

**[Report 1941] / Medical Officer of Health, Cambridgeshire County Council.**

**Contributors**

Cambridgeshire (England). County Council.

**Publication/Creation**

1941

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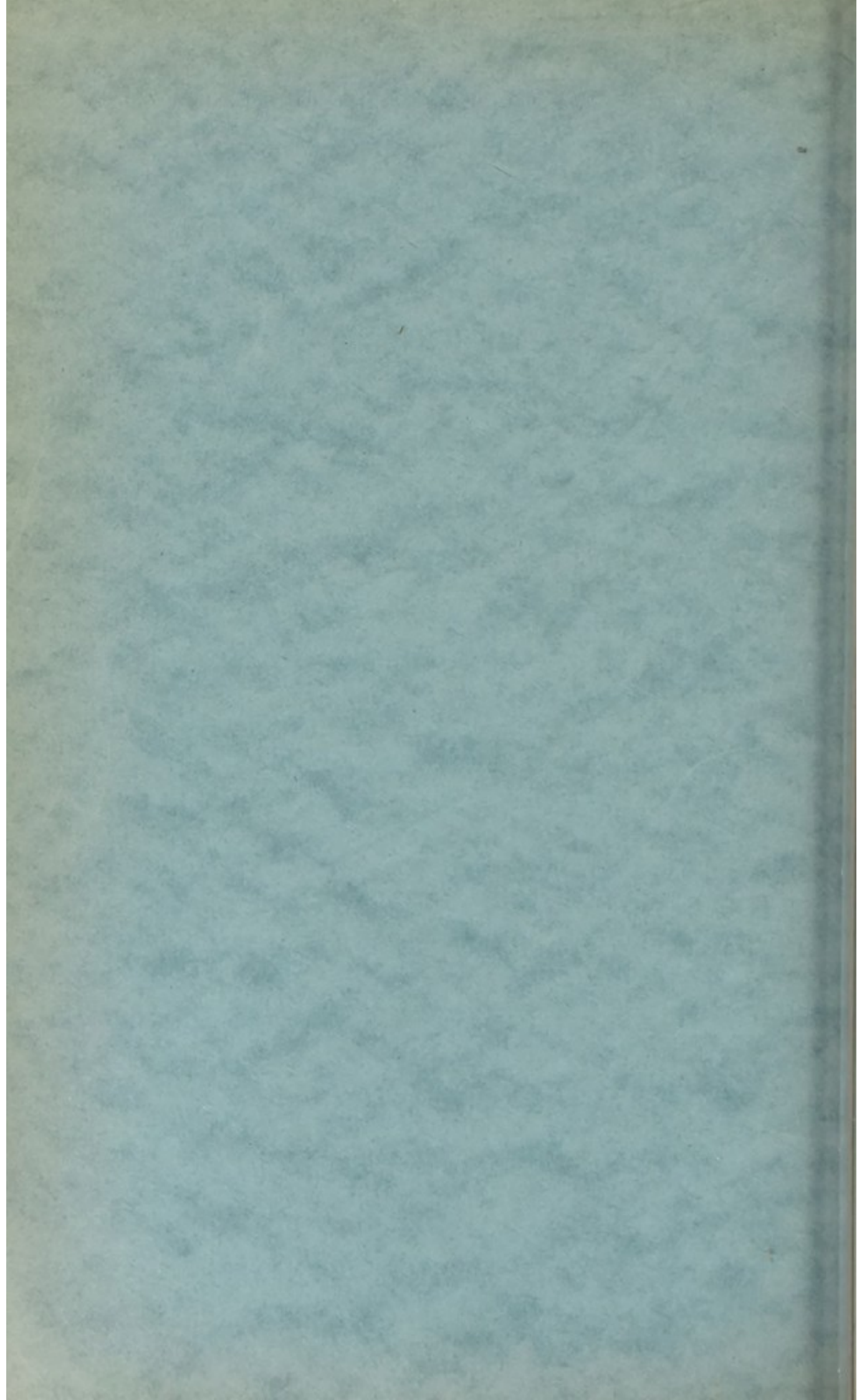
Medical Officer of Health

