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4
Cambridgeshire County Council

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1956



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INDEX

	PAGE
After Care	19
Ambulance Service	23
Ante Natal and Post Natal Work	12
Birth Rate	1
Blind Persons	21
Cancer	2 & 4
Child Welfare, Maternity and Midwifery	10
Death rate from All Causes	1
Dental Treatment of Mothers and Young Children	14
Diphtheria Immunisation	4
Domestic Help Service	17
Health Visiting	11 & 13
Home Nursing	15
Infant Mortality	1
Infant Welfare Centres	11 & 13
Infectious Diseases	4
Maternal Mortality	2
Mental Health	20
Notification of Births	10 & 12
Nursing Homes, Maternity and	15
Poliomyelitis Vaccination	8
Population	1
Statistics	1
Still-Births	1
Tuberculosis	18
Vaccination	8
Venereal Diseases	19
Welfare Foods	15
Whooping Cough Immunisation	4

Table 1. Causes of Death at Different Periods.

1. The first part of the report is devoted to a general description of the country and its resources. It is followed by a detailed account of the various industries and occupations of the people. The third part of the report is devoted to a description of the various towns and villages of the country. The fourth part of the report is devoted to a description of the various rivers and streams of the country. The fifth part of the report is devoted to a description of the various mountains and hills of the country. The sixth part of the report is devoted to a description of the various lakes and ponds of the country. The seventh part of the report is devoted to a description of the various forests and woods of the country. The eighth part of the report is devoted to a description of the various minerals and metals of the country. The ninth part of the report is devoted to a description of the various animals and plants of the country. The tenth part of the report is devoted to a description of the various customs and manners of the people. The eleventh part of the report is devoted to a description of the various laws and regulations of the country. The twelfth part of the report is devoted to a description of the various taxes and duties of the country. The thirteenth part of the report is devoted to a description of the various public works and buildings of the country. The fourteenth part of the report is devoted to a description of the various educational institutions of the country. The fifteenth part of the report is devoted to a description of the various religious institutions of the country. The sixteenth part of the report is devoted to a description of the various social and political organizations of the country. The seventeenth part of the report is devoted to a description of the various military and naval forces of the country. The eighteenth part of the report is devoted to a description of the various diplomatic relations of the country. The nineteenth part of the report is devoted to a description of the various international treaties and agreements of the country. The twentieth part of the report is devoted to a description of the various international organizations of the country. The twenty-first part of the report is devoted to a description of the various international conferences and congresses of the country. The twenty-second part of the report is devoted to a description of the various international exhibitions and fairs of the country. The twenty-third part of the report is devoted to a description of the various international trade and commerce of the country. The twenty-fourth part of the report is devoted to a description of the various international travel and tourism of the country. The twenty-fifth part of the report is devoted to a description of the various international communication and transportation of the country. The twenty-sixth part of the report is devoted to a description of the various international health and medicine of the country. The twenty-seventh part of the report is devoted to a description of the various international science and technology of the country. The twenty-eighth part of the report is devoted to a description of the various international culture and arts of the country. The twenty-ninth part of the report is devoted to a description of the various international sports and games of the country. The thirtieth part of the report is devoted to a description of the various international peace and security of the country.

COUNTY OF CAMBRIDGE

*With the Compliments of
the County Medical Officer of Health
& Principal School Medical Officer*

SHIRE HALL,
CASTLE HILL,
CAMBRIDGE.

COUNTY OF CAMBRIDGE

*With the Compliments of
the County Medical Officer of Health
& Sanitary District Medical Officer*

EMERSON HALL,
CASTLE HILL,
CAMBRIDGE

HEALTH COMMITTEE

as at December 31st, 1956

Chairman—Councillor H. R. Mallett*†§

Alderman	S. T. Bull†	Councillor	F. Bunnett†
"	M. Carter*†§	"	P. F. Dennard†
"	L. M. H. Clark*†§	"	H. Hartley*
"	E. G. G. Frost*†	"	E. Hephher*†§
"	E. W. Parsons†	"	F. H. Jeeps*†
"	C. D. Rackham*§	"	D. M. Nichols†
Councillor	A. B. Amey*†	"	R. E. Way
"	R. Briggs†	"	C. Webb*
		"	E. Whitehead†
		"	M. F. Williams

Chairman of the City M.C.W. Sub-Committee.

