of view of inducing agricultural workers to remain in the country.

The total number of houses erected under the Housing Acts is one hundred and sixty-four.

Cosford.

At the end of 1937, twelve dwellings were overcrowded. These involved eighty persons. Four new cases of overcrowding were reported during the year and fifty-four cases, involving three hundred and fifty-nine persons, were relieved.

The total number of houses erected under the Housing Acts is one hundred and ninety-six. Seventy-four were completed during 1937, and a further thirty were in course of erection at the end of the year.

Melford.

Cases of overcrowding have been reduced from eighty-eight to sixty-five by transfer of families to existing Council Houses.

One new case of overcrowding was reported and has been dealt with by temporary licence.

Eighty defective houses were dealt with during the year.

Thirty-one clearance areas have been declared, dealing with one hundred and six houses and are about to be submitted to the Ministry.

Plans have been prepared for a housing scheme of two hundred and three houses and sites obtained for one hundred and fifty-nine houses for which tenders have been advertised.

Mildenhall.

At the end of 1937, fifty-eight dwellings were overcrowded. These involved three hundred and ninety-five persons. Thirty-two new cases of overcrowding were reported during the year, and fourteen cases, involving ninety-one persons, were relieved.

The total number of houses erected under the Housing Acts is two hundred and seventy-six.

The proposed housing schemes include one hundred and thirty-eight houses as follows :—Beck Row 14, West Row 24, Kenny Hill 10, Icklingham 6, Kentford 6, Freckenham 8, Moulton 12, Gazeley 12, Tuddenham 6, Brandon 18, and Lakenheath 22.

Thedwastre.

The Council prepared a scheme for the erection of fifty-one new houses to combat overcrowding, all of which will be erected by the end of June, 1938. Twenty-four were erected by the end of the year, sixteen since that date, the remainder are at present in progress. In addition, ten Slum Clearance houses were erected, two more completed and ten in course of construction.

Thirty-two Demolition Orders were served and two undertakings accepted; many other houses were found to be unfit for human habitation (more than thirty of which have been condemned this year).

The Council will at their meeting of April probably decide upon the erection of from fifty to sixty houses to replace those condemned. There are probably fifty more houses to be dealt with as slum properties of individual unfit houses.

The total number of new cases of overcrowding discovered is twenty-one; steps to abate these should be taken towards the end of the year.

At the end of the year the Council owned one hundred and ninety-seven houses, comprising twenty-one built for the purpose of abating overcrowding, forty-four to replace condemned houses and one hundred and thirty-two houses built before the operation of the Acts relating to above.

Thingoe.

There are 4,074 inhabited houses in Thingoe and of these approximately 3,000 are houses occupied by persons of the working-classes.

About one-fifth of the working-class houses in the district have been inspected this year. Two hundred and sixty-two informal repair notices have been served, and a further thirty-eight houses were represented as requiring Time and Place Notices.

Two hundred and seventeen houses were considered for Demolition with the following results :

Demolition Orders made ..	148
Undertakings not to re-let ..	59
Undertakings to repair ..	10

Anticipation of the new Housing Act, which will facilitate provision of houses for agricultural workers, has retarded reconditioning with the result that conditions have become intolerable in several houses. Owners are awaiting knowledge of this Act before deciding whether to recondition and repair existing houses or to build new cottages with the assistance of the proposed subsidy.

Overcrowding conditions were relieved for two hundred and fifteen persons and a further one hundred and twenty-nine persons were removed to new Council Houses.

Thirty-five Council Houses were completed during the year, forty-three were in the course of erection at the end of 1937, and preliminary negotiations to acquire the sites for many more have been commenced.

Inspection and Supervision of Food.

(a) MILK SUPPLY.

(1) General Bulk Milk.

In 1937, forty-nine samples of bulk milk were examined. All were within the accredited milk standard for the general count, and forty-four were within this standard for the B. Coli test. Five samples failed in the Methylene Blue Test. No tubercle bacilli were found.