FOR THE

Administrative County of Cambridge

for the Year 1941





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## INTRODUCTION

As was the case in 1939 and 1940, it will be necessary for this report to be on abridged lines. In addition to the curtailments detailed in those years, the Ministry of Health has asked that the estimates of population furnished by the Registrar General shall not be published as they might give information useful to the enemy. For the same reason it will obviously be impossible to publish both numbers of births, deaths, etc. and rates, since the populations could easily be calculated therefrom by anyone sufficiently interested.

VITAL STATISTICS AND  
INCIDENCE OF INFECTIOUS DISEASE

<i>Birth Rate :</i>				1939	1940	1941
Administrative County ...	...	...	...	12.3	11.9	13.0
Cambridge ...	...	...	...	11.3	11.3	13.0
Rural Districts ...	...	...	...	13.5	12.5	13.0
Chesterton ...	...	...	...	13.8	12.1	12.5
Newmarket ...	...	...	...	12.3	13.3	14.2
South Cambridgeshire ...	...	...	...	14.0	12.5	12.6
<i>Illegitimacy Rate :</i>						
Administrative County ...	...	...	...	3.8%	3.8%	5.2%
Cambridge ...	...	...	...	4.3%	4.9%	5.6%
Rural Districts ...	...	...	...	3.3%	2.8%	4.8%
<i>Still-birth Rate :</i>						
Administrative County ...	...	...	...	21.5	32.3	27.1
Cambridge ...	...	...	...	23.0	38.8	19.0
Rural Districts ...	...	...	...	20.1	26.2	34.7
<i>General Death Rate :</i>						
Administrative County ...	...	...	...	11.9	13.2	12.1
Cambridge ...	...	...	...	10.8	12.5	11.6
Rural Districts ...	...	...	...	13.1	13.9	12.5
<i>Infant Mortality :</i>						
Administrative County ...	...	...	...	37.9	42.4	42.6
Cambridge ...	...	...	...	37.3	39.4	37.9
Rural Districts ...	...	...	...	38.5	45.2	47.0
<i>Maternal Mortality (Total births) :</i>						
(a) From sepsis :						
Administrative County ...	...	...	...	Nil	2.0	0.9
Cambridge ...	...	...	...	Nil	2.0	0.9
Rural Districts ...	...	...	...	Nil	1.9	0.9
(b) From other puerperal conditions :						
Administrative County ...	...	...	...	2.01	1.5	1.3
Cambridge ...	...	...	...	3.09	1.0	2.6
Rural Districts ...	...	...	...	0.98	1.9	Nil
<i>Tuberculosis :</i>						
(a) Pulmonary :						
Administrative County ...	...	...	...	0.37	0.35	0.42
Cambridge ...	...	...	...	0.37	0.35	0.48
Rural Districts ...	...	...	...	0.38	0.40	0.37
(b) Non-pulmonary :						
Administrative County ...	...	...	...	0.05	0.03	0.08
Cambridge ...	...	...	...	0.03	0.03	0.05
Rural Districts ...	...	...	...	0.07	0.05	0.11
(c) All forms :						
Administrative County ...	...	...	...	0.42	0.38	0.50
Cambridge ...	...	...	...	0.39	0.33	0.53
Rural Districts ...	...	...	...	0.45	0.45	0.48
<i>Cancer :</i>						
Administrative County ...	...	...	...	2.1	2.0	2.0
Cambridge ...	...	...	...	2.0	1.7	2.0
Rural Districts ...	...	...	...	2.2	2.1	2.0



It will be seen that there has been a quite considerable rise in the birth rate over the County as a whole, but that the rise is most marked in the Borough of Cambridge and the Newmarket Rural District. In the rest of the rural area it is not large and in fact still leaves the rates a good deal below the figure at which they stood in 1939.

