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ANNUAL REPORT

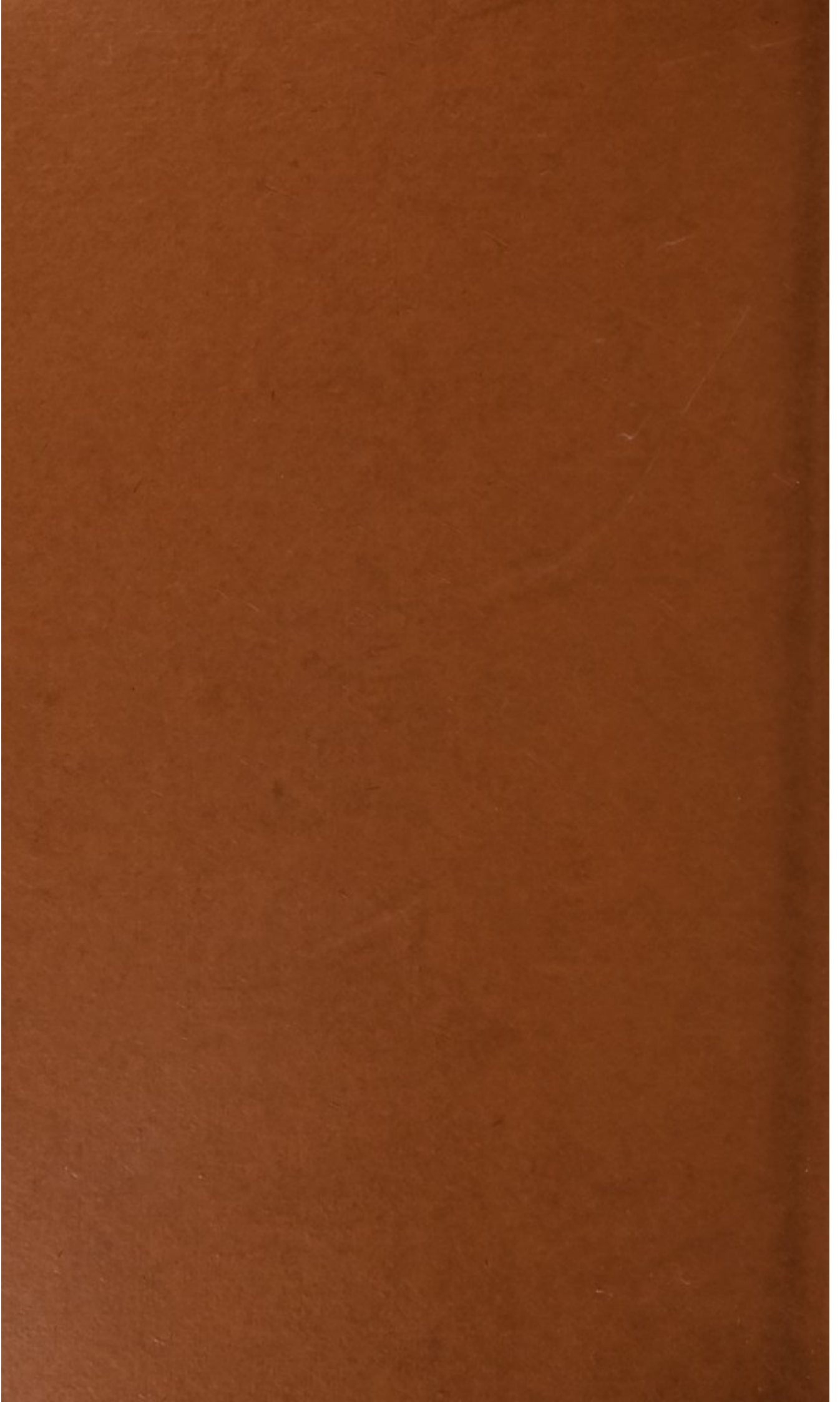
OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge

for the Year 1946



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VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

The following figures set out the principal facts relating to the Administrative County for the year 1946 and for the two previous years for comparison.

