Cambridgeshire County Council

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1950

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INDEX

HEALTH COMMITTEE

as at December 31st, 1950

Chairman—Alderman R. Ellis‡*†

Alderman	M. Carter*†	Councillor	M. C. Burkitt‡*
,,	L. M. H. Clark‡*†	,,	S. O. Chivers
,,	G. Edwards	,,	J. B. Collins
,,	E. G. G. Frost‡*†	,,	P. F. Dennard‡†
,,	E. W. Parsons†	,,	H. Hartley‡
,,	C. D. Rackham‡*	,,	E. Hepher‡*
,,	R. H. Parker‡*†	,,	J. A. Patterson‡
Councillor	E. Briggs*†	,,	D. M. E. Rowling‡
,,	E. W. Bullman‡	,,	C. Webb*
,,	F. Bunnett‡	,,	E. C. Webb‡
,,	G. Y. Burn*		

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

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

Dr. A. Brown*
Mr. B. McN. Truscott‡
Dr. D. Cameron†
} Nominated by the Cambridgeshire Local Medical Committee.

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. E. Blackman, 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. H. R. Mallett, Mr. H. B. Naylor, Capt. A. C. Taylor.

Appointed by the County Health Committee :—

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

Co-opted Members :—

Mrs. D. Greaves, Dr. M. G. P. Reed.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

The following figures set out the principal facts relating to the Administrative County for the year 1950 and for the two previous years for comparison.

Populations (Registrar General's Estimates):

	1948	1949	1950
Administrative County ..	166, 940	171, 240 (civilian) 175,670 (total)	173,800
Cambridge	86,190	90,210 (civilian) 90,590 (total)	90,470
Rural Districts	80,750	81,030 (civilian) 85,080 (total)	83,330
Chesterton	35,510	36,410 (civilian) 38,840 (total)	38,060
Newmarket	20,840	20,340 (civilian & total)	20,570
South Cambridgeshire ..	24,400	24,280 (civilian) 25,900 (total)	24,700

Births (live):

Administrative County	Number ..	2,807	2,630	2,669
	Rate per 1,000	16.8	15.4	15.4
Cambridge	Number ..	1,395	1,331	1,316
	Rate per 1,000	16.2	14.8	14.5
Rural Districts	Number ..	1,412	1,299	1,353
	Rate per 1,000	17.5	16.0	16.2
Chesterton	Number ..	611	556	601
	Rate per 1,000	17.2	15.2	15.8
Newmarket	Number ..	334	319	317
	Rate per 1,000	16.0	15.7	15.4
South Cambridgeshire ..	Number ..	467	424	435
	Rate per 1,000	19.1	17.5	17.6

Illegitimate Births:

Administrative County ..	Number	157	128	137
	Rate per cent live births	5.6	4.9	5.1
Cambridge ..	Number	77	63	76
	Rate per cent live births	5.5	4.7	5.8
Rural Districts	Number	80	65	61
	Rate per cent live births	5.7	5.0	4.5

Still Births:

Administrative County ..	Number	67	61	62
	Rate per 1,000 total births	23.3	22.7	22.7
Cambridge ..	Number	31	24	31
	Rate per 1,000 total births	21.7	17.7	23.0
Rural Districts	Number	36	37	31
	Rate per 1,000 total births	24.9	27.7	22.4

Deaths:

Administrative County ..	Number	1,721	1,957	1,865
	Rate	10.3	11.4	10.7
Cambridge	Number	803	963	886
	Rate	9.3	10.7	9.8
Rural Districts	Number	918	994	979
	Rate	11.4	12.3	11.7

Infant Deaths :

Administrative County	Number	57	67	57
	Rate per 1,000 live births	20.3	25.5	21.4
Cambridge ..	Number	33	35	27
	Rate per 1,000 live births	23.7	26.3	20.5
Rural Districts	Number	24	32	30
	Rate per 1,000 live births	17.0	24.6	22.2

Maternal Deaths.

(a) *From sepsis* :

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

(b) *From other puerperal conditions* :

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

Tuberculosis Deaths :

(a) *Pulmonary* :

Administrative County ..	Number	57	43	29
	Rate	0.34	0.25	0.17
Cambridge	Number	31	21	10
	Rate	0.36	0.23	0.11
Rural Districts	Number	26	22	19
	Rate	0.32	0.27	0.23

(b) *Non-pulmonary* :

Administrative County ..	Number	10	7	4
	Rate	0.06	0.04	0.02
Cambridge	Number	6	2	3
	Rate	0.07	0.02	0.03
Rural Districts	Number	4	5	1
	Rate	0.05	0.06	0.01

(c) *All forms* :

Administrative County ..	Number	67	50	33
	Rate	0.41	0.29	0.19
Cambridge	Number	37	23	13
	Rate	0.43	0.25	0.14
Rural Districts	Number	30	27	20
	Rate	0.37	0.33	0.24

Cancer Deaths :

