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WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT

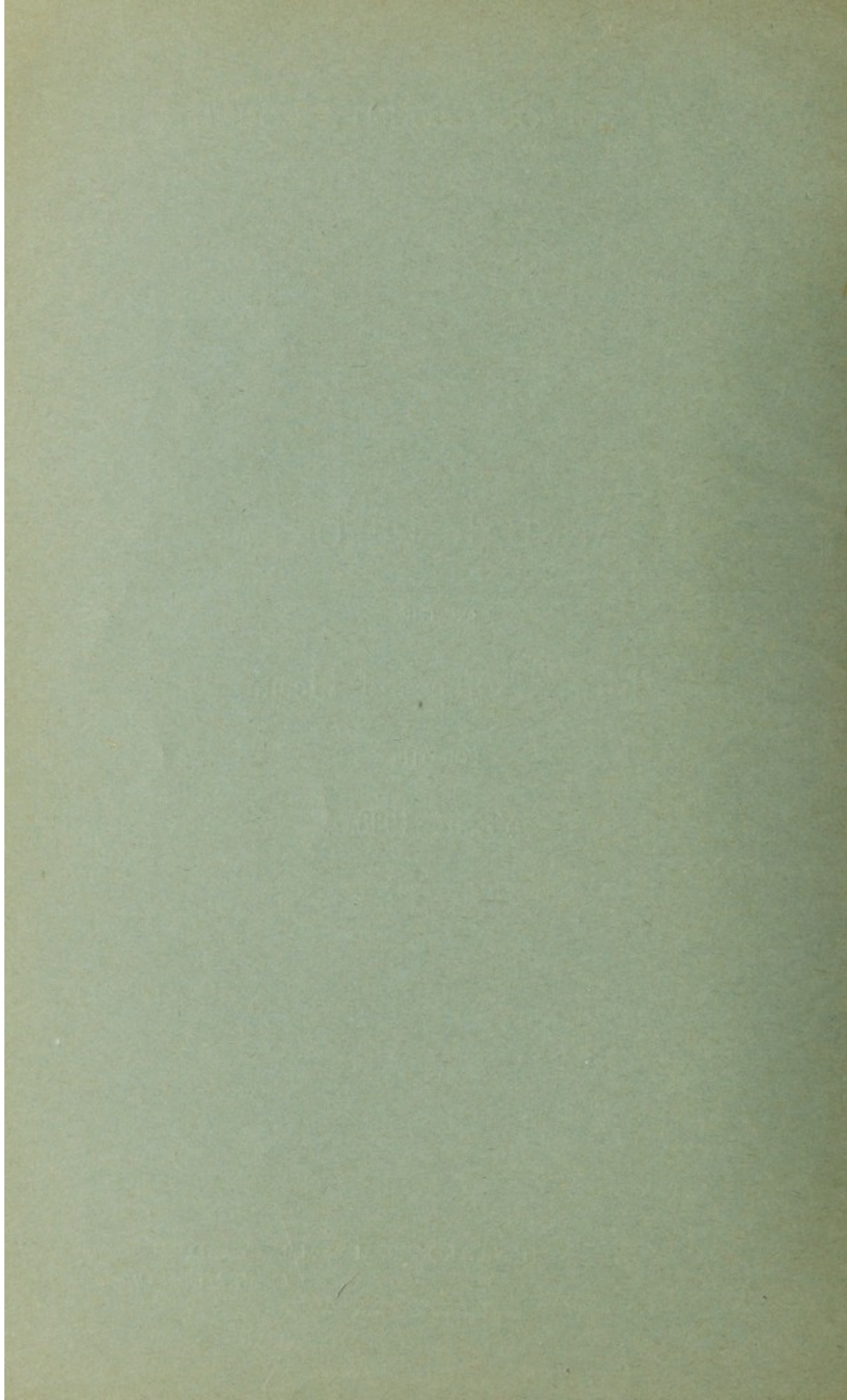
OF THE

Medical Officer of Health

FOR THE

YEAR 1938.

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 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 1938. This report has been drawn up on the lines suggested by Circular 1728 of the Ministry of Health.

Throughout the year there has been much pressure on the department in connection with National Service work, but every effort has been made to prevent as little interference as possible with the normal functions of the department.

I gratefully acknowledge the loyal and willing response of all the staff to the extra calls made on them, and I have been greatly helped in my duties by 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.

July, 1939.

STAFF OF THE COUNTY HEALTH DEPARTMENT.

(a) Medical and Dental Staff.

- H. Roger, M.A., M.B., Ch.B., D.P.H. 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.
 S. T. G. Gray, M.B., Ch.B., D.P.H. (Resigned 17-9-38), Assistant County Medical Officer.
 M. P. Crowe, L.R.C.P. and S.I., M.R.C.P. (Ireland), D.P.H. (Resigned 10-8-38), Assistant County Medical Officer.
 P. G. Daly, B.A., M.B., B.Ch., D.P.H. (Appointed 29-8-38, Resigned 18-10-38), Assistant County Medical Officer.
 Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H. (Appointed 19-9-38), Assistant County Medical Officer.
 J. C. McFeely, L. & L.M., R.C.P., and R.C.S.I., D.P.H., L.M. (Appointed 19-10-38), Assistant County Medical Officer.
 M. D. Shepherd, L.D.S. (Resigned 15-2-38). Assistant Dental Surgeon.
 L. J. Clarke, L.D.S. " " "
 M. H. Cooper, L.D.S. (Appointed 16-2-38) " " "

(b) Veterinary Staff.

- F. J. Gildea, M.R.C.V.S. (to 31-3-38), 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) Milk Officer.

- W. Paterson. (Appointed 12-9-38).

(d) General Nursing Staff.

- G. M. Penly Cooper, S.R.N., Certified Midwife, Chief Health Visitor.
 *L. Richardson, S.R.N. " " Health Visitor.
 B. W. Collins, S.R.N. " " " "
 *C. B. Coleman, S.R.N. " " " "
 E. Fletcher, Matron, County Sanatorium.
 J. Best, Dental Attendant.
 N. Clayton, " " "

*These Officers hold the Health Visitors' Certificate.

(e) Home Teacher for the Blind.

- M. D. Gourlay.

(f) 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, 1938)—Urban	39,430
Rural	63,860
Administrative County	103,290
Rateable Value (General)	£402,205
Estimated Product of a Penny Rate (General) ..	£1,650

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

(A) Births.

Live Births—	Total.	Males.	Females.
Legitimate	1314	675	639
Illegitimate	46	19	27
Total Births	1360	694	666

Birth Rate per 1,000 of the estimated resident population, 13.2.

Still Births	Total.	Males.	Females.
.. .. .	56	26	30
Rate per 1,000 total births, 39.5.			

(B) Deaths.

Deaths	Total.	Males.	Females.
.. .. .	1325	687	638
Death Rate per 1,000 of the estimated resident population, 12.83.			
Deaths from diseases and accidents of pregnancy and childbirth—			
(a) from sepsis			Nil.
(b) from other causes			2
Maternal Mortality Rate per 1,000 total births			1.41
Death Rate of Infants under 1 year of age :—			
All Infants per 1,000 live births			29.4
Legitimate per 1,000 legitimate live births			28.2
Illegitimate per 1,000 illegitimate live births			65.2
Deaths from Measles (all ages)			Nil
Deaths from Whooping Cough (all ages)			Nil
Deaths from Diarrhoea (under 2 years of age)			2
Deaths from Cancer (all ages)			194

COMMENTS ON THE MAIN VITAL STATISTICS.

(1). BIRTH RATE.

In 1938 there was a fall in the County Birth Rate, 13.2, as compared with the rate of 14.1 for the previous year, while the total number of live births decreased in 1938 by 34. The Birth Rate for England and Wales was 15.1.

During the last few years, the Birth Rate has tended to fall. The figures for each year from and including 1929 to 1938 are :—14.4, 13.9, 13.7, 13.3, 13.2, 13.1, 13.4, 12.9, 14.1, 13.2.

The average birth rate for the boroughs and urban districts was 12.7. In this section the highest birth rate of 15.2 was returned by Bury St. Edmund's, whilst the lowest rate of 9.9 was found in Haverhill.

The average birth rate over the rural districts was 13.4, which, as usual, is higher than that for the urban districts; the highest rate of 14.8 was returned in Thedwastre, the lowest rate of 12.8 was found in Melford and in Thingoe. In 1938 the Birth Rate again exceeds the Death Rate by .4.

(2). DEATH RATE.

The County Death Rate for 1938 was 12.8, that for 1937 being 13.6. This rate exceeds the rate for England and Wales by 1.2. The total number of deaths in the Administrative County during the year was 1325. This figure shows a decrease of 72 on the figure for the previous year.

A summary of the chief causes of death in the County in 1938 is as follows :—(1) Heart Disease 369, (2) Cancer, 194, (3) Cerebral haemorrhage, Aneurysm and other Circulatory Diseases, 178, (4) Bronchitis and other Respiratory Diseases, 86 (5) Violence (including Suicide), 80, (6) Senility, 69, (7) Digestive Disorders, 53, (8) Tuberculosis, 51, (9) Nephritis, 50, (10) Congenital Debility, Malformation and Premature Birth, 31, (11) Diabetes, 21, (12) Influenza, 19.

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

With regard to Cancer, the total deaths have decreased from 198 to 194. The Cancer death rate remains at 1.9, and the disease was the cause of death in 14.6 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 is 13.1 and that for the rural districts is 12.7. The adjusted death rate for the boroughs and urban districts is 10.6, and that for the rural districts is 9.5. The death rate for England and Wales is 11.6.

The highest death rate in the boroughs and urban districts (after adjustment) of 12.7 is returned by Newmarket, and the lowest of 9.4 by Bury St. Edmund's.

In the rural districts the highest death rate (after adjustment) of 10.9 is returned by Cosford, and the lowest of 7.6 by Thedwastre.

It is of considerable interest to find that in the urban areas there were 515 deaths, of which 322 or 62.5 per cent. were over the age of 65, and that 188 or 36.5 per cent. were over the age of 75. In the rural districts there were 810 deaths, of which 540 or 66.7 per cent. were over the age of 65, and 331 or 40.9 per cent. were over the age of 75.

(3). INFANT MORTALITY.

The rate for the Administrative County of 29.4 per 1,000 live births shows a decrease of 11.2 on the figure for last year, and it is again a very great improvement on the rate of 53 for England and Wales.

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

1931	52.6	per 1,000 live births.
1932	52.6	" " " "
1933	46.3	" " " "
1934	38.1	" " " "
1935	42.4	" " " "
1936	41.9	" " " "
1937	40.6	" " " "
1938	29.4	" " " "

It will be noted that there is a big decrease in the figure for this year. It will also be noted that the figure for 1938 is the lowest on record and compares very favourably with the general rate for England and Wales.