Vice-Chairman of the City M.C.W. Sub-Committee.

Dr. A. Brown* } Nominated by the Cambridgeshire Local Medical
Dr. D. Cameron† } Committee.

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

*Member of Maternity and Child Welfare Sub-Committee.

†Member of Mental Health Sub-Committee.

§Member of Home Help Service Sub-Committee.

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

Lady Adrian, Mrs. E. Blackman, Mrs. E. Rawdon Briggs, Mrs. R. Rootham, Dr. D. Cameron.

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

Appointed by the City Council:—

Mr. F. Bailey, Mrs. G. Y. Burn, Mr. E. H. Cherry§, Mr. W. Balfour Gourlay, Mrs. M. E. Henn, Mr. H. R. Mallett (Chairman)*†§, Mrs. F. E. Roden, Mrs. L. A. Thompson (Vice-Chairman)§, Mrs. C. E. Traylen.

Appointed by the County Health Committee:—

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

Co-opted Members:—

Mrs. D. Greaves, Mrs. E. Patterson§, 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 1956 and for the two previous years.

Population (Registrar General's Estimates) :

	1954	1955	1956
Administrative County	179,700	179,800	181,100
Cambridge	91,460	91,140	91,780
Rural Districts	88,240	88,660	89,320
Chesterton	40,290	40,490	41,150
Newmarket	20,180	20,190	20,190
South Cambridgeshire	27,770	27,980	27,980

Births (live) :

Administrative County	Number ..	2,506	2,541	2,597
	Rate per 1,000	13.9	14.1	14.3
Cambridge	Number ..	1,171	1,170	1,200
	Rate per 1,000	12.8	12.8	13.1
Rural Districts	Number ..	1,335	1,371	1,397
	Rate per 1,000	15.1	15.5	15.6
Chesterton	Number ..	594	622	645
	Rate per 1,000	14.7	15.4	15.7
Newmarket	Number ..	314	294	282
	Rate per 1,000	15.6	14.6	14.0
South Cambridgeshire ..	Number ..	427	455	470
	Rate per 1,000	15.4	16.3	16.8

Illegitimate Births :

Administrative County ..	Number ..	128	107	103
	Rate per cent live births	5.1	4.2	4.0
Cambridge	Number ..	77	72	62
	Rate per cent live births	6.6	6.2	5.2
Rural Districts	Number ..	51	35	41
	Rate per cent live births	3.8	2.6	2.9

Still Births :

Administrative County ..	Number ..	66	53	47
	Rate per 1,000 total births	25.7	20.4	17.8
Cambridge	Number ..	29	31	18
	Rate per 1,000 total births	24.2	25.8	14.8
Rural Districts	Number ..	37	22	29
	Rate per 1,000 total births	27.0	16.5	20.3

Deaths :

Administrative County ..	Number ..	1,970	1,915	2,070
	Rate per 1,000 population	11.0	10.7	11.4
Cambridge	Number ..	946	919	1,014
	Rate per 1,000 population	10.3	10.1	11.0
Rural Districts	Number ..	1,024	996	1,056
	Rate per 1,000 population	11.6	11.2	11.8

Infant Deaths

Administrative County ..	Number ..	61	54	53
	Rate per 1,000 live births	24.3	21.6	20.4
Cambridge	Number ..	25	30	30
	Rate per 1,000 live births	21.3	25.6	25.0
Rural Districts	Number ..	36	24	23
	Rate per 1,000 live births	27.0	17.5	16.5

Maternal Deaths

Administrative	Number	2	Nil	Nil
County	Rate per 1,000 total births	0.78	Nil	Nil
Cambridge	Number	1	Nil	Nil
	Rate per 1,000 total births	0.83	Nil	Nil
Rural Districts	Number	1	Nil	Nil
	Rate per 1,000 total births	0.73	Nil	Nil

*Tuberculosis Deaths :**Pulmonary :*

Administrative	Number	13	15	15
County	Rate per 1,000 population	0.07	0.08	0.08
Cambridge	Number	7	6	3
	Rate per 1,000 population	0.08	0.07	0.03
Rural Districts	Number	6	9	12
	Rate per 1,000 population	0.07	0.10	0.13

