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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1947



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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 1947 and for the two previous years for comparison.

Populations (Registrar-General's Estimates) :

	1945	1946	1947
Administrative County ..	150,200	153,390	157,530
Cambridge	72,260	77,920	79,490
Rural Districts	73,940	75,470	78,040
Chesterton	33,240	33,840	34,350
Newmarket	18,800	19,350	19,970
South Cambridgeshire ..	21,900	22,280	23,720

Births : (live)

Administrative County ..	Number ..	2,680	2,885	3,089
	Rate per 1,000	17.8	18.8	19.6
Cambridge	Number ..	1,337	1,540	1,590
	Rate per 1,000	17.5	19.8	20.0
Rural Districts	Number ..	1,343	1,345	1,499
	Rate per 1,000	18.2	17.8	19.2
Chesterton	Number ..	606	651	651
	Rate per 1,000	18.2	19.2	19.0
Newmarket	Number ..	323	312	376
	Rate per 1,000	17.2	16.1	18.8
South Cambridgeshire ..	Number ..	414	382	472
	Rate per 1,000	18.9	17.1	19.9

Illegitimate Births :

Administrative County ..	Number	348	291	184
	Rate per cent. live births	13.0	10.1	6.0
Cambridge	Number	190	154	110
	Rate per cent. live births	14.2	10.0	6.9
Rural Districts	Number	158	137	74
	Rate per cent. live births	11.8	10.2	4.9

Still Births :

Administrative County ..	Number	68	74	46
	Rate per 1,000 total births	24.7	25.0	14.7
Cambridge	Number	34	41	29
	Rate per 1,000 total births	24.8	25.9	17.9
Rural Districts	Number	34	33	17
	Rate per 1,000 total births	24.7	23.9	11.3

Deaths :

Administrative County ..	Number	1,872	1,795	2,001
	Rate	12.5	11.7	12.7
Cambridge	Number	887	903	920
	Rate	11.6	11.6	11.6
Rural Districts	Number	985	892	1081
	Rate	13.3	11.8	13.9

Infant Deaths :

Administrative County	.. ..	Number	129	115	100
		Rate per 1,000 live births	48.1	39.9	32.4
Cambridge	.. ..	Number	65	53	48
		Rate per 1,000 live births	48.6	34.4	30.2
Rural Districts	.. ..	Number	64	62	52
		Rate per 1,000 live births	47.7	46.1	34.7

Maternal Deaths :

(a) From sepsis :

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

(b) From other puerperal conditions :

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

Tuberculosis Deaths :

(a) Pulmonary :

Administrative County	.. ..	Number	52	51	54
		Rate	0.35	0.33	0.34
Cambridge	.. ..	Number	28	26	23
		Rate	0.37	0.33	0.29
Rural Districts	.. ..	Number	24	25	31
		Rate	0.32	0.33	0.40

(b) Non-pulmonary :

Administrative County	.. ..	Number	12	7	11
		Rate	0.08	0.05	0.07
Cambridge	.. ..	Number	6	4	7
		Rate	0.08	0.05	0.09
Rural Districts	.. ..	Number	6	3	4
		Rate	0.08	0.04	0.05

(c) All forms :

Administrative County	.. ..	Number	64	58	65
		Rate	0.43	0.38	0.41
Cambridge	.. ..	Number	34	30	30
		Rate	0.45	0.38	0.38
Rural Districts	.. ..	Number	30	28	35
		Rate	0.40	0.37	0.45

Cancer Deaths :

Administrative County	.. ..	Number	301	281	321
		Rate	2.0	1.8	2.0
Cambridge	.. ..	Number	145	150	151
		Rate	1.9	1.9	1.9
Rural Districts	.. ..	Number	156	131	170
		Rate	2.1	1.7	2.2

The population of the County continues to rise and the Registrar General estimates that there has been an increase of just over 4000 between the mid-year of 1946 and the mid-year of 1947, the rise having been of greater magnitude in the rural area than in Cambridge. In the former, Chesterton Rural District shows the smallest rise and South Cambridgeshire Rural District much the largest.