Populations (Registrar-General's Estimates) :

	1944	1945	1946
Administrative County ..	152,680	150,200	153,390
Cambridge	77,660	76,260	77,920
Rural Districts	75,200	73,940	75,470
Chesterton	33,600	33,240	33,840
Newmarket	19,330	18,800	19,350
South Cambridgeshire ..	22,270	21,900	22,280

Births : (live)

Administrative County ..	Number ..	2,968	2,680	2,885
	Rate per 1,000	19.4	17.8	18.8
Cambridge	Number ..	1,536	1,337	1,540
	Rate per 1,000	19.8	17.5	19.8
Rural Districts	Number ..	1,432	1,343	1,345
	Rate per 1,000	19.0	18.2	17.8
Chesterton	Number ..	652	606	651
	Rate per 1,000	19.4	18.2	19.2
Newmarket	Number ..	358	323	312
	Rate per 1,000	18.5	17.2	16.1
South Cambridgeshire ..	Number ..	422	414	382
	Rate per 1,000	18.9	18.9	17.1

Illegitimate Births :

Administrative County ..	Number	294	348	291
	Rate per cent. live births	9.9	13.0	10.1
Cambridge	Number	178	190	154
	Rate per cent. live births	11.6	14.2	10.0
Rural Districts	Number	116	158	137
	Rate per cent. live births	8.1	11.8	10.2

Still Births :

Administrative County ..	Number	58	68	74
	Rate per 1,000 total births	19.2	24.7	25.0
Cambridge	Number	30	34	41
	Rate per 1,000 total births	19.2	24.8	25.9
Rural Districts	Number	28	34	33
	Rate per 1,000 total births	19.2	24.7	23.9

Deaths :

Administrative County..	..	Number	1,954	1,872	1,795
		Rate ..	12.8	12.5	11.7
Cambridge .. ..	..	Number	956	887	903
		Rate ..	12.4	11.6	11.6
Rural Districts .. ..	..	Number	989	985	892
		Rate ..	13.3	13.3	11.8

Infant Deaths :

Administrative County	..	Number	136	129	115
		Rate ..	45.8	48.1	39.9
Cambridge .. ..	..	Number	83	65	53
		Rate ..	54.0	48.6	34.4
Rural Districts .. ..	..	Number	53	64	62
		Rate ..	37.0	47.7	46.1

*Maternal Deaths :**(a) From sepsis :*

Administrative County .. ..	..	Number	1	Nil	Nil
		Rate per 1,000 total births	0.3	Nil	Nil
Cambridge .. ..	..	Number	1	Nil	Nil
		Rate per 1,000 total births	0.6	Nil	Nil
Rural Districts .. ..	..	Number	Nil	Nil	Nil
		Rate per 1,000 total births	Nil	Nil	Nil

(b) From other puerperal conditions :

Administrative County..	..	Number	5	1	4
		Rate per 1,000 total births	1.7	0.4	1.4
Cambridge .. ..	..	Number	1	Nil	2
		Rate per 1,000 total births	0.6	Nil	1.3
Rural Districts .. ..	..	Number	4	1	2
		Rate per 1,000 total births	2.7	0.7	1.5

*Tuberculosis Deaths :**(a) Pulmonary :*

Administrative County..	..	Number	61	52	51
		Rate ..	0.40	0.35	0.33
Cambridge .. ..	..	Number	40	28	26
		Rate ..	0.52	0.37	0.33
Rural Districts .. ..	..	Number	21	24	25
		Rate ..	0.27	0.32	0.33

(b) Non-pulmonary :

Administrative County..	..	Number	15	12	7
		Rate ..	0.10	0.08	0.05
Cambridge .. ..	..	Number	6	6	4
		Rate ..	0.08	0.08	0.05
Rural Districts .. ..	..	Number	9	6	3
		Rate ..	0.12	0.08	0.04

(c) All forms

Administrative County..	..	Number	76	64	58
		Rate ...	0.50	0.43	0.38
Cambridge .. ..	..	Number	46	34	30
		Rate ..	0.60	0.45	0.38
Rural Districts .. ..	..	Number	30	30	28
		Rate ..	0.39	0.40	0.37