Non-Pulmonary :

Administrative	Number	4	2	Nil
County	Rate per 1,000 population	0.02	0.01	Nil
Cambridge	Number	2	2	Nil
	Rate per 1,000 population	0.02	0.02	Nil
Rural Districts	Number	2	Nil	Nil
	Rate per 1,000 population	0.02	Nil	Nil

All forms :

Administrative	Number	17	17	15
County	Rate per 1,000 population	0.09	0.09	0.08
Cambridge	Number	9	8	3
	Rate per 1,000 population	0.10	0.09	0.03
Rural Districts	Number	8	9	12
	Rate per 1,000 population	0.09	0.10	0.13

Cancer Deaths :

Administrative	Number	349	317	383
County	Rate per 1,000 population	1.9	1.8	2.1
Cambridge	Number	178	167	204
	Rate per 1,000 population	1.9	1.8	2.2
Rural Districts	Number	171	150	179
	Rate per 1,000 population	1.9	1.7	2.0

The upward trend in the population which appeared to have been almost halted between 1954 and 1955 was resumed in some measure in 1956, the estimated mid-year population being 1,300 more than that of 1955. This rise was evenly distributed between the City of Cambridge and the Rural Districts but in the latter it was Chesterton Rural District only which participated in the increase, the estimated population in both Newmarket and South Cambridgeshire remaining stationary.

There was a further slight rise in the birth rate in the Administrative County, somewhat greater in the City of Cambridge than in the Rural Districts where rises in Chesterton and South Cambridgeshire were offset by a continued fall in Newmarket.

The illegitimate birth rate fell once more but the fall was confined to Cambridge and there was a slight rise in the remainder of the County. Even so, the rate in the rural area was considerably below that in the City, and compares favourably with the average of pre-war years.

There was a continued fall in the stillbirth rate in the County as a whole but this was due entirely to a marked decrease in the City of Cambridge where the figure reached a record low level. In the previous year the rural area had experienced a very low rate from which there was a moderate rise in 1956.

The general death rate showed an all round rise in both parts of the County. No immediate significance can be attached to this. The use of the comparability factor supplied by the Registrar General results in a standard death rate of 10.3 in Cambridge and of 9.7 in the rural area, a degree of discrepancy of the same nature and extent as that of the previous year.

The infant mortality figure reached a slightly lower level than that of the previous year. The fall was of small extent but in the light of the very low level now reached it must be accepted as satisfactory in spite of the fact that it did not reach the previous best figure in either the City or the rural area. There was one death from diarrhoea in the City, but none from that condition in the rural area. Two deaths in Cambridge and three in the rural area were caused by pneumonia. Bronchitis was responsible for three of the City deaths and two of those in the rural area. The total of deaths from respiratory conditions is thus somewhat higher than that of the previous year and it is possible that the cold wet summer may have been a factor.

There were no deaths attributable to accidents in children aged under one year and those due to congenital malformations showed a considerable fall as compared with the number in the previous year, a fact which it is difficult to explain in view of the insusceptibility of such conditions to any form of control. The number of deaths in the group "other defined and ill-defined causes" rose, however, from 25 to 33.

Of the total of 53 infant deaths, 38 took place in children of under four weeks old, exactly the same figure as that of the previous year.

For the second year in succession, there were no maternal deaths in any part of the County.

The death rate from pulmonary tuberculosis remained the same as that of the previous year for the County as a whole, but there was a striking fall in the City of Cambridge where the figure reached a record low level. From this it necessarily follows that the rural area showed an increase as was the case in the previous year also.

The picture in the case of non-pulmonary tuberculosis was, however, much brighter since not only was there a repetition of the complete absence of deaths in the rural area which had occurred in 1955, but the same state of affairs took place in the City of Cambridge bringing about the unprecedented absence of deaths from this cause in the whole of the County.

Thus the death rate from all forms of tuberculosis reached a new low level in the Administrative County and the City of Cambridge, but the rise in the pulmonary rate prevented the achievement of this happy state of affairs in the rural area.