As might have been expected, there has been a considerable rise in the birth rate between 1946 and 1947, but even so the rate for the County as a whole is not greatly in excess of that for the year 1944. The rise in Cambridge is of very small extent from which it follows that the rural districts are chiefly responsible for the total rise, though in Chesterton there has been an actual fall.

The fall in the illegitimate birth rate has continued and in the rural area has been quite remarkable, but even there the figure is still somewhat in excess of that of the last full year before the war, 1938. Still, the hope expressed in the 1946 report that the rate might be returning to pre-war levels appears so far to be justified.

After being nearly stationary between 1945 and 1946, the still birth rate showed a marked fall in 1947 and is now at a low level never previously attained. In the rural area especially the figure is really astonishingly low and it remains to be seen whether such a standard can be permanently maintained. The explanation is not altogether obvious, but it may be guessed that the increasing attention paid to the dietary of expectant mothers is an important factor. It may be also that the improved knowledge of the condition known as haemolytic disease of the new born may have played some part, but this would probably apply to hospital cases only.

There has been a further fall in the infant mortality rate in the whole County in which both Cambridge and the rural area have shared. The rate in the rural area is still somewhat higher than that in the borough, but both are well below the rate of 41 which obtained in England and Wales. In spite of the hot summer, deaths from diarrhoea have fallen in both parts of the County, there having been only one such death in Cambridge and four in the rural area. There has been a large fall in the number of deaths from prematurity, only five having been due to this cause in Cambridge and four in the Rural Districts. Pneumonia accounted for five deaths in Cambridge and two in the rural area. The largest cause in either place was congenital malformation and birth injury, but it cannot be said which of these two rather different factors played the greater part, as they are not listed separately by the Registrar General.

There has been one maternal death from sepsis which occurred in the Borough of Cambridge, but as this is the only death from this cause in the whole County in a period of three years it can hardly be regarded as a matter for great concern, while it may be pointed out that 1947 was the sixth successive year in which there were no deaths from this cause in the rural area. There were 2 deaths from other puerperal conditions in the administrative county as against 4 in the

previous year, one each in Cambridge and the rural area, giving death rates of 0.6 in Cambridge and 0.7 in the rural area. The maternal death rate as a whole is thus very low.

The death rate from pulmonary tuberculosis has fallen in Cambridge and has risen in the rural area. The rate of 0.29 in Cambridge is the same as that of the year 1938. Only in one other year has the rate been lower than this and that was in 1942 when it was very slightly better at 0.28. There has been a rising tendency in the rural area during the past three years, but it must be remembered that the rate in 1944 was a record low one and the 1947 rate is still rather lower than that of 1943.

The position as regards non-pulmonary tuberculosis in Cambridge is not so satisfactory, the rate of 0.09 being the highest for several years, making the death rate from all forms of tuberculosis exactly the same as that of the previous year. While the death rate from non-pulmonary tuberculosis in the rural area is not substantially higher than that of the previous year and is considerably lower than that of 1945, the death rate from all forms has risen somewhat because of the increase in the pulmonary rate.

There has been a definite rise in the cancer death rate in the County as a whole caused entirely by a marked rise in the rural area, the rate in Cambridge having remained unchanged over a period of three years. It may be thought extraordinary that with the improved methods of treatment of this disease the death rate does not fall, but it must be remembered that cancer is a disease of old age. In the absence of any known method of prevention except in certain special forms of the disease (not occurring in Cambridgeshire) the increased number of people living to advanced years must give rise to an increased number of cases. It is therefore probably to the credit of improved methods of treatment that the death rate does not actually rise in Cambridge and does not rise to a greater extent in the rural area.