The year has produced the rise in the illegitimacy rate which was expected as a result of war conditions. It may be noted, however, that in a recent report issued by the Registrar General on the second half of the year 1938, compiled as a result of investigations under the Population (Statistics) Act, some doubt is expressed as to whether much significance can be attached to this rise. The investigations reveal that a comparatively large number of births took place at such a date after marriage as to make it clear that conception occurred before marriage. In other words it is probable that marriage took place partly at least to regularise what would otherwise have been an illegitimate birth. The Registrar General thinks that war-time conditions may have placed difficulties in the way of such marriages and that the rise in the illegitimacy rate is an index of these difficulties rather than an index of an increase in the number of irregular conceptions.

The rise in the general death rate noted in the report on the years 1939 and 1940 has not continued. As compared with the year 1940 there has been an all-round fall, but the rate for the Borough of Cambridge is still higher than that of the year 1939.

Infant mortality remains almost stationary at a level somewhat above that of pre-war years. The bulk of it is due to premature birth and congenital malformations. It is not easy to see why the incidence of these conditions should have increased.

There has been a definite rise in the death rate from all forms of tuberculosis in the Borough of Cambridge, but in the rural area this has only been so in respect of the non-pulmonary form, while there has been a slight fall in the case of pulmonary tuberculosis.

There has been no significant change in the cancer death rate.

The following are the figures relating to the incidence of infectious disease, with those of the previous two years for comparison. The figures represent total cases notified :—

	1939	1940	1941
Scarlet Fever ... ..	185	301	139
Diphtheria ... ..	35	35	86
Enteric Fever ... .. (including paratyphoid)	1	19	10
Smallpox ... ..	—	—	—
Cerebro-spinal Fever ...	1	26	33
Pneumonia ... ..	50	122	91

It will be seen that the incidence of diphtheria has been on a considerably higher scale than has been the case for many years. The great majority of the cases have occurred in the Borough of Cambridge and many of those notified have ultimately been regarded as carriers rather than as clinical cases.

The incidence of cerebro-spinal fever continued to be higher than was customary before the war, but there was no large outbreak and the total number of cases notified was fairly evenly spread over the whole year so that the number in any single week was never large.



*Diphtheria Immunisation.*—All the arrangements in force for the immunisation of children against diphtheria in the year 1940 have, of course, continued in 1941. In addition to the immunisation of children of under school age at infant welfare centres, this work has been done in schools in those villages where no infant welfare centres are available as well as that of immunising children actually in attendance at school. Whereas the collecting together of the children actually attending school and their immunisation in large groups presents few difficulties, however, the same cannot be said of the younger children. When arrangements for the immunisation of a convenient number have been made, each individual mother has to be notified of them and instructed to present her child at the appropriate time. Some fail to do so with the result that the children concerned are left unimmunised. Similarly, when the time arrives for the second injection, there is failure to present a certain number of children who have received the first injection. Thus the work can never be said to be completed and it is almost impossible without some expansion of existing methods to make any expeditious arrangement for dealing with the few children left out.

The only solution appears to be the institution of a domiciliary scheme. This is admittedly more costly than the group system, but domiciliary vaccination against small-pox is an established custom and there seems no reason why it should be opposed in the case of the much more prevalent disease diphtheria. It would in any case be much less costly than large outbreaks of diphtheria.

The following figures set out the work done at infant welfare centres during 1941, the numbers in brackets indicating those who for some reason received one injection only. They are additional to, and not included in, the main figure :—