(2) Milk (Special Designations) Orders.

The arrangements for the administration of the above Orders have continued during the year.

The following are the conditions and requirements under which " Accredited " milk licences are given in this County :—

(a) The Clerk of the Council on receipt of an application forwards the same to the Chief Agricultural Officer.

(b) On receipt of the application the Chief Agricultural Officer obtains the following :—

(i) Certificate of the County Veterinary Officer.

(ii) Signed statement by the applicant as to whether any animal in his herd has at any time been tested with tuberculin and has re-acted to the test.

(iii) Report of the Agricultural Organiser.

(c) The Chief Agricultural Officer forwards to the County Medical Officer of Health the application with the Certificate, Report, etc., referred to in (b).

(d) The County Medical Officer of Health, after obtaining the observations of the Sanitary Inspector as regards cow-sheds, etc., forwards to the Clerk of the Council the application, and other relevant documents, with a recommendation as to whether or not a Licence should be issued.

(e) The Clerk of the County Council, upon the recommendation of the County Medical Officer of Health issues the requisite Licence and collects the fee.

(f) This Licence continues in force for the statutory period fixed by the Milk (Special Designations) Order, 1936, and is not revoked unless at any time the producer fails to comply with the conditions laid down by the County Council from time to time.

The District Councils are asked to make co-operation with the County Council as effective as possible and to instruct their Sanitary Inspectors to give every assistance in the matter to ensure the fullest co-ordination of the respective functions of the District Councils and the County Council.

These regulations allow for full co-operation between the County Council's staff and those of the District Councils and they continue to work smoothly.

In all "Accredited" work it has been directed that for all herds above twelve cows in milk, steam under pressure sterilisers should be used, while in the case of herds with fewer than twelve cows in milk, it would be sufficient to provide a steriliser of the box type to fit over a copper.

In 1937, the following statistics were recorded in regard to "Accredited" Milk licences:—

One hundred and forty-seven "Accredited" Producers' Licences were issued, of which eleven were recommended for the first time. In addition, thirteen "Bottling" licences were issued.

Fourteen licences were suspended during the year, twelve of which were re-instated.

(3). Tuberculin Tested Milk Licences.

Thirteen T.T. milk licences were issued during the year, nine of which were for the first time. Seven of these licences were for attested herds.

The essential object of a milk scheme is to encourage the production of a milk of high quality.

The Public Health Department is anxious to encourage in every way producers genuinely desirous of reaching a high standard of milk production. But first we must decide what this standard is, and to reach this decision, we have to bear in mind four factors:

1. the protection of the public,
2. conformity with legal standards as to premises, equipment, and methods,
3. bacteriological standards, and
4. the study of individual cases.

1. *The Protection of the Public.*

This is the first duty of a Public Health Authority—to ensure a reasonably clean and safe food supply. Medical authority is unanimous as to the important part that milk plays in the nutrition of the nation, but we must assure the nation that the milk is clean and safe, and to produce clean milk consistently, we must have clean methods, clean equipment and clean cows.

2. *Conformity with legal standards.*

The second factor to consider in deciding on a standard is conformity with the legal standards as to premises, methods and equipment. What, then are the legal standards?

There are certain well-defined essentials laid down in the Milk and Dairies Order of 1926. At the beginning of the Accredited Scheme, this Order formed the basis of our standard and it still does, although it has been strengthened and clarified by the Milk (Special Designations) Order of 1936. Although this Order has added very little in the way of standards, it does say that the Licensing Authority may properly take the Order of 1926 as a minimum and it is for them to exercise their discretion in deciding whether further requirements may be necessary in order reasonably to ensure that the conditions of the licence will be regularly complied with. "The Minister is advised," says the Order, "that it is necessary for this purpose that there should be steam sterilisation of utensils and containers."