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 :—

	1945	1946	1947
Scarlet Fever	128	135	88
Diphtheria	9	5	5
Enteric Fever	3	1	2
(including paratyphoid)			
Smallpox	—	—	—
Cerebro-spinal Fever ..	—	6	6
Pneumonia	41	29	59

There has been a satisfactory decline in the number of cases of scarlet fever, and diphtheria continued at the low level of the previous year. No doubt immunisation plays some part in keeping the diphtheria rate down but how far the level would be above that of pre-war years in the county without immunisation is problematical. Cerebro-spinal fever has not completely disappeared after its rather high incidence in the war years and there has been a rise in the number of

notifications of pneumonia. The figure in the previous year had been quite unusually low and in any case the notification rate in that disease is probably not a very satisfactory index of its actual incidence.

On the whole, the incidence of the common infections is as low as can reasonably be expected, but unfortunately one of the less common ones, poliomyelitis misnamed infantile paralysis, became somewhat prevalent in Cambridgeshire, as it did in the rest of the country on a much larger scale, in the late summer and autumn of 1947. Including cases of polioencephalitis there were 15 cases in all in the administrative county up to the end of the year, 8 in Cambridge and 7 in the rural area. The hot, dry summer was probably a factor in causing the outbreak, but other theories as to its causation are largely speculative. The disease is not of course confined to infants and there were a few cases in adults in Cambridgeshire. In the country as a whole, the incidence has never fallen to what may be regarded as normal for a particular time of year and it may be that a further outbreak will occur in the summer and autumn of 1948. The light incidence in Cambridgeshire is no guarantee of a similar state of affairs in 1948, but possibly the reverse.

Diphtheria Immunisation.—There was no change in the arrangements during 1947. The following figures set out the work done in infant welfare centres :

Children Treated.

Abington	..	..	..	..	—
Balsham	..	..	..	..	22
Barrington	..	..	..	..	6
Bassingbourn	..	..	..	..	21
Bottisham	..	..	..	..	14
Bourn	..	..	..	..	19
Burwell	..	..	..	..	31
Castle Camps	..	..	..	..	10
Cheveley	..	..	..	..	16
Coton	..	..	..	..	20
Cottenham	..	..	..	..	18
Croydon	..	..	..	..	6
Dullingham	..	..	..	..	13
Duxford	..	..	..	..	14
Elsworth	..	..	..	..	15
Fordham	..	..	..	..	—
Fulbourn	..	..	..	..	34
Gamlingay	..	..	..	..	—
Girton	..	..	..	..	16
Great Shelford	..	..	..	..	—
Harston	..	..	..	..	36
Histon	..	..	..	..	31
Isleham	..	..	..	..	13
Linton	..	..	..	..	18
Melbourn	..	..	..	..	14
Sawston	..	..	..	..	13
Soham	..	..	..	..	—
Steeple Morden	..	..	..	..	18

Swavesey	29
Waterbeach	—
Wicken	—
Willingham	18

Under the individual schemes of the Rural District Councils, 994 children of under school age were immunised, making, with those immunised at infant welfare centres, a total of 1459 in this class as against 1302 in the previous year.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

In 1947, notification of intention to practise was received from 47 midwives, the total number known to be practising at the end of the year being 44.

Midwives attended 662 confinements during the year acting as midwives only in 369 cases and as maternity nurses under medical direction in 293. They found it necessary to summon medical aid in 147 of the cases in which they acted as midwives only.

The fall in the number of maternity cases admitted to the County Hospital which took place in 1946 was followed by a sharp rise in 1947. In the latter year there were 1,652 admissions as compared with 1,289 in the previous year. The number of admissions from the rural area rose from 511 to 685, while the number from Cambridge rose from 778 to 967. In addition to the admissions from the rural area to the County Hospital there were 5 admissions to the Grange Maternity Home, Ely, and 49 to White Lodge Hospital, Newmarket.

Ninety-three women from the rural area were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy or parturition, 10 more than in 1946. This represents the biggest rise for some time.

At the end of the year there were nine midwives qualified to administer gas and air analgesia, the same number as at the end of the previous year. The number of cases in which the method was used, however, rose from 86 in 1946 to 144 in 1947. The old difficulty of obtaining vacancies in training institutions existed throughout 1947, but at the time of writing it can be reported that a considerable improvement occurred in the early part of 1948 and the figures may be expected to show a substantial increase at the end of that year.