Administrative County ..	Number	349	376	329
	Rate	2.1	2.2	1.9
Cambridge	Number	170	194	167
	Rate	2.0	2.2	1.8
Rural Districts	Number	179	182	162
	Rate	2.2	2.2	1.9

For the mid-year 1950, the Registrar General has reverted to his previous practice of furnishing only one population figure for each area as opposed to the plan adopted for 1949 of giving a civilian population and a total population. The figure given for 1950 is termed the " home" population and includes armed forces stationed in the area, as do also the figures furnished for births and deaths. The effect of this is that there has been a fall in the population in the Administrative County as a whole and in each individual area except Newmarket Rural District when the 1950 figure is compared with that given for the total population for the previous year but a general rise when only the civilian population of the previous year is considered. The rise is of small magnitude in the Borough of Cambridge and Newmarket Rural District but is considerable in Chesterton Rural District.

The fall in the birth rate noted in 1949 appears to have been arrested in 1950. The figure for the Administrative County remained unchanged but there was a slight fall in the Borough and a slight rise in the Rural Districts largely due to a rise in Chesterton where there had been a fairly large drop in the previous year.

There has been a rise in the illegitimate birth rate in the County as a whole, though not quite to the 1948 level. This rise is due entirely to a considerable increase in the Borough of Cambridge while the rate in the rural area has continued to fall. That of both areas was well above the 1938 level.

The still birth rate for the County is exactly the same as that of the previous year, but this is not to say that there have been no changes. Actually there was a considerable rise in Cambridge offset by a corresponding fall in the rural area.

There was an all round fall in the death rate but not to the extent of bringing it back to the low figure of 1948 for either the Borough or the rural area. The crude death rate was considerably lower in the Borough than in the rural area but the comparability factors furnished by the Registrar General give corrected death rates of 9.6 in the Borough and 10.0 in the rural area, the remaining discrepancy being slight. The difference is somewhat higher than usual but as the result of such a figure for a single year it would not be possible to say that there are any factors in the rural area other than the age and sex distribution of the population which are the cause of a higher death rate there.

After its rise in the previous year, the infant mortality rate has fallen again but not quite to the record low figure of 1948 for the County as a whole. In the Borough of Cambridge, however, the rate for 1950 is even lower than that for 1948 and constitutes a record. The obvious implication is that the rate for the rural area is well above that of 1948, but, as was pointed out in the 1949 report, the record low figure of 17.0 in that year will not be easy to repeat. Owing to a re-classification of causes of death to conform to international practice it is difficult to compare particular parts of infant mortality with the corresponding ones of former years. In particular there is now no allocation of infant deaths to prematurity. There has, however, been a big drop in deaths

from congenital malformation in both the Borough and rural area. There were no deaths from diarrhoea in either area while as regards respiratory causes of death there was a complete absence of such deaths in the Borough and only two occurred (from pneumonia) in the rural area. The other infant deaths (including, presumably, those from prematurity) were classified as due to "other defined and ill-defined diseases," a rather unsatisfactory group on which to base any conclusions.

There were no maternal deaths from any cause in any part of the County, an unprecedented state of affairs and one which facilitates comparison with the figures of former years, since here again there has been a re-classification and deaths are not allocated to sepsis and other puerperal conditions as formerly but as a total to "Pregnancy, childbirth and abortion."

There was another considerable fall in the death rate from pulmonary tuberculosis. In the Borough of Cambridge the rate was slightly less than half what it was in the previous year and, though the fall in the rural area was not of the same magnitude, a record low rate was set up for the two areas separately and for the Administrative County as a whole.

The death rate from non-pulmonary tuberculosis rose very slightly in the Borough of Cambridge, but there was a marked fall in the rural area and consequently the rate in the Administrative County was halved. When all forms of tuberculosis are considered together, the small rise in the non-pulmonary rate in the Borough, which was greatly overshadowed by the fall in the pulmonary rate, was not sufficient to affect the fact that the rates in the Administrative County and in the Borough and rural area individually all constituted new low records. While it may be premature to express unqualified satisfaction with this state of affairs, since it is a matter of experience that a very low rate for this disease in one year is apt to be followed by a higher rate in the immediately succeeding year, it is a fact, as will be seen later in the report, that the low death rate in 1950 is also accompanied by a lower ascertainment rate and there may be ground for cautious optimism with regard to the problems presented by tuberculosis.

There was a considerable decrease in the number of deaths from cancer and consequently in the death rate due to that disease in both the Borough and rural area. The explanation is difficult. It might be hoped that the early ascertainment of cases and their effective treatment was the cause, but it seems strange that there should be so sudden a reversal of a previous trend in any one year. There were 18 deaths in individuals under 45 years of age, the same figure as that of the previous year and 126 in individuals below the age of 65 as against 86 in the previous year.

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

	1948	1949	1950
Scarlet Fever	221	395	316
Diphtheria	9	—	—
Enteric Fever (including paratyphoid)..	2	—	1
Smallpox	—	—	—
Cerebro-Spinal Fever ..	2	2	2
Pneumonia	51	54	34

Though the number of notified cases of scarlet fever has declined somewhat, the incidence still remains fairly high, but the disease is of very mild character. The figure for notified cases is in any case of doubtful value for, in addition to those developing the characteristic rash which forms the basis of notification, there are many others with streptococcal infection of the throat, the fundamental condition in scarlet fever, but no rash which are never notified at all.