The conditions of the licence are that the arrangements for the production, storage, treatment and distribution of the milk must satisfy the Licensing Authority.

We hear quite a lot about what one Authority passes and another rejects. The Order of 1936 points out (and this has been the subject of a great deal of discussion) that there have been considerable differences between the requirements made by different Licensing Authorities, but it goes on to say that it is not practicable to lay down any rigid and detailed code of requirements in view of the great variety of individual circumstances.

The governing consideration must be whether, taken as a whole, the conditions at the farm are such that it may reasonably be expected that the milk can be produced and delivered at all times of the year (and this is important) in accordance with the prescribed standards.

3. *Bacteriological Standards.*

Laboratory examinations should be regarded as a guide and not as a master. Keen producers with reasonable equipment can practically always maintain the standard all the year round—and "all the year round" is important—for it is equally true that almost any producer can produce milk over a few weeks to comply with the low standard, particularly in winter.

I think that this advice can be given with confidence. "Take care of the conditions and methods on the farm and the bacteriological results will take care of themselves." Bacteriological results, while being a most useful index of clean milk production, may be, if wrongly interpreted, a snare and a delusion. It is so easy to comply in the winter for a few weeks that an applicant may have the impression that his methods, although faulty, are really good enough. But he does not take count of the effects of time and temperature on his milk or how easily, with bad equipment, he will fail, despite his efforts to obtain good results.

The whole position as regards bacteriological standards has been summarised in a Circular issued by the Minister of Health in connection with the Milk Order of 1936. This Circular says that it appears to the Minister to be desirable that the Licensing Authority should require the applicant to have one or more samples of his milk submitted to bacteriological examination and the Authority should be satisfied that the results of the examination are such as to make it reasonably probable that the milk will regularly comply with the prescribed tests at all stages and at all times of the year. The Authority should also arrange for an inspection of the farm with special reference to the methods of milking and the sterilisation of utensils. The result of a single sample or of a few samples of milk cannot necessarily be relied on as sufficient evidence that the conditions of production are such that the milk will regularly comply with the prescribed tests.

4. *The study of individual cases.*

The fourth factor to be considered is the study of individual cases and hardship, with special reference to the small producer or the producer-retailer.

The aim of my Department is to stimulate the production of clean milk and to encourage in every way in our power an increase in the number of producers of clean milk.

Thus it always has been, and will be, our rule to make no inordinate demands on a producer of good will—that is, a producer who is conscientious and zealous.

There are certain well-defined essentials laid down in the Milk Orders, and it must go without saying that the existing law must be complied with; but within the law there is ample room for an honourable compromise and for the display of goodwill both on the part of the producer and the Authority. Our Department must have, and does have, constant regard for the difficulties of individual producers and always tries to meet these. No hard and fast rules are possible—each case must be dealt with on its merits and what is applicable to one farm is not of necessity rigidly demanded in another.

To sum up, then, a licence is granted if four essentials are complied with, *viz.* :

- (i) the law as to cowshed, dairy and yard,
- (ii) the satisfactory bacteriological result of a sample of the milk,
- (iii) the provision of suitable sterilisation and storage, and
- (iv) the practising of such methods as are necessary for the production of clean milk.

(4) **Veterinary Inspection of Cattle.**

This useful work has continued throughout the year and the herds of the County have been examined routinely.

In 1937, the Assistant Veterinary Inspector examined 16,554 cows in West Suffolk. Of this total seventy-one cows were taken for tuberculosis.

The association of the Veterinary Inspector with this Department has continued to be extremely helpful in co-ordinating the work undertaken in West Suffolk in connection with the health of the herds and the standard of the milk supply.

(5) **Milk and Dairies Order, 1926.**

Under this Order, an inspection of one herd was made during the year; ninety-nine cows were examined and seven samples of milk were taken for biological examination. One cow was slaughtered on account of tuberculosis as a result of this investigation.