						<i>Children treated.</i>	
Abington	...	...	...	...	...	13	
Bassingbourn	...	...	...	...	...	30	(1)
Bottisham	...	...	...	...	...	14	
Bourn	...	...	...	...	...	26	(9)
Burwell	...	...	...	...	...	24	(2)
Cheveley	...	...	...	...	...	31	
Cottenham	...	...	...	...	...	56	(11)
Coton	...	...	...	...	...	24	
Fordham	...	...	...	...	...	39	
Fulbourn	...	...	...	...	...	48	(2)
Girton	...	...	...	...	...	42	(1)
Great Shelford	...	...	...	...	...	70	
Harston	...	...	...	...	...	94	(13)
Histon	...	...	...	...	...	54	
Linton	...	...	...	...	...	20	(5)
Melbourn	...	...	...	...	...	23	(2)
Sawston	...	...	...	...	...	103	(2)
Soham	...	...	...	...	...	—	
Steeple Morden	...	...	...	...	...	67	(5)
Waterbeach	...	...	...	...	...	34	
TOTAL						...	812 (53)



The total is more satisfactory than those of the previous two years and its addition to the figures for those years gives a figure of 1,281 children in all who have received this treatment at infant welfare centres. In addition to these, 401 children of under school age were immunised in schools in 1941, making a grand total of 1,682 children of under school age treated. Including evacuees, there are approximately 4,000 children between the ages of 1 and 5 in the rural area. Two points should perhaps be emphasised. In the first place, the total number of children treated cannot be regarded as a percentage of children belonging to a given age group at any one time, since children are constantly passing from one group to another; and, in the second place, the word "treated" is not synonymous with the word "immunised." No Schick testing is done and the fact that a child has received two injections of A.P.T. does not mean that a guarantee of immunity can be given, but only that there is a probability of immunity. No surprise should be felt, therefore, if from time to time a treated child develops diphtheria. There will still be the advantage that the attack is likely to be much milder than would be the case in an untreated child.

The number of children of school age treated in local schools (including a certain number of evacuated children) during 1941 was 4,632 and the number of children in separate evacuated schools was 319, a total of 4,951 children treated. The work has proceeded steadily in 1942, and at the time of writing the number of treated children of this age may be regarded as not unsatisfactory. The above warnings about the working out of a percentage and the inadvisability of assuming that each child treated is completely immune apply to this group.

If and when the number of treated children of under school age becomes satisfactory, the position as regards children of school age will automatically adjust itself since few untreated children will then enter the schools. It might however, be advisable to consider whether a so-called "re-inforcing" injection of immunising material should not be given to children entering school. The alternative of Schick testing each child on school entry and re-immunising the reactors would probably prove impracticable.

## MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

In 1941 notification of intention to practise was received from 55 midwives, this total including the usual small number notifying for an occasional case. The total number known to be practising at the end of the year was 43.

Midwives attended 756 confinements during the year, acting as midwives only in 489 cases and as maternity nurses under medical direction in 267. They found it necessary to summon medical aid in 225 of the cases in which they acted as midwives only.

The County Infirmary, Cambridge, continued to provide accommodation for normal maternity cases requiring institutional treatment and during 1941 the number of maternity beds was raised to 38. The tendency to increasing use of this accommodation which has been noted for several years now was markedly accelerated in 1941. From the whole county there were 699 maternity



admissions as against 405 in the previous year, of which 277 were from the rural area (109 in 1940). A certain proportion of the admissions were those of people who had migrated into the area for one reason or another, but apart from the facilities at the Infirmary and Addenbrooke's Hospital, no special arrangements for evacuated women were necessary. It is clear that in their case and in that of other women newly arrived in the area there are unusual difficulties in the way of domiciliary confinement, but this should not be taken to mean that there are not similar difficulties in the way of all domiciliary confinements. While the supply of midwives in the area has been well maintained, domestic help has been increasingly hard to procure. In particular the Council's scheme of providing home helps has become more and more difficult to work owing to shortage of suitable women. This is not entirely due to war conditions. Many women who would at one time have been glad to supplement their incomes by work of this kind are now adequately provided with some form of pension and so are not available. The result is that more and more women are availing themselves of institutional accommodation and, since their contribution towards the maintenance charges relieves them of a good many expenses besides the midwife's or doctor's fee, there is probably some financial advantage involved as well.

No cases were admitted to the Ely Diocesan Home at the Council's expense during 1941, though the annual grant fixed by the Ministry of Health on the coming into operation of the Local Government Act of 1929 was paid as usual.