There was a considerable increase in the number of deaths from cancer and consequently in the death rates from this cause in all parts of the County. Twenty-three of the 383 deaths took place at ages below 45, five more than in the previous year, and 150 at ages below 65, as against 132 in 1955. The number of deaths from cancer of the lung and bronchus rose from 50 to 76, only 9 of these deaths occurring in women.

The incidence of the principal infectious diseases in the year 1956 and the two previous years is shown below :—

	1954	1955	1956
Scarlet Fever	183	173	139
Diphtheria	—	1	—
Enteric Fever (including paratyphoid) ..	2	11	1
Smallpox	—	—	—
Cerebro-spinal Fever ..	5	1	3
Pneumonia	63	56	57

Scarlet fever continued its steady slight decline.

There were no cases of diphtheria, a not unprecedented state of affairs, but once again it may not be inappropriate to repeat the warning that complacency on this score would not be justified if any tendency to discontinue immunisation against the disease were encouraged. The figures for the country as a whole are now very low but so far there has only been one week in which no cases of diphtheria at all have occurred and there can be no guarantee that a decrease in immunisation would not be followed by an increase in cases.

The number of cases of enteric fever has reverted to its usual level. The case was actually one of paratyphoid. It may be remembered that in the previous year the rather high figure was caused by an outbreak of this disease in which Soham Grammar School was concerned.

There were 9 cases of poliomyelitis, 6 paralytic and 3 non-paralytic. This number can be accepted as representing a low incidence which accords with the experience of the rest of the country in 1956. The City of Cambridge had no cases at all and, of the 9 cases, 2 occurred in Chesterton Rural District (1 with paralysis and 1 without), 2 in Newmarket Rural District (1 with paralysis and 1 without) and 5 in South Cambridgeshire Rural District (4 with paralysis and 1 without).

Immunisation against Diphtheria and Whooping Cough.—There was no change in the arrangements for immunisation against these diseases during 1956. The medical practitioners of the area continued to procure the antigen for immunisation against diphtheria alone from the Public Health Laboratory and no charge fell on the County Council in respect of it but the Council itself supplied the combined antigen for immunisation against whooping cough and diphtheria together, or the single antigen for immunisation against whooping cough alone.

The following figures show the work done in the infant welfare centres of the rural area :—

CENTRE	PRIMARY IMMUNISATIONS			" BOOSTERS "		
	<i>Combined</i>		<i>Whooping Cough</i>	<i>Combined</i>		<i>Whooping Cough</i>
	<i>Diphtheria</i>	<i>Diph/Wh. Cough</i>		<i>Diphtheria</i>	<i>Diph/Wh. Cough</i>	
Balsham	7	13	—	3	—	—
Barrington	—	15	1	3	—	—
Bassingbourn	—	13	7	2	1	2
Bottisham	—	13	4	—	—	—
Bourn	—	4	1	—	—	—
Burwell	—	38	1	—	9	1
Castle Camps	—	8	—	—	—	—
Cheveley	—	8	—	—	1	—
Chippenham	—	10	1	—	—	—
Coton	—	7	—	—	—	—
Cottenham	—	—	—	—	—	—
Croydon	—	—	—	—	—	—
Dullingham	—	11	1	—	2	—
Duxford	2	27	—	2	7	—
Elsworth	—	10	2	7	—	—
Fordham	—	—	—	—	—	—
Fowlmere	1	12	—	—	1	—
Fulbourn	1	12	7	7	—	—
Gamlingay	—	—	—	—	—	—
Girton	—	4	2	—	—	—
Gt. Abington	5	10	—	3	—	—
Gt. Shelford	3	26	1	8	1	—
Gt. Wilbraham	—	2	—	—	—	—
Harston	—	10	—	7	—	—
Histon	—	—	—	—	—	—
Isleham	—	10	—	—	—	—
Linton	2	23	—	2	—	—
Longstanton	—	22	—	9	—	—
Melbourn	—	11	1	2	—	—
Sawston	1	23	—	—	9	—
Soham	—	—	—	—	—	—
Steeple Morden	—	20	6	2	1	—
Swavesey	1	27	4	18	—	—
Waterbeach	7	34	1	12	2	—
Wicken	—	—	—	—	—	—
Willingham	—	27	12	3	—	—