The total number of births notified as having taken place in the rural area during 1947 was 619 including 3 still births. In order to get a proper idea of the number of notified births belonging to the rural area there should be added the transferred notifications (mainly of institutional births) from other areas. The total figure then becomes 1,448, of which 17 were still births and the approximation to the number of registered births, on which the calculations in the preceding section of the report are based becomes reasonably close.

The number of women examined ante-natally under the Council's scheme by general practitioners was 382, while the number examined post-natally was 164. Neither figure represents any great change from the corresponding one of the previous year.

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
231	—	6	2	9

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

263	1	10	4	2
-----	---	----	---	---

Post-natal examinations at 10th to 14th day :

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
115	8	6	1

Post-natal examinations about the 6th week :

67	9	5	2
----	---	---	---

There were 8 obstetric consultations (domiciliary) in 1947.

Premature Infants.—The arrangements for dealing with premature births remained unaltered in 1947.

The number of such births, i.e. of children with a birth weight of $5\frac{1}{2}$ lbs. or under, notified was 76, an increase of 15 over the figure for the previous year. Of these 19 were born in the mother's own home and 57 in hospital or nursing home. Of the babies born at home 17 were nursed without admission to hospital, 1 died during the first twenty-four hours and 17 survived at the end of one month. Of those born in hospital, 4 died in the first twenty-four hours and 50 survived more than one month. In contrast to the state of affairs in the previous year, the proportion of babies dying in the first twenty-four hours of life is somewhat higher in the hospital cases than in the domiciliary ones. The proportion of domiciliary cases surviving at the end of one month is also slightly the higher. No doubt the fact that cases with more severe complications are usually admitted to hospital is the explanation of the difference in each case.

Illegitimate Infants.—No special arrangements beyond the usual liaison with certain voluntary agencies have been made for the care of illegitimate infants.

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 ..	1,455
	Total visits ..	13,446
To children aged 1-5	.. Total visits ..	16,207

Verminous conditions are dealt with at these visits so far as possible. The details of the work connected with the supervision of boarded out children are as follows :—

Homes inspected	27
Approved	25
Total number supervised	133
Children on register at beginning of year	77
New cases	56
Removed from register	71
Remaining on register at end of year ..	62
Orders of Court made under Sect. 212 ..	Nil

Of the children remaining on the register at the end of the year 55 were boarded out for reward and 7 had been placed for adoption.

There were 5 cases of failure to notify the removal of a child during the year.

Eight notifications relating to 8 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.

Infant Welfare Centres.—During the year a new centre was opened at Elsworth, making the total number in operation during the year 32, including the centre at Croydon which is usually regarded as an offshoot from Steeple Morden.

The number of children attending the centres during the year was 2,585 of whom 874 were still under the age of one year at the end of the year. The number of new children attending was 1,113 of whom 890 were under the age of one year at the date of their first attendance. The total number in attendance is somewhat greater than that in the previous year, but still not so great as that in 1945. The number of new children under the age of one year is, however, greater than that of either year.

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

	<i>New cases</i>	<i>Total in attendance</i>
Abington	26	59
Balsham	26	64
Barrington	21	55
Bassingbourn	39	148
Bottisham	39	39
Bourn	38	89
Burwell	43	99
Castle Camps	5	42
Cheveley	23	41
Coton	37	84
Cottenham	22	58
Croydon	8	18
Dullingham	31	61
Duxford	25	82
Elsworth	56	77
Fordham	31	65
Fulbourn	34	122
Gamlingay	48	80

Girton	52	116
Great Shelford	46	128
Harston	54	121
Histon	57	158
Isleham	36	55
Linton	26	64
Melbourn	40	77
Sawston	52	114
Soham	35	62
Steeple Morden	21	82
Swavesey	50	121
Waterbeach	39	99
Wicken	5	27
Willingham	48	78

Registration of Nursing Homes.—There was no change in the arrangements for registration and inspection. There were 2 new applications for registration during the year.