For the second successive year there have been no cases of diphtheria, a state of affairs which had never existed in the County until 1949. The incidence of the disease is declining year by year in the country as a whole and it may be hoped that it will eventually become a medical rarity, but this will only be so if the interest of the public in immunisation is maintained and any false sense of security is likely to be followed by a return of the old state of affairs.

There were eight notified cases of poliomyelitis in the County during 1950, a reduction of six as compared with the figure of the previous year. In two of the cases there was no paralysis and therefore the diagnosis cannot be regarded as absolutely certain. Four of the cases were in the Borough of Cambridge, a somewhat smaller proportion than that of the two previous years.

Diphtheria Immunisation.—This work has proceeded on the usual lines, some children being immunised at infant welfare centres and other clinics and some at the surgeries of medical practitioners or in their own homes. The following figures set out the work done in infant welfare centres in the rural area during the year :—

Children Treated

Abington	13
Balsham	27
Barrington	13
Bassingbourn	24
Bottisham	25
Bourn..	12
Burwell	31
Castle Camps	10
Cheveley	8
Chippenham	5
Coton	14
Cottenham	10
Croydon	—
Dullingham	13
Duxford	11

Elsworth	8
Fordham	—
Fowlmere	27
Fulbourn	22
Gamlingay	—
Girton	13
Gt. Shelford	42
Gt. Wilbraham	7
Harston	16
Histon	15
Isleham	21
Linton	22
Longstanton	21
Melbourn	9
Sawston	12
Soham	—
Steeple Morden	24
Swavesey	19
Waterbeach	50
Wicken	—
Willingham	23
Total	567

In addition, 75 " booster " doses, that is to say doses given to children about to attend school to reinforce the effects of earlier doses, were given at rural infant welfare centres.

So far as can be ascertained from records received an additional 660 children of under school age in the rural area were immunised by medical practitioners at their surgeries or in the children's own homes making a total of 1,227, besides 41 children of school age who were immunised in this way. One hundred and ninety-four booster doses were also given by general practitioners.

In the Borough of Cambridge a total of 1,186 children of under school age and 53 children of school age was immunised in clinics or otherwise. Two hundred and three booster doses were given in the Borough.

Vaccination against Smallpox.—The following figures show the number of vaccinations carried out in the County as a whole according to records received for the year 1950 :—

	Vaccinated	*Re-Vaccinated*
Under 1 year	697	—
Age 1-4	797	27
Age 5-14	70	57
Over 15	148	740
Totals	1712	824

Once again there has been an improvement in the figures relating to vaccination, no doubt due to some extent to the fact that there were cases of smallpox in other parts of the country. In 1950 the improve-

ment extended to all age groups, including children of under one year, though by far the greatest increase was in children between one and four years of age. Nevertheless, even when allowance is made for the fact that some parents may prefer to have their children vaccinated after they have attained the age of one year, the proportion of young children vaccinated in relation to the births taking place in the corresponding year is still much lower than it ought to be and is in striking contrast to the position in the case of diphtheria immunisation.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

There was no substantial change under this heading during 1950 of the arrangements previously detailed for both the Borough of Cambridge and the rural area and the work has proceeded smoothly. The details are set out separately for the two main divisions of the County in what follows.

Borough of Cambridge.

Three whole time midwives were employed by the Authority and six other midwives notified their intention to practise outside hospitals of whom one was the superintendent of a mother and baby home in which confinements do not usually take place. Of the other five, one was in domiciliary private practice and four practised in nursing homes.

The midwives employed by the Authority attended 83 cases as midwives and 78 cases as maternity nurses, that is under the direction of medical practitioners. The former figure is six greater than that of the previous year and the latter is exactly the same. The midwife in private domiciliary practice attended 71 cases as a midwife and 16 as a maternity nurse while the midwives in nursing homes attended 97 cases, all as maternity nurses.

All three midwives in the direct employ of the Authority and also the midwife in private domiciliary practice were qualified to administer gas and air, the total number of cases for which this treatment was used in domiciliary practice being 151.

Midwives working outside hospitals found it necessary to summon medical aid in 24 cases, in 16 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 1,375 including 30 still births, to which must be added 10 births to women normally resident in Cambridge taking place elsewhere, making the final figure 1,385.

At the combined ante-natal and post-natal clinics 152 women made 416 attendances in 1950. Thirty-three of these women attended for post-natal examination which involved 59 attendances.

Premature Infants.—The number of births of children with a birth weight of 5½ lbs. or under to women normally resident in Cambridge was 84 of which 9 were born at home and 75 in hospital or nursing home. The 9 children born at home all weighed over 4 lbs. at birth and all survived more than 28 days. Of the remainder 10 were nursed entirely in nursing homes. Six who had a birth weight of over 4 lbs. survived more than 28 days but, of two with a birth weight of between 3 and 4 lbs., one died in the first 24 hours and the other survived more than 28 days. Two children with birth weights of under 3 lbs. survived more than 28 days. Information is not available as to the birth weights and survival periods of children born prematurely in hospital.

