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ANNUAL REPORT

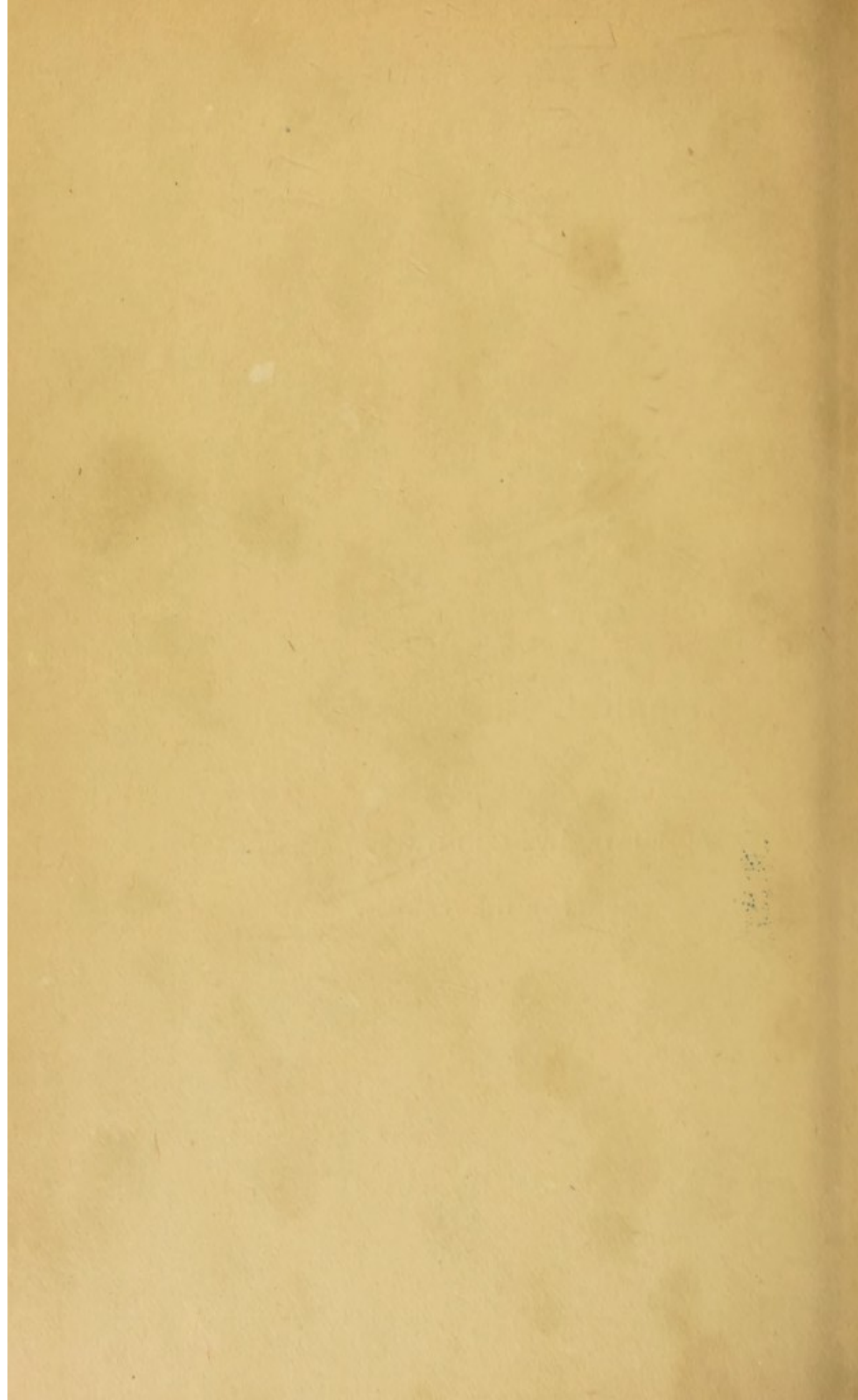
OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1949



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Table 1. Causes of Death at Different Periods

HEALTH COMMITTEE

as at December 31st, 1949

Chairman—Alderman R. Ellis†*†

Alderman M. Carter*†	Councillor P. F. Dennard††
„ L. M. H. Clark†*†	„ H. Hartley
„ G. Edwards	„ G. Haynes*†
„ E. G. C. Frost†*†	„ E. Hopher*
„ E. W. Parsons †*†	„ D. Mansfield*†
„ C. D. Rackham†*	„ R. H. Parker†
Councillor E. W. Bullman†	„ J. A. Patterson†
„ F. Bunnett†	„ C. Webb†*
„ M. C. Burkitt†*	„ E. C. Webb
„ G. Y. Burn*	

Lady Bragg (as Chairman of Borough M.C.W. Sub Committee).

Councillor H. R. Mallett (as Vice Chairman of Borough M.C.W. Sub-Committee).

Dr. A. Brown*	} Nominated by the Cambridgeshire Local Medical Committee.
Mr. B. McN. Truscott†	
Dr. H. R. Youngman†	

Miss D. K. Bell* Nominated by the Royal College of Nursing.

†Member of General Sub-Committee.

*Member of Maternity and Child Welfare Sub-Committee.

†Member of Mental Health Sub-Committee.

The following were co-opted members of the Mental Health Sub-Committee :—

Mrs. H. A. Adrian, Mrs. D. M. Pantin, Mrs. R. Rootham.

The following constituted the Borough Maternity and Child Welfare Sub-Committee :—

Appointed by the Borough Council :—


Mrs. C. L. Banham, Lady Bragg, Mr. E. H. Cherry, Mr. J. B. Collins, Mrs. M. E. Henn, Mr. L. E. Jackson, Mr. W. G. James, Councillor H. R. Mallett, Mr. H. B. Naylor.

Appointed by the County Health Committee :—

Alderman M. Carter, Alderman C. D. Rackham, Councillor E. Hopher.

Co-opted Members :—

Mrs. E. F. Cole, Mrs. D. Greaves, Dr. C. M. Stevenson.



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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 1949 and for the two previous years for comparison.