(6) **Milk in Schools Scheme.**

One of the main factors contributing to an improved standard of positive health is the provision of adequate and proper food.

Within the School Medical Service attention has been directed towards this goal by encouragement of the Milk in Schools Scheme. It may be true that it provides only a small contribution but it is generally conceded that where the scheme is in operation the children improve both physically and mentally.

During the year a special effort was made to enlarge the scheme. Offers of help were made to all schools not in the scheme and, in many cases, difficulties were removed and the scheme begun.

In the general health propaganda, prominence was given by lecture and poster to the importance of milk as an article of diet and parents strongly urged to see that their children received the benefits of the scheme.

"Milk Days" in schools throughout the County were encouraged and these certainly bore fruit.

But still a number of schools are not in the scheme, and, also, in schools where the scheme is working too many of the children are refusing the benefits.

In several of the schools, in spite of the efforts of the teacher and the School Medical Department, no producer can be found to undertake the supply. It is stated as a cause of this that the small margin of profit allowed by the Milk Marketing Board is not sufficient to cover the expenses of transport, bottles and straws. The Milk Marketing Board are reported to be considering the payment of increased allowances to cover transport and distribution costs in rural areas.

During the year the scheme has been administered as in previous years.

The following table shows the position at the end of the past four years :—

	1934.	1935.	1936.	1937.
Number of Schools with Scheme	34	75	102	120
Number of children taking milk	2232	3749	4698	5106
Number of children attending these Schools ..	3714	6896	8818	9160

(7) Free Milk in Schools.

In order to try to assess the need for the provision of free milk, I decided on the following method of investigation :—

I selected all children certified as suffering from severe malnutrition by the School Medical Department and from this number I made a selection of those children not having milk in school. I hoped by investigating these children to find out :—

1. Whether their malnutrition was due to insufficiency of food.
2. If due to insufficiency of food, whether this was due to lack of means or other causes.

In all, 146 cases were investigated, *i.e.*, children certified as suffering from malnutrition and not receiving milk in school. These children were visited in their homes by the Health Visitors and information was obtained from the parents. It was hoped to arrive at some sort of conclusion as to the causes of the malnutrition on the broad question of lack of means, or bad management leading to unsuitable food, or underlying ill-health in the child. There are outside causes, apart from nourishment, such as bad housing and overcrowding.

As a result of the investigations in many cases, of course, a combination of causes was found, but the following is a summary of the main causes :—

Total number of cases investigated	146
Number in families of three or more children	89
Number due to Insufficient food	67 (45.9%)
Number due to Improper feeding	65
Number due to Improper but not Insufficient feeding ..	21 (14.4%)
Number due to Insufficient sleep	42
Number due to Physical Defects	29
Number due to Illnesses, past or present	20
Number due to Unsatisfactory home conditions	42
Number not due to food defects	58 (39.7%)
(60.3% due to feeding defects).	

It will be noted that 46 per cent. were certified as being malnourished due to insufficient food and in very many of these cases the cause seemed to be an economic one.

From the investigation it appears that there is a definite number of children in the County who would benefit from a supply of extra nourishment. It should be borne in mind that the children investigated were only those definitely certified as suffering from malnutrition and not having milk in school. In addition, there would be certain children certified as suffering from malnutrition and receiving milk in school who would benefit by an extra supply and, also there is a definite number of children who, although not certified as suffering from malnutrition,

are what one might term "Pre-Malnutrition" cases and are brought to the notice of the School Medical Department from time to time by the teachers as being underfed and unable to profit by their education. All these would have to be considered in any scheme for free milk.

It has now been decided to proceed with a Scheme for supplying free milk to medically selected, necessitous children.

(b) SALE OF FOOD AND DRUGS ACTS.