(4). MATERNAL MORTALITY.

The Maternal Mortality Rate per 1,000 total births was 1.41 compared with a rate of 3.08 for England and Wales.

In 1938 there were two maternal deaths, which figure is a decrease of 1 on the figure for last year.

(5). ZYMOTIC DEATHS.

A total of 5 zymotic deaths was returned. A summary of the causes of death is as follows:—Typhoid and Paratyphoid, 1, Diphtheria, 1, Polio-Encephalitis, 1, Poliomyelitis, 1, Undulant Fever, 1. The Zymotic Death Rate was .048.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LOCAL GOVERNMENT ACT, 1929.

Institutional Provision.

(a) Treatment of General Sick.

There has been no change during the year in this branch of the Public Health Service. The work has been carried on as before in the County Public Assistance Institutions at Bury St. Edmund's, Sudbury and Newmarket. In my last year's report I went fully into the question of Institutional accommodation for the County as a whole, and in the report was envisaged the abolition of the "House" as such and its replacement by hospital accommodation adapted to the needs of the sick poor.

It will be remembered that, following a recommendation of the Ministry of Health, the proposed scheme for the improvement of the Sudbury Institution was put back so that the Institutional problem of the County as a whole might be considered.

A Special Sub-Committee went into the question which appeared to be one of providing suitable accommodation for the sick poor at one Institution, this to be attained by abandoning the Sudbury scheme and providing accommodation at Bury St. Edmund's.

The exigency of the times has prevented further consideration being given to the question. The problem, however, remains, and will have to be solved sooner or later.

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

The arrangements for dealing with these cases has continued as in previous years. Complete co-operation has existed between the Voluntary Hospitals and the County Council, and the work has gone on smoothly and efficiently.

The goodwill and desire to help shown by the Hospitals and their staffs is gratefully acknowledged.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Kedington Institution has now its full complement of beds and these have been kept full throughout the year.

Plans have now been approved for the conversion of the old Infirmary into a block to house 45 more patients. When this block is completed, the total number of patients to be accommodated will be 245.

During the year, the administration and work of the Institution have gone on smoothly and efficiently and the Board of Control have reported favourably.

POOR LAW MEDICAL OUT-RELIEF.

The open system of medical relief has not been introduced into the County, although a scheme for such a service, put forward as an alternative by Dr. Davidson, was considered some years ago.

The number of Medical Relief Districts in the County is thirty-nine. These are at present served by thirty-one medical officers, none of whom devote their whole time to the public health service. Sixteen of these hold permanent appointments, but the remaining fifteen were appointed on a temporary basis whilst the position with regard to salaries was still under consideration. As reported last year, the Council, in these temporary appointments, adopted for a trial period of one year the standard of payment suggested by Dr. Davidson in his report on the subject. The matter will be reconsidered in 1939.

LABORATORY FACILITIES.

The arrangements for this service have continued as in previous years, the main portion of the work being undertaken by the West Suffolk General Hospital, although urgent work from the South of the County may be sent to either Ipswich or Colchester, which are more accessible. Milk tests and other bacteriological examinations are carried out at the East Suffolk County Laboratory, Ipswich, and blood specimens for certain examinations under the Venereal Diseases Scheme are sent to King's College Hospital, London.

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

Throat, nasal, etc., swabs	190
Cervical and Urethral swabs	41
Blood for Wassermann Reaction	158
Blood for Widal Reaction	15
Sputum for Tubercle Bacillus	252
Sputum for Organisms	10
Stools for T.B. or Organisms	7
Urine for T.B.	7
Hairs for Ringworm	11
Pus for T.B. Organisms	1
Water—Bacteriological examination	1

GENERAL HOSPITALS.

The County is adequately and efficiently served by the three hospitals within the County, the West Suffolk General Hospital, Bury St. Edmund's, St. Leonard's Hospital, Sudbury, and the Rous Memorial Hospital, Newmarket, together with Addenbrooke's Hospital, Cambridge, the East Suffolk and Ipswich Hospital, Ipswich, and the Norfolk and Norwich Hospital, Norwich, the hospitals outside the County, whose areas of service cover certain villages in the out-lying parts of the County more accessible to Cambridge, Ipswich, and Norwich respectively, than to Bury St. Edmund's.

I have much pleasure in acknowledging the consideration and assistance always shown by the Governing Bodies and Staffs of these hospitals.

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.

Careful inquiries are made with regard to any premises which it is suspected may be used as a Nursing Home, but it has not been found necessary to make any special arrangements for the discovery of unregistered Homes.

The number of Homes registered in the County at the end of December was nine. These nine Homes provided 16 beds for Maternity cases and 205 beds for other cases. Three applications for exemption from registration under the Act were received and granted.

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

Arrangements were made during the year through the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association for the admission of certain unmarried mothers to suitable Maternity and Training Homes. Such women are also admitted to the Maternity wards of the Public Assistance Institutions.

The use of the Alexandra Home, Bury St. Edmund's, for boys, and the Crofton Home, Sudbury, for girls, has been continued during the year. The policy of boarding homeless children out in cottage homes is, however, adopted wherever possible.

AMBULANCE FACILITIES.

No change has occurred in this service during the year. General provision is made by the British Red Cross Society who maintain two ambulances at Bury St. Edmund's, one at Sudbury and one at Newmarket. Another is provided at Haverhill by a local voluntary Society. This provision appears to be ample for all non-infectious cases, but an ambulance for infectious cases is needed, and will be a necessity when the County Infectious Diseases Hospital is built.

NURSING IN THE HOME.

(a) General.

The general nursing services in West Suffolk are undertaken by the County Nursing Association, which now covers the County, in conjunction with the County Council. The report of the Nursing Association is included in this report later.

(b) Tuberculosis.

Under the direction of the County Medical Officer, arrangements are made in special cases 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.

PROPAGANDA.

As in previous years, a number of health lectures were given by members of the Public Health Staff to various Women's Institutes. As these Associations exercise so much influence on village life, these lectures provide an excellent method of getting into touch with the public. The lecturers included dental surgeons and health visitors, as well as medical officers, so that, although each speaker drew attention to the activities of the Public Health Department in general, that particular aspect of the work in which he or she was particularly concerned, was specially stressed. In addition, a demonstration of an infant welfare clinic as operated in this County, was given at a special fete organised by the West Suffolk Federation of Women's Institutes in the summer. At this fete also, the County Organiser of Domestic Subjects gave a demonstration on how to prepare nutritive but inexpensive meals.

Talks on health subjects are given to the mothers by the Medical Officer in charge of each infant Welfare Centre, and the opportunity is taken of bringing to their notice any subject of particular importance at the time.

With regard to the health of school children, I am of opinion that the best method of bringing to the notice of parents the importance of preventive measures and early treatment, is by personal interview with the school medical officer or dental surgeon. Parents are therefore encouraged to attend the medical or dental inspections whenever possible, and during the year the system of sending to them written notices, announcing the visit of the school medical officer or dental surgeon has been adopted in twenty-three specially selected schools. This arrangement, made possible by the willing co-operation of the teachers concerned, resulted in an increased attendance of parents, and it was decided to extend the scheme in future.

MATERNITY AND CHILD WELFARE SERVICE.

MIDWIFERY SERVICE.

The arrangements made for carrying out the duties imposed on the County Council by the Midwives Act, 1936, through the West Suffolk County Nursing Association, have continued in force. In November, 1938, the Ministry of Health were informed that the completed Scheme was working smoothly, and as there was then, in every part of the County, an adequate service of midwives available for attendance on women in their homes, there appeared to be no reason why subsection (2) of Section 6 of the Act should not be applied. An order has now been made, applying to West Suffolk, this Section of the Act, which makes it illegal for unqualified persons to attend women in child-birth.

ANTE-NATAL SERVICE.

The County Ante-Natal Scheme, which functions through the general practitioners in the County and on its immediate borders, has continued to operate smoothly during the year. A total of three hundred and seventeen examinations were carried out under the scheme. (One hundred and forty-five in 1936, and two hundred and seventy-six in 1937). This figure represents 42.6% of the total cases taken by the midwives during 1938.

POST-NATAL SERVICE.

During the year a post-natal scheme worked on a similar basis to the ante-natal scheme, through the general practitioners in the County and on its borders, has been introduced. Since June, 1938, sixty-nine examinations have been made under the Scheme.

CONSULTATIVE AND EMERGENCY UNIT SERVICES.

These services have been established on the lines set forth in my Annual Report for last year. There are now three obstetric consultants available, one, who also acts as a consultant in East Suffolk, for the eastern side of the County, one, who also acts as a consultant in Cambridgeshire for the western side of the County, and one for the central part of the County. The service has been used on three occasions during the year.

The Emergency Unit is for use in a case where the necessary expert services are not available in the home of the patient, but where it would be dangerous to move her to hospital. It consists of an obstetric consultant, a nurse-midwife and special equipment for domiciliary treatment. The consultants are those available under the ordinary consultative service, and the midwife and equipment are provided through the general hospitals serving the area, i.e., the East Suffolk General Hospital for the eastern part of the County, Addenbrooke's Hospital for the western part of the County, and the West Suffolk General Hospital for the central part of the County.

INSTITUTIONAL PROVISION FOR MATERNITY CASES.

Hospital accommodation is required in these cases for the following conditions:—

1. Anticipated or actual abnormalities.
2. Unsuitable home circumstances.

and is provided in the County Institutions or in the Voluntary Hospitals.

In spite of the improved domiciliary service provided under the Midwives' Act and the ancillary services provided by the County Council, such as Ante- and Post-Natal services, Consultant Service, and the supply of Home Helps, there is still a great call for admission to hospital. The West Suffolk General Hospital, as a result, have had great difficulty in dealing with the numbers, and have decided to restrict admission to the categories mentioned above, eliminating the cases seeking admission on grounds of convenience alone.

But even when this step has been taken, hospital accommodation for Maternity cases is inadequate, and it is to be hoped that it will be possible in the near future to secure both its enlargement and improvement.

A complete new Maternity Unit attached to the West Suffolk General Hospital would be of inestimable advantage to the County.

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 resignation of Mrs. Gubbins was received with regret. The Hon. Mrs. Leaf and Lady Tilley have consented to serve on the Committee.

Nursing Staff. It is satisfactory to be able to report that only two resignations have been received during the year.

NURSE BORMAN resigned her post as District Nurse after fourteen years at Pakenham and has been appointed as permanent Relief Nurse.

NURSE GILL resigned from Mildenhall in December, but is shortly returning to the district.