Populations (Registrar General's Estimates):

	1947	1948	1949
Administrative County ..	157,530	166,940	171,240 (civilian) 175,670 (total)
Cambridge	79,490	86,190	90,210 (civilian) 90,590 (total)
Rural Districts	78,040	80,750	81,030 (civilian) 85,080 (total)
Chesterton	34,350	35,510	36,410 (civilian) 38,840 (total)
Newmarket	19,970	20,840	20,340 (civilian & total)
South Cambridgeshire ..	23,720	24,400	24,280 (civilian) 25,900 (total)

Births (live):

Administrative County	Number ..	3,089	2,807	2,630
	Rate per 1,000	19.6	16.8	15.4
Cambridge	Number ..	1,590	1,395	1,331
	Rate per 1,000	20.0	16.2	14.8
Rural Districts	Number ..	1,499	1,412	1,299
	Rate per 1,000	19.2	17.5	16.0
Chesterton	Number ..	651	611	556
	Rate per 1,000	19.0	17.2	15.2
Newmarket	Number ..	376	334	319
	Rate per 1,000	18.8	16.0	15.7
South Cambridgeshire ..	Number ..	472	467	424
	Rate per 1,000	19.9	19.1	17.5

Illegitimate Births :

Administrative County	Number	184	157	128
	Rate per cent live births	6.0	5.6	4.9
Cambridge	Number	110	77	63
	Rate per cent live births	6.9	5.5	4.7
Rural Districts	Number	74	80	65
	Rate per cent live births	4.9	5.7	5.0

Still Births :

Administrative County	Number	46	67	61
	Rate per 1,000 total births	14.7	23.3	22.7
Cambridge	Number	29	31	24
	Rate per 1,000 total births	17.9	21.7	17.7
Rural Districts	Number	17	36	37
	Rate per 1,000 total births	11.3	24.9	27.7

Deaths :

Administrative County	..	Number	2,001	1,721	1,957
		Rate	12.7	10.3	11.4
Cambridge .. ..	..	Number	920	803	963
		Rate	11.6	9.3	10.7
Rural Districts	..	Number	1,081	918	994
		Rate	13.9	11.4	12.3

Infant Deaths :

Administrative	Number	.. ..	100	57	67
County	Rate per 1,000 live births		32.4	20.3	25.5
Cambridge	Number	.. ..	48	33	35
	Rate per 1,000 live births		30.2	23.7	26.3
Rural Districts	Number	.. ..	52	24	32
	Rate per 1,000 live births		34.7	17.0	24.6

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

Administrative	Number	.. ..	1	Nil	2
County	Rate per 1,000 total births		0.3	Nil	0.74
Cambridge	Number	.. ..	1	Nil	1
	Rate per 1,000 total births		0.6	Nil	0.74
Rural Districts	Number	.. ..	Nil	Nil	1
	Rate per 1,000 total births		Nil	Nil	0.75

(b) From other puerperal conditions :

Administrative	Number	.. ..	2	1	Nil
County	Rate per 1,000 total births		0.6	0.35	Nil
Cambridge	Number	.. ..	1	1	Nil
	Rate per 1,000 total births		0.6	0.70	Nil
Rural Districts	Number	.. ..	1	Nil	Nil
	Rate per 1,000 total births		0.7	Nil	Nil

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

Administrative	County	Number	54	57	43
		Rate	0.34	0.34	0.25
Cambridge	.. ..	Number	23	31	21
		Rate	0.29	0.36	0.23
Rural Districts	.. ..	Number	31	26	22
		Rate	0.40	0.32	0.27

(b) Non-pulmonary :

Administrative	County	..	Number	11	10	7
			Rate	0.07	0.06	0.04
Cambridge	.. ..	..	Number	7	6	2
			Rate	0.09	0.07	0.02
Rural Districts	.. ..	..	Number	4	4	5
			Rate	0.05	0.05	0.06

(c) All forms :

Administrative	County	..	Number	65	67	50
			Rate	0.41	0.41	0.29
Cambridge	.. ..	..	Number	30	37	23
			Rate	0.38	0.43	0.25
Rural Districts	.. ..	..	Number	35	30	27
			Rate	0.45	0.37	0.33

Cancer Deaths :

Administrative	County	..	Number	321	349	376
			Rate	2.0	2.1	2.2
Cambridge	.. ..	..	Number	151	170	194
			Rate	1.9	2.0	2.2
Rural Districts	.. ..	..	Number	170	179	182
			Rate	2.2	2.2	2.2

Once again there has been a rise in the population of the County. On this occasion the Registrar-General has been able to furnish a figure for the total population whereas in previous years since 1940 only the civilian population has been given. If the total population is considered, the rise in the figure as between 1948 and 1949 is only slightly less than that as between 1947 and 1948 but, of course, if only civilian populations are considered, the rise is very much less. The rise in the civilian population is much greater in Cambridge than in the rural area, but when the non-civilian population is added there is a slightly greater rise in the rural area than there is in Cambridge. Birth rates and death rates have been calculated on civilian populations partly to maintain continuity with previous years and partly because, in the case of deaths, only those of civilians are forwarded by the Registrar-General.

There was a marked fall in the birth-rate in the County between 1948 and 1949. The magnitude of the fall was approximately the same in Cambridge and in the rural area, but there were the usual discrepancies between individual rural districts. In Chesterton the fall was greater than in any other of the four areas (including Cambridge), but in Newmarket it was very slight as an offset against the considerable fall there in the previous year.

The fall in the illegitimate birth rate has continued and, so far as the County as a whole is concerned, it is now little above what it was in 1938 (4.9 per cent. of live births as against 4.2 per cent.). The relative positions of the Borough and rural area, however, are now different from those of 1938. In that year the rate in the Borough was 4.5 per cent. while in 1949 it was 4.7 per cent., but the 1938 rate in the rural area was only 3.8 per cent. as against 5.0 per cent. in 1949.

The still birth rate is of approximately the same level as that of the previous year but the position is different in the Borough and the rural area. In the former there has been a fall which brings the rate to the same level as that of 1947, a record low rate, but in the latter there has been a small rise, following the much larger one of the previous year in that area.

The very low death rate of 1948 was not maintained in 1949 but the rate remained lower than that of 1947. For the first time since the war, the Registrar-General has been able to furnish a comparability factor which is supposed to eliminate those differences in the death rate in various areas which are due solely to the age and sex distribution of the population. When this factor has been applied to the crude death rates quoted in the foregoing pages for Cambridge and the Rural Districts, the corrected death rate for Cambridge becomes 10.6 while that for the rural area becomes 10.5, a fact which may be cautiously interpreted as indicating that the differences between environmental factors in the two areas have little bearing on the respective death rates.

As might be expected, there was some falling off from the very high standard set by the infant mortality rate of 1948 but even so the rate

of 25.5 for the administrative county was the lowest on record except for that of 1948 and was well below the rate for the country as a whole. The rates were similar in the Borough and the rural area, but in the latter there had been a much greater rise because of the extremely low rate in the previous year. The main individual item of the various causes of infant mortality in which there has been a rise is the death of infants from prematurity. From this cause there were 14 deaths in the Borough and 4 in the rural area, as against 4 and 1 respectively in the previous year. On the other hand the number of deaths from congenital malformation and birth injury fell from 23 to 12 in the Borough and remained stationary in the rural area. There was a slight rise in the number of deaths from diarrhoea (4 as against 2).

There were two maternal deaths during 1949, one in the Borough and one in the rural area. Both were due to sepsis and that in the rural area ends the sequence of seven years during which there had been no such deaths there, but there were no deaths from other maternal causes in any part of the County and, in the rural area, this repeats the state of affairs which existed in the previous year.