The following is a note of the work carried out under these Acts in 1937 :—

During the year one hundred and fifty-two samples were taken and analysed : Milk, 93 ; Malt Vinegar, 13 ; Pork Sausages, 1 ; Lemon Curd, 1 ; Friars Balsam, 1 ; Culinary Almond Essence, 1 ; Pure Malt Vinegar Sauce, 1 ; Ground White Pepper, 1 ; Mustard Ointment, 1 ; Ground Nutmeg, 1 ; Glauber Salts, 1 ; Iodine Paint, 1 ; Essence of Rennet, 1 ; Salmon and Shrimp Paste, 1 ; Glace Cherries, 2 ; Kidney and Backache Pills, 1 ; Crab Paste, 1 ; Real Cream Ice, 2 ; Lemonade Crystals, 2 ; Cream, 1 ; Compound Linseed, Liquorice and Chlorodyne, 1 ; Coffee and Chicory Extract with Sugar, 1 ; Mustard, 1 ; Chow Sauce, 1 ; Complete Gravy Powder, 1 ; Worcester Sauce, 1 ; Pearl Barley, 1 ; Sausage, 3 ; Flaked Rice, 1 ; Ground Almonds, 1 ; Head and Stomach Pills, 1 ; Butter, 1 ; Cheese, 1 ; Ice Cream, 1 ; Vinegar, 1 ; Whiskey, 3 ; Compound Syrup of Figs, 1 ; Pork Brawn, 1 ; Brawn, 1 ; Egg Substitute, 1 ; Turkey and Tongue Paste, 1.

Of the 152 samples taken 122 were found to be genuine and 26 of Milk, 3 of Malt Vinegar and 1 of Ground Nutmeg, 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 ; New Milk, 21 ; Vinegar, 2 ; Sugar, 1 ; Coffee, 1 ; Butter, 2 ; Margarine, 1 ; Ground Almonds, 1 ; Sausages, 1 ; Baking Powder, 1 ; Marmalade, 1 ; Mercury Ointment, 1.

All were found to be genuine with the exception of 6 samples of milk, which were found to be adulterated.

(c) NUTRITION.

The question of nutrition has been included in the usual propaganda work undertaken during the year.

Lectures have been given in conjunction with the National Milk Publicity Council at schools, where Milk Days have been held, and at Women's Institutes and Infant Welfare Centres.

In addition, the Public Health Department has taken part directly and has included this subject of nutrition in the routine talks at the Infant Welfare Centres.

During the year 1938, in connection with the Health Campaign, an extensive programme has been prepared mostly through the Women's Institutes, as it is considered they offer one of the best methods of approach for Health propaganda work.

Prevalence of and Control over Infectious and other Diseases.

(A). ISOLATION HOSPITAL ACCOMMODATION.

A Scheme for the provision of a Central Hospital at Bury St. Edmund's to provide adequate Hospital accommodation for the treatment of infectious diseases for the County of West Suffolk has been passed by the Ministry.

The plans are in course of preparation for this Hospital and it is hoped to begin work on it in the near future.

(B). NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1937.

Diseases.	Total Cases notified.	Removed to Hospital	Deaths.
Small Pox	—	—	—
Scarlet Fever	99	62	—
Diphtheria	14	10	—
Enteric Fever (including Paratyphoid)	5	—	1
Puerperal Fever and Pyrexia	8	3	—
Pneumonia	71	4	25
Erysipelas	6	1	—
Ophthalmia Neonatorum	1	1	—
Encephalitis Lethargica ..	3	3	3
Anterior Poliomyelitis ..	7	6	—
Cerebro-Spinal Fever ..	1	1	2
Polio-encephalitis ..	1	1	1
Pemphigus Neonatorum ..	1	—	—
Malaria	1	1	—
Undulant Fever	1	1	—

(C). INFECTIOUS DISEASES AND SCHOOL CHILDREN.