There was a considerable amount of illness amongst the nurses during the winter months, and thanks are due to the neighbouring nurses who generously helped each other through a very trying time.

The two relief nurses have been kept fully occupied.

C.M.B. Candidates. Two general trained nurses obtained their C.M.B. Certificates and have been appointed to posts in the County.

Post-Graduate Course. This course, made compulsory under the Midwives' Act, 1936, is being taken by the nurses in rotation. They are sent to the City of London Hospital at no cost to themselves or their respective districts, as no charge is made for the services of the relief nurse.

District Nursing Associations. Three Districts have been re-organised and have adopted a more satisfactory contributory scheme for their subscribers.

This Committee has made special grants to three other districts to help them over a financial crisis.

Meeting of Secretaries. A meeting was held on May 25th, 1938, when much helpful discussion took place. Among other matters, the WORKMEN'S COMPENSATION ACT was considered.

As a result of this, every district has agreed to take out an extended Policy whereby on the payment of an additional 33 1/3rd per cent. on the present premium, recovery of full wages up to £3 per week for a period of 13 weeks may be secured.

Library for Nurses. A grant of £10 was made for the purchase of certain text books not obtainable from ordinary libraries, but which it was felt would be very useful to the nurses. These books will be available for all District Nurses in the County, and they desire to express their gratitude for the facilities thus offered to them.

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

Infant Welfare Centres. At Exning, Mildenhall and Sudbury, the number of attendances has increased to such an extent that it has been found necessary to hold two sessions every month instead of one, as in the past. The District Nurses attend the Centres in their own districts, and their help is invaluable.

Grants. The following grants have been received from the County Council :—

	£	s.	d.
Health Visiting	1,407	1	0
Midwifery	275	0	0
Provision of New Midwives.. ..	270	0	0
Public Assistance	170	0	0
Special Grants	725	15	0

Grants Paid :—

	£	s.	d.
Health Visiting	1,407	1	0
Midwifery	258	0	0
Public Assistance	164	10	0
Special Grants	755	15	0

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 one hundred and ninety-seven 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.

POST GRADUATE COURSES FOR MIDWIVES.

Arrangements have been made for one midwife to go each month to the City of London Maternity Hospital for a course of post-graduate training, in accordance with the requirements of the Midwives Act, 1936. A second relief nurse has been engaged by the West Suffolk County Nursing Association, the County Council being responsible for her salary.

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 eighty-two. In 1938 the midwives attended by themselves seven hundred and forty-five cases, while in four hundred and seventy-five 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 eighteen cases, which represents a percentage of 42.68. In two hundred and eighty-seven 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 Haemorrhage, Mal-presentation, Oedema.

In thirty-one 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.** Fifteen cases of puerperal pyrexia were notified in 1938. All these cases were investigated and enquiry was made to ascertain that the necessary treatment had been secured.

(b) **Ophthalmia Neonatorum.** Three cases of ophthalmia neonatorum were notified in the County in 1938. Two of these were removed to Institutions. In every case the vision was unimpaired.

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, and a new one was started in Mildenhall in April.

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.

The record of work accomplished by these Centres is again a very satisfactory one, and increased interest among the mothers has been noted. The total number of attendances is the highest on record, and an increase in the average attendance is shown at six Centres, namely, Sudbury, Haverhill, Brandon, Exning, Thurlow and Glemsford. It will be noted that this list includes Exning, although at this Centre last year's attendance was considered to be the maximum. A very successful new Centre was started at Mildenhall.

During the year a total of 5,110 attendances (4,992 attendances in 1937, 4,162 in 1936 and 3,604 in 1935) were made by children at these centres; of these, 1,826 attendances were made by children under one year of age, while 3,284 attendances were made by children between the ages of one and five years.

The number of children who attended for the first time was 457 (429 in 1937, 441 in 1936 and 360 in 1935), and this number included 328 children under the age of one year. In addition to individual talks and instruction, the Medical Officers gave 132 general talks to welfare audiences.

ORTHOPAEDIC TREATMENT.

This has proceeded on the same lines as in former years. The main centre of treatment is the West Suffolk General Hospital, where the following services are provided: (a) Monthly consultation by the Consulting Orthopaedic Surgeon, (b) Weekly Clinics conducted by the Assistant Orthopaedic Surgeon, (c) Massage and remedial measures, (d) Operative and in-patient treatment.

In addition, cases are treated in Orthopaedic Hospitals outside the County, if necessary.

The Authority also avails itself of the services provided by the British Red Cross Society (Cambridge Branch) Orthopaedic Clinic held at Newmarket.

At the West Suffolk General Hospital, children under school age made 31 out-patient attendances and 7 children received in-patient treatment. Four orthopædic operations were performed on children of under school age in hospital during 1938. Apparatus was supplied in 10 cases.

All cripple children are followed up by the Health Visitors to ensure the continuation of any treatment recommended and attendance at the out-patient clinics and to inspect splints or apparatus that may be worn.

DENTAL TREATMENT.

The services of the County dental surgeons are available for nursing and expectant mothers, and for children under five years of age. Cases requiring treatment are referred to the dental surgeons by the medical officers in charge of the County Infant Welfare Centres, the County health visitors, and district nurses. The treatment is carried out at the County clinics.

Owing to the increasing popularity of the ante-natal service and the introduction of a post-natal service, it is anticipated that the demand for dental treatment for expectant and nursing mothers will be extended.

The following table shows the work undertaken during the year:—

	Mothers.	Pre-school children.
(1) Numbers specially referred to dental clinics by a Medical Officer	1	8
(2) Numbers found to be in need of treatment	17	18
(3) Numbers who received treatment	17	18
(4) Numbers made dentally fit	15	18
(5) Numbers of treatments:		
(a) fillings		
(i) in temporary teeth	—	1
(ii) in permanent teeth	—	—
(b) number of teeth extracted	89	30
(c) Number of administrations of general anæsthesia	7	4
(d) Number of patients supplied with dentures	1	—
	(recommended)	
(e) Number of dentures supplied	—	—

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, and no case has arisen in which it was found necessary to take special action.

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

Number of Cases on Register, 1.1.38	138
Number of New Cases	73
Number returned to parents	10
Number adopted	—
Number died	—
Number who attained 9 years of age	23
Number who left County	43
Number transferred to Public Assistance Institutions	1
Number of cases on Register, 31.12.38	134
Number of unsatisfactory cases	—

COUNTY TUBERCULOSIS SERVICE.

(a) GENERAL STATISTICAL FACTS.

Eighty-two new cases of pulmonary tuberculosis were notified during 1938; this is an increase of one on the corresponding figure for 1937 and an increase of eleven on the figure for 1936.

The new cases of non-pulmonary tuberculosis notified during the year numbered twenty-five, which is a decrease of fourteen on the figure for the previous year.

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

The death rate from tuberculosis in 1938 was .49, the corresponding figure in 1937 being .38.

The number of notified cases on the Register at the end of the year was four hundred and thirty-four, and of this number one hundred and sixty-three were insured persons. The number on the Register shows a decrease of two on the figure for the previous year.

During the year sixteen admissions were made to the West Suffolk Sanatorium, and over the same period sixteen cases were discharged from the Sanatorium. The total number of in-patient days was 5,254.

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

Again, nineteen pulmonary cases were admitted to the Special Departments of the Public Assistance Institutions during 1938.

In the course of the year 95 X-Ray examinations and 252 sputum tests were made.

The County Medical Staff made 745 home visits to cases of tuberculosis, and in addition ninety-two dispensary consultations were given. Personal and other consultations between the Tuberculosis Officers and medical practitioners numbered 178. Finally, the County Health Visitors made 1,183 home visits of supervision to cases of tuberculosis.

I submit herewith a Table of New Cases reported in 1938, together with a summary of the total deaths from tuberculosis in the area during the year.

TUBERCULOSIS.

NEW CASES AND DEATHS DURING 1938.

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	—	—	3	2	1	—	—	1	1
5	1	—	4	3	2	—	—	—	—
10	3	1	—	2	5	—	—	1	—
15	2	5	—	1	15	2	8	—	1
20	3	8	2	1	25	5	3	—	—
25	8	8	2	3	35	7	2	—	—
35	11	11	—	1	45	5	1	—	—
45	2	6	—	1	55	3	3	1	—
55	2	7	—	—	65	2	1	—	—
65 and upwards	2	1	—	—	75	2	—	—	1
Totals	34	48	11	14	Totals ...	26	18	3	4

(b) NOTIFICATIONS.

In 1938, the heaviest notification in men was at the age period thirty-five and this was followed by the age period twenty-five.

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

(c) DEATHS IN 1938.

The pulmonary male deaths show an increase of twelve, and the pulmonary female deaths an increase of two on the figures for the previous year.

The non-pulmonary deaths show a decrease of one on the figure for 1937 both for men and for women.

The male mortality is heaviest in the age periods between twenty-five and fifty-five, when seventeen of the total twenty-six deaths took place.

The female mortality is highest at the age periods between fifteen and thirty-five, when eleven out of the eighteen deaths occurred.

(d) THE COUNTY SANATORIUM.

The County Sanatorium has continued its three main functions: (1) to treat early cases; (2) to act as a clearing house for the transfer of cases for special treatment outside the County, and (3) for the treatment of certain intermediate cases. Its usefulness, however, is much restricted because of the character of the building itself and the small amount of bed accommodation available.

It will be remembered that originally the building was regarded as more or less a temporary arrangement and the scope of the Tuberculosis Service both on the treatment and the preventive side has continued to make increasing demands.

The result is that owing to lack of accommodation a great number of County patients have to be sent outside the County for treatment.

Again, there is the problem of the late cases of tuberculosis. These are often highly infectious and for the safety of others they require isolation, and for themselves nursing and care are necessary. The proper provision for these cases is in, or attached to, a sanatorium. It will be realised, however, that with the number of beds available in the County Sanatorium this arrangement is not possible. Accommodation for these cases is provided at the Public Assistance Institutions. This arrangement, however, is not satisfactory: the stigma of the Poor Law dies hard and difficulty is experienced in persuading patients to accept admission.

It will be agreed therefore, that some extension of sanatorium accommodation requires consideration and the present time is particularly opportune when the building of a new Infectious Diseases Hospital is being considered. The plans for the latter institution do include an administrative block which will be common to the Infectious Diseases Unit and to the Sanatorium, but the question of providing a new Sanatorium is worthy of investigation.

By including a Sanatorium in the proposed building scheme the building cost per bed of the two units would be much reduced.