Cancer Deaths :

Administrative County	..	..	Number	273	301	281
			Rate ..	1.8	2.0	1.8
Cambridge	..	..	Number	134	145	150
			Rate ..	1.7	1.9	1.9
Rural Districts	..	..	Number	139	156	131
			Rate ..	1.8	2.1	1.7

The Registrar-General estimates that there has been a rise of just over 3000 in the population of the administrative county as between the mid-year of 1945 and the mid-year of 1946, in contrast to the successive falls which he considered had taken place each year from 1942 to 1945. The rise is fairly evenly distributed between the Borough of Cambridge and the Rural Districts and each separate Rural District is considered to have participated in it.

There has been a rise in the birth rate in the county as a whole, but it is somewhat surprising to find that the rate is still lower than that of 1944 and even more surprising that the whole of the increase between 1945 and 1946 has taken place in the Borough of Cambridge, there having been an actual fall in the Rural Districts. This fall has taken place in Newmarket and South Cambridgeshire, and there has been a rise in Chesterton, though of only half the magnitude of that in Cambridge.

For the first time for many years there has been a fall in the illegitimacy rate, much more marked in Cambridge than in the rest of the county. The actual rate is now practically equal in both areas. It may therefore be hoped that the return to pre-war levels envisaged as a possibility in the 1945 report is coming about.

There has been no change in the still birth rate calling for comment, and, although it is somewhat above the lowest level reached in the war years, it is still considerably lower than the rates in operation in pre-war years.

Infant mortality has fallen in the county as a whole, but the amount of the fall has been much greater in the Borough of Cambridge than in the Rural Districts. The rate in the Borough is well below the rate of 43 which obtained in England and Wales, but the rate in the Rural Districts is somewhat above it. Reference to the figures for the past three years, however, shows that the average infant mortality over the period has been somewhat lower in the Rural Districts than in the Borough. The number of deaths from diarrhoea in Cambridge remains the same as in the previous year (4), but in the Rural Districts there has been a further slight rise, the figures for each of the years 1944, 1945 and 1946 having been 5, 7 and 9. On the other hand while there have been only 4 deaths from respiratory disease in the Rural Districts, there have been 8 from this cause in the Borough. There were 23 deaths from prematurity in the Rural Districts as against only 15 in the Borough, a fact which encourages speculation as to whether easier access to hospital beds may have been a factor. The number of deaths from congenital malformations and birth injuries was substantially the same in both areas.

There has been some rise in the maternal mortality rate in both the Borough and the Rural Districts, two deaths from causes other than sepsis having occurred in each, but it is of interest to note that not only have there been no deaths from sepsis in either area but that this makes the fifth successive year in which this state of affairs has held good in the rural part of the county.

A further slight fall in the death rate from pulmonary tuberculosis has occurred in the administrative county, the whole of which is due to a fall in the Borough, there having been a quite insignificant rise in the rural area. The rate in the two parts of the county was identical in 1946 and the figures compare very favourably with those of pre-war years. The fall in the death rate from non-pulmonary tuberculosis has been more marked in both areas and this has resulted in a reduction of the death rate from all forms of tuberculosis to a very satisfactory low level, actually the lowest recorded for the administrative county, though there have been three or four years in the past in which it has been very slightly better for the Borough of Cambridge.

The cancer death rate after having risen in 1945 has reverted to its 1944 level for the whole county, a state of affairs produced by a lower rate still in the Rural Districts combined with a slightly higher rate in the Borough. The rate in the rural area is the lowest since 1938.