Illegitimate Infants.—The arrangement whereby the County Council contributes £150 per annum to the funds of the Association for the Care of Girls for work in the Borough of Cambridge continued during 1950.

The number of visits paid by Health Visitors in Cambridge during 1950 was as follows :—

To children under 1 year ..	1st visits ..	1,308
	Total visits ..	6,102
To children aged 1-5 ..	Total visits ..	8,849
To expectant mothers ..	1st visits ..	147
	Total visits ..	273

Infant Welfare Centres.—A new centre was started in Cambridge at Norwich St. on April 5th, 1950. Otherwise the list remains as published in the report for the year 1949.

At the nine centres a total of 61 sessions per month was held and 3,634 children attended during the year. At the end of the year 763 were still under the age of one year. The number of new children attending was 1,286 of whom 1,066 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 15,990 and by children over the age of one year 8,949.

Day Nurseries.—There were two day nurseries in operation in Cambridge on December 31st, 1950, providing 14 approved places for children aged 0-2 and 81 full time and 13 part time places for children aged 2-5. The average daily attendance during the year was 11.5 children below 2 years of age and 67 full time and 7 part time children between the ages of 2 and 5 years.

There were no residential nurseries managed by the Health Committee.

Rural Area.

In the rural area, notification of intention to practise was received from 42 midwives, the total number known to be practising at the end of the year being 37.

Midwives attended 465 confinements during the year acting as midwives only in 255 cases and as maternity nurses under medical direction in 210. The figures relating to midwives employed by the Authority were 255 confinements attended as midwives and 206 as maternity nurses. The total number of cases attended by midwives in either capacity was 6 more than the number attended in the previous year.

At the end of the year there were 32 midwives qualified to administer gas and air which represents all the midwives in the direct employ of the authority. The number of cases in which the method was used was 228 against 287 in the previous year.

Midwives found it necessary to summon medical aid in 54 cases in 27 of which the practitioner concerned had already arranged to provide the patient with maternity services under Part IV of the National Health Service Act.

The total number of births actually notified from the rural area in 1950 was 1,307 including 28 still births. The number of births (live and still) registered as belonging to the rural area was 1,353.

There are no ante-natal clinics in the rural area but any woman engaging a midwife for her confinement can have two ante-natal and two post-natal examinations by a doctor of her own choice, the doctor's fee being paid by the County Council. The number of women examined ante-natally was 123 and the number examined post-natally was 54. Both of these figures are very much less than those of the previous year, a fact which is no doubt due to the increasing number of cases in which, though a midwife only is present at the confinement, a doctor has arranged to give maternity services under Part IV of the National Health Service Act.

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
66	1	—	—	7

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

73	5	1	—	5

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

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
28	3	1	—

Post-natal examinations about the 6th week :

35	5	3	—

The figures for the two ante-natal examinations and the two post-natal examinations are more closely similar than usual, though the second examination is still the more frequent in each case. Ever since these examinations were first started it has been a fact that fewer women are willing to undergo a post-natal examination than are willing to undergo an ante-natal examination.

Premature Infants.—The number of births of children with a birth weight of 5½ lbs or under to women normally resident in the rural area was 65 as compared with 73 in the previous year.

Of these 16 were born in the mother's own home and 49 in hospital or nursing home. Of those born at home and nursed entirely at home, 2 with birth weights between 4 and 5½ lbs. died in the first 24 hours of life and 9 survived more than 28 days (1 with a birth weight of between 3 and 4 lbs. and 8 with birth weights of between 4 and 5½ lbs.). The remaining 5 were transferred to hospital (1 weighing less than 3 lbs., 2 weighing between 3 and 4 lbs. and 2 weighing between 4 and 4½ lbs.). The survival periods for these children and for those actually born in hospital are not available.

Illegitimate Infants.—Apart from close liaison between the Council's officers and voluntary bodies, no special arrangements exist in the rural area for the care of illegitimate children.

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 ..	1,196
	Total visits ..	12,955
To children aged 1-5	Total visits ..	14,688

Infant Welfare Centres.—In 1950 the weighing centre which had existed at Longstanton in connection with the Willingham Infant Welfare Centre was converted to a full centre, a need which was caused by the increase of married R.A.F. personnel in the neighbourhood. This made the total number of centres in the rural part of the County 36.

The number of children attending the centres during the year was 2,746 of whom 692 were still under the age of one year at the end of the year. The number of new children attending was 1,183 of whom 892 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 5,889 and by children over the age of one year was 8,752.