There was a fall in the death rate from pulmonary tuberculosis in both parts of the County, of slightly greater magnitude in Cambridge than in the rural area. The rate in Cambridge is the lowest ever recorded, while that in the rural area is equal to the lowest previously recorded, that of 1944. Since these low rates coincide in the Borough and rural area in the same year, a state of affairs which has been uncommon previously, it follows that the rate in the Administrative County as a whole is the lowest ever recorded.

The death rate from non-pulmonary tuberculosis also fell in Cambridge and again the rate for 1949 was the lowest ever recorded there, but there was a very slight rise in the rate in the rural area. The death rate from all forms of tuberculosis was the lowest recorded in the Administrative County and in the Borough of Cambridge and the rural area considered separately, a very satisfactory state of affairs so far as it goes, though it would be unwise to stress it too much since it remains to be seen whether subsequent years will bear out the implied promise.

The number of deaths from cancer has again increased in both the Borough and rural area. In the latter the death rate has remained stationary, but there has been a further rise in the Borough with a corresponding rise in the Administrative County as a whole. Of the total of 376 deaths, 18 were in individuals under the age of 45 and 86 in individuals under the age of 65. The corresponding figures for 1948 were 23 and 130.

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 :—

			1947	1948	1949
Scarlet Fever	..	..	88	221	395
Diphtheria	..	..	5	9	—

Enteric Fever (including paratyphoid)	2	2	—
Smallpox	—	—	—
Cerebro-Spinal Fever ..	6	2	2
Pneumonia	59	51	54

The rise in the incidence of scarlet fever has continued, though fortunately the disease has remained of the mild type which has become one of its features in modern times. No doubt this in itself is a contributory factor in the difficulty of control since there are almost certainly many mild cases which are never recognised and yet spread infection.

For the first year on record the County has been completely free from diphtheria and it would be hard to believe that the immunisation campaign has played no part in this state of affairs even though it is possible to point to some years of low incidence before the war. It would be a pity if the supposed connection of poliomyelitis with immunisation were given so exaggerated an importance as to discourage parents from having their children immunised with a consequent increase in the incidence of diphtheria, which is a very dangerous and fatal disease in young children in spite of modern methods of treatment.

There were 14 notified cases of poliomyelitis in the County during 1949, the same number as in the previous year and one less than in 1947, so that it can be said that Cambridgeshire has so far escaped the heavy incidence that has been the experience of many parts of the country. It is known, however, that there were some cases of febrile disease with atypical nervous symptoms and it may be that the notified cases do not represent the full incidence of the trouble. Again the majority of notified cases (11) were in the Borough of Cambridge.

Diphtheria Immunisation.—The arrangements detailed in the report for 1948 continued during 1949 but it was unfortunate that the amount to be paid for the completion and submission of the record by medical practitioners to the local health authority remained unsettled till almost the end of the year. The result was that many practitioners ceased to send in records and, although many of them sent in a large batch in the early part of 1950 and these have been allocated to 1949 where appropriate, it seems possible that the recorded number of immunisations is lower than the actual number.

The following figures set out the work done in infant welfare centres in the rural area from January 1st to December 31st :—

<i>Children Treated</i>					
Abington .. .. .	..	..	..	..	6
Balsham .. .. .	..	..	..	..	23
Barrington .. .. .	..	..	..	..	13
Bassingbourn .. .. .	..	..	..	..	20
Bottisham .. .. .	..	..	..	..	19
Bourn .. .. .	..	..	..	..	31
Burwell .. .. .	..	..	..	..	19

Castle Camps	..	..	..	..	14
Cheveley	..	..	..	..	10
Chippenham	..	..	..	..	9
Coton	..	..	..	..	15
Cottenham	..	..	..	..	20
Croydon	..	..	..	..	4
Dullingham	..	..	..	..	12
Duxford	..	..	..	..	26
Elsworth	..	..	..	..	15
Fordham	..	..	..	..	—
Fowlmere	..	..	..	..	16
Fulbourn	..	..	..	..	22
Gamlingay	....	..	..	..	—
Girton	..	..	..	..	18
Gt. Shelford	..	..	..	..	—
Gt. Wilbraham	..	..	..	..	5
Harston	..	..	..	..	24
Histon	..	..	..	..	23
Isleham	..	..	..	..	12
Linton	..	..	..	..	28
Melbourn	..	..	..	..	12
Sawston	..	..	..	..	12
Soham	..	..	..	..	—
Steeple Morden	..	..	..	..	14
Swavesey	..	..	..	..	36
Waterbeach	..	..	..	..	52
Wicken	..	..	..	..	—
Willingham	..	..	..	..	32

Total 562

In addition 32 so-called "booster" doses have been given at infant welfare centres, that is to say doses given to children about to attend school to reinforce the effect of doses given in earlier life.

In the rural part of the County an additional 442 children of under school age and 26 children of school age were immunised by medical practitioners according to records received.

In the Borough of Cambridge a total of 816 children of under school age and 44 children of school age was immunised in clinics or otherwise.

In addition 111 "booster" doses were given in the rural area apart from those given in infant welfare centres and a total of 544 "booster" doses were given in the Borough.

Vaccination against Smallpox.—The same remarks as to the possible non-submission of records apply in the case of vaccination against smallpox as in the case of immunisation against diphtheria but the following figures set out the numbers vaccinated according to the records received.

			<i>Vaccinated.</i>	<i>Re-Vaccinated</i>
Under 1 year	..	..	484	—
Age 1-4	..	..	375	10
Age 5-14	..	..	16	17
Over 15	..	..	88	433
Totals	..	..	963	460

The total figures for both vaccination and re-vaccination show a considerable improvement over those of the previous year, but an analysis of them is not quite so re-assuring. The number of infant vaccinations in 1948 was 446 while in 1949 it was 484, an inconsiderable rise. While no doubt the vaccination of the older children set out above is advantageous, it does seem that there is still antagonism to infant vaccination and it cannot be said that a steady build up of an immune population from birth onwards is being accomplished.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

The changes in the arrangements for the carrying out of the midwifery, maternity and child welfare work of the County Council brought about by the National Health Service Act of 1946 were described in the report on the year 1948 and there have been no further alterations of moment. The year 1949 is the first in which there has been uninterrupted working of the new arrangements over a whole year both in the Borough of Cambridge and in the rural area.

In the former, three midwives continued to be employed directly by the Local Health Authority and five other midwives notified their intention to practise outside hospitals. Of these one attended only one midwifery case in a mother and baby home, one was in domiciliary private practice and three practised in nursing homes.

The midwives employed by the Authority attended 77 cases as midwives and 78 cases as maternity nurses, that is under the direction of a general practitioner. The midwife in private domiciliary practice attended 38 cases as a midwife and 59 cases as a maternity nurse, while the midwives in nursing homes attended 3 cases as midwives and 108 as maternity nurses.

All three midwives in the direct employ of the Authority were qualified to administer gas and air as was also the midwife in private domiciliary practice. The total number of cases in which the method was used in domiciliary practice was 127.