The number of nursing homes on the register at the end of 1947 was 10, providing 70 maternity beds and 30 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 1947 :—

<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	1	2	7	1
5	2	1	1	6
10	1	2	6	2
15	5	9	1	4
20	14	10	2	2
25	15	17	1	3
35	11	13	—	1
45	7	4	1	—
55	8	4	1	1
65 and upwards	3	1	3	—
	68	64	23	20

In 33 of these cases information was derived from sources other than formal notification, namely from the death returns of local registrars 19, posthumous notifications 3, transfers from other areas 9 and found on leaving the area 2. As all of the 9 transfers had been notified in the area from which the transfers took place there were 24 cases of actual failure to notify, 2 more than in the previous year.

The number of pulmonary cases notified was 10 more than in 1946, the increase being slightly greater for females than for males. It is 5 greater than the figure for 1945 and the highest recorded since 1942 when the total was 145, though the 1947 figure is 13 less than the 1942

figure. Most of the increase over the 1946 figure is due to a rise in the age groups 20-25 for males and 35-45 for females.

The number of cases of non-pulmonary tuberculosis has again risen, the total being 43 as against 36. The increases have been scattered throughout the age groups and rises in some groups have been offset by falls in others. It may be noted that there were three more cases in the age groups 55 and upwards.

Thus the total number of notified cases of tuberculosis, 175, has increased by 17 between 1946 and 1947. This figure is 28 less than that of 1941 but 63 more than that of 1939.

Dispensary and Homes.—There were no changes in the medical staff of the Clinic during the year, but the partially trained nurse who had been acting as Clinic Nurse since 1945 resigned her appointment towards the end of 1947. Fortunately it was possible to replace her by a state registered nurse who did not, however, fulfil the requirements of the Ministry of Health for a Tuberculosis Nurse and who could therefore only act as Clinic Nurse without visiting duties, which continued to be carried out by the Borough and County District Nurses in their respective areas. An additional clerk was appointed to work in the Clinic during the year.

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	..	..	1,525	847	2,372
Old cases	..	..	509	400	909
			2,034	1,247	3,281

2. Visits by patients to Clinic :—

Insured Persons	..	..	2,931	1,455	4,386
School Children	..	..	571	524	1,095
Non-Insured Persons	..	..	1,257	1,042	2,299
			4,759	3,201	7,780

3. Visits to Homes :—

(a) *By Tuberculosis Officer* :—

Insured Persons	..	..	199	76	275
School Children	..	..	67	41	108
Non-Insured Persons	..	..	125	42	167

Total 1947	..	..	391	159	550
„ 1946	..	..	397	203	600

(b) *By Nursing Staff* :—

Insured Persons	..	..	279	623	902
Uninsured Persons	..	..	134	580	714

Total 1947	..	..	413	1,203	1,616
„ 1946	..	..	416	1,057	1,473

The above figures represent a further marked increase in the volume of work done, with the exception of a slight fall (50) in the number of visits to homes by the Tuberculosis Officer.

In 1947 the total number of new cases examined was 3,281 as against 2,565 in 1946 of which 186 were found to be suffering from tuberculosis (206 in 1946). Of the 186 new tuberculous cases 24 were transfers from other areas. Of the total number of new cases 359 were contacts, 10 of whom proved to be infected.

At the end of the year, 1,040 names remained on the Register, 269 cases having at some time or other had tubercle bacilli in the sputum. The number remaining on the register was 81 more than the corresponding number at the end of 1946.

The number of specimens of sputum examined was 297, tubercle bacilli being found in 76.

X-ray examinations numbered 10,371 (8,486 in 1946) of which 7,661 were cases in which films were taken and 2,710 required screen examinations only.

One hundred and eighty five cases received treatment by artificial pneumothorax or pneumoperitoneum throughout the year (120 in 1946), the total number of refills being 3,572 (2,532 in 1946).