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

	New Cases	*Total in attendance*
Abington	20	54
Balsham	53	90
Barrington	18	39
Bassingbourn	45	127
Bottisham	58	84
Bourn	65	140

Burwell	27	81
Castle Camps	9	41
Cheveley	16	34
Chippenham	11	30
Coton	27	81
Cottenham..	22	50
Croydon	1	9
Dullingham	22	51
Duxford	45	103
Elsworth	21	81
Fordham	15	45
Fowlmere	42	100
Fulbourn	28	123
Gamlingay..	23	62
Girton	23	94
Gt. Shelford	68	129
Gt. Wilbraham	4	33
Harston	36	91
Histon	26	105
Isleham	19	39
Linton	23	70
Longstanton	50	89
Melbourn	27	95
Sawston	41	119
Soham	24	60
Steeple Morden	15	71
Swavesey	53	114
Waterbeach	61	129
Wicken	8	31
Willingham	42	88

Dental Treatment of Mothers and Young Children.—There was a further deterioration in the staffing position during 1950 in that the orthodontic specialist who had given half of his time to work in the Borough and half to work in the rural area left the service of the Council. Probably his departure made little difference to the treatment of mothers and young children but it was not counterbalanced by any increases in other directions and in fact the position was just as unsatisfactory as it was in 1949. In the rural part of the County, no systematic work for expectant and nursing mothers or for children of under school age could be done at all but in the Borough that branch of the work continued, the general dimensions of it being actually somewhat larger than in the previous year. The following are the details :—

(a) *Numbers provided with dental care* :

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing mothers	168	159	159	159
Children under five ..	505	278	278	278

(b) *Forms of dental treatment provided* :

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing mothers	406	174	232	111	23	—	—	31	30	15
Children under five	134	75	59	151	—	167	—	11	—	—

In addition 11 repairs of dentures were carried out as well as one gold inlay and one jacket crown.

REGISTRATION OF NURSING HOMES

No change took place either in the arrangements for the registration and inspection of nursing homes or in the number of beds provided during the year.

The seven homes in Cambridge and three in the rural area continued their work providing 52 maternity beds and 46 others. There appeared to be every indication, however, of a decreasing tendency on the part of the public to make use of the existing facilities and it is probable that the year 1951 will show some reduction of the amount of accommodation available in nursing homes.

HOME NURSING

The work under this head has continued steadily during the year without any substantial alteration in its volume and without undue difficulty in carrying it out, though replacements of members of the staff who have resigned have not been achieved as readily as might have been wished.

It has been possible for the fullest co-operation to be given with the Board of Governors of the Cambridge United Hospitals in their endeavour to free hospital beds at the earliest possible moment and no great strain has been placed on the service by the discharge of patients who require continued nursing at home.

On December 31st, 1950, there were seven whole time nurses and two part-time nurses employed in Cambridge and 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 1,231 as against 1,124 in the previous year, and the number of visits paid was 21,770 as against 21,882 in 1949. In the rural area the number of cases attended was 2,637 as against 3,032 in 1949 and the number of visits was 54,730 as against 55,518 in 1949.

THE DOMESTIC HELP SERVICE

There was no change of note in connection with this service during 1950. The altered scale of assessment of contributions to which reference was made in the 1949 report was operated throughout 1950, its chief feature being an hourly rate of contribution as opposed to a block payment irrespective of the amount of service received. It has obviated much of the friction with regard to contributions which occurred from time to time under the old system and it may be said that in general the service has operated smoothly, the chief difficulties being an uneven distribution of domestic helps over the area as a whole and the need to see that there is no exploitation of the available assistance. It cannot be too strongly emphasised that applications can only be entertained when certain well specified conditions are satisfied and that there is no " on demand " service to enable the public at large to overcome general domestic difficulties.

The number of domestic helps employed in Cambridge at the end of 1950 was 23 giving full-time service and 53 giving part-time service. The number and type of cases in which help was given were as follows :—

Maternity	261
Tuberculosis	19
General	681

In the rural area at the end of the year there were 14 full-time and 31 part-time domestic helps and the cases to which help was given were :

Maternity	42
Tuberculosis ..	5
General	134

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 1950 :—

Age Periods	*Pulmonary*		*Non-Pulmonary*	
	M.	*F.*	*M.*	*F.*
0	1	—	—	1
1	1	2	1	—
2	3	1	1	2
5	4	3	1	2
10	1	1	2	1
15	7	7	1	1
20	16	18	2	—
25	30	23	1	1
35	15	9	—	2
45	10	6	—	—
55	10	3	1	—
65	2	3	—	—
75 and upwards	—	1	—	—
	100	77	10	10

In 39 of these cases information was derived from sources other than formal notification namely from the death returns of local registrars 12, posthumous notifications 2, transfers from other areas 20 and other sources 5. Assuming that all of the 20 transfers had been notified in their area of origin, the actual number of failures to notify was 19 or 5 less than that of the previous year, though the total figure is 2 more than the 1949 figure.