To sum up: a new Sanatorium would ensure a unified control of the whole Tuberculosis Service both on the treatment and preventive side, and would enhance the efficiency of the Service:—

- (1) By providing the necessary accommodation and treatment within the County for all cases of pulmonary tuberculosis.
- (2) By providing beds for observation cases, thus securing treatment when necessary at the earliest possible moment.
- (3) By providing beds for late cases, thus diminishing the risk of the spread of the disease to those in contact.
- (4) By providing facilities for early diagnosis by means of X-Ray, sputum examinations, etc., and for the continuance of artificial pneumothorax refill treatment for domiciliary cases.

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

During the year extended use was again made of X-Ray examinations at the West Suffolk General Hospital, and there is no doubt that the Service had thus an increased value both to the private practitioner and to the community.

The number of contacts examined also shows an increase, and happily this increase is to be found among the adolescents in whom the danger of contracting the disease is the greatest. Still too few, however, avail themselves of medical examination and advice.

During the year efforts to bring a larger number of contacts under supervision have been continued by direct appeal to the persons concerned, and by inclusion of the subject of tuberculosis prevention in the ordinary health propaganda.

VENEREAL DISEASES.

The general arrangements for this service have continued unchanged.

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 some cases patients living in the out-lying parts of the County find it more convenient on account of transport facilities, to attend the clinics at Addenbrooke's Hospital, Cambridge, and the East Suffolk and Ipswich Hospital, Ipswich.

In 1938 the total number of cases treated by the County Venereal Diseases Officers (Dr. Gray, Dr. Daly and Dr. McFeely) was thirty-five, and of these fourteen were new cases seen for the first time during the year. In addition, seventeen new cases were treated at outside centres. There were, therefore, thirty-one new West Suffolk cases in 1938.

The diagnosis returned in respect of the thirty-one new cases was: Syphilis 6, Gonorrhoea 16, and other conditions 9. The number of doses of arsenobenzene compounds given at Bury St. Edmund's was 16; 140 doses of Bismuth preparations were also given. The number of in-patient days returned for West Suffolk cases was: Ipswich 2, Cambridge 22.

During the year 35 specimens were sent to laboratories for examination; 22 of these were blood specimens for Wassermann test.

The number of attendances at Bury St. Edmund's were 338, at Cambridge 168, and at Ipswich 49.

Propaganda.

The Ministry of Health have drawn attention to the importance of giving adequate publicity to the disastrous consequences of Venereal Diseases, the importance of avoiding infection and the necessity for securing early and skilled treatment if a disease has been contracted. In this connection they suggested that consideration be given to measures for educational and propaganda work, and they further suggested that a Central Organisation, *e.g.*, the British Social Hygiene Council, should be used for this purpose.

There are three main essentials for the success of any scheme dealing with Venereal Diseases.

The first is that every effort should be used to bring under treatment the greatest number of persons infected, thus checking the spread of disease.

The second is that every available means should be used to persuade patients to remain under treatment till cured or at least, till they are non-infectious.

The third is the use of education and propaganda directed towards the prevention of venereal disease.

With regard to this last point the measures at present undertaken in the County are as follows:—

Information with regard to the Venereal Diseases Clinic, its location, days and hours of treatment, is included with the information of the other Health Services provided by the County which is displayed in all Post Offices throughout the County.

During the year, in connection with the Health Services Campaign, the subject of Social Hygiene was included in general propaganda work. Lectures to thirty-four Women's Institutes were arranged during 1938.

In addition, the services of the Staff are available on invitation by Youth Organisations to give lectures on Social Hygiene. These services have been used, but up to now, only to a limited extent.

In the County, much good work in connection with Social Hygiene is done by the Diocesan Moral Welfare Association, to whose fund the Council contributes. The work of this Association consists, among other things, in talks to Women's Associations and Youth Organisations in connection with sex education. Arrangements are being made with the Association for talks to be given on Social Hygiene to the mothers and Committees at all the Welfare Centres in the County.

As pointed out by the Ministry, the employment of a Central Organisation for the carrying on of propaganda has undoubted advantages. Such an organisation is the British Social Hygiene Council, which carries on a campaign by means of lectures, advertisement and educational films, with the object of establishing positive standards of social health. But such propaganda should be used continuously and not in a haphazard, unconnected way.

The Committee have considered the whole matter of propaganda and of a contribution to the British Social Hygiene Council. They expressed the view that the low incidence of venereal diseases in the County did not warrant a large expenditure on propaganda work, but considered that the arrangements already made in this connection should be continued.

SANITARY CIRCUMSTANCES OF THE AREA.

(1) WATER SUPPLY.

The County Council have received during the year several applications for assistance from District Councils in connection with Water Supply Schemes. They decided that where such an application is made, a contribution not exceeding 25 per cent. of the cost of the scheme should be made, due regard being had in each case to the resources of the District and other relevant circumstances. Three applications were dealt with in this way, from the Cosford, Thedwastre and Thingoe Rural Districts, in respect of schemes for Milden, Walsham-le-Willows and Hopton, respectively. In each case the maximum grant was made, at a total cost of £155 10s. 0d.

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

BOROUGH AND URBAN DISTRICTS.

Bury St. Edmund's.

The quantity of water available is ample for the needs of the district. The quality of the water is excellent.

The supply in certain high parts of the district has not been altogether satisfactory owing to low pressure and the Council has prepared a very comprehensive scheme for its improvement. The work of laying larger mains is already proceeding.

Hadleigh.

The Town has a piped water supply for the No. 1 or Town District, two deep boreholes, one in Lady Lane and one in Angel Street. The pumping capacity is about 8,500 gallons per hour with both pumps working. All Houses in the No. 1 District are not yet connected to the mains. Forty-two further houses have been connected during the year making the total to the end of the year 543. Houses not yet connected draw their supplies either from 8 stand-pipes in the streets connected to the mains, 2 deep boreholes in the streets with hand pumps, or from private wells; very few, if any, of these are in use in the No. 1 District.

One sample of water was taken from the pipe supply, with a satisfactory result.

Haverhill.

Piped water supply. Satisfactory in quantity and quality.

Four samples were taken from the pipe supply with satisfactory results.

Newmarket.

The water supply throughout the Urban District (with the exception of a few private wells) has been controlled for many years by the Newmarket Waterworks Company, Ltd. The water is obtained from wells sunk in the chalk at Southfields Farm, which is more than a mile from the Town and is pumped to a storage Reservoir situated on high ground on the southern side of the Moulton Road from whence it gravitates to the Town. These works have been periodically inspected throughout the year.

The Newmarket Waterworks Company have kindly placed the results of their monthly bacteriological and chemical examinations at the disposal of the Medical Officer of Health. The Company keep in their offices up-to-date maps, to which we are able to refer, showing the distribution of their mains and services. As in previous years the most cordial co-operation has been received from the Company.

Memorandum No. 221 of the Ministry of Health, on the safeguards to be adopted in day-to-day administration of water undertakings, was discussed with the Secretary of the Company, but it was manifest that the recommendations contained therein had been the normal practice of the Company for several years.

The analyses of all samples showed that the water supplied was very suitable for drinking purposes.

Sudbury.

The water has been excellent in quality, except for hardness, and quantity has been adequate. Eighty-five yards extension to supply water to new premises. Six samples of water were taken from the pipe supply with satisfactory results.

RURAL DISTRICTS.

Clare.

1. The Withersfield supply is being proceeded with. A second Inquiry was held by one of the Ministry's Inspectors on June 21st, 1938.

2. The Hundon supply is being reviewed.

3. The question of a piped supply for the whole area has been brought forward for discussion.

Three samples of water were taken from the pipe supply with satisfactory results, and twenty-eight samples from wells. Four of the latter were condemned. One well was closed, two were cleansed or repaired, and the public supply was substituted for well water in one case.

Cosford.

All public supplies have been satisfactorily maintained. Forty-four samples have been taken from these supplies and submitted to the East Suffolk County Analyst for chemical and bacteriological examination. Three of the above were described as unfit for domestic use. These were from dug wells, at Thorpe Morieux and Cockfield, and the public pump near Milden Rectory. The wells at Cockfield and Thorpe Morieux have been emptied and cleaned. The result has been satisfactory for Thorpe Morieux, but at Cockfield the water is still unfit. At Milden, the Council has decided to put down a bore well for the houses formerly supplied from the Public pump.

During the year an extension of 410 yards, to Hitcham Street, was made to the main at Hitcham, and a public standpipe was provided for the hamlet of Upper Layham, supplied with water purchased from a private pipeline.

Five new artesian wells have been provided by private enterprise.

Our public water supplies have now been in operation for sufficient time to allow our inhabitants to appreciate their advantages. There is no doubt that they are regarded as a great benefit.

Melford.

Water is still obtained over the greater part of the area from scattered wells. Chemical analysis of samples of water is done as required.

Works at present in hand are:—

Central Area Water Scheme: Comprising the parishes of Gt. Cornard, Newton, Assington, Gt. Waldingfield, Acton and Long Melford; about fourteen miles of mains have been laid for this scheme. The Pump House is practically complete and the Water Tower is approaching completion; approximately six miles of mains are required to complete this scheme and are included in the Contract.

Bures St. Mary: In this Parish, mains have been laid and the water supply should be available quite early in 1939. Water is being purchased in bulk for this supply from the Lexden and Winstree Rural District Council from their Water-works adjoining Bures Hamlet.

Southern Area: A Boring has been completed and tenders obtained for a piped supply for the parishes of Stoke-by-Nayland and Nayland.

Northern Area : A Boring is in operation for this Scheme, which is intended to supply the Parishes of Lawshall, Hartest, Shimpling, Stanstead, Bosted and Alpheton.

Three samples of water have been taken from the pipe supply with satisfactory results, and forty from wells. Five of the latter were condemned. Two wells were closed and ten cleansed or repaired.

Mildenhall.

Duplicate bores have been sunk at Eriswell and Moulton to provide a piped supply of water to ten Parishes following loan sanction for our Water Schemes. Piped supplies already exist at Brandon, (the Council's Public Supply serving practically the whole Parish), and at Elveden, Higham and Santon Downham, (these latter being small privately-owned supplies).

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 Public Supplies bacteriologically and chemically examined frequently.

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. On only one sample was an adverse report received and this was followed by the cleansing of the well concerned.

Thedwastre.

The only piped water supply in the District is a private supply at Gedding drawn from a bored well, which supplies a dozen houses.

There can be little doubt that the Council is hindered in its desire to provide further piped supplies by the absence of financial assistance for sewerage schemes.

The advent of piped water supplies in some villages would make the present unsatisfactory sewerage position intolerable.

The chief sources of water supply in the area are dug or bored wells. All but a few isolated families have been relieved of the necessity of obtaining their drinking water from ponds or ditches. A bored well has been sunk at Crownlands, Walsham-le-Willows to make, a supply available to the houses in that vicinity.