Only one new case received dental treatment at the Clinic, 9 less than in the previous year.

The large increase in every department of the work is very obvious and it becomes a matter for astonishment at the way in which it has been shouldered by the existing staff. Comment has been made in former years on the increase in the amount of treatment by artificial pneumothorax, on the large amount of time which this increase entails and on its saving effect on the demand for sanatorium beds. While it may not be amiss to mention these points again, it would perhaps be wrong to lay stress on them without emphasising that the increase in that work forms part of a large general increase. In particular it may be pointed out that a relatively enormous number of non-tuberculous cases has been examined and that the energy expended in this direction must have resulted in the detection of a considerable number of actual cases which might otherwise have slipped through the net.

Care and After Care.—The Cambridgeshire Tuberculosis After Care Association continued its good work during 1947 and received a grant of £300 from the County Council. The number of cases assisted was 25 of whom 15 were insured under the National Health Insurance Act and 10 were uninsured. Eighteen of the assisted cases resumed work during the year and 7 remained under treatment at the end of the year.

The number of new applications for assistance under the terms of Memo 266/T of the Ministry of Health was 29 as against 25 in 1946. Of the 29 new cases 6 were recommended for sanatorium treatment and 23 for approved domiciliary treatment, the great majority of the latter attending the Clinic for artificial pneumothorax treatment. There was a considerable number of applications to the Minister of

Health for permission to continue to pay grants for longer than the normal period, none of which was refused.

Sanatorium Accommodation.—There was no real change in the bed situation during the year. The acute shortage continued as before and, although the number on the waiting list at the end of the year was only 12 as against 22 at the end of the previous year, the reduction in the number was achieved by refraining from applying for sanatorium accommodation rather than by an increased allotment of accommodation to patients. Some alleviation resulted from the arrangement of a number of short stays in sanatorium during which a necessary surgical procedure was carried out to enable more satisfactory treatment at the Clinic to be given. In order that the figures may be in some degree comparable with those of the previous year, however, the short stay cases are omitted from the details hereunder :—

	<i>In Sanatoria</i>	<i>Admitted</i>	<i>Total</i>
	<i>Jan. 1st, 1947</i>	<i>during 1947</i>	<i>treated 1947</i>
Adult males ..	42	35	77
Adult females ..	28	30	58
Children	17	21	38
	87	86	173

The 86 new admissions constitute 14 more than the number in the previous year and a good deal of the increase is due to the larger number of children admitted (21 as against 9). The figures for total admissions in the last few years are 1946, 72; 1945, 74; 1944, 75; 1943, 89; 1942, 93.

MENTAL DEFICIENCY ACTS

In 1947, 27 new cases were considered by the Committee for the Care of the Mentally Defective, 7 notified by the County Education Committee, 16 by the Borough Committee for Education, 3 by the Police and 1 by the Secretary of State.

The method of dealing with them was :—

Petition for Certified Institution ..	4
Statutory Supervision	19
Voluntary Supervision	2
Order of Secretary of State ..	1
Order of Court (Sec. 8)	1

At the end of the year there were 28 cases on leave of absence from institutions.

During recent years the attempt to work the Mental Deficiency Acts has been reduced almost to an absurdity by reason of the great lack of institutional accommodation. Not only is it impossible to deal with positions of inherent danger in cases under Statutory Supervision or Guardianship but even the most urgent and distressing cases cannot be placed in institutions, the only form of care really suited to their needs.