The number of pulmonary cases was 10 less than in 1949, the bulk of the decrease having been in male cases (8 males and 2 females). The number of cases in age groups below 15 years was again high as compared with pre-war years and was actually 3 more than the figure for 1949 but the question as to whether this represents better ascertainment rather than higher incidence remains an open one. In the age group 15-20 there was a considerable decrease but there was an actual increase of significant magnitude in females aged 20-25. The number of non-pulmonary cases in both sexes was less than half that of the previous year and this resulted in the total number of ascertained cases of tuberculosis being 197 or 40 less than in the previous year. The figure is lower than that of 1948 by 8 cases but is still higher than that of 1947 when the number was 175. It is, of course, very much higher than those of the immediate pre-war years and it is necessary to go as far back as 1930 to find a pre-war figure (205) which exceeds it. Nevertheless, the reduction in incidence though not large, taken in conjunction with the greatly reduced death rate noted earlier in the report, may be taken to constitute 1950 an encouraging year so far as tuberculosis is concerned even though it remains to be seen whether it represents the beginning of a definite trend or is no more than a bright spot in a rather gloomy picture.

For its care and after-care work among tuberculous patients and their families, the County Council still retains the valuable services of

Dr. Paton Philip and his staff and pays an annual grant to the Cambridgeshire Tuberculosis After Care Association which provides assistance in kind to those in need of it. An important part of its work under this head is constituted by the rehabilitation of patients who have completed a period of institutional treatment or who may be considered by the Chest Physician to require complete change of occupation after domiciliary treatment. This work is carried out at Papworth Settlement and in most cases a part of the cost is borne by the Ministry of Labour. The usual period of rehabilitation is three years, but, as the patient becomes more expert at the occupation chosen and medically fit for longer hours, the charge to the Council progressively decreases. During 1950, 8 cases were given the benefit of the arrangements and the total number of cases since they started up to the end of 1950 has been 27.

The numbers of visits paid by nurses or health visitors during 1950 were 524 in the Borough and 1,195 in the rural area, a total of 1,719 as against 1,907 in 1949.

Assistance was given by the After Care Association to 32 patients (18 women and 14 men). Of these 19 returned to their original or allied occupations and 11 remained under treatment at home at the end of the year, while 2 were in sanatoria. The value of individual grants varied from 5/10 to 37/10 weekly, the family being taken as the unit requiring help in all cases.

VENEREAL DISEASES

Figures have been provided by the clinic at Addenbrooke's Hospital and therefore it is possible to give some account of the position relating to these diseases. The following are the details :—

	Male	*Female*	*Total*
Patients under treatment on January 1st, 1950	106	74	180
Old cases re-admitted	15	4	19
" First time " patients during 19~~49~~50 ..	161	71	232
Total under treatment (including transfers from other clinics)	286	150	436
Left without completing treatment ..	—	1	1
Transferred to other Centres	10	2	12
Out-patient attendances :			
(*a*) On Clinic days	1,004	830	1,834
(*b*) On intermediate days	—	—	—

Once again there was a fall in the number of new cases and the figure is the lowest since 1939.

There were 22 new cases of syphilis in Cambridgeshire patients so that it would appear that the incidence of the disease is now declining. It will be remembered that the corresponding figure was very high in

1948 (64) and that in 1949 it had dropped to 36. There has been no lower figure than the 1950 one since 1942 when it was 12, but that year seems to have been an exceptional one since there were 26 cases in 1941 and 28 in 1943. The number of new cases of gonorrhoea in Cambridgeshire patients attending the clinic was 16 which was 2 more than that of the previous year but reasons have been given in former reports for doubting whether this figure has any relation to the incidence of the disease in the County. There were only 22 new cases of gonorrhoea from the whole of the area served by the clinic and of these only 5 were women, though this is a higher proportion than usual.

Six cases of congenital syphilis attended during the year, one less than in the previous year and none were of children aged less than one year, so that the spread of the disease from one generation to another would not appear to take place on a large scale.

Eleven patients attended as contacts as a result of persuasion by other patients as against 12 in the previous year, and in 1950 it was possible to say that three contacts attended as a result of persuasion by a social worker. Satisfaction on this point is somewhat tempered however by the further knowledge that the agency concerned was an ante-natal clinic and there is no doubt that the tracing and treatment of venereal disease contacts leaves much to be desired.

MENTAL HEALTH

The arrangements under this head which were described in detail in the 1948 report continued to function without change during the two subsequent years. No great difficulty has arisen from the fact that the work connected with the certification of persons of unsound mind is carried out by a part-time officer with a part-time deputy. The following are the figures relating to it :—

Cases certified..	77
Urgency Orders	11
Admitted under Sec. 20	10
Voluntary Patients	202
Other cases	53

A total of 215 cases was dealt with during the year by the psychiatric social worker appointed by the Cambridgeshire Mental Welfare Association of which 102 were new and 113 remained on the books from previous years. These cases consist of people suffering from mental disturbance not amounting to unsoundness of mind and of cases discharged from mental hospitals which require further supervision and support. The salary of the psychiatric social worker and other expenses connected with the work are refunded to the Mental Welfare Association by the Council in full.