The figures showing the incidence of the principal infectious diseases (civilians only) in the county during the year, with those of the two previous years for comparison, are set out below :—

	1944	1945	1946
Scarlet Fever	224	128	135
Diphtheria	21	9	5
Enteric Fever (including paratyphoid)	3	3	1
Smallpox	—	—	—
Cerebro-spinal Fever ..	6	—	6
Pneumonia	67	41	29

The very slight rise in the incidence of scarlet fever is of no significance and the continued fall in the figure for diphtheria notifications is remarkable, though it is now so low that anything but a marked variation in the opposite direction would hardly call for comment. It would be natural to ascribe the fall to immunisation, but, while there can be no doubt of its effect on the figures for the whole country, it should be remembered that the incidence of the disease in the county was very low in pre-war years. Once again there have been some cases of cerebro-spinal fever, an experience parallel with that of the whole country where there appears to have been some tendency to an increase in the number of notified cases which has no obvious explanation. The number of cases of pneumonia seems astonishingly low.

Diphtheria Immunisation.—This work has continued to be carried out in infant welfare centres where it is financed by the County Council, and by medical practitioners at their surgeries or at the homes of children where it is financed by the Rural District Councils so far as the

rural area of the county is concerned. No work has been done in schools during the year.

The following are the figures relating to the work in infant welfare centres.

	<i>Children Treated.</i>				
Abington	2
Balsham	40
Barrington..	11
Bassingbourn	22
Bottisham	23
Bourn	25
Burwell	30
Castle Camps	7
Cheveley	17
Coton	34
Cottenham..	16
Croydon	5
Dullingham	28
Duxford	30
Fordham	—
Fulbourn	30
Gamlingay	19
Girton	10
Great Shelford	—
Harston	45
Histon	40
Isleham	16
Linton	19
Melbourn	7
Sawston	13
Soham	—
Steeple Morden	25
Swavesey	17
Waterbeach	—
Wicken	—
Willingham	10

Under the individual schemes of the Rural District Councils, 761 children of under school age were immunised, making, with those immunised at infant welfare centres, a total of 1302 in this class as against 1380 in the previous year.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

In 1946, notification of intention to practise was received from 49 midwives, the total number known to be practising at the end of the year being 44.

Midwives attended 658 confinements during the year, acting as midwives only in 381 cases and as maternity nurses under medical direction in 277. They found it necessary to summon medical aid in 146 of the cases in which they acted as midwives only.

For the first time for many years there has been a slight fall in the number of cases admitted to the County Hospital, the total being 1,289 as against 1,326 in the previous year. The number of admissions from the rural area has risen, however, to 511 from the figure of 402 in the previous year. At first sight it may appear strange that there has

also been a rise in the number of women normally resident in Cambridge from 593 to 778, but the explanation is that the previous year's total included 331 admissions classified as evacuees and emergency medical service cases. In addition to the 511 patients from the rural area admitted to the County Hospital there were 3 admissions to the Grange Maternity Home, Ely, 3 to Paxton Park, Huntingdonshire and 1 to White Lodge, Newmarket, responsibility for maintenance charges being undertaken by the Cambridgeshire County Council because of their greater accessibility to the women concerned.

Eighty-three women from the rural area were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy or parturition, three more than in 1945. This figure has remained at a very steady level over a period of three years.

At the end of the year there were 9 midwives qualified to administer analgesics in accordance with the requirements of the Central Midwives Board, an increase of six over the figure for the previous year. Some of this increase is due to the fact that certain of the newly appointed midwives have already been qualified on appointment and it is no indication that the previous difficulties of obtaining vacancies at training schools and of providing sufficient relief midwives to enable any considerable number of existing midwives to be absent for training at any one time have been removed. During 1946 86 cases were given nitrous oxide (gas) and air and enquiries show that it was almost universally of some benefit in the relief of pain.

The total number of births notified as having taken place in the rural area during 1946 was 588, including 11 still births, and the difference between this figure and the number of registered births given at the beginning of the report is a measure of the number which took place in institutions of various kinds outside the area, though there were a few instances of failure to notify to which the attention of those responsible was drawn.

The number of women examined ante-natally under the Council's scheme by general practitioners was 363, while the number examined post-natally was 149. Both figures are of much the same order as those of the previous year and it is interesting to note the large discrepancy which has existed from the very earliest days of the scheme between the numbers of women willing to undergo ante-natal and post-natal examination respectively.