In the City of Cambridge separate figures for the work done in infant welfare centres do not exist and the total number of immunisations (records received) is shown hereunder :—

City of Cambridge

Age Group	Primary Immunisations			“ Boosters ”		
	Diphtheria	Combined Diph/Wh. Cough	Whooping Cough	Diphtheria	Combined Diph/Wh. Cough	Whooping Cough
Under 1 year	82	797	15	—	—	—
1 year	22	333	22	—	—	—
2 years	16	101	15	—	—	—
3 years	8	33	40	1	—	—
4 years	9	37	38	27	7	—
5-9 years	34	50	49	780	93	3
10-14 years	5	3	—	30	1	—
Total	176	1354	179	838	101	3

A similar table is appended for the rural area in which the work carried out in the infant welfare centres is also included.

Rural Area

Age Group	Primary Immunisations			" Boosters "		
	Diphtheria	Combined Diph/ Wh. Cough	Whooping Cough	Diphtheria	Combined Diph/ Wh. Cough	Whooping Cough
Under 1 year	30	729	4	—	—	—
1 year	23	312	16	—	3	—
2 years	3	28	18	1	4	1
3 years	3	16	17	8	5	2
4 years	2	11	13	51	55	1
5-9 years	—	21	10	66	92	3
10-14 years	—	8	1	4	5	—
Total	61	1,125	79	130	164	7

In both the City of Cambridge and the rural areas there has been a considerable fall in the number of primary immunisations against diphtheria alone with a corresponding marked increase in the number of primary immunisations against whooping cough and diphtheria together. In the City of Cambridge there has been a rise in the number of primary immunisations against whooping cough only but in the rural area this figure has fallen somewhat.

The real point of interest is that it is immunisation against whooping cough in which the public is interested. The low incidence of diphtheria in recent years has caused the fear of this disease to diminish and it seems clear that, apart from the possibility of combining immunisation against it with that against whooping cough, considerable energy would have to be expended to keep the public aware of its importance. It cannot be too frequently repeated that a fall in the number of immunisations against diphtheria would be very deplorable and great advantage results from the combination of the process with that of immunisation against whooping cough even though the latter may not itself be fully effective.

Vaccination against Smallpox.—Records were received as shown hereunder for the year 1956 :—

			<i>Vaccinated</i>	<i>Re-vaccinated</i>
Under 1 year	..	..	1,510	4
1 year	..	..	64	2
Aged 2-4 years	..	..	33	13
Aged 5-14 years	..	..	44	50
Over 15 years	..	..	123	633
			<hr/> 1,774	<hr/> 702

The total number of vaccinations rose by 367 as compared with that of the previous year, the rise being most marked in the case of children under one year, though it affected all age groups except that between two and four years. The percentage of primary vaccinations of children under one year rose from the rather disappointing figure of 45.6 in 1955 to 58.1 in 1956, still slightly below the 1954 level of 59.5 but none the less comparing very favourably with that of other parts of the region. There was a further small rise in the number of re-vaccinations, mainly in respect of adults.

Immunisation against Poliomyelitis.—The year 1956 was the first in which any general attempt to immunise against this disease was made in this country although similar work had been done previously on the American continent. The antigen used there was a preparation consisting of killed virus known as the Salk vaccine and before the use of an identical or similar preparation could be instituted in this country it was considered that two principal requirements would need to be satisfied, namely the ability to produce a reasonable degree of immunity and an assurance that no harmful results would follow, particularly that there would be no likelihood of causing the disease itself. The first point was felt to have been established by the experience of other countries and in order to satisfy the second not only were slightly different strains of virus used, but stringent precautions had to be taken to ensure that no live virus or other undesirable matter was allowed to pass into the material to be issued to local authorities by the Ministry of Health. It soon became clear that as a result of this supplies would be available in comparatively small quantities for some time after the opening of the campaign and experience showed that expectations on this score were more than justified.