Midwives working outside hospitals found it necessary to summon medical aid in 28 cases, in 8 of which the practitioner concerned had already arranged to provide the patient with maternity services under the National Health Service Act.

The total number of births notified in the Borough during the year was 1,374 including 25 still births, to which must be added 9 births to women normally resident in Cambridge but taking place elsewhere making the final figure 1,383.

The two combined ante-natal and post-natal clinics continued their work during 1949 and 214 women made 540 attendances. Fifty-four of these women attended for post-natal examination which involved 59 attendances. The scheme for the ante-natal and post-natal examina-

tion of women who had engaged midwives for their confinements by private practitioners of their own choice has been discontinued in the Borough and no examinations were made under it in 1949.

Premature Infants.—The number of births of children with a birth weight of $5\frac{1}{2}$ lbs. or under to women normally resident in Cambridge was 70 of which 4 were born at home and 66 in hospital or nursing home. The four children born at home all weighed over 4 lbs. at birth and all survived more than 28 days. Of the remainder 7 were nursed entirely in nursing homes. Six who had a birth weight of over 4 lbs. survived more than 28 days, but one with a birth weight between 3 and 4 lbs. died within 24 hours. Of those born in hospital 11 had a birth weight of less than 3 lbs. and of these 6 died in less than 24 hours, 2 survived more than 28 days and the remainder died in the intermediate period. Nine had a birth weight of 3-4 lbs. of whom 3 died in less than 24 hours, 4 survived more than 28 days and 2 died in the intermediate period. Thirty-nine had a birth weight between 4 and $5\frac{1}{2}$ lbs. and 37 of them survived more than 28 days. One died in less than 24 hours and 1 in the intervening period.

Illegitimate Infants.—No special worker is employed by the Authority for the visiting of illegitimate infants in Cambridge but a grant of £150 per annum is paid to the Association for the Care of Girls for the services of their Social Worker in this field.

The number of visits paid by Health Visitors in Cambridge during 1949 was as follows :—

To children under 1 year	1st visits	..	1,273
	Total visits	..	5,590
To children aged 1-5	..	Total visits	.. 9,009
To expectant mothers	..	1st visits	.. 220
		Total visits	.. 362

Infant Welfare Centres.—The following is the list of infant welfare centres in operation in Cambridge during 1949 :

Auckland Road
Castle Street
Cherryhinton
Chesterton
East Barnwell
Newnham
Romsey
Trumpington

The number of children who attended these eight centres was 3,491 of whom 703 were still under the age of one year at the end of the year. The number of new children attending was 1,385, of whom 1,061 were under the age of one year at the time of their first attendance. The total number of attendances made by children under the age of one year was 16,644 and by children over the age of one year 8,522.

Day Nurseries.—There were two day nurseries in operation in Cambridge on December 31st, 1949, providing 14 approved places for children aged 0-2 and 71 full time and 13 part-time places for children aged 2-5. The average daily attendance during the year was 11 children below 2 years of age and 61 full time and 5 part time children between the ages of 2 and 5 years.

There were no residential nurseries managed by the Health Committee at the end of the year.

In the rural area notification of intention to practise was received from 44 midwives, the total number known to be practising at the end of the year being 40.

Midwives attended 459 confinements during the year acting as midwives only in 303 cases and as maternity nurses under medical direction in 156. The figures relating to midwives employed by the Authority were 298 confinements attended as midwives and 150 as maternity nurses. The total number of cases attended by midwives in either capacity was almost 100 fewer than the number attended in the previous year, a figure which no doubt reflects both the fall in the birth rate and the increasing tendency to institutional confinements.

At the end of the year there were 31 midwives qualified to administer gas and air which represents all the midwives in the direct employ of the authority except one part time midwife who acts as a maternity nurse only. The number of cases in which the method was used was 287 as against 223 in the previous year.

Midwives found it necessary to summon medical aid in 95 cases in none of which was it known that the practitioner had previously contracted to provide the patient with maternity services under the National Health Service Act.

The total number of births actually notified from the rural area in 1949 was 1,300 including 33 still births. This figure may be compared with the figure of 1,336 registered births (live and still) on which the calculation of the statistics at the beginning of the report is based.

There are no ante-natal clinics in the rural area, but the scheme of ante-natal and post-natal examination by general medical practitioners continues as before. The number of women examined ante-natally was 218 and the number examined post-natally was 135, both figures being less than those of the previous year as would be expected in the light of the smaller number of cases attended by domiciliary midwives.

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
126	1	2	1	3

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

158	1	3	3	3
-----	---	---	---	---

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

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
71	3	3	—

Post-natal examinations about the 6th week :

82	10	5	1
----	----	---	---

The old discrepancy between the numbers of ante-natal examinations at the 16th week and at the 32nd-36th week has re-appeared and it is clear that many women must be receiving only one ante-natal examination. This is the first year in which the number of late post-natal examinations has exceeded the number of early ones, but it is probable that this has been brought about not so much by the greater willingness of women to undergo the later examination as by the doubts of the medical profession as to the usefulness and advisability of the earlier one. Once again it is the case that the proportion of women considered to require treatment is higher at the second post-natal examination than at the first.

Premature Infants.—The number of births of children with a birth weight of $5\frac{1}{2}$ lbs. or under to women normally resident in the rural area was 73 as compared with 77 in the previous year.

Of these 18 were born in the mother's own home and 55 in hospital or nursing home. Of those born at home, 2 with a birth weight of under 3 lbs. died within 24 hours of birth and one died in less than 7 days. One with a birth weight of 3-4 lbs. died between the 8th and 28th day and one of this weight survived more than 28 days. Of those with birth weights between 4 and $5\frac{1}{2}$ lbs., one died between the 2nd and 7th days and 11 survived more than 28 days. The remaining child who had a birth weight of between 3 and 4 lbs. was transferred to hospital.

Of those born in hospital or nursing home 48 survived more than 28 days, 3 died in less than 24 hours and the remainder died in various periods between 24 hours and 28 days. The transferred child mentioned above survived more than 28 days.

Illegitimate Infants.—No special arrangements are made for the visitation of illegitimate infants, but a close liaison with voluntary bodies is maintained.

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	..	1,176
	Total visits	..	13,773
To children aged 1-5	..	Total visits	.. 17,791

Infant Welfare Centres.—Three new centres were opened in 1949 at Chippenham, Fowlmere and Great Wilbraham respectively with the approval of the Ministry of Health.

The number of children attending the centres during the year was 3,025 of whom 700 were still under the age of one year at the end of the year. The number of new children attending was 1,231 of whom 913 were under the age of one year at the date of their first attendance. The total number of attendances made by children under the age of one year was 5,761 and by children over the age of one year was 9,230.