The following are the details relating to this work :—

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
215	3	5	2	8

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

226	3	10	3	4
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Post-natal examinations at 10th to 14th day :

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
102	8	4	—

Post-natal examinations about the 6th week :

70	9	3	2
----	---	---	---

There were 8 obstetric consultations in 1946.

Premature Infants.—The arrangements for dealing with premature births have continued unchanged during 1946.

The number of premature births, defined as being those of infants with a birth weight of $5\frac{1}{2}$ lb. or under, notified was 61, an increase of 13 over the figure for the previous year. Of these 22 were born in the mother's own home and 39 in hospital or nursing home. Of the babies born at home 19 were nursed without admission to hospital, 4 died during the first 24 hours and 16 survived at the end of one month. Of those born in hospital 8 died in the first 24 hours of life and 24 survived more than one month. It is interesting to note that the proportion dying in the first 24 hours is much the same whether birth took place at home or in hospital, signifying probably that it is some condition inherent in the child rather than in the environment which determines death or survival at that period, but that the proportion of those surviving at the end of one month is somewhat greater in the case of babies born at home than in the case of those born in hospital. It does not necessarily follow that premature babies have a better chance of survival if nursed at home since no doubt complications not existing in domiciliary confinements have been a factor in causing the higher death rate in hospital babies.

Illegitimate Infants.—The Council has made no special arrangements for the care of this class of case as it is thought that illegitimate infants are fully covered by the normal health visiting arrangements and by liaison with voluntary agencies.

The following are the numbers of visits paid by health visitors to children under the age of 5 :—

To children under 1 year	1st visits	..	1,503
	Total visits	..	11,202
To children aged 1-5	Total visits	..	15,619

Attention continues to be given to verminous children of these ages as and when opportunity offers.

Hereunder are the details of the work in connection with the supervision of children boarded out for reward :

Homes inspected	..	..	..	..	40
Approved	..	..	..	..	37
Total number supervised	..	..	..	..	156
Children on register at beginning of year					84
New cases	..	..	..	..	72

Removed from register	79
Remaining on register at end of year ..	77
Orders of Court made under Sect. 212 ..	Nil.

There were 5 cases of failure to notify reception of a child and 5 of failure to notify removal.

Thirteen notifications relating to 13 separate children were made by individuals concerned under the Adoption of Children (Regulation) Act of 1939 and the necessary supervision between the reception of the child and the making of the legal adoption order was carried out. Ten of the cases remained under supervision at the end of the year.

Infant Welfare Centres.—During the year a new centre was opened at Dullingham, making the total number in operation at the end of the year 31.

The number of children attending the centres during the year was 2,339 of whom 678 were still under the age of one year at the end of the year. The number of new children attending was 1,085 of whom 772 were under the age of one year at the date of their first attendance. All of these figures are somewhat below those of the previous year.

The following figures give details of the work of individual centres :

	<i>New cases</i>	<i>Total attendances</i>
Abington	16	33
Balsham	49	106
Barrington	13	44
Bassingbourn	38	137
Bottisham	23	52
Bourn	40	94
Burwell	34	92
Castle Camps	14	35
Cheveley	27	43
Coton	66	103
Cottenham	22	54
Croydon	4	24
Dullingham	43	66
Duxford	43	109
Fordham	3	34
Fulbourn	112	91
Gamlingay	16	45
Girton	38	38
Great Shelford	54	160
Harston	64	141
Histon	64	183
Isleham	32	32
Linton	22	72
Melbourn	21	62
Sawston	19	81
Soham	65	89
Steeple Morden	25	85
Swavesey	40	106
Waterbeach	36	96
Wicken	12	31
Willingham	21	61

Registration of Nursing Homes.—The arrangements for registration

and inspection continued unchanged and there were no new applications for registration during 1946.

The number of nursing homes on the register at the end of 1946 in the administrative county was 12, providing 42 maternity beds and 31 others.

TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officers of Health, by formal notification or otherwise during 1946 :—

<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	2	1	5	1
5	2	3	6	6
10	1	1	4	3
15	3	6	1	—
20	9	8	—	1
25	17	24	2	1
35	13	8	1	2
45	8	3	2	—
55	6	2	—	—
65 and upwards	3	2	—	1
	64	58	21	15

In 32 of these cases information was derived from sources other than formal notification, namely from the death returns of local registrars 19, posthumous notifications 2, transfers from other areas 11 and found on leaving the area 1. All 11 of the transfers from other areas had been notified in the area from which each transfer took place, so that the total number of cases in which there had been actual failure to notify was 22, a considerable improvement over the position in the previous year.

The number of cases of pulmonary tuberculosis notified was 5 less than that of 1945, but even this does not quite re-establish the 1944 position since the rise as between that year and 1945 was 9. The slight decrease is almost equally apportioned between male and female cases but it is worthy of note that there has been an appreciable increase in respect of both sexes (5 males and 11 females) in the age group 25-35, this increase having been offset of course by decreases in most of the other age groups.

It is to be regretted that, in contrast to the position of the previous year, the number of non-pulmonary cases shows a rather marked rise (a total of 36 as against 21). This rise is caused almost entirely by an increase in the number of cases in children aged 1 to 10.

The result is that the total number of notified cases of tuberculosis has increased by 10, making the figure the same as that of 1940 but still 45 less than that of 1941. It is however 46 higher than that of 1939 and 22 higher than that of 1938.

Dispensary and Homes.—Towards the end of 1946 the Council decided that the time had come to appoint a deputy tuberculosis officer and D. E. M. Cheffins commenced duty in this post on October 1st. It is hoped that the appointment will lighten the increasing burdens which have fallen on the shoulders of Dr. Paton Philip in recent years. No changes in the existing staff of the Clinic took place.

The following figures show the work carried out:—

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

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
New cases	1,102	643	1,745
Old cases	445	350	750
	1,547	1,018	2,565

2. Visits by patients to Clinic:—

Insured Persons	1,954	937	2,891
School Children	353	252	605
Other Uninsured Persons	1,271	729	2,000
	3,578	1,918	5,496

3. Visits to Homes:—

(a) *By Tuberculosis Officer*:—

Insured Persons	201	87	288
School Children	81	57	138
Other Uninsured Persons ..	115	59	174
	397	203	600
Total 1946	397	203	600
„ 1945	478	327	805

(b) *By Nursing Staff*:—

Insured Persons	266	516	782
Uninsured Persons	150	541	691
	416	1,057	1,473
Total 1946	416	1,057	1,473
„ 1945	585	891	1,476

All of the figures concerning work actually done at the Clinic show considerable increases, but the volume of visiting done by both medical and nursing staff has declined somewhat.

In 1946, the total number of new cases examined was 2,565 as against 1,469 in 1945 of which 206 were found to be suffering from tuberculosis (170 in 1945). Of the 206 new tuberculous cases, 48 were transfers from other areas. Of the total number of new cases, 202 were contacts of whom 9 proved to be infected.

At the end of the year 959 names remained on the register, 274 at some time or other having had tubercle bacilli in the sputum. The

number remaining on the register was 97 more than the corresponding number at the end of 1945.

The number of specimens of sputum examined was 191, tubercle bacilli being found in 73.

X-ray examinations numbered 8,486 (7,894 in 1945) of which 6,604 were cases in which films were taken and 1,882 required screen examination only.

One hundred and twenty cases received artificial pneumothorax treatment throughout the year (94 in 1945), the total number of refills being 2,532 (1,983 in 1945).

Eight new cases received dental treatment at the Clinic, five more than in 1945.

The number of cases receiving artificial pneumothorax treatment continues to increase partly because of the great difficulty in obtaining sanatorium vacancies. The work makes very considerable calls on the time of the Clinic staff and there must obviously be some limit to the extent to which it can be used as a substitute for sanatorium treatment.

The steady increase in the number of X-ray examinations which has been a feature of the work of the Clinic for many years continued in 1946.