It was obvious that for some time it would be impossible to offer immunisation to more than a small section of the community and in the first instance parents of children born in the years 1947 to 1954 inclusive were invited to register them. This was done in Cambridgeshire by press advertisements, by letters issued through the schools to parents of children

of school age and by information imparted by health visitors in the course of their visits to householders in the City of Cambridge and the Rural Districts. A limited time had to be allowed for registration since information as to numbers was to be sent to the Ministry of Health so that the appropriate allocation of vaccine to each local health authority could be made and in the light of the views then current it was not considered advisable to continue to give immunising injections after the end of June.

The parents of 5,419 children in the appropriate age groups accepted the invitation to register (2,770 boys and 2,649 girls) but it soon became clear that there would not be sufficient vaccine available in May and June to complete the process for all registered children. The Ministry of Health therefore specified children born in selected months of each of the years mentioned above as those eligible for immunisation in the first instance. The months selected were November in the years 1947 to 1954 and March in the years 1951 to 1954 with August in the years 1947 to 1954 as a reserve in case further vaccine should be available either through default by some of the children originally registered or otherwise. Later August in the years 1947-1954 became a selected month together with October in the years 1951 to 1954, and May in the years 1947 to 1954 became the reserve month.

Injections were given to City children in these age groups during the months of May and June at the Auckland Road Clinic by members of the medical staff of the City Health Department and to children from the rural areas by the Assistant County Medical Officer at the Shire Hall. Apart from the recording of attendances and the entry of the details of injections on the record cards, all the administrative and clerical work was done in the Health Department of the County Council and occupied a large fraction of time over several months. During the two months specified 589 children (303 boys and 286 girls) received two injections including a few in the rural area who had to be visited at home to ensure that no available vaccine was wasted. A further 13 children (4 boys and 9 girls) received one injection only.

It was hoped that the campaign would recommence in November, but owing to mishaps with various batches of vaccine and the need to ensure absolute safety, the expected issues did not materialise. Sufficient vaccine arrived in Cambridgeshire to give the second injection to 8 of the above mentioned 13 children together with 2 more who had received first injections in other areas and first injections to 8 children picked at random in order to utilise the whole of the batch.

The following table gives the details of those children who completed the course of injections during the year :

Born in			<i>Boys</i>	<i>Girls</i>
	Mar.	1951	29	28
	"	1952	22	18
	"	1953	17	18
	"	1954	13	9

Aug.	1947	—	1
"	1948	1	5
"	1949	—	2
"	1950	3	2
"	1951	9	11
"	1952	6	7
"	1953	7	6
"	1954	4	4
Nov.	1947	36	35
"	1948	29	23
"	1949	41	29
"	1950	32	38
"	1951	14	18
"	1952	23	13
"	1953	12	11
"	1954	5	8

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

The following paragraphs give the details separately for the City of Cambridge and the rural area of the County.

City of Cambridge

In 1956 five whole time midwives notified their intention to practise outside hospitals of whom four were employed by the Authority and one was in domiciliary private practice.

The midwives employed by the Authority attended 147 confinements as midwives, 26 more than in the previous year, and 97 confinements as maternity nurses under the direction of medical practitioners, 27 more than in the previous year. The midwife in private practice attended 48 confinements as a midwife and 38 as a maternity nurse, 5 more in the former category than in the previous year and 8 less in the latter.

All five midwives were qualified to administer inhalation analgesics and during the year "Trilene" was used in addition to gas and air analgesia. Gas and air was administered in 136 cases and "Trilene" in 119. The total number of cases in which inhalation analgesics were administered, 255, is 66 more than the figure for the previous year.

Pethidine was used as an analgesic in labour in 172 cases as against 130 in the previous year.

Midwives working outside hospitals found it necessary to summon medical aid in 37 cases, in 36 of which the practitioner concerned had already arranged to provide the patient with maternity medical services under the National Health Service Act. The corresponding figures for 1955 were 34 and 33 respectively.

The total number of births notified in the City during the year was 2,215, including 47 stillbirths, but when these numbers are adjusted by the subtraction of births to women normally resident outside Cambridge and the addition of births taking place outside Cambridge in the case of women normally resident there, the figures relating to Cambridge women are 1,221, including 16 stillbirths.

At the combined ante-natal and post-natal clinic 79 women made 233 attendances in 1956. Eight women attended for post-natal examination involving 9 attendances. All these figures show a very slight increase over those recorded in the previous year.