In 1937, fifty-one schools were closed on account of outbreaks of infectious diseases—the details of these closures are as follows:—

Measles, 24 ; Whooping Cough, 4 ; Scarlet Fever, 1 ; Influenza, 11 ; Influenza and Measles, 7 ; Chickenpox, 1 ; Measles and Chickenpox, 1 ; Influenza, Measles and Chickenpox, 1 ; Whooping Cough and Chickenpox, 1.

During the year, 152 Low Attendance Certificates were issued by the Medical Department in respect of the following conditions:—

Whooping Cough, 23 ; Measles, 48 ; Chickenpox, 12 ; Influenza, 30 ; Scarlet Fever, 2 ; Mumps, 10 ; Coughs and Colds, 6 ; Measles and Influenza, 6 ; Chickenpox and Influenza, 1 ; Scarlet Fever and Impetigo, 1 ; Chickenpox and Colds, 1 ; Influenza and Whooping Cough, 1 ; Chickenpox and Whooping Cough, 5 ; Measles and Coughs and Colds, 3 ; Measles, Whooping Cough and Chickenpox, 1 ; Measles and Mumps, 1 ; Measles and Whooping Cough, 1.

It will be seen that Measles and Whooping Cough were, as in the previous year, the most important infectious diseases both as regards seriousness and extent.

In connection with this department of the work the School Nurses give very valuable help by visiting schools and consulting with the teachers in the prevention of spread of the disease, by examining children for suspicious or unsuspected cases, by following up contacts and home visiting cases for fitness to return to school.

During the year contact and co-operation have been maintained with District Medical Officers of Health and their willing help has been much appreciated.

(D). CANCER.

Patients suffering from cancer are treated in the Public Assistance Institutions at Bury St. Edmund's, Sudbury and Newmarket, and in the general hospitals available for persons residing in the County. Of these, the West Suffolk General Hospital, Bury St. Edmund's, St. Leonard's Hospital, Sudbury, and the Rous Memorial Hospital, Newmarket, are within the County. The outlying parts of the County are served by Hospitals without the County, *i.e.*, the Ipswich and East Suffolk General Hospital, Ipswich, Addenbrooke's Hospital, Cambridge, the Norfolk and Norwich Hospital, Norwich, and the Cottage Hospital, Thetford.

An arrangement has been made, whereby patients in the Public Assistance Institutions requiring hospital treatment can be referred to the West Suffolk General Hospital for a fee of 7/6 per day.

Radium treatment is available at the Ipswich and East Suffolk General Hospital, at Addenbrooke's Hospital, and at the Norfolk and Norwich Hospital, but at no hospital within the County. The West Suffolk General Hospital, however, has an arrangement for transferring patients requiring such treatment to a London Hospital.

The following patients were dealt with during the year in the Public Assistance Institutions :—

SITES.	Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment.		Patients admitted without previous advice or treatment at another hospital.		
	Total number....8 :—		Total number....16 :—		
	(a)	(b)	(a)	(b)	
	Numbers treated at that hospital.	Numbers not treated at that hospital	Numbers retained in Council's hospital.	Numbers referred for advice and/or treatment to :—	
				(i)	(ii)
				hospital providing operative treatment.	hospital providing radiation as well as operative treatment.
Uterus	1		2		
Tongue and Mouth	1		2		
Breast	—		2		
Lip	2		1		
Skin	—		—		
Larynx	—		1		
Bladder	—		—		
Rectum	1		—		
Other sites ..	3		7		1
Total.. ..	8		15		1

During the year one hundred and ninety-eight deaths from cancer occurred. This number is 14.2 per cent. of the total deaths. The following table shows the age distribution :—

Age Periods.	0—		1—		2—		5—		15—		25—		35—		45—		55—		65—		75—		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Urban Districts	—	—	—	—	—	—	—	—	—	—	1	1	3	5	5	12	10	18	18	7	8	43	45	
Rural Districts	—	—	—	—	—	—	—	—	—	1	—	1	3	4	9	12	11	27	22	6	14	51	59	
Total	—	—	—	—	—	—	—	—	—	—	1	1	2	6	9	14	24	21	45	40	13	22	94	104

Blind Persons Act, 1920.