In 1950, 27 new cases of mental deficiency were considered by the Mental Health Sub-Committee of the Health Committee of which 7

were notified by the County Education Committee, 18 by the Borough Committee for Education, 1 by the Cambridgeshire Mental Welfare Association and 1 by another county council.

The method of dealing with them was :—

Petition for Certified Institution ..	6
Statutory Supervision	21

No progress was made during the year with the provision of institutional vacancies and the resolutions approving the presentation of Petitions meant no more than the placing of the names on the Regional Hospital Board's waiting list.

The number of cases awaiting admission to suitable institutions at the end of the year was 47 (one more than at the end of 1949) of which 17 were in Linton Hospital and 14 in the County Mental Hospital at Fulbourn.

At the end of the year there were 31 cases on leave of absence from institutions.

The number of cases under Guardianship was 9 of whom only 3 had guardians in Cambridgeshire. Of the remaining 6 the Brighton Guardianship Society had placed 5 and 1 was in a home in Surrey.

The activities of the Occupation Centre continued without interruption during the year. In view of the difficulty of finding institutional vacancies, this is a great boon to many parents of defectives, since not only does it relieve them of the burden of caring for them for some hours each day, but, by reason of its stabilising effect on their characters their control outside the Centre is rendered very much easier and the happiness of the defectives themselves is much greater. The annual camp held at one of the rural schools has now become a permanent feature of the work. It is greatly enjoyed by the defectives and gives the parents a welcome breathing space each year in which to consider their own recreation. Forty six defectives attended the camp in 1950.

The number on the roll of the Occupation Centre at the end of the year was 70.

BLIND PERSONS

The Welfare Committee of the Council continued its work for blind persons during 1950 and the Borough of Cambridge and rural area were each covered by their own home teacher throughout the year. This resulted in a much more stable position than had existed for some time. The number of blind persons on the register increased, a tendency which has been notable for some time now. No doubt the reasons are the increasing number of people living to an advanced age and a certain financial advantage which follows the actual certification of blindness.

The following are the figures showing distribution and age periods:—

	0-5	5-16	Over 16	Total
Borough	1	3	152	156
Rural Area	—	—	126	126
	1	3	278	282

Of the 278 cases of blindness over the age of 16, 238 were regarded as unemployable. There were 10 home workers and 21 employed elsewhere as well as one employed in a workshop for the blind. Two blind persons were under training and 5 more were regarded as trainable. One was trained but unemployed.

The Home Teachers paid 1,771 visits to blind persons during the year (Borough 998, Rural Area 873).

The Christmas party which was organised in 1949 proved so successful that it was found necessary to organise two parties in 1950 (one of which took place early in 1951). The Council provided the necessary funds and as before transport from all parts of the County was kindly provided by voluntary helpers. There can be no doubt that both parties were highly successful and greatly appreciated by the blind people who attended.

AMBULANCE SERVICE

The following figures give details of the work of the ambulance service in 1950 :—

Ambulances directly provided	9
Cars directly provided	3
Number of journeys by above	
Ambulances	8,536
Cars	3,552
Patients carried by above	
Ambulances	8.983
Cars	4,814
Accident and emergency journeys included in above	
Ambulances	746
Cars	35
Mileage run by above	
Ambulances	105,153
Cars	88,259
Journeys by supplementary vehicles	
Ambulances	260
Cars	1,074

Patients carried by supplementary vehicles	
Ambulances	307
Cars	20,250
Accident and emergency journeys by supplementary vehicles	
Ambulances	3
Cars	Nil
Mileage run by supplementary vehicles	
Ambulances	15,167
Cars	242,390

The number of full time staff on December 31st, 1950 was 22.

In general all the above figures show an increase in the volume of work, but there has been some alteration in its distribution as between the service directly provided by the Council and that provided by means of supplementary vehicles. The total mileage run by the Council's own ambulances is somewhat less than that of the previous year but on the other hand the mileage run by its cars has almost doubled, no doubt because it has been found possible to convey by car a number of patients who would otherwise have had to be conveyed by ambulance. The journeys run by both types of supplementary vehicle are considerably fewer in number as are the number of patients conveyed and the mileage covered by supplementary ambulances. The number of patients carried and the mileage covered by supplementary cars have both increased, however, probably because more patients have been carried in each car on individual journeys and the radius of operation has been widened.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1950