19 samples of well water were taken during the year. Following adverse reports on eight of these samples, steps were taken to cleanse seven of the wells concerned, and to discontinue the use of water for domestic purposes from the remaining well.

Thingoe.

Piped water supplies from bored wells were provided during 1938 in the Parishes of Ixworth, Barrow, Denham, Great Saxham, Ingham, Stanningfield, Bradfield Combust and Great Whelnetham.

The Council, mindful of their responsibility to safeguard public water supplies and to ensure that all water supplied by them is pure and wholesome, had 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.

All samples of water taken from Public Supplies in Thingoe throughout the year showed no evidence of any form of contamination. Whilst the quality of the water was excellent, a less satisfactory state existed at the Barrow Scheme in regard to quantity. The pumping apparatus at the Barrow Waterworks was so taxed with continual pumping that in September it broke down, depriving consumers of a water supply for a fortnight. The Council are seeking authority to enlarge these headworks.

Other Parishes throughout the District are not adequately supplied with pure water. This deficiency might well lead to serious consequences if our area should ever be used, as scheduled, as a Reception Area.

The Council have included £82,725 in their Five Year Capital Expenditure Programme for Water Supply in order that they may consider the possibility of extending some of their existing schemes to supply adjacent Parishes. This capital will also allow of new schemes in some Parishes, the supply of Hopton being an example likely shortly to be effected.

(2) RIVERS AND STREAMS.

Pollution of the River Stour has again taken place during the year at various points along the border of the County, including Clare, Nayland and Bures. In each case the matter was referred to the District Council concerned.

At Nayland the source of the trouble was a drain from an institution, and at Bures, the effluent from a slaughter house. In both cases the Melford Rural District Council took up the matter with the persons responsible and eventually steps which, at present, appear to be effective, were undertaken to abate the nuisance.

At Clare, samples of water taken by the South Essex Waterworks Company, showed pollution arising from sources at various points, resulting in local offensive conditions. At that time the river was at a low level, owing to dry weather, and a later sample taken when it was at its normal level, by the Clare Rural District Council, showed that the pollution, though present, was not excessive.

It is obvious, however, from these occurrences, that pollution is liable to take place until proper sewerage schemes are inaugurated by the Councils whose districts lie along the banks, but as I pointed out in my Report last year, these Councils are quite unable to meet the financial obligations entailed. The County Council has deferred the consideration of its policy with regard to granting assistance to District Councils for Sewerage Schemes until the decision of the Government on the subject of Exchequer grants for this purpose is known. In the meanwhile the whole matter is in abeyance.

(3). DRAINAGE AND SEWERAGE.

NOTES FROM BOROUGH, URBAN AND RURAL DISTRICT REPORTS.

In Bury St. Edmund's the soil sewers have been extended 590 yards and the surface water sewers 253 yards. There are still approximately 50 cesspools in the town.

In Hadleigh, 17 further connections, representing 60 houses, have been made to the sewers. There are approximately 16 cesspools in the district. In one case a cesspool has been abolished and the drains connected to the sewer.

In Haverhill, there are 4 cesspools.

In Newmarket, there have been no important extensions of sewers during the year.

One of the percolating filters at the Newmarket Sewage Works has been re-built and a new one has been constructed. A considerable amount of rodding and cleansing of some of the sewers has been done.

157,800 gallons of crude gas liquor were carted by the Newmarket Gas Company to the Sewage Disposal Works and disposed of by spreading over land forming old stone pits. This method prevents the risk of stream pollution and damage to the Sewage Disposal Works Plant.

In Sudbury, the Melford Road sewage scheme was completed during 1938, and is now working. Thirty houses which formerly had cesspools have been connected to sewers. There are still 19 cesspools.

The only extension of sewers in the Cosford district during the year was at Hall Road, Lavenham, where an extension to serve eight premises was completed. Various sections of sewers throughout the District were relaid or repaired.

In Melford, there are 322 cesspools.

In Mildenhall, 8 houses have been provided with cesspool drainage during the year as the result of informal action. Until such time as Exchequer aid is available the introduction of sewerage schemes into our larger villages, where they would be a great convenience, a Public Health benefit and a removal of anxiety from this Reception Area, is beyond the financial resources of the District.

In Thedwastre, the difficult position apparent for many years with regard to drainage and sewage remains—that is to say, many houses have no drainage systems, whilst others have drains which discharge into ditches or cesspools.

Cesspools or soakaways in the clay soil fail to function not only in private houses but also in some of the older type of Council Houses such as we possess at Elmswell and Norton.

This difficult position is a source of real anxiety to this Reception Area. Villages have been visited and surveyed by members of the Council who are thoroughly conversant with the existing conditions and who, after every possible exploration, are unable to devise a satisfactory method to overcome the financial difficulties.

Until Exchequer aid becomes available, important extension of sewerage is beyond the District's financial resources, indeed, it would be cheaper in some instances to rebuild the whole village to a new plan at a more suitable site rather than to attempt to introduce water supplies, drainage and sewage works into existing Parishes.

In Thingoe, the absence of sewerage schemes and sewage disposal works is proving a difficulty in the extension of water supplies. Until Exchequer aid becomes available, important extension of sewerage is beyond the District's financial resources. This deficiency is a source of real anxiety to this Reception Area.

(4) SCHOOL HYGIENE.

At each routine inspection, a survey of the sanitary condition is made by the Medical Officer, and reports of defects are submitted to the appropriate sub-committee. Defective or unsatisfactory conditions were reported in twenty-two schools, eighteen of which were Voluntary and four Council Schools.

In eight cases the defects were remedied during the year. In twelve cases the matters reported on are engaging the attention of the School Managers, in one case action has been deferred pending decision as to the ultimate use of the School and in one case no action has as yet been taken.

Hygiene, both environmental and personal, is of such importance that it should form part of the curriculum in all schools.

The provision of good sanitation in schools is more than a necessity for the health of the children—it should be an object lesson in environmental hygiene. It follows, therefore, that whatever type of sanitation exists, it should be the best of its kind. The school should be a practical example in the teaching of environmental hygiene, and should set a high standard in sanitation in the district in which it is situated. And within the term "sanitation" should be included the cleanliness of the building generally, floors, desks and windows, and an adequate supply of light and fresh air.

HOUSING CONDITIONS IN WEST SUFFOLK.

The Housing Act, 1936, contains special provisions as to Rural Districts, by which a definite duty is placed upon the Council of every County "as respects each rural district within the County to have constant regard to the housing conditions of persons of the working classes, the extent to which overcrowding or other unsatisfactory conditions exist and the sufficiency of the steps which the Council of the district have taken or are proposing to take, to remedy those conditions and to provide further housing accommodation." In pursuance of this duty certain returns as to housing activities in the district are asked for and I give herewith extracts from the reports of the District Medical Officers of Health.

Bury St. Edmund's.

"53 new houses for the relief of overcrowding were completed by the end of the year, although they were not all occupied.

These have enabled the problem to be substantially dealt with and during the year some 52 cases were abated by the transfer of families to larger dwellings. Altogether some 77 cases of overcrowding were abated.

There is still a demand for houses and the Council had provisionally approved the erection of further houses in the future."

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, water closets, sinks, drains, and water supplies being installed.

Twelve Demolition Orders were made during the year and twelve houses were demolished.

Four new council houses were erected, and eight other houses by private enterprise.

Eight houses were reconditioned under the Housing (Rural Workers') Act.

Overcrowding. One further case of overcrowding was notified during the year and this was abated. The approximate position of overcrowding at the end of the year was:—Eight houses overcrowded representing eight families and 60 persons.

A scheme has been submitted to the Ministry of Health for 26 houses for Agricultural Workers."

Haverhill.

"The three years' programme under the Housing Act, 1930, was completed by the demolition of six houses at Burton End."

Newmarket.

"30 Council houses (Hamilton Terrace, Exning Road) were completed during 1938 and a further 27 Council houses commenced at King George Avenue, Exning. The Council are unable to relieve the conditions in many houses represented in or prior to 1936.

There is unanimity that the conditions in these houses are such that urgent measures are required.

Superficial inspection would convey the impression that land adequate for housing sites is available throughout Newmarket, but the whole of 1938 passed, and to date, half of 1939 has gone, without the acquisition of a housing site. Such acquisition indeed appears more remote a possibility now than at the beginning of 1938.

Negotiations have failed and compulsory purchase is avoided because the financial obligations of such a course are not estimable and there is reluctance to use compulsion against owners of land.

The fact should not be lost sight of that the houses are not merely unfit to live in. They are, in many instances, unfit even to die in."

Sudbury.

"The standard of housing is not as bad as it was, but it is difficult in some cases to get the poorer houses kept in repair. A few cases of overcrowding have been discovered and remedied."

Clare.

"212 houses were inspected during the year, seven were found to be unfit, two demolition orders were made, two orders for closure and three for repair. Thirty-three cases of overcrowding were abated. Seven dwellings were overcrowded at the end of the year. Sixty-eight houses are being built as follows :—Barnardiston 2, Great Bradley 4, Cavendish 4, Clare 8, Depden 4, Hawkedon 2, Hundon 4, Kedington 4, Stansfield 2, Stradishall 4, Wickhambrook 20, Withersfield 2, Great and Little Wrattling 8."

Cosford.

"The Council possessed 226 tenanted houses at the end of 1938. 30 Council houses were completed during 1938. Overcrowding, as defined by the legal standards, has almost been entirely eradicated."

Melford.

"65 cases of overcrowding existed at the commencement of the year, 50 of which have been abated; the remainder will be abated early in 1939 on completion of the present Housing Scheme. 50 defective dwellings have been rendered fit during the year, eleven houses have been demolished following individual Demolition Orders. 30 Clearance Orders, covering 99 houses, were confirmed by the Minister during the year. New housing accommodation has been provided for the persons displaced.

222 additional houses have been suggested to meet the requirements of the District under the Act of 1938, for the Agricultural population and for the five years' programme."

Mildenhall.

"Progress to relieve overcrowding or to rehouse those living in unfit houses was delayed during 1938 as no houses were built by the Council throughout the year. This was due to the delay caused by the Ministry of Health being unable to approve the plans suggested. When satisfactory alterations were effected, the "September Crisis" intervened, and later delay was caused because it was necessary to adopt open tendering.

It is gratifying to know, however, that these difficulties are all surmounted and that in the early part of 1939 the Council have commenced to build 152 houses which will bring the total number of Council Houses to 364.