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

				<i>New Cases</i>	<i>Total in attendance</i>
Abington	..	..	..	44	49
Balsham	..	..	..	41	116
Barrington	..	..	..	14	41
Bassingbourn	..	..	..	50	128
Bottisham	..	..	..	70	101
Bourn	..	..	..	51	115
Burwell	..	..	..	39	94
Castle Camps	..	..	..	9	35
Cheveley	..	..	..	19	36
Chippenham	..	..	..	35	35
Coton	..	..	..	34	86
Cottenham	..	..	..	21	52
Croydon	..	..	..	3	18
Dullingham	..	..	..	27	60
Duxford	..	..	..	22	92
Elsworth	..	..	..	23	108
Fordham	..	..	..	12	47
Fowlmere	..	..	..	64	88
Fulbourn	..	..	..	21	110
Gamlingay	..	..	..	28	62
Girton	..	..	..	88	195
Great Shelford	..	..	..	46	124
Great Wilbraham	..	..	..	41	41
Harston	..	..	..	25	90
Histon	..	..	..	42	115
Isleham	..	..	..	20	37
Linton	..	..	..	26	71
Melbourn	..	..	..	29	89
Sawston	..	..	..	31	131
Soham	..	..	..	47	70
Steeple Morden	..	..	..	29	76
Swavesey	..	..	..	45	166
Waterbeach	..	..	..	61	110
Wicken	..	..	..	6	25
Willingham	..	..	..	66	212

Registration of Nursing Homes.—There was no change in the arrangements which have been in force for many years whereby the County Council is the registration authority for the whole of the area, but the work of inspection in Cambridge is carried out by officers of the Borough Council. The committee which administers the Act is now the Welfare Committee. There were no new registrations during the year but the terms of registration of one home were altered to allow for the admission of general medical cases in substitution for maternity cases. At the end of the year there were 7 nursing homes in Cambridge and 3 in the rural area providing 52 maternity beds and 46 others.

Dental Treatment of Mothers and Young Children.—The unhappy position set out in the report for the year 1948 remained the same at the end of 1949. In spite of some improvement in the salaries of the dental staff no applications for vacant posts were received. In the rural area one dentist struggled to fulfil the needs of the school children in the area for which purpose she was primarily appointed, but obviously it was impossible for her to accomplish even this and it was out of the question for her to add maternity and child welfare work to her duties. The work in infant welfare centres which had been done by private dental practitioners prior to the operation of the National Health Service Act was completely in abeyance in 1949.

In the Borough of Cambridge the staffing position was somewhat better but still far below establishment. In that area there had always been an allocation of time to maternity and child welfare, and work for mothers and young children continued in spite of the shortfalling with regard to school children. The following figures set out the work done :—

(a) *Numbers provided with dental care :*

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing mothers	146	146	146	146
Children under five ..	498	249	249	249

(b) *Forms of dental treatment provided :*

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing mothers	273	127	19	148	17	Nil	Nil	34	40	14
Children under five	127	106	4	177	Nil	139	Nil	7	—	—

HOME NURSING

The arrangements set out in the 1948 report continued unaltered during 1949 and no great difficulty was experienced in their working. The expected avalanche of applications for nursing which had been prophesied, especially in the Borough of Cambridge, did not materialise and approximately the same staff as was in existence on July 5th, 1948 succeeded in satisfying the demand.

During 1949 the Board of Governors of the United Cambridge Hospitals discussed with representatives of the Local Health Authority a scheme whereby certain patients were to be discharged from Addenbrooke's Hospital after a shorter duration of stay than that considered normal for continued treatment, including nursing, at home. The suggested arrangements began to operate before the end of the year, but even this did not impose an undue strain on the nursing service though this is not to say that it may not involve an increase of staff when fully developed.

On December 31st, 1949, there were six whole time nurses and one part time nurse employed in the Borough while in the rural area there were thirty-two nurses combining home nursing duties with maternity work and health visiting.

In Cambridge the number of cases attended during the year was 1,124 involving a total of 21,882 visits and in the rural area the number of cases attended was 3,032 involving a total of 55,518 visits. In the previous year figures for the last half of the year only were given. Probably nursing visits are fewer in the second half of the year than in the first, but, leaving this out of account, the figures for 1949 represent a considerable increase over those for 1948.

THE DOMESTIC HELP SERVICE

The only change in the arrangements which were instituted at the beginning of the working of the scheme taking place during 1949 was an alteration in the method of assessing contributions to be paid by householders for the services of domestic helps. It will be remembered that a scale put forward by the County Councils Association, the Association of Municipal Corporations and the London County Council was recommended for adoption by the Ministry of Health. In the report on the year 1948 certain difficulties which the working of this scale involved were set out and the Health Committee were so impressed by these difficulties that they decided to institute a method of assessment whereby the contribution was paid at an hourly rate. In most cases, though not in all, the effect was that the householder paid less than he otherwise would have done, but a much greater advantage was that the difficulties associated with equal payments for unequal services were obviated.

The service continued to expand in both the Borough and the rural area but naturally the rate of expansion was greater in the latter since the start was made at a much lower level. In both areas there has been great demand which it has never been easy completely to satisfy, but the difficulties have remained much greater in the rural area because of the uneven distribution of the women available for work in the homes and the unwillingness of many to be moved far away from their centre. It has been possible to find a certain number of women who will act as residential domestic helps, but their use solves the problem only when the provision of whole time domestic help can be justified.

The number of domestic helps employed in Cambridge at the end of 1949 was 24 full time and 34 part time while in the rural area there were 16 full time and 27 part time helps.

The number of cases attended in the Borough was 662 of which 395 were general cases and 267 maternity and in the rural area 170 cases were attended of which 115 were general and 55 maternity.

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 1949 :—

<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	3	—
2	2	5	2	4
5	1	1	4	4
10	1	1	3	3
15	12	9	3	6
20	17	10	2	3
25	33	27	2	—
35	12	11	1	1
45	14	6	1	1
55	9	5	1	2
65	4	3	2	—
75 and upwards	1	—	2	—
	108	79	26	24

In 37 of these cases information was derived from sources other than formal notification namely from the death returns of local registrars 19, posthumous notifications 1, transfers from other areas 13 and other sources 4. Assuming that all of the 13 transfers had been notified in their area of origin, it would appear that the number of actual failures to notify was 24 or 3 more than that of the previous year though the total figure, including transfers, is one less than the 1948 figure.

The number of pulmonary cases was 23 more than in 1948 and the increase was almost equal for males and females (12 and 11 respectively). The actual increase is lower than that which took place between 1947 and 1948 when it was 32. Quite a considerable proportion of the increase appears to have taken place in the very low age groups from which pulmonary tuberculosis had been virtually absent for some years until recently or it may be correct to say had remained undetected. Apart from this the main increase was in the 25-35 age group in which there were 8 more male cases and 6 more female cases. The number of non-pulmonary cases was the same as in the previous year but, whereas there had been an increase of 7 in the number of male cases, there was a corresponding decrease in the number of female cases. The total number of ascertained cases of tuberculosis, including of course cases transferred from other areas, began to rise in 1946 and there has been an increase each year since then to the present figure of 237. It may be remembered that it was stated in the report on the previous year that the figure for the year 1929 to which it was necessary to go back to find a higher figure than that for 1948 was 235, so that it may be said that the 1949 figure was substantially the same as the 1929 figure. The figure of 352 for the year 1928 was the latest one which was actually higher than the 1949 figure.