Care and After Care.—The Cambridgeshire Tuberculosis After Care Association continued to work with enthusiasm during 1946 and the County Council made a grant of £300 towards its expenses. The number of cases actually assisted fell to 24, partly because assistance was available from other sources for some of the patients who would have required assistance in former years. Of this number 10 were insured persons and 14 uninsured. Eighteen of the patients assisted resumed their former or similar employment, four remained under treatment at the end of the year and two died.

The number of new applications for assistance under the terms of Memo 266/T of the Ministry of Health was 25 as against 32 in 1945. Of the 25 cases, 11 were recommended for sanatorium treatment and 14 for approved domiciliary treatment. Most of the latter attended the Clinic for artificial pneumothorax treatment. In many instances application was made to the Ministry of Health for permission to continue to pay grants for longer than the normal period and this permission was never refused.

Sanatorium Accommodation.—The great difficulty in obtaining beds continued completely unabated throughout the year and the number on the waiting list at the end of the year was 22. The following are details of admissions and discharges:—

	<i>In Sanatoria</i> <i>Jan. 1st, 1946</i>	<i>Admitted</i> <i>during 1946</i>	<i>Total</i> <i>treated 1946</i>
Adult males ..	36	32	68
Adult females ..	27	31	58
Children ..	12	9	21
	<hr/>	<hr/>	<hr/>
	75	72	147

The 72 new admissions constitute two less than the number in the previous year (1945, 74 ; 1944, 75 ; 1943, 89 ; 1942, 93).

MENTAL DEFICIENCY ACTS

In 1946, 28 new cases were considered by the Committee for the Care of the Mentally Defective, 4 notified by the County Education Committee, 17 by the Borough Committee for Education, 3 privately, 1 by the Police, 1 by the Secretary of State, 1 by the Cambridgeshire Society for the Blind and 1 by the Essex County Council.

The method of dealing with them was :—

Petition for Certified Institution ..	3
Statutory Supervision	19
Voluntary Supervision	2
Order of Secretary of State ..	1
No action	3

At the end of the year there were 26 cases on leave of absence from institutions.

In one of the cases in which a petition was ordered, the child was a blind defective and no vacancy could be found. Another case had been in the Royal Eastern Counties Institution as an election case for many years and the Council assumed responsibility because of failure to secure re-election. In the third case a vacancy was found in an institution in Hampshire.

It would be impossible to refrain from again mentioning the extreme shortage of accommodation, especially for low grade defectives. Very distressing cases continue to be brought to the notice of the Council and no action can be taken beyond the completely illusory one of placing the names on a waiting list without any hope of the finding of vacancies in a reasonable time.

VENEREAL DISEASES

The following figures include all the cases coming to the Clinic at Addenbrooke's Hospital during 1946 from all the areas served by it and include both civil and military cases :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under treatment on January 1st., 1946	56	53	109
Old cases re-admitted	9	6	15
"First-time" patients during 1946 ..	315	187	502
Total under treatment (including transfers from other clinics)	456	253	709
Left without completing treatment ..	30	15	45
Completed treatment but not final tests	17	15	32
Transferred to other Treatment Centres	29	11	40
Under treatment at end of year ..	93	68	161
Out-patient attendances :			
(a) On Clinic days	2,061	1,551	3,612
(b) On intermediate days	2,192	27	2,219
Aggregate "In-patient days" ..	242	390	632

The fall in the number of new cases noted in 1945 most decidedly did not continue in 1946. There were 133 more new cases, almost the whole of the increase being accounted for by male patients, though there was one more female patient. The discrepancy between the number of male patients and the number of female patients which was so much in evidence in pre-war years has therefore reappeared, but of course to a much less marked extent.

The number of patients attending and found not to be suffering from venereal disease established a new high record. The figure was 324 as against the previous best of 297 in 1943. It has stood at a comparatively high level for a number of years now, but whereas in the two previous years the number of women attending and found not to have venereal disease was higher than the number of men in like case, the number of men in this position in 1946 was 208 as against 116 women.