These 152 houses are being built in the following Parishes :—Brandon, 18; Freckenham, 12; Gazeley, 10; Icklingham, 6; Kentford, 6; Lakenheath, 20; Mildenhall, 60; Moulton, 12; Tuddenham, 6; Worlington, 2."

Thedwastre.

"At the end of 1938 the Council owned 258 houses. 64 of these houses were erected in 1938—21 to abate overcrowding and 43 to replace those condemned as unfit for human habitation.

It is hoped to abate the remaining 16 cases of overcrowding in 1939.

The Housing Committee made many inspections during 1938 which resulted in several cottages being condemned as unfit and others being scheduled for future inspection.

The personal visit of the Minister of Health to our District when he explained the Housing (Financial Provisions) Act to a Conference of East Anglia Rural District Councils, together with the admitted "drift from the land" and the decline in our population has caused a thorough probing of the Housing position. As a result the Council have decided on a Five Year Programme to build 56 houses per year, but in 1939 this figure will be increased to 70 to meet the Overcrowding and Slum Clearance demands."

Thingoe.

"Although site delays in Ixworth and Barrow have occurred, Thingoe's present effort to eliminate Slum Property and Overcrowding which began in the latter half of 1936 was carried forward during 1938 at a rate very gratifying to those who appreciate the difficulties involved.

112 Council houses were completed in 1938 making the total number of houses owned by the Council 318, whilst a further 44 were in course of erection at the end of the year.

In 1936 some members were apprehensive of the intention to rehouse 1 in 15 of our whole population, some 1,000 persons. The very considerable time and interest devoted by members both to meetings and inspections has so removed anxiety on this score that the 1936 effort has been extended to a hundred houses per year in the Five Year Capital Expenditure Programme. This extension is associated with the visit of the Minister of Health to our District when he explained the Housing (Financial Provisions) Act at a Conference of East Anglia Rural District Councils.

The high average age of our population, the diminution in the number of children per family, together "with the drift" from the land may well cause serious difficulties in Thingoe during the lifetime of many of the present inhabitants. This act reveals that the position is recognised as a National danger. Thingoe can now provide some 200 houses for Agricultural Workers at a penny rate—the Council's Housing Programme attempts to ensure a satisfactory future position for Thingoe."

During the year the Minister of Health at Bury St. Edmund's met in conference on the subject of rural housing representatives of Rural District Councils from this and eight other Counties. Mr. Elliott in his speech expressed the Government's view that production of houses needed for slum clearance and to relieve overcrowding should proceed side by side. He pressed his hearers to make full use of the Housing (Financial Provisions) Act, which provides a generous Exchequer subsidy for new houses for the agricultural population, irrespective of whether these are built for slum clearance, for relief of overcrowding or for general needs. The primary purpose of the Act is to improve the housing conditions of the agricultural labourer.

Mr. Elliott stressed the importance of providing houses of a proper standard and in sufficient numbers if the younger workers were to be retained on the land. He expressed the view that the shortage of good dwellings in the countryside pressed most hardly on the young people who wished to get married, but who now looked for a higher standard of comfort and health.

There are already signs that the visit of the Minister is bearing fruit in increased interest and activity in housing matters throughout the County districts.

The County's interest in rural housing may be judged from the following facts :—Under the Housing Acts, 1930 to 1938, the statutory contribution of £1 per house is being made to District Councils in respect of approximately 300 houses which have been erected for members of the agricultural population, and has been promised in respect of approximately 400 other houses which have recently been erected or are in course of erection, all of which are stated to be required for members of the agricultural population.

The following Table shows the total number of houses erected in the County under the various housing schemes :—

	No. of Houses erected during 1938.	Total No. of Houses erected.
Boroughs and Urban Districts :—		
Bury St. Edmund's	53	404 + 64 flats.
Hadleigh	4	80
Haverhill	4 + 8 bungalows.	135 + 16 bungalows.
Newmarket	30	300
Sudbury	—	129
Total ..	99	1128
Rural Districts :—		
Clare	32	196
Cosford	30	226
Melford	192	334
Mildenhall	—	212
Thedwastre	64	258
Thingoe	112	318
Total ..	430	1544
GRAND TOTAL	529	2672

HOUSING (RURAL WORKERS') ACTS, 1926 to 1938.

Since the West Suffolk Rural Workers' Housing Scheme, 1927, came into force, grants amounting to £10,174 have been promised by the County Council in respect of 125 dwellings, 85 of which have been completed. In addition, loans amounting to £261 have been advanced in respect of 9 dwellings, these dwellings being included above.

During the year 1938, grants amounting to £3,218 13s. 4d. were promised by the County Council in respect of 37 dwellings, and 28 dwellings were completed, in respect of which the grants paid amounted to £2,759 6s. 8d.

In my last year's report I commented fully on this branch of the County Council's work.

A certain amount of criticism has been made of the Committee's administration of this Act because of the small number of houses reconditioned in this County as compared with certain other Counties. The Committee has always given due consideration to all applications received, but it will be agreed that before giving grants they must be satisfied that the plans for reconditioning are adequate and that the reconditioned house will be in *all* respects fit for human habitation. In other words, the Committee has to be satisfied that the grant given will be well spent in securing the health and comfort of the people for whom the house is designed. Shoddy reconditioning serves only to perpetuate unhealthy conditions and recreate slums. Too often the houses for which applications have been received have been the dilemmas of the District Councils and if grants were given in such cases the Acts would only be used as an alternative to demolition to preserve property that had no claim to survival.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

(1) General Bulk Milk.

In 1938, forty-three samples of bulk milk were examined. Forty-two were within the Accredited Milk standard for the general count, and thirty-five were within this standard for the B. Coli test. Nine samples failed in the Methylene Blue Test. Tubercle bacilli were found in three cases, two of which were referred to the Assistant County Veterinary Surgeon, and one to the Veterinary Inspector of the Ministry of Agriculture and Fisheries. In all cases, a special veterinary inspection of the herd was made, further samples of milk were taken and certain animals isolated, but it was found to be unnecessary to deal with any of these under the Tuberculosis Order.

(2) Milk (Special Designations) Orders.

The procedure with regard to Accredited and T.T. Licences has been somewhat modified during the year, owing firstly to the transfer, under the Agricultural Act, 1937, of the work of the veterinary surgeons, formerly employed by the County Councils, to the veterinary inspectors appointed by the Ministry of Agriculture and Fisheries, and secondly, to the appointment by the County Council of a Milk Officer.

The Veterinary Inspector of the Ministry of Agriculture and Fisheries for this area, undertakes the routine veterinary inspection of all designated and non-designated herds in the County, and copies of his reports on all such inspections are furnished to the County Medical Officer. He also undertakes the routine testing of Tuberculin Tested and Attested herds. Applicants for Accredited and Tuberculin Tested Milk Licences, however, are responsible for obtaining the preliminary veterinary certificates for their herds.

The Milk Officer, appointed by the County Council in September, 1938, was transferred from the Agricultural Department to the Public Health Department in December of the same year. His duties include the taking of routine samples from designated herds and the regular inspection of the premises and methods of production of the producers of designated milk. His services have also been utilised in obtaining the preliminary reports and samples in the case of applications for Accredited and Tuberculin Tested Milk Licences, and in this connexion in particular, it has proved of considerable advantage that he should be attached to the staff of the Public Health Department.

The procedure, therefore, when an application for an Accredited Milk Licence is received, is as follows:—

- (i) The Clerk of the Council forwards the application with the veterinary certificate to the County Medical Officer.
- (ii) At the request of the County Medical Officer, the Milk Officer inspects the premises and methods of production, and takes a sample of milk for analysis.
- (iii) The County Medical Officer returns the application to the Clerk of the Council, with his recommendation.
- (iv) The Clerk of the Council, upon the recommendation of the County Medical Officer, issues the requisite licence and collects the fee.

In the case of an application for a Tuberculin-Tested Licence, the procedure is similar, except that the veterinary certificate must include a certificate of tuberculin testing, and the premises are viewed by the County Medical Officer personally.

In 1938, the following statistics were recorded:—

(a) Accredited Milk Licences.

One hundred and forty-six Producers' Licences were issued, of which twelve were recommended for the first time. Thirteen of these were for Bottling licences.

One licence was suspended during the year and three were re-instated. At the end of the year there were one hundred and thirty-eight herds on the Accredited Register.

(b) Tuberculin Tested Milk Licences.

Twenty T.T. licences were issued during the year, seven of which were for the first time. Thirteen of these licences were for Attested herds.

(3) Veterinary Inspection of Cattle.

Till March 31st, 1938, this work was carried out by the Assistant County Veterinary Inspector. During the quarter he visited 307 farms and inspected 4,276 cows. Twenty-four cows were found to be affected with tuberculosis and were destroyed. Eleven samples of milk were taken.

On April 1st, 1938, the work was transferred to the Veterinary Inspector of the Ministry of Agriculture and Fisheries, who has supplied the following statistics of his work since that date:— 1,482 cattle in 15 Tuberculin Tested herds, 7,847 cattle in 252 Accredited herds, and 2,845 cattle in 413 non-designated herds, have been inspected. Twenty-four animals have been dealt with under the Tuberculosis Order.

(4) Milk and Dairies Order, 1926.

Under this Order, an inspection of one herd was made during the year, and nineteen samples of milk were taken for biological examination. Three cows were slaughtered on account of tuberculosis as a result of this investigation.

(5) Milk in Schools Scheme.

In my Report for 1937 I stated that one of the main factors contributing to an improved standard of positive health is the provision of adequate and proper food. During the year every encouragement has been given to the Milk in Schools Scheme, and although difficulty is still experienced in some areas in finding a producer who will undertake the supply, the number of schools included in the scheme has increased. Further schools will be added to the Scheme in the new year.

The following Table shows the position at the end of the past five years :—

	1934.	1935.	1936.	1937.	1938.
Number of Schools with Scheme	34	75	102	120	131
Number of children taking milk	2232	3749	4698	5106	5512
Number of children attending these schools	3714	6896	8818	9160	9463

Free Milk in Schools.

During the year a scheme has come into operation for providing free milk to school children under the following conditions :—

1. That a full investigation as to the medical necessity be made by the County School Medical Officer in each case.

2. That the usual means test be carried out.

With regard to the latter condition, it was agreed that the scale should be that in general operation in the County in respect of other services, *i.e.*, when the income, less rent, falls below 7s. per head per week of the dependent family.

Fifty-five cases were referred for investigation, and at the end of the year forty children were receiving free milk.

(b) SALE OF FOOD AND DRUGS ACTS.