There is of course no ground for satisfaction in the state of affairs but it is important to consider the many factors involved before taking too gloomy a view and in particular to set off against the figures for the incidence of the disease those for the death rate. As has been pointed out in the earlier part of this report the death rate in all parts of the County touched a record low level in 1949 and, if it has no other implications, that fact certainly indicates the efficacy of the supervision and treatment of the known cases of the disease. Actually, however, it probably means also that a considerable proportion of the new cases must have been discovered at an early stage of their disease and, by inference, that a part of the apparent increase in incidence is due to better ascertainment, by, for example, the activities of the mass radiography unit. Furthermore the increase in the population of the area which has also been described earlier in the report may itself be responsible for an increase in the number of new cases. Much of the increase is caused by an influx of new residents rather than by increases in the lower age groups and some of these new residents are undoubtedly suffering from tuberculosis whether recognised before arrival or not. Apart from this a very large population will inevitably show a larger number of cases of any disease than a very small one and when the incidence is worked out in terms of a rate the matter takes on a somewhat different complexion. Thus in 1948 with a population of 166,940 there were 214 cases while in 1949 with a population of 171,240 there were 237 cases giving incidence rates of 1.28 and 1.38 respectively, an increase certainly as between the two years, but not an increase of a very high order.

The County Council is not now concerned with the institutional or

clinic treatment of tuberculosis but it still has functions covered by the words care and after-care, and for the carrying out of this work it has the valuable assistance of Dr. Paton Philip and his staff at the chest clinic which has passed into the hands of the Regional Hospital Board. The work comprises the visitation of tuberculous patients and their families in their own homes by health visitors with advice as to a satisfactory mode of life, the provision of shelters where appropriate and the giving of extra nourishment and other forms of assistance. The last mentioned work is carried out on behalf of the Council by the Cambridgeshire Tuberculosis After Care Association to which the Council pays an annual grant.

Shelters were provided for patients considered to require them and towards the end of the year the Health Committee gave some consideration to the possibility of improving the condition of shelters in regular use. It was decided that they should be lined with plywood painted a light colour and that the hessian used in the shutters should be replaced with unbreakable glass at a cost of approximately £30 a shelter.

The numbers of visits paid by nurses or health visitors during 1949 were 465 in the Borough and 1,442 in the rural area, a total of 1,907 as against 1,548 in 1948.

Assistance was given by the After Care Association to 28 patients of whom 9 were men and 19 women. Of these 11 returned to their former or some allied employment, 16 were still under treatment at the end of the year and 1 died.

In view of the difficulty mentioned in the report on the year 1948 of using the County Council grant without making cash payments to patients, a voucher system was initiated by means of which authority was given to tradesmen to supply specified articles to patients at the Association's expense. This system involves somewhat more work by the staff but otherwise has worked smoothly and has proved worth while.

VENEREAL DISEASES

Under the terms of the National Health Service Act of 1946, the Council has no longer any responsibility for the treatment of venereal disease. Theoretically, however, either the County Council or the Local Sanitary Authorities have some responsibility for preventing its spread amongst the community just as they have a responsibility for preventing the spread of other infectious diseases. In this they are very much hampered by the moral and domestic implications with which it is associated. As they have some responsibility and as figures have been supplied by the only clinic which is used extensively by Cambridgeshire patients, it is proposed to publish them as heretofore. The following are the details :

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients under treatment on January 1st,			
1949	89	57	146
Old cases re-admitted	49	13	62
"First time" patients during 1949 ..	213	73	286
Total under treatment (including trans- fers from other clinics)	367	144	511
Left without completing treatment ..	21	10	31
Transferred to other Centres	40	11	51
Out-patient attendances :			
(a) On Clinic days	1,713	1,063	2,776
(b) On intermediate days	1,806	—	1,806

There has been a fall in the number of new cases as compared with the figure of the previous year and the number is the lowest since 1940.

The figures are not now given in such a way as to make it possible to compare the number found not to be suffering from venereal disease with the corresponding numbers in previous years.

There were 36 new cases of syphilis in Cambridgeshire patients as against the very high figure of 64 in the previous year and it is necessary to go back to the years 1943 and 1944 to find a lower figure than this. In each of these years there were 28 new cases. In 1939 and 1940 the figures were 20 and 15 respectively, but there were 35 cases in 1938, a figure which was considered very high at that time. There were only 14 new cases of gonorrhoea in Cambridgeshire patients as against 22 in the previous year but it is difficult to believe that this has any relation to the actual incidence of the disease in spite of the improved methods of treatment, especially when comparison is made with the figure for syphilis. Separate figures for the two sexes are not provided for Cambridgeshire patients only, but, when patients attending from all areas are considered, it is found that only one woman suffering from gonorrhoea attended as compared with 19 men. How far figures for clinic attendances can be regarded as indicating the incidence of the diseases at all is problematical but they are the only measure available in the absence of notification.

Only 7 cases of congenital syphilis attended the Clinic during the year and of these 4 were in children under the age of one year. It may be hoped that this indicates a satisfactory position so far as the spread of the disease from one generation to another is concerned.

It is significant that while 12 patients are recorded as having attended as contacts through the agency of other patients, none can be stated to have attended through the agency of health visitors or social workers.

MENTAL HEALTH

Full details with regard to the changes in the work of the County Council in respect of persons of unsound mind and of mental defectives brought about by the National Health Service Act of 1946 were given in the report on the year 1948 and it is not proposed to repeat them.

It may be said that the arrangement whereby the work connected with the certification of persons of unsound mind is carried out by a part-time duly authorised officer and a part-time deputy has continued to operate satisfactorily throughout the year. The following are the figures relating to this work :—

Cases certified	88
Voluntary patients	134
Urgency Orders	2
Other cases	63

The psychiatric social worker appointed by the Cambridgeshire Mental Welfare Association continued to deal with cases of mental disturbance not amounting to unsoundness of mind and with certain cases discharged from mental hospitals on the Council's behalf. A total of 224 cases was dealt with during the year of which 144 were new and 80 remained from 1948.

In 1949, 28 new cases of mental deficiency were considered by the Mental Health Sub-Committee of the Health Committee of which 6 were notified by the County Education Committee, 16 by the Borough Committee for Education, 4 by the Cambridgeshire Mental Welfare Association, 1 by another County Council and 1 privately.

The method of dealing with them was :—

Petition for Certified Institution .. .	7
Statutory Supervision	15
Voluntary Supervision	6

The fact that resolutions were passed authorising Petitions for Certified Institutions in the case of the above mentioned seven defectives meant no more than the placing of their names on the waiting list of the Regional Hospital Board. The number of vacancies which that body can offer is very small and a waiting period of years in each case is usually necessary.