Forty-seven women from the rural area were admitted to Addenbrooke's Hospital on account of abnormalities connected with pregnancy or parturition. This figure has fallen steadily since the year 1937 when it reached a maximum of 81.

Once again no real difficulty in the working of the Midwives Act of 1936 has to be recorded, though on the re-arrangement of areas it was not easy to provide for the villages of Great and Little Chishill and Heydon. One obstacle to the finding of a complete solution to the question is undoubtedly the restriction in the use of transport imposed by war conditions.

The total number of births notified in the rural area in 1941 was 746, of which 14 were still births. This figure is not, of course, the same as the number of registered births and has no relation to the birth rate discussed in an earlier part of the report.

Of the total notifications 680 were made by midwives and 66 by doctors or parents.

The number of women examined ante-natally under the Council's scheme was 504 of whom 49 were evacuees, while the number examined post-natally was 164, of whom 9 were evacuees. The following are the details :—

Ante-natal examinations at or about the 16th week :

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
305	7	9	6	9

Ante-natal examinations at the 32nd—36th week :

323	8	10	3	6
-----	---	----	---	---



## Post-natal examinations (1) :

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
132	10	9	1

## Post-natal examinations (2) :

57	4	4	—
----	---	---	---

The number of obstetric consultations was 5 in 1941, the same number as that of the previous year

The following are the figures relating to visits paid by Health Visitors :—

To children under 1 year	1st visits	...	853
	Total visits	...	9,632
To children aged 1-5	Total visits	...	15,205

There has been no change in the arrangements for the supervision of boarded-out children and hereunder are the details of the work during 1941.

Homes inspected	...	...	...	20
Approved	...	...	...	19
Not approved	...	...	...	1
Total number supervised	...	...	...	169
Children on register at beginning of year	...	...	...	133
New Cases	...	...	...	36
Removed from Register (all causes)	...	...	...	69
Remaining on Register at end of year...	...	...	...	100
Orders of Court made under Sect. 212	...	...	...	Nil

The number of children on the register at the end of the year has declined from the very high figure for the first two years of the war to a level somewhat below that of the years immediately preceding the war.

Cases of failure to comply with the provisions of the Act were as follows :—

Failure to notify intention to receive a child	...	4
“ “ “ removal of child	...	10
“ “ “ change of address	...	1

The old arrangements for the supply of milk to expectant and nursing mothers and to young children have been almost entirely superseded by those of the Ministry of Food, the number of instances where the Council finds it necessary to supplement the Ministry's allowance being negligible.

*Infant Welfare Centres.*—A new centre was started at Cheveley during 1941, making the total number at the end of the year twenty. Only nineteen were in full operation, however, since the Soham centre was resuscitated for the distribution of black currant juice and cod liver oil only. Those babies whose mothers desired it were also weighed, but no doctor attended the centre.

The total number of children attending the centres throughout the year was 417 who were still under the age of one year at the end of the year, and 1,592 who were over the age of one year at that time. Of these 573 new children who at the date of their first attendance were under the age of one year and 447 who were between the ages of one and five years had actually commenced attendance in 1941.



*Registration of Nursing Homes.*—The arrangement under which the County Council acts as registration authority for the whole administrative county, while the work of inspection is carried out by the Cambridge Borough Council in its own area and by the County Council in the remainder of the County continued in 1941.

There was one application for the registration of a small home for two general or maternity cases in the Borough which was granted.

No applications which had to be refused were made.

## TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the knowledge of the Medical Officers of Health, by formal notification or otherwise during 1941 :—

<i>Age Periods.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 ... ..	—	—	—	—
1 ... ..	1	—	1	—
5 ... ..	1	—	3	4
10 ... ..	3	—	1	3
15 ... ..	2	4	3	3
20 ... ..	8	19	1	2
25 ... ..	36	22	1	5
35 ... ..	16	14	2	—
45 ... ..	18	5	1	—
55 ... ..	13	2	1	—
65 and upwards	4	2	—	2
	102	68	14	19

In 64 of these cases information was derived through channels other than formal notification, namely, from the death returns of local registrars, 26, posthumous notifications, 2, and transfers from other areas 50. The total of 28 represented by the figures obtained from local registrars and posthumous notifications is somewhat high and may perhaps be taken as an index of the extra strain imposed on medical practitioners by war conditions in that it implies a failure to notify at the proper time which does not exist in peace time.

The number of cases of non-pulmonary tuberculosis is lower than that of either of the previous two years, but the total of 170 cases of pulmonary tuberculosis represents a very marked increase over that of 1940, which was itself much higher than that of 1939. The figures for the three years are respectively 74, 129 and 170. It was doubtful to what extent the increase as between 1939 and 1940 represented a real increase in the incidence of the disease in Cambridgeshire, since it appeared that most of the difference could be accounted for by the ascertainment of cases amongst individuals evacuated to the County, but certainly this explanation will not account for the whole of the increase as between 1940 and 1941. It must, therefore, be accepted that there has been an increased incidence in Cambridgeshire as there has been in the rest of the country.



This is one of the outstandingly regrettable features of the state of the public health as a result of war conditions and it cannot be too greatly deplored that a disease on which a steady impression was being made before the war should increase in this way. It will, of course, be remembered that a similar state of affairs came about during the war of 1914-18, and it was generally accepted at that time that defective nutrition was the chief underlying factor. It seems a little doubtful whether this can be regarded as the chief factor during the present war, though doubtless it may play some part. Other factors concerned are probably the greater exposure of susceptible individuals to infection through the greater employment of rural workers under urban conditions, overcrowding and less sanitary conditions generally in homes and factories, deficient ventilation in houses and factories owing to lighting restrictions, long hours of work and an increase in the number of cases detected as a result of medical examinations for the various services. Some of these factors are doubtless unavoidable as things stand, but some attention could at least be given to long hours of work. It appears clear that they are not really advantageous to production in the long run and it is foolish to pursue a policy with obvious disadvantages unless it can be shown that the presumed counterbalancing advantage really does exist. So far as defective ventilation is concerned, it is to be feared that this is likely to increase by reason of fuel restrictions, with a consequent increase in the spread of all infections including tuberculosis.

The increased number of cases detected as a result of more extensive medical examinations would, of course, be an advantage, in spite of its apparent effect on the figures, were there to be a corresponding increase in facilities for treatment. Unfortunately, however, so far from this being the case the reverse tendency is in operation and vacancies in sanatoria are increasingly difficult to obtain. This in itself may be playing, or may eventually play, some part in the increase of the disease.

*Dispensary and Homes.*—No change in the arrangements for dealing with tuberculosis in 1941 is to be reported under these heads. Dr. Paton Philip, with some help from Dr. L. C. Martin, continued to act as Tuberculosis Officer, though he was obviously in somewhat poor health, throughout the year. It is to be regretted that at the time of writing he is suffering from a further complete breakdown and it has been necessary to appoint a locum-tenens for the time being.

The following figures set out in the usual form, the work carried out during the year :—

1. Cases examined or treated at or in connection with the Clinic :—

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
New Cases ... ..	722	470	1,192
Old Cases ... ..	243	276	519
	965	746	1,711

2. Visits by patients to Clinic :—

Insured Persons ... ..	845	599	1,444
School Children ... ..	181	277	458
Other Uninsured Persons	578	351	929
	1,604	1,227	2,831



## 3. Visits to Homes :—

*(a) By Tuberculosis Officer :—*

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
Insured Persons ... ..	66	503	569
School Children ... ..	40	102	142
Other Uninsured Persons ...	22	148	170
<hr/>			
Total 1941 ... ..	128	753	881
„ 1940 ... ..	604	589	1,193
<hr/>			