The following is a note of the work carried out under these Acts in 1938 :—

During the year one hundred and eighty-three samples were taken and analysed: Milk, 130; Malt Vinegar, 3; Sausages, 3; Sauce, 1; White Pepper, 1; Real Cream, Ice, 4; Cream Ice, 3; Lemonade Powder, 2; Cream, 2; Brandy, 2; Baking Powder, 3; Brawn, 1; Pure Cocoa, 1; Black Currant Wine Essence, 1; Zinc Ointment, 1; Lard, 2; Ground Ginger, 1; Egg Substitute, 2; Vinegar, 1; Plum Jam, 1; Bicarbonate of Soda, 2; Confectionery, 1; Empire Honey, 1; Gin, 2; Aspirin Tablets, 2; Mincemeat, 1; Tea, 1; Margarine, 1; Beef Suet, 1; Crystal Black Currants, 1; Whiskey, 2; Fruit Salad, 1; Mustard, 1; Butter, 1.

Of the 183 samples taken, 156 were found to be genuine and 23 of Milk, 3 of Real Cream Ice and 1 of Vinegar adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts; 33 samples were examined during the year: Milk, 18; Vinegar, 2; Sugar, 1; Coffee, 1; Butter, 2; Margarine, 1; Sausages, 2; Lard, 1; Jam, 1; Tinned Peas, 1; Olive Oil, 1; Dried Fruits, 1; Marmalade, 1.

All were found to be genuine with the exception of 3 samples of Milk, which were found to be deficient in milk fat, and 1 sample of Sausage which was found to have an excess of preservatives.

(c) NUTRITION.

The importance of correct feeding is dealt with in the lectures given by members of the Public Health Staff to Women's Institutes and at the Welfare Centres in the County.

The amount of milk consumed under the Scheme of the Milk Marketing Board for providing milk to school children is increasing, and schemes for providing meals in schools are being developed by the Education Authority. Through these schemes the knowledge of food values is being taught in a very practical manner. This is illustrated in the following extract from a report made by the County Organiser of Domestic Subjects :—

"The value of the Soup Scheme is proving itself in other ways, primarily in overcoming the prejudice against soup as a meal which exists in many villages. The experience gained by the girls who cook in rotation is invaluable. It is no small achievement for two girls of thirteen years to cook and serve 15—20 pints of soup in a class room with only a small oil stove, and the minimum of equipment. This is done after one morning's instruction and in addition the girls are responsible for the ordering of materials, the keeping of accounts and for making the Scheme pay at the low cost mentioned."

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

(A). INFECTIOUS DISEASE HOSPITAL.

The plans for the erection of the Infectious Diseases Hospital have been prepared and the following report was submitted to the County Council:—

"Sketch Plans of the proposed Hospital are presented for your consideration, to be read in conjunction with this Report. In preparing the scheme, the fact that the Staff accommodation at the County Sanatorium is very poor has been kept in mind and the Administration Block has been designed to house the Staff of the County Sanatorium in addition to the Staff of the new Infectious Diseases Hospital. The Hospital must, of course, have a Laundry, Mortuary and Disinfector and these can also serve the Sanatorium.

The site is large enough to allow for the erection of a new 30-bed Tuberculosis Block and still leave room for a further Infectious Diseases Block if required. The Tuberculosis Block is shown on the plan and is described later in this Report, where details of the accommodation are given.

Site.

The site is on the opposite side of the road to the County Sanatorium and about $1\frac{1}{2}$ miles from the Cornhill, which is the present Omnibus Terminus. There is a frontage of 540 feet to the road and the area is approximately 8 acres. The ground has a fall to the south-west and there is a fine view across the valley.

Gas, Water and Electricity can be brought to the site, but it is understood that the cost of extending the sewer is prohibitive. The site is in a Town Planning area in which building is temporarily restricted, due, it is understood, to the lack of sewers in the area. As a sewage disposal plant is included in the scheme, it is assumed that the Authority will have no objection to the development of this land.

Administration Block.

The building provides quarters for a resident Doctor, Matron, Nurses and Maids.

The Medical Officer's suite and the Matron's suite each consist of a Sitting Room, Dining recess, Bath Room and necessary Bedroom accommodation.

For the Nursing Staff and Maids, a small room for the washing and ironing of personal laundry is provided on the ground floor.

The area of the bedrooms for the Nurses and Maids is 100 square feet, which is the area suggested by the Ministry of Health. It is proposed to provide a lavatory basin and one electric light point in each bedroom. Sisters' bedrooms are slightly larger, being approximately 140 square feet.

The separation of the Night Nurses' bedrooms is effected by providing a screen at the end of the first floor corridor so as to disconnect the Night Nurses' suite from the remaining Nurses' bedrooms. A separate lavatory and W.C. are provided for the Night Nurses.

The Maids' bedrooms are placed over the Kitchen quarters and are arranged so as to have access from the Main Staircase, whilst being isolated from the Nurses' bedrooms.

The Dining Rooms are placed adjoining the Kitchen and it is intended that they should be divided by a Folding Screen, so that the two rooms should form one large room when required for recreation or festive purposes.

The Kitchen is planned with the Goods Store immediately inside the Trades Entrance. Separate sinks and slabs are suggested for the preparation of vegetables, fish and meat. The wash-up for pots, etc., is in the Kitchen proper, whilst the wash-up for the Staff china and the Service Trolley floor space form a separate lobby.

A complete schedule of accommodation is as follows :—

- Resident Doctor's Suite** :—Sitting Room.
Dining Recess.
Bath Room.
2 Bedrooms.
- Matron's Suite** :—Sitting Room.
Dining Recess.
Bath Room.
Bedroom.
- Nurses' Accommodation** :—15 Bedrooms.
Common Sitting Room.
Dining Room.
Writing Room.
Laundry.
Lavatory.
Water Closets.
2 Bath Rooms, including Shower.
- Maids' Accommodation** :—12 Bedrooms.
Common Sitting Room.
Dining Room.
Laundry.
Lavatory.
Water Closets.
1 Bath Room, including Shower.
- Sisters' Accommodation** :—2 Bedrooms.
1 Sitting Room.
- Kitchen Accommodation** :—Large central Kitchen.
Meat Preparation Cubicle.
Fish Preparation Cubicle.
Vegetable Preparation Cubicle.
Dry Store.
Dairy Store.
Crockery and Service Lobby.

Box Rooms, Linen Stores and General Stores are also provided.

Nursing Accommodation.

In planning the pavilion blocks for Infectious Diseases, large Wards have been reduced to a minimum and Cubicles form the chief accommodation. Except in times of epidemic, the number of cases to be treated may be comparatively few and it would not be economical to open a large Ward for a small number of patients. The provision of separate Cubicles is intended to reduce the cost of heating, lighting and general supervision which would be required in a large Ward.

Two multiple-bed Wards, however, each containing four Beds, have been provided to be used in the event of a large number of patients, suffering from the same disease, being admitted at one time. These two Wards are connected to the main Cubicle Block by a ventilated Corridor, so that Staff supervision may be simplified.

Another advantage of the larger Wards being connected to the Cubicle Block is that an economy may be effected in the provision of Bath Rooms and Sink Rooms. The scheme suggested has Bath Room and Sink Room common to the Cubicle Block and multiple-bed Ward blocks.

It is proposed to build two Cubicle Blocks having 10 Beds and 12 Beds respectively. The two larger Wards would be connected to the former. An Operating Theatre unit would also be attached to this building.

Tuberculosis Block.

The area of the site is sufficient to provide ample space for recreation and exercise and the layout of the plan is designed so that the Men's Terrace should not be overlooked from the Women's Terrace.

The division of the accommodation into single Wards, double Wards and four-bed Wards has been designed to provide for bedfast and ambulant patients. For the benefit of the bedfast patients a terrace is provided on to which the beds can be wheeled in fine weather.

Day Rooms are provided for both sexes and one single Ward for each sex is placed adjoining the Duty Room so that serious cases can be supervised more easily. The ancillary rooms for each sex consist of Locker Room, Bath Room, Water Closets and Lavatories. A Kitchen and Sink Room are provided to serve the complete unit.

X-Ray Department.

This is planned so that out-patients can visit for examination without passing through the main Ward Block, whilst access to the X-Ray Department is also given from the main building by means of a connecting Corridor. The accommodation consists of an X-Ray Room, Consulting Room, Dressing Cubicles, Waiting Room, Dark Room, and Records Office. Lavatory and Water Closet accommodation are also provided for out-patients.

Porter's Lodge.

It is an advantage to have a Porter living on the premises and a Lodge has been provided for this purpose. A Verandah has been included which would act as a Waiting Shelter for Visitors to the Hospital.

Laundry and Disinfecting Quarters.

At the County Sanatorium there is no Laundry or Disinfector. Therefore, the Block which is suggested has been designed to meet the needs of the Sanatorium in addition to the Infectious Diseases Hospital. The saving in running costs should offset the additional building cost. The Laundry Block contains facilities for disinfecting, ironing and drying.

Garage.

This is designed to be in the same block as the Laundry and has accommodation for two vehicles.

Mortuary.

A Mortuary Block, complete with viewing room, is worthy of consideration, and the scheme suggested shows this arrangement. The rooms are placed adjacent to the Garage.

ESTIMATED COST.

Engineering Services.

It is understood that the Ministry of Health require a Consulting Engineer to be employed in connection with the heating, etc. It is desirable that he should be appointed soon, as it is not possible to complete the scheme or arrive at a reasonably approximate estimate until the Consulting Engineer's Estimates have been received.

A rough estimate has been prepared based on cubic contents and it is thought that the accommodation suggested cannot be built for less than £830 per bed, or about £25,000. The Tuberculosis Block would probably add another £10,000 to the cost, but reduce the cost per bed to about £570."

The hope expressed in my last year's report that work would begin during the year on the new Central Isolation Hospital has not been realised. The need for this Hospital has been stressed in previous reports and I can only again stress the urgency of this question and the hope that work will begin on the Hospital without further delay.

In view of the high cost per bed, and the need for the provision of improved Sanatorium accommodation, it was recommended that the possibility of a combined scheme for the provision of an infectious diseases hospital and a sanatorium should be investigated. This would materially reduce the cost per bed.

The need for improved sanatorium accommodation is discussed further in another part of this report.

Lord Nuffield has presented an "Iron Lung" to the Council for use in the County Infectious Diseases Hospital, when erected. For the present this is being stored at the Public Assistance Institution, Bury St. Edmund's.

(B). NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1938.

Diseases.	Total Cases notified.	Removed to Hospital.	Deaths.
Small Pox	—	—	—
Scarlet Fever	129	62	—
Diphtheria	18	17	1
Enteric Fever (including Paratyphoid)	2	2	1
Puerperal Pyrexia	16	5	—
Pneumonia	53	5	24
Erysipelas	24	2	—
Ophthalmia Neonatorum	3	2	—
Encephalitis	1	—	1
Anterior Poliomyelitis	18	13	1
Undulant Fever	2	1	1

(C). INFECTIOUS DISEASES AND SCHOOL CHILDREN.