		AGGREGATE OF URBAN DISTRICTS									AGGREGATE OF RURAL DISTRICTS								
	Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	404	19	2	4	3	22	103	105	146	500	14	5	1	8	17	93	129	233
	F	482	8	2	2	3	22	84	120	241	479	16	3	2	5	18	77	106	252
1 Tuberculosis, respiratory	M	7	—	—	—	—	1	6	—	—	11	—	—	—	1	2	4	4	—
	F	3	—	—	—	—	1	1	1	—	8	—	—	—	2	5	—	—	1
2 Tuberculosis, other	M	2	—	—	1	—	1	—	—	—	1	—	—	—	—	—	1	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Syphilitic disease	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1
4 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
6 Meningococcal infections	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	M	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—	2	—	—	1	—	1	—	—	—
10 Malignant neoplasm, stomach ..	M	9	—	—	—	—	1	4	3	1	15	—	—	—	—	2	3	7	3
	F	17	—	—	—	—	—	2	7	8	15	—	—	—	—	—	8	2	5
11 Malignant neoplasm, lung, bronchus	M	16	—	—	—	—	1	9	5	1	6	—	—	—	—	—	3	2	1
	F	2	—	—	—	—	1	—	1	—	2	—	—	—	—	—	1	—	1
12 Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	20	—	—	—	—	2	6	5	7	12	—	—	—	—	2	7	2	1
13 Malignant neoplasm, uterus	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	1	2	3	1	7	—	—	—	—	1	5	—	1
14 Other malignant and lymphatic neo-	M	50	—	—	—	—	3	14	15	18	64	—	—	—	1	1	15	25	22
plasms	F	46	—	—	—	—	3	15	10	18	41	—	—	—	—	—	14	11	16
15 Leukaemia, aleukaemia	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
16 Diabetes	M	3	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	1	10	—	—	—	—	1	1	4	4
17 Vascular lesions of nervous system ..	M	48	1	—	—	—	—	9	16	22	61	—	—	—	—	1	6	15	39
	F	95	—	—	—	—	—	7	27	61	69	—	—	—	—	1	7	23	38
18 Coronary disease, angina	M	68	—	—	—	—	1	18	22	27	56	—	—	—	—	2	14	24	16
	F	51	—	—	—	—	1	8	17	25	36	—	—	—	—	—	5	11	20
19 Hypertension with heart disease ..	M	11	—	—	—	—	—	3	6	2	10	—	—	—	—	—	2	2	6
	F	13	—	—	—	—	—	3	3	7	12	—	—	—	—	—	2	5	5
20 Other heart disease	M	49	—	—	—	—	1	12	10	26	101	—	1	—	—	—	10	20	70
	F	77	—	—	—	—	4	4	15	54	121	—	—	—	—	2	13	22	84
21 Other circulatory disease	M	15	—	—	—	—	1	3	4	7	18	—	—	—	—	—	4	3	11
	F	25	—	—	—	—	—	8	6	11	15	—	—	—	—	—	2	3	10
22 Influenza	M	3	—	—	—	—	—	—	3	—	10	—	—	—	1	1	—	—	8
	F	4	—	—	—	—	—	—	1	3	7	1	—	—	—	1	1	—	4
23 Pneumonia	M	12	—	—	1	—	1	1	5	4	11	1	—	—	—	—	2	1	7
	F	10	—	—	—	—	—	—	3	7	8	1	—	—	—	1	1	—	5
24 Bronchitis	M	19	—	—	—	—	—	6	3	10	30	—	1	—	—	—	5	4	20
	F	9	—	—	—	—	—	1	2	6	14	—	—	—	—	—	—	3	11
25 Other diseases of respiratory system	M	5	—	—	—	—	—	2	—	3	6	—	—	1	1	—	3	1	—
	F	9	—	—	—	—	1	5	1	2	5	—	—	—	—	1	1	—	3
26 Ulcer of stomach and duodenum ..	M	6	—	—	—	—	1	3	1	1	8	—	—	—	—	2	3	2	1
	F	2	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	2	—
27 Gastritis, enteritis and diarrhoea ..	M	2	—	—	—	—	—	1	1	—	3	—	1	—	—	—	1	1	—
	F	5	—	1	—	—	1	—	—	3	1	—	1	—	—	—	—	—	—
28 Nephritis and nephrosis	M	2	—	—	—	—	2	—	—	—	2	1	—	—	—	1	—	—	—
	F	6	—	—	—	—	—	4	—	2	5	—	—	—	1	—	1	2	1
29 Hyperplasia of prostate	M	7	—	—	—	—	—	1	1	5	15	—	—	—	—	—	2	5	8
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30 Pregnancy, childbirth, abortion ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31 Congenital malformations	M	5	3	—	—	—	1	—	1	—	2	2	—	—	—	—	—	—	—
	F	6	2	—	—	—	2	1	1	—	5	4	—	—	—	1	—	—	—
32 Other defined and ill defined diseases	M	41	14	—	1	—	2	6	3	15	46	9	—	—	—	2	7	11	17
	F	50	6	—	2	1	3	7	12	19	65	9	1	—	—	1	6	16	32
33 Motor vehicle accidents	M	6	—	1	1	—	2	—	—	2	6	—	1	—	—	1	4	—	—
	F	1	—	—	—	1	—	—	—	—	4	—	1	1	2	—	—	—	—
34 All other accidents	M	10	1	1	—	2	1	2	1	2	9	1	—	—	3	—	1	—	4
	F	11	—	1	—	—	—	2	3	5	10	—	—	—	—	—	1	—	9
35 Suicide	M	8	—	—	—	1	2	3	2	—	8	—	—	—	1	2	3	2	—
	F	4	—	—	—	—	—	2	1	1	1	—	—	—	—	—	1	—	—
36 Homicide and operations of war ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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