VENEREAL DISEASES

The following figures include all the cases coming to the Clinic at Addenbrooke's Hospital during 1947 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, 1947	93	68	161
Old cases re-admitted	32	9	41
" First-time " patients during 1947	222	86	308
Total under treatment (including transfers from other clinics)	376	169	545
Left without completing treatment ..	21	7	28
Completed treatment but not final tests	27	16	43
Transferred to other Treatment Centres	42	6	48
Under treatment at end of year ..	107	69	176
Out-patient attendances :			
(a) On Clinic days	1,954	1,117	3,071
(b) On intermediate days	2,119	—	2,119
Aggregate " In-patient days " ..	154	115	269

There has been a considerable fall in the number of new cases as compared with the figure for the previous year and this fall affects both sexes to approximately the same extent. The total number of new cases is even less than the number in 1945, so that the marked rise in 1946 has been more than offset. This applies only to the total number, however, since there were more new male patients in 1947 than in 1945 and the decrease in the total figure is due entirely to a large fall in the number of female patients. The discrepancy between the numbers of male and female patients is by no means so great as it used to be in pre-war days and it is greatly to be hoped that there will be no return to the old attitude on the part of women of unwillingness or neglect to seek treatment.

A large part of the fall is due to a diminution in the number of patients attending who were found not to be suffering from venereal disease. The figure was 166 as against the very high one of 324 in the previous year and 297 in 1943, the next highest figure. There is of course no way of ascertaining whether the fall is due to a lessening of fear on the part of those who have run the risk of venereal disease or a lessening of the number who have run that risk.

If Cambridgeshire cases only are considered it is found that there were 174 new patients compared with 273 in the previous year, comprising 49 cases of syphilis (6 less than in 1946), 30 cases of gonorrhoea (7 less than in 1946) and 95 non-venereal conditions (86 less than in 1946). While the position is a little better in 1947, however, it may be remembered that it was pointed out that 1945 was the worst year for a very long time and that 1946 was worse still. The number of cases of syphilis was still 4 greater in 1947 than in 1945 and the number of cases of gonorrhoea was 10 greater, so that the slight fall between 1946 and 1947 gives no great ground for satisfaction. Separate figures are not available for the incidence of the various conditions in the two

sexes for Cambridgeshire only, but for the whole area it is the case that there were only 3 cases of gonorrhoea in women as against 62 in men. It is highly probable that this indicates a return of the old tendency of women to neglect this condition since it is inconceivable that there should be an actual discrepancy in incidence of this magnitude between the two sexes. For syphilis over the whole area the corresponding figures were 39 cases in men and 26 in women.

Apart from the possibility mentioned in the 1946 report that a large proportion of sufferers may now be attending public clinics, there seems no reason to doubt that the incidence of these diseases is still running at a very much higher level than it was in the years immediately preceding the war. It is one of the ironies of preventive medicine that diseases which, by reason of the special method of infection, offer greater opportunities for prevention than most other infectious diseases for that same reason cannot be, or at least are not, prevented.

Laboratory Diagnosis.—The number of specimens submitted for Wasserman reaction in 1947 was 2,106 (550 from the Clinic). The number examined bacteriologically was 482 (422 from the Clinic).

Follow-up and Contact Tracing.—The number of notifications under Regulation 33B fell still further in 1947 and only 2 such notifications were received as against 15 in the previous year and 28 in 1945. One of the contacts named was traced and agreed to take the advice given but the address in the other case was insufficient to enable any action to be taken. Regulation 33B is not now in force and nothing substantial in the way of tracing and treating contacts has taken its place. Effective treatment is one way of diminishing the incidence of venereal disease but it cannot go by any means all the way in the desired direction if it is not applied to all infected persons.

BLIND PERSONS ACTS

At the end of the year there were 250 blind persons on the register, the distribution as to situation and age periods being as follows:—

	0-5	5-16	Over 16	Total
Borough ..	1	3	130	134
Rural Area	—	1	115	116
	1	4	245	250

Of the 250 cases of blindness, 213 were regarded as unemployable. There were 9 home workers and 18 employed elsewhere, as well as one employed in a workshop for the blind. Two blind persons were under training and two more were regarded as trainable.

The Home Teachers paid 2,615 visits to blind persons during the year (Borough 1,471, Rural Area 1,144). The rural area was without a Home Teacher for a part of the year.

Two of the 30 blind persons newly registered during the year were below the age of 20 and 8 were below the age of 50.

R. FRENCH,

County Medical Officer.