If Cambridgeshire cases only are considered, it is found that there were 273 new patients compared with 228 in the previous year, comprising 55 cases of syphilis (10 more than in 1945), 37 cases of gonorrhoea (17 more than in 1945) and 181 non-venereal conditions (18 more than in 1945). It was pointed out in the report for 1945 that so high a figure for new cases of syphilis had not been reached for many years, but clearly the position in 1946 is even less satisfactory. In view of the claims made for the efficacy of penicillin treatment in at least rendering sufferers non-infective in a comparatively short period it is somewhat surprising. It may give rise to speculation as to whether knowledge that such treatment has been given may not engender a false sense of security. In 1946 the rise in the number of new cases of syphilis was not even offset by a fall in the number of cases of gonorrhoea, but, in so far as this may indicate a tendency for sufferers from that condition to seek effective treatment, it may not be altogether a cause for dissatisfaction. The number of people attending and found not to be suffering from venereal disease is satisfactory in so far as it indicates a greater willingness to seek advice when there has been a risk of infection, but it is less so if it indicates that larger numbers are actually running the risk. The incidence of the conditions in the two sexes cannot be analysed for the separate areas, but for the whole area served by the Clinic only 14 cases out of 73 suffering from gonorrhoea were female, a considerably smaller proportion than that of the previous year. It is to be hoped that this does not indicate a reversion to the old tendency on the part of women to neglect the condition. In the case of syphilis at all stages the proportions for the two sexes are much more nearly equal (actually the number of women is slightly the greater) and there certainly seems every reason to think that the discrepancy between the incidence of gonorrhoea in men and women respectively should not be greater than that between the incidence of syphilis in each sex.

Altogether it must be admitted that the position disclosed by the above figures is profoundly disquieting. It may be that they are caused to some extent by the discharge from the Services of large numbers of people who might otherwise have received treatment at Service clinics. Only time can show whether this is the case. Apart from this possibility they seem to indicate that neither supposed improvements in

methods of treatment nor the increased freedom with which the conditions are discussed and publicised are in themselves sufficient to result in their suppression. There is of course always the possibility that the figures mean nothing more than an increasing disposition on the part of sufferers to attend public clinics and in the absence of notification of the diseases such a contention cannot be controverted, but it would be unwise to assume that this is the explanation in the absence of much clearer evidence.

Laboratory Diagnosis.—The number of specimens submitted for Wasserman reaction in 1946 was 2,141 (772 from the Clinic). The number examined bacteriologically was 737 (616 from the Clinic).

Follow-up and Contact Tracing.—The number of notifications of contacts received under the arrangements set up by Regulation 33B continued to fall in 1946. There were only 15 such notifications during the year as against 28 in 1945 and 65 in 1944. In 5 of the 15 the information given was not sufficient to enable the contacts to be traced, though it seems probable that an active social worker proceeding on the right lines might have achieved touch with some of them. In respect of two more notifications which actually concerned the same woman, the case was found to have left the area when an attempt was made to trace her and no further address could be elucidated. Two of the notifications not giving sufficient particulars to enable any communication to be established also obviously concerned the same woman, so that here are two cases constituting almost certain sources of infection over which no control has been possible. In the remaining 8 instances contact was established with 5 women of whom 4 agreed to take the advice given and one proved unco-operative—not a very satisfying record of success. It cannot be gainsaid that, apart from the supposed control effected by sound treatment, little or nothing is being done to prevent the spread of these diseases.

BLIND PERSONS ACTS

At the end of the year there were 254 blind persons on the register, the distribution as to situation and age periods being as follows :—

	0-5	5-16	Over 16	Total
Borough ..	4	1	128	133
Rural Area	—	1	120	121
	4	2	248	254

Of the 254 cases of blindness, 213 were regarded as unemployable. There were 9 home workers and 19 employed elsewhere, besides one employed in a workshop for the blind. Four blind persons were under training and two more were regarded as trainable.

The Home Teachers paid 2,562 visits to blind persons during the year (Borough 1,169, County 1,393).

It may be of interest to note that of the 35 blind persons newly registered during the year, 10 were below the age of fifty and 3 were below the age of twenty.

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