*(b) By Clinic Nurse :—*

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
Insured Persons ... ..	284	247	531
Uninsured Persons ... ..	174	355	529
<hr/>			
Total 1941 ... ..	458	602	1,060
„ 1940 ... ..	383	570	953
<hr/>			

*(c) By General Nursing Staff :—*

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
Insured Persons ... ..	279	264	543
Uninsured Persons ... ..	121	318	439
<hr/>			
Total 1941 ... ..	400	582	982
„ 1940 ... ..	477	664	1,141
<hr/>			

In 1941 the number of new cases examined was 1,192 as against 1,133 in 1940, of which 204 were found to be suffering from tuberculosis (165 in 1940). Of the total number 272 were contacts, 6 of whom proved to be infected.

At the end of the year 636 names remained on the register, 183 having at some time or other had tubercle bacilli in the sputum. The number on the register was 67 more than the corresponding figure at the end of 1940.

The number of specimens of sputum examined was 289, tubercle bacilli being found in 78.

X-ray examinations numbered 2,676 (3,060 in 1940) of which 1,550 were cases in which films were taken and 1,126 required screen examination only.

Treatment by artificial pneumothorax continued on the usual lines, the number of cases throughout the year being 31 (34 in 1940) and the total number of refills 476 (560 in 1940).

Three cases received dental treatment at the Clinic as against six in 1940.

*Care and Aftercare.*—The Cambridgeshire Tuberculosis After Care Association carried out this work as usual during 1941 and received a grant of £200 from the County Council. Thirty-nine cases were assisted of whom 9 were men and 30 were women. Owing to the difficulty of procuring certain articles



of diet, especially butter and eggs, the work of the Association has not proceeded quite so smoothly as in former years, but it has nevertheless continued to perform a useful function.

*Sanatorium Accommodation.*—The difficulty of obtaining beds in sanatoria which was mentioned in the report on the years 1939 and 1940 continued in an aggravated form in 1941. The thirty beds which the Council reserves at Papworth Colony were quite inadequate to deal with all patients requiring admission and even the extra number of beds which that institution has been in the habit of making available failed to make up the deficiency. This meant that not only was it necessary to make increasing use of beds in other institutions, but also a waiting list of patients was established. This is a state of affairs from which Cambridgeshire had been free for some time previous to the outbreak of war and its existence is bound to militate against further efforts to combat the tuberculosis problem.

The following figures give some particulars about sanatorium treatment during the year :—

	<i>In Sanatoria</i>	<i>Admitted</i>	<i>Total</i>
	<i>Jan. 1st, 1941</i>	<i>during 1941</i>	<i>treated 1941</i>
Adult males ... ..	30	46	76
Adult females ... ..	16	27	43
Children ... ..	5	6	11
	51	79	130

The 79 new admissions during 1941 represent a considerable increase over those of the two previous years (41 in 1939 and 45 in 1940).

## VENEREAL DISEASES

The following are the figures relating to the work of the venereal diseases clinic at Addenbrooke's Hospital. They refer to attendances from all areas, including particularly the Isle of Ely and Huntingdonshire which participate in the financing of the clinic :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under treatment on January 1st, 1941 ... ..	79	32	111
Old cases re-admitted ... ..	20	4	24
" First time " patients during 1941 ... ..	456	134	590
Total under treatment ... ..	555	170	725
Left without completing treatment ... ..	58	15	73
Completed treatment but not final tests ... ..	21	1	22
Completed treatment and tests ... ..	143	92	235
Transferred to other Treatment Centres ... ..	247	15	262
Under treatment at end of year ... ..	86	47	133
Out-patient attendances :			
(a) On Clinic days ... ..	2,276	831	3,107
(b) On intermediate days ... ..	2,644	36	2,680
Aggregate " In-patient days " ... ..	151	34	185



The figure for patients receiving treatment for the first time represents a very large increase over the figure for the previous year (a total of 590 as against 277). It should be remembered, however, that the above figures refer to the work of the clinic in relation to patients from all areas and, in particular, include a large number of military cases which have not been assigned to any county at all. The total number of military cases thus unclassified is 307 and the deduction of this number from the total produces a figure substantially the same as that of the previous year. It cannot be said, however, that a comparison of the figure thus produced with the figure for the previous year is a measure of the difference in civilian incidence in the two years, since the 1940 figure also included some military patients, but it does appear that there has not been an enormous increase in incidence among civilians in 1941.