In 1938, 7 schools were closed on account of outbreaks of infectious diseases—the details of these closures are as follows :—

Chickenpox 1, Mumps 1, Poliomyelitis 5.

During the year, 55 Low Attendance Certificates were issued by the Medical Department in respect of the following conditions :—

Whooping Cough 3, Chickenpox 17, Influenza 1, Scarlet Fever 2, Mumps 12, Coughs and Colds 2, Chickenpox and Colds 2, Chickenpox and Whooping Cough 1, Measles and Mumps 2, Whooping Cough and Mumps 1, Influenza colds 2, Mumps and Influenza colds 1, Chickenpox and Mumps 2, Mumps and Scarlet Fever 1, German Measles 4, Scarlet Fever and Influenza colds 2.

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.

Infantile Paralysis.

During the Summer months an epidemic of Infantile Paralysis occurred, when sixteen cases were notified in the following districts : Polstead, 4 ; Hadleigh, 6 ; Nayland, 1 ; Sudbury, 1 ; Boxford, 2 ; Long Melford, 1 ; Groton, 1. Of these cases, 5 were children under school age, 7 were school children, and 4 were adults.

All cases were carefully investigated by the Medical Staff, and likely contacts were " followed up " through the Health Visitors.

Twelve cases, 3 pre-school children, 5 school children and 4 adults were admitted to hospital.

Of the pre-school children, one made a complete recovery, 3 received treatment for paralysis, and in one case the diagnosis was not confirmed. Of the school children, 2 made a complete recovery, 4 received treatment for paralysis, and 1 died. One adult also died.

In view of the importance of early orthopaedic treatment in cases of infantile paralysis, steps were taken to ensure that all cases received such treatment at the earliest possible moment.

As a precautionary measure it was considered advisable to close the schools for a time, at Hadleigh, Polstead and Nayland, and to exclude the Hadleigh children from attending the Secondary Schools at Sudbury.

(D). CANCER.

Patients suffering from cancer are treated at the West Suffolk General Hospital, Bury St. Edmund's, St. Leonard's Hospital, Sudbury, the Rous Memorial Hospital, Newmarket, and at the Public Assistance Institutions at Bury St. Edmund's, Sudbury and Newmarket.

Transport difficulties make it impossible for some patients living in the outlying parts of the County to attend Hospitals within the County, and these are treated at the East Suffolk and Ipswich General Hospital, Ipswich, Addenbrooke's Hospital, Cambridge, the Norfolk and Norwich Hospital, Norwich, and the Cottage Hospital, Thetford.

In the case of patients in the Public Assistance Institutions requiring hospital treatment, an arrangement is in force whereby they can be referred to the West Suffolk General Hospital for a fee of 7s. 6d. per day.

Radium treatment is not available at any of the Hospitals within the County, but the West Suffolk General Hospital has an arrangement whereby patients requiring such treatment can be transferred to a London Hospital. The East Suffolk and Ipswich General Hospital, Addenbrooke's Hospital, and the Norfolk and Norwich Hospital also provide radium treatment.

The following Table shows the cases 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 after previous advice or treatment at another hospital providing operative but not radiation treatment.		Patients admitted without previous advice or treatment at another hospital.		
	Total number.....7 :—		Total number.....1 :—		Total number.....15 :—		
	(a) Numbers treated at that hospital.	(b) Numbers not treated at that hospital.	(a) Numbers retained in Council's Hospital.	(b) Numbers referred for advice and/or treatment to a hospital providing radiation treatment.	(a) Numbers retained in Council's hospital.	(b) Numbers referred for advice and/or treatment to :— (i) hospital providing operative treatment. (ii) hospital providing radiation as well as operative treatment.	
Uterus ..	—	—	—	—	2	—	—
Tongue and Mouth ..	—	—	—	—	1	—	—
Breast ..	—	—	—	—	3	—	—
Lip ..	—	—	—	—	1	—	—
Skin ..	—	—	—	—	—	—	—
Larynx ..	—	—	—	—	—	—	—
Bladder ..	—	—	—	—	—	—	—
Rectum ..	3	—	1	—	1	—	—
Other sites ..	4	—	—	—	7	—	—
Total.. ..	7	—	1	—	15	—	—

During the year one hundred and ninety-four deaths from cancer occurred. This number is 14.6 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	-	5	6	10	6	17	14	7	11	40	38		
Rural Districts				-	-	-	-	-	-	1	-	-	1	3	-	3	1	5	9	9	11	23	21	11	18	55	61
Total				-	-	-	-	-	-	1	-	-	1	3	1	4	1	10	15	19	17	40	35	18	29	95	99

BLIND PERSONS ACT, 1920.

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

Registration.

There are 188 registered blind persons in the county, the age groups being as follows :—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Total.
0—5	5—16	16—21	21—50	50—65	65—70	Over 70	
—	6	1	30	68	21	62	188

Institutions.

Seven persons were maintained in Public Assistance Institutions, seven in training and special schools, and three in Institutions for the Mentally Defective.

Work of Home Teacher and Visitor.

The Home Teacher has paid 802 visits during the year, and given 10 lessons in Braille, 9 in Moon type, and 4 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 were six such workers recognised under the scheme. One worker was added during the year, and one taken off the list, owing to age and infirmity.

Workshop Workers.

Four persons were maintained in Institutions for the Blind, where they were employed in their workshops.

Other Workers.

In addition to the recognised "Home Workers," eight persons were employed in remunerative occupations, as follows: Basket and Cane workers, 2; Boot repairer, 1; Braille Copyist, 1; Wood-worker, 1; others, 3.

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. One such girl is at present undergoing a course of training at the Norwich Institution for the Blind.

Treatment.

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

Domiciliary Assistance.

According to the requirements of the Blind Persons Act, 1938, the Committee took over from the Public Assistance Committee, on the appointed day, the domiciliary relief of blind persons and their dependents.

New cases are brought to the notice of the Committee from time to time, and each case is considered on its merits.

The investigations into the financial position of all applicants is undertaken by the Home Teacher for the Blind, an arrangement which saves the duplication of official visits, as in most cases she is already in touch with the applicant through her routine visiting.

At the end of the year, 32 blind persons were in receipt of domiciliary assistance.

(2). GENERAL CONCLUSION.

It will be noted under the heading of Registration that there are one hundred and eighty-eight persons on the County Register. It is interesting to observe that of these one hundred and eighty-eight, no fewer than one hundred and fifty-one are over the age of fifty, while sixty-two are over the age of seventy. A considerable number of the blind people of West Suffolk (80.3 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 eighty-eight blind persons there are only seven below the age of twenty-one. The number of blind children still remains low, due to the fact, mentioned in previous Reports, that ophthalmia neonatorum has largely been prevented by the increased precautions exercised at birth.

(3). WEST SUFFOLK VOLUNTARY ASSOCIATION FOR THE BLIND.

The excellent work of the West Suffolk Voluntary Association for the Blind has continued and been extended during the year, while the co-operation between this Association and the Blind Persons' Act Sub-Committee of the County Council has been maintained.

The Voluntary Association has given temporary financial relief in various special cases of sickness and emergency. Social hours have been organised, and are now held regularly during the winter months in Bury St. Edmund's, Sudbury, Newmarket and Hadleigh. Summer outings were organised, and arrangements made for a number of blind persons to enjoy a summer holiday. A monetary gift was given to the majority of blind people on the register at Christmas.

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

DISTRICT.	Population	Birth Rate.	Crude Death Rate.	Adjusted Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Recephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System.	(Other Tubercular Diseases.	Syphilis.	General Paralysis of the Insane (Tabes Dorsalis).	Diabetes.	Cancer, Malignant.	(Cerebral Hemorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	(Other Diseases of Respiratory Organs (under 2 years).	Appendicitis.	Cirrhosis of Liver.	(Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis (Acute & Chronic).	Peritoneal Septica (Other accidents and diseases of Preg-nancy & Parturition.	(Congenital Deblity, Malformation, Inleg.	Prenatal Birth.	Peptic Ulcer.	Violent Deaths, other than Suicide.	Seizure.	Suicide.	(Other Defined Diseases.	Diseases ill-defined or unknown.					
<i>Boroughs and Urban—</i>																																												
Bury St. Edmund's	16890	15.2	11.1	9.4			1					2	8	1			1	6	33	6	63	1	11	4	8	2				1	5	7		1	4	4	3			1	15			
Hadleigh ...	2881	10.1	15.3	12.5									1				5	4	7	2			2	2							1	3		1			3	9	1	4				
Haverhill ...	3728	9.9	13.1	10.0								1	1				11	1	10	11			1	1								3	2		1			3	1	3				
Newmarket ...	9207	11.9	14.4	12.7							1	10	1				1	2	20	11	40	1	5	3	6	3					2	3		1			8	4	2	9				
Sudbury ...	6724	10.3	15.0	10.1								4	1				3	9	11	22			7	5	4	1	1	2			1	6	1		2		6	7	1	5				
Totals	39430	12.7	13.1	10.6			1				1	7	21	2			2	11	78	33	142	4	34	15	20	6	1	2		2	14	16		1	10	6	21	23	6	36				
<i>Rural—</i>																																												
Clare ...	8368	13.5	13.0	8.8				1				1	3										12	7	5	1		1			1	2			4			12	5		4	1		
Cosford ...	8941	13.2	14.8	10.9								4	2	2			1	1	23	5	32		8	2	1	1			2		6	7		3			5	9	2	16				
Melford ...	10950	12.8	15.0	10.6								1	4	3			1	26	12	41		13	2			3	1				5	3		3			2	11	15	3	14			
Mildenhall ...	12440	14.1	10.8	8.8				1				1	5				1	18	6	40		5	4	4	2						2	7		1	5		5	13	1	12	1			
Thedwastre ...	7691	14.8	10.3	7.6								1	3				13	3	24		9	2					1				2	8		3			3			6	1			
Thingoe ...	15470	12.8	12.4	9.6								4	6				1	4	22	9	69		15	3	5	3	1	4		1	1	3	7		3			1	9	4	2	15		
Totals	63860	13.4	12.7	9.5				3				12	23	5	1	2	10	116	45	227		62	20	15	10	1	7	3	1	19	34		1	21	3	45	46	8	67	3				
Grand Totals	103290	13.2	12.8				1	3				119	44	7	1	4	21	194	78	369	4	96	35	35	16	2	9	3	3	33	50		2	31	9	66	69	14	103	3				