(1). GENERAL REPORT ON THE SERVICE IN WEST SUFFOLK.

Registration.

There are 168 registered blind persons in the county, the age groups being as follows :—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Total.
0—5	5—16	16—21	21—50	50—70	Over 70	
—	7	2	32	79	48	168

Institutions.

Six persons are maintained in Public Assistance Institutions, one in an Institution for the Blind, eight in training and special schools, and two in Institutions for the Mentally Defective.

Work of Home Teacher and Visitor.

The Home Teacher has paid 1,004 visits during the year, and given 34 lessons in Braille, 14 in Moon type, and 16 in handicrafts.

Home Workers.

The arrangement with the Norwich Institution for the Blind, for the supervision of the Home Workers in the County is still in force. There are six such workers recognised under the scheme.

Workshop Workers.

Five persons are maintained in Institutions for the Blind, where they are employed in their workshops.

Other Workers.

In addition to the recognised "Home Workers," twelve persons are employed in remunerative occupations, as follows : Basket and Cane workers, 2 ; Boot repairer, 1 ; Braille Copyist, 1 ; Hawker, 1 ; Mat-maker, 1 ; Poultry farmer, 1 ; Wood-worker, 1 ; others, 4.

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.

Treatment.

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

(2). GENERAL CONCLUSION.

It will be noted under the heading of Registration that there are one hundred and sixty-eight persons on the County Register. It is interesting to observe that of these one hundred and sixty-eight, no fewer than one hundred and twenty-seven are over the age of fifty, while forty-eight are over the age of seventy. A considerable number of the blind people of West Suffolk (75.6 per cent. of them) are therefore over the age when they may be either employed or trained.

It will be seen from the registration table that in the total of one hundred and sixty-eight blind persons there are only nine below the age of twenty-one. The fact that infant and child blindness is practically non-existent in this area can be attributed to the fact that, owing to the increased care and precautions now exercised at birth, the occurrence of Ophthalmia Neonatorum has been largely prevented.

Throughout the year the West Suffolk Voluntary Association for the Blind has done excellent work. The closest co-operation has existed between the Voluntary Committee and the Blind Persons Act Sub-Committee of the County Council. This co-operation is strengthened by the fact that the Home Teacher for the Blind is also the Hon. Secretary of the Voluntary Committee. This combination of Statutory and Voluntary work results in a much improved service towards the people for whom it is designed. I am sure that in combination these two bodies can effect much more good than either could do separately.

Under the Voluntary scheme social hours have been organised with success ; parties and outings have been arranged and arrangements have also been made for a number of the blind people to enjoy summer holidays. In addition, through the Voluntary Association a Christmas gift was provided for all the blind people in the County.

It will be seen, therefore, how much splendid work is being done by the Voluntary Association towards the betterment of the lot of the Blind people in the County.

PREVENTION OF BLINDNESS.

In Circular 1621, dated 6th August, 1937, the attention of the County Council is directed to the importance of taking all practicable steps to prevent blindness and impaired eyesight, and reference is made to the Report on the Prevention of Blindness which was issued in 1936 by the Standing Committee on the Prevention of Blindness, and the Union of Counties Associations for the Blind. The recommendations in the circular are closely based upon those contained in the Report.

County Councils and local sanitary authorities have powers under Section 66 of the Public Health Act, 1925 (which was replaced on the 1st October, 1937, by Section 176 of the Public Health Act, 1936) to make arrangements for assisting in the prevention of blindness, and in particular for the treatment of persons suffering from any disease of, or injury to, the eyes.

The following provisions are already undertaken in this County :—

Provision of treatment for the prevention of Blindness.

In certain cases travelling expenses are paid to enable patients to attend hospitals for eye treatment, and assistance is given in the provision of spectacles.