At the end of the year there were 29 cases on leave of absence from institutions.

The number of cases awaiting admission to suitable institutions at the end of the year was 46 of which 17 were in Linton Hospital and 15 in the County Mental Hospital at Fulbourn.

The number of cases under guardianship at the end of the year was 10, of whom only 4 had guardians in Cambridgeshire, the remainder having been placed by the Brighton Guardianship Society.

The Occupation Centre at St. Giles' Church Hall, Cambridge continued to be open throughout the year on five days each week except for the normal school holidays during which it was closed. It is staffed by a Supervisor with seven assistants and a part time cleaner who also performs escort duties. Two vehicles are provided for the transport of defectives to the centre, one owned by the County Council and the other hired from a local omnibus company. Travelling expenses of defectives coming from a distance who are unable to make use of these vehicles are paid by the Council. An interesting feature of the work of the centre was the organisation of a fortnight's holiday of a camping

nature at one of the Council's schools during the summer vacation. Not only did this give the defectives experience of organised community life over a continuous period, but it also gave the parents a welcome relief from the strain imposed by their unbroken care over a long period. The number of defectives attending the camp was 38.

The number on the roll of the Occupation Centre at the end of the year was 64.

BLIND PERSONS

The Council's work for blind persons administered by the Welfare Committee continued on the usual lines during 1949, but it was hampered by the fact that for part of the year no full time home teacher at all was on the staff and that for a large part of it there was only one home teacher. However, by the end of the year two home teachers had been appointed and there is now a reasonable hope that the position will remain stable for some time to come.

At the end of the year there were 264 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	4	145	150
Rural Area	—	—	114	114
	1	4	259	264

Of the 259 cases of blindness over the age of 16, 215 were regarded as unemployable. There were 12 home workers and 23 employed elsewhere, as well as one employed in a workshop for the blind. Three blind persons were under training and three more were regarded as trainable. Two were trained but unemployed.

The Home Teachers paid 1,223 visits to blind persons during the year (Borough 420, Rural Area 803). The low figure for the Borough is caused by the long period during which there was no separate home teacher for that area.

At Christmas the Home Teachers organised a party for the blind of both the Borough and the rural area, the Council providing the necessary funds. Blind persons were transported from the whole of the area through the kindness of voluntary helpers and many members of the Council were present at the party which seemed to be much appreciated.

AMBULANCE SERVICE

The main lines of the service described in the report for the year 1948 remained in operation throughout 1949, but in addition to the seven ambulances stated to be working at the end of the former year three cars for sitting cases directly owned by the County Council came into service during the year.

The supplementary service of ambulances and cars provided by the British Red Cross Society and St. John's Ambulance Brigade continued in 1949 as did also the old Hospital Car Service, but in addition an arrangement was made with a private hire firm whereby their cars could be called on as required for the transport of sitting cases at a charge of 6d. per mile.

The following figures give some account of the work done :—

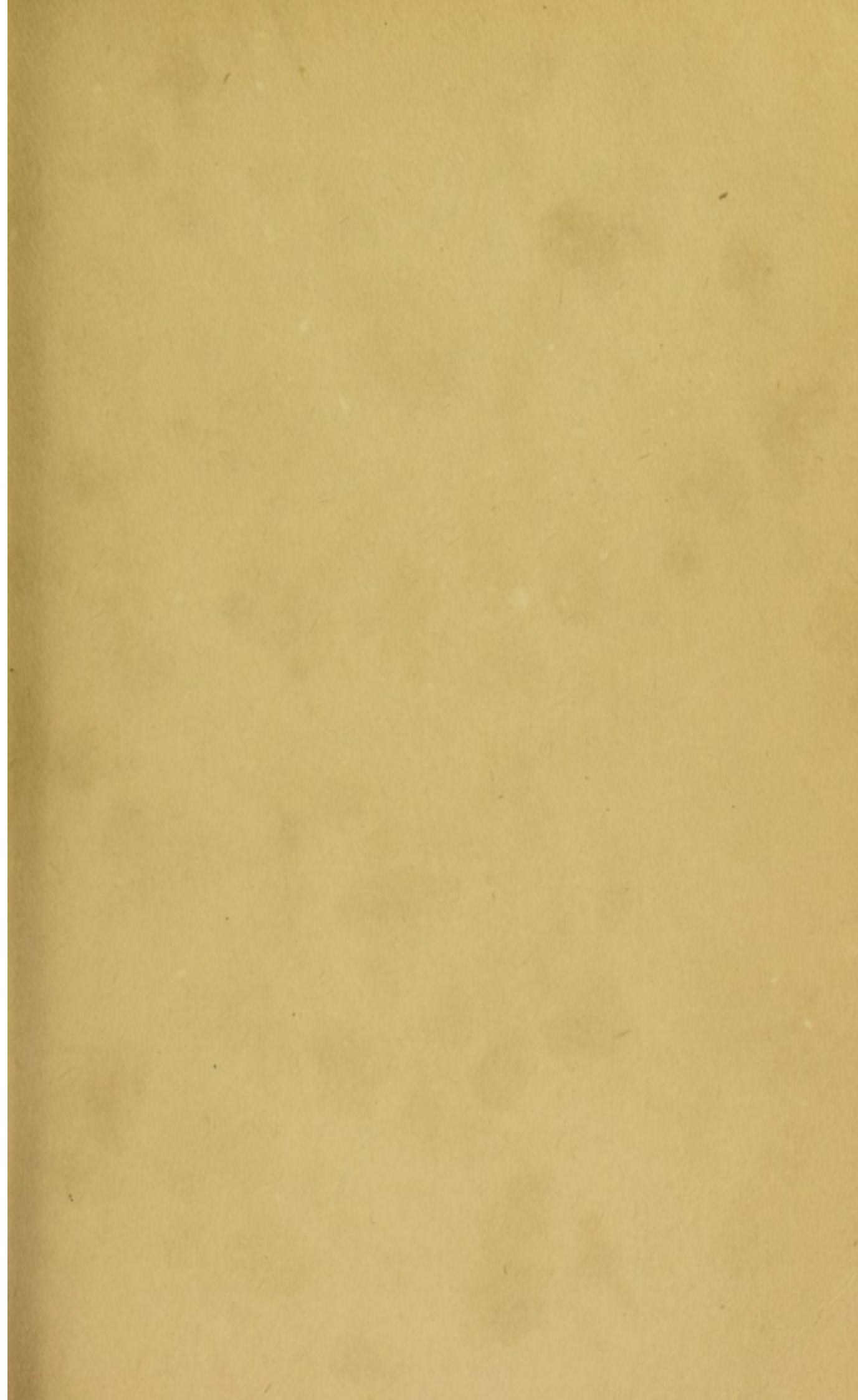
Ambulances directly provided	7
Cars directly provided	3
Number of journeys by above	
Ambulances	7,538
Cars	2,019
Patients carried by above	
Ambulances	7,783
Cars	3,049
Accident and emergency journeys included in above	
Ambulances	475
Cars	14
Mileage run by above	
Ambulances	107,482
Cars	46,882
Journeys by supplementary vehicles	
Ambulances	391
Cars	6,681
Patients carried by supplementary vehicles	
Ambulances	528
Cars	13,280
Accident and emergency journeys by supplementary vehicles	
Ambulances	1
Cars	Nil
Mileage run by supplementary vehicles	
Ambulances	31,142
Cars	162,882