This is certainly borne out so far as Cambridgeshire is concerned by the separate figures issued for the County. From these it appears that there have been 143 new patients as against 107 in 1940, comprising 26 cases of syphilis (15 in 1940), 32 cases of gonorrhoea (29 in 1940) and 85 of non-venereal conditions (63 in 1940). There has evidently been some increase in syphilis, but it should be remembered that the 1938 figure for new cases of this condition was 35, so that there is no real evidence of an increase among the civilian population as a result of war conditions.

The figure for gonorrhoea remains astonishingly low, but it should not necessarily be taken as an index of the incidence in the area. While on the one hand the use of the drugs of the sulphanilamide group may have diminished the incidence by their greater efficiency in effecting a cure, on the other hand they may merely have reduced the necessity for clinic attendance.

No improvement in the attendance of women for the treatment of this condition can be recorded, there having been only eight new cases in women from all areas dealt with at the clinic during the year.

*Laboratory Diagnosis.*—The number of specimens submitted for Wasserman test in 1941 was 1,189 (392 from the clinic). The number examined bacteriologically was 356 (343 from the clinic).

*Propaganda Work.*—In what has since proved to be the last full year of its life, war-time difficulties have proved even more of a hindrance to the work of the Cambridgeshire Branch of the British Social Hygiene Council than they did in the two previous years.

No autumn campaign could be held in the villages at all and an attempt to organise intimate talks to a group of undergraduates in Cambridge proved abortive. This was begun in the Easter term of 1941 and Sir Drummond Shiels was good enough to address the inaugural meeting. Unfortunately, however, the undergraduate chiefly interested went down at the end of the term and no further progress was made.

It cannot be too strongly emphasised that education is essential to the effective control of these diseases and that the policy of reticence and concealment which has even yet hardly been broken down is a great hindrance to what might be comparatively easily won success.



## MENTAL DEFICIENCY ACTS

In 1941 22 new cases were considered by the Mental Deficiency Committee, 9 notified by the County Education Committee, 7 by the Borough Education Committee, 5 privately and 1 by the Essex County Council.

The method of dealing with them was :—

Petition for Certified Institution	...	...	...	3
Statutory Supervision	...	...	...	16
Voluntary Supervision	...	...	...	2
Referred to London County Council	...	...	...	1

At the end of the year there were 19 cases on leave of absence from institutions.

No amelioration of the difficulty of obtaining institutional accommodation has occurred during the year and much fruitless correspondence has to take place each time the admission of a case to an institution is sought. There can be no doubt that the only satisfactory way of administering the Acts is for each authority to have a definite right to accommodation for all types of case in some institution, not necessarily under its direct management. For this reason it is to be hoped that the provision of extra beds at the Royal Eastern Counties Institution at Colchester may not be a matter which has to be relegated to the very distant future.

## BLIND PERSONS ACTS

No special comments on the working of the above Acts during 1941 are required. Much the same state of affairs as was noted in 1940 continued except that the influence of evacuation was perhaps less in evidence.

At the end of the year there were 216 blind persons on the register, the distribution as to situation and age periods being as follows :—

		0-5	5-16	Over 16	<i>Total</i>
Borough	...	—	2	94	96
Rural Area	...	—	1	119	120
		—	3	213	216

Of these, 191 were regarded as unemployable. There were 9 home workers and 9 employed elsewhere, in addition to one employed in a workshop for the blind. Two trained workers were unemployed, one on account of ill health and the other because of the difficulty of obtaining material in war-time. One blind person was under training and there were none regarded as trainable but not under training.

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