Drugs employed by midwives.

Drugs are not used by midwives as a routine, but every midwife uses, when necessary, the drug prescribed by the local doctor.

Ophthalmia Neonatorum.

When necessary, the Committee provide institutional treatment in appropriate hospitals for cases of ophthalmia neonatorum.

Children under School Age.

All the County clinics are open to children of under school age. Where necessary, refractions are undertaken for such children and assistance is given with regard to the provision of spectacles.

Children of School Age.

The eye-sight of all children is tested on their admission to school, and in cases of defective vision, refractions are carried out by the County staff. If necessary, cases of special difficulty are referred to an ophthalmic specialist.

In addition a note is taken of all children who, at school leaving age, are found by the school oculist to require supervision or special treatment. Arrangements are made for the health visitors to visit these children in order, when necessary, to urge upon parents the need for attendance at hospital clinics as advised by the school oculist.

Consequently, the arrangements made by the County Council appear reasonably to meet the recommendations in the circular.

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

DISTRICT.	Population	Birth Rate.	Gross Death Rate.	Adjusted Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Encephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System.	Other Tubercular Diseases.	Kyphosis.	General Paralysis (Tabes Dorsalis).	Diabetes.	Cancer, Malignant.	Cerebral Haemorrhage, 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 Sepsis.	Other accidents and diseases of Pregnancy & Parturition.	Congenital Deformities, including 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	16.7	11.7	9.9								4	7	1	1	1	1	37	8	61	1	7	8	8		1	1	1	1	4	5	8	1	7	1	5	2	1	15			
Hadleigh ...	2872	10.8	12.5	10.3	1							1	1				1	5	2	3		5	2	1					1		1		4			6	2					
Haverhill ...	3758	14.4	14.6	11.1					1			1		1			1	11	9		9	13	2	1						2	3	2	2	2	2	1	1	2	2			
Newmarket	9330	11.4	11.5	10.8				2				1	2				1	2	4	34	1	3	3	4	1						1	2	5	3	3	1	3	3	10			
Sudbury ...	6720	11.5	14.1	9.9								5	4	1	1				14	13	15	1	2	8	2	1					1	2	3		5	2		7	9			
Totals	39490	13.9	12.4	10.0	1	2	1	2	1	1	1	12	14	3	1	2	5	88	27	122	3	30	23	16	2	1	1	2	6	12	19	1	21	6	9	19	3	38				
<i>Rural—</i>																																										
Clare ...	8060	11.2	14.6	10.0								5		2			1	14	9	40		17	3	2							1	3			2	1	4	3	1	10		
Cosford ...	8912	12.2	16.3	12.0					1	2		13	7	1			1	21	10	38		11	4	4	1							5	4	3	2	1	9	1	5			
Melford ...	11110	13.4	17.4	12.3								16	2				1	4	24	10	46		11	11	4						3	2	3	6	2	5	14	1	25	1		
Mildenhall	12370	18.4	13.3	10.9	1		1					4	4	1			4	21	6	40		6	8	1	2			1		2	4	9	1	12		8	11	4	13	1		
Thedwastre	7688	13.7	13.3	9.8	1							9	1				3	13	1	33		8	2	2	3	1					1	5	1	1		3	3	2	5	3		
Thingoe ...	15260	14.5	12.1	9.3	1				1			10	2	2			4	17	16	52	1	8	9	8	1					1	4	6	1	1	3	8	3	1	23	1		
Totals	63400	14.2	14.3	10.7	3	1	1	3	2	57	16	6	1	17	110	52	249	1	61	37	21	7	2	1	1	7	19	27	1	2	25	8	29	43	10	81	6					
Grand Totals	102890	14.1	13.6	4	1	3	4	2	69	30	9	1	3	22	198	79	371	4	91	60	37	9	3	2	3	13	31	46	1	3	46	14	38	62	13	119	6					