The number of full time staff on December 31st, 1949 was 20.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1949

			AGGREGATE OF URBAN DISTRICTS								AGGREGATE OF RURAL DISTRICTS							
			Sex	All Ages.	0—	1—	5—	15—	45—	65—	All Ages.	0—	1—	5—	15—	45—	65—	
ALL CAUSES	..	..	M	477	16	3	4	37	119	298	503	19	8	3	34	95	344
			F	486	19	3	3	23	88	350	491	13	4	2	23	84	365	
1 Typhoid and paratyphoid fevers	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2 Cerebro-spinal fever	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Scarlet fever	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4 Whooping Cough	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	1	1	—	—	—	—	—	
5 Diphtheria	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Tuberculosis of respiratory system	..	..	M	17	—	—	—	5	9	3	14	—	—	—	8	3	3
			F	4	—	—	—	2	1	1	8	—	—	—	5	2	1	
7 Other forms of tuberculosis	..	..	M	1	—	—	—	1	—	—	4	—	1	—	2	1	—
			F	1	—	1	—	—	—	—	1	—	—	—	1	—	—	
8 Syphilitic diseases	..	..	M	4	—	—	—	—	2	2	1	—	—	—	—	—	1
			F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
9 Influenza	..	..	M	2	—	—	—	—	—	2	10	—	—	—	1	1	8
			F	5	—	—	—	—	2	3	11	—	—	—	—	—	11	
10 Measles	..	..	M	1	—	1	—	—	—	—	1	—	1	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11 Acute poliomyelitis and polio-encephalitis	..	..	M	—	—	—	—	—	—	—	2	—	2	—	—	—	—
			F	1	—	—	—	1	—	—	—	—	—	—	—	—	—	
12 Acute inf. encephalitis	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	1	—	—	—	—	—	1	—	—	—	—	—	—	—	
13 Cancer of buc. cav. and oesoph. (M)	..	..	M	6	—	—	—	—	1	5	6	—	—	—	—	1	5
Uterus (F)	..	..	F	10	—	—	—	2	4	4	8	—	—	—	1	3	4
14 Cancer of stomach and duodenum	..	..	M	15	—	—	—	1	3	11	23	—	—	—	—	7	16
			F	12	—	—	—	—	5	7	9	—	—	—	1	2	6	
15 Cancer of breast	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	22	—	—	—	1	11	10	22	—	—	—	1	12	9	
16 Cancer of all other sites	..	..	M	72	—	—	—	4	28	40	61	—	1	—	1	16	43
			F	57	—	—	—	8	17	32	53	—	—	—	3	14	36	
17 Diabetes	..	..	M	2	—	—	—	1	—	1	3	—	—	—	—	1	2
			F	8	—	—	—	—	2	6	7	—	—	—	—	3	4	
18 Intra-cranial vascular lesions	..	..	M	59	—	—	—	1	9	49	41	—	—	—	1	8	32
			F	82	—	—	1	1	11	69	86	—	—	—	1	13	72	
19 Heart diseases	..	..	M	151	—	—	—	10	29	112	174	—	—	—	6	24	144
			F	119	—	1	—	1	10	107	153	—	—	—	1	13	139	
20 Other diseases of circulatory system	..	..	M	15	—	—	—	—	3	12	16	—	—	—	—	3	13
			F	23	—	—	—	—	2	21	9	—	—	—	—	1	8	
21 Bronchitis	..	..	M	15	—	—	—	—	6	9	16	—	—	—	—	3	13
			F	22	1	—	—	1	2	18	18	—	—	—	—	3	15	
22 Pneumonia	..	..	M	12	2	—	1	—	4	5	13	1	—	—	—	3	9
			F	15	—	—	—	—	—	15	15	2	1	—	1	3	8	
23 Other respiratory diseases	..	..	M	8	—	—	—	—	3	5	5	—	—	—	—	2	3
			F	3	—	—	—	—	—	3	3	—	—	—	1	1	—	
24 Ulcer of stomach or duodenum	..	..	M	13	—	—	—	1	5	7	5	—	—	—	1	3	1
			F	1	—	—	—	—	1	—	1	—	—	—	—	—	1	
25 Diarrhoea under 2 years	..	..	M	1	1	—	—	—	—	—	1	1	—	—	—	—	—
			F	2	2	—	—	—	—	—	—	—	—	—	—	—	—	
26 Appendicitis	..	..	M	2	—	—	—	—	—	2	1	—	—	—	1	—	—
			F	1	—	—	—	—	—	1	—	—	—	—	—	—	—	
27 Other digestive diseases	..	..	M	5	—	—	1	1	—	3	6	—	—	—	—	1	5
			F	10	—	—	—	—	3	7	8	1	—	—	3	1	3	
28 Nephritis	..	..	M	11	—	—	—	—	4	7	11	—	—	—	1	6	4
			F	16	—	—	—	1	5	10	12	—	—	—	—	3	9	
29 Puerperal and post abort. sepsis	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	1	—	—	—	1	—	—	1	—	—	—	1	—	—	
30 Other maternal causes	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Premature birth	..	..	M	6	6	—	—	—	—	—	3	3	—	—	—	—	—
			F	8	8	—	—	—	—	—	1	1	—	—	—	—	—	
32 Con. Mal., birth injuries, inf. dis.	..	..	M	7	6	1	—	—	—	—	12	11	—	—	1	—	—
			F	8	6	1	—	—	1	—	5	5	—	—	—	—	—	
33 Suicide	..	..	M	6	—	—	—	3	2	1	6	—	—	—	3	—	3
			F	4	—	—	—	—	3	1	—	—	—	—	—	—	—	
34 Road traffic accidents	..	..	M	8	—	—	1	4	2	1	6	—	1	1	2	2	—
			F	7	—	—	1	2	1	3	2	—	—	—	—	2	—	
35 Other violent causes	..	..	M	5	—	—	1	1	3	—	13	3	2	—	2	1	5
			F	12	1	—	—	—	—	11	9	2	1	—	—	—	6	
36 All other causes	..	..	M	33	1	1	—	4	6	21	49	—	—	—	5	9	34
			F	30	—	—	1	2	7	20	48	1	2	2	4	7	32	

TABLE I.—Comparison of the
Administrative Costs of the



· Crampton & Sons, Ltd., Printers, Sawston, Cambs. 594-50