Premature Infants.—There were 5 live births of children with a birth weight of $5\frac{1}{2}$ lb. or less taking place in their own homes during 1956. The total number of premature births in the area was 65, the remainder having taken place in hospital or nursing home. Two of the children born at home weighed between 3 lb. 4 oz. and 4 lb. 6 oz. and 3 weighed between 4 lb. 15 oz. and 5 lb. 8 oz. All survived more than 28 days but one of the children weighing between 3 lb. 4 oz. and 4 lb. 6 oz. was transferred to hospital at some time during the period.

In addition there were 8 premature stillbirths of which only 1 took place at home.

Illegitimate Infants.—There was no change in the arrangement whereby the Council makes a contribution of £150 per annum to the funds of the Cambridge Association for Social Welfare for work in the City of Cambridge.

Health Visiting.—The number of visits paid by health visitors in the City of Cambridge during the year under review was as follows :—

To children under 1 year	.. ..	1st visits	.. 1,225
		Total visits	7,695
To children aged 1-5 years	.. ..	Total visits	7,266
To expectant mothers	.. ..	1st visits	.. 167
		Total visits	291

Each of these figures represents a rise over the corresponding figure for the year 1955.

Infant Welfare Centres.—A weekly session was commenced at a newly opened centre held at the Arbury Road Baptist Church in April and an additional session at Cherryhinton Hall was held from May onwards. Thus 10 centres were operating during the year involving 59 sessions per month. The actual work continued on the same lines as previously and 3,530 children attended. At the end of the year 894 children in attendance were still under one year of age and 1,011 children made their first attendance at a centre during the year and were under the age of one year at that attendance. The total number of attendances by children of all ages was 21,232.

Day Nurseries.—The single day nursery continued to operate during 1956 providing 14 places for children under the age of two years and 26 places for children aged two to five years. The average daily attendance during the year was 13 children under the age of two years, 25 children between the ages of two and five years attending full time and one such child attending part time.

Rural Area

In the rural area notification of intention to practise was received from 51 midwives or maternity nurses of whom 28, all in the employ of the Local Authority, were known to be in practice at the end of the year.

Midwives attended 513 confinements during the year, 97 more than in the previous year, acting as midwives only in 362 cases and as maternity nurses under medical direction in 151. All the confinements were attended by midwives employed by the Authority.

In addition to attendance at confinement, midwives attended 543 cases which had been confined in hospital and discharged before the 14th day. This figure is 18 less than the corresponding figure for 1955.

At the end of the year all 28 midwives mentioned above were qualified to administer gas and air analgesia. The number of cases in which inhalation analgesics were used was 436, 64 more than in the previous year and it may be noted that of this number 12 were cases in which "Trilene" was used, a doctor being in attendance at the time of delivery.

Pethidine was used in 217 cases during the year, exactly the same figure as for the year 1955.

Midwives found it necessary to summon medical aid in 114 cases, in 110 of which the practitioner concerned had arranged to provide the patient with maternity services under Part IV of the National Health Service Act. The corresponding figures for 1955 were 94 and 91 respectively.

The total number of births belonging to the rural area notified during 1956 was 1,414, including 30 stillbirths. This figure includes transferred notifications of which the bulk comprised babies born in hospitals or nursing homes in Cambridge and Newmarket.

The arrangement whereby women engaging midwives can be examined by medical practitioners of their own choice at the County Council's expense has shown a further decline in that only one woman was so examined during the year (in fact, a post-natal examination only was involved). It is a fact that the vast majority of women now engage medical practitioners under Part IV of the National Health Service Act.

Premature Infants.—The total number of infants born at home in the rural area with a birth weight of $5\frac{1}{2}$ lb. or less was 10. Two had birth weights of between 4 lb. 6 oz. and 4 lb. 15 oz. and eight weighed between 4 lb. 15 oz. and 5 lb. 8 oz. All remained at home and all survived more than 28 days.

There was one premature birth in a nursing home and the rural area is credited with 61 premature live births which took place in hospital of which 54 survived for 28 days and 5 died within 24 hours.

There were 13 premature stillbirths credited to the rural area, all but one taking place in hospital.

Illegitimate Infants.—There has been no change in the arrangements for the care of illegitimate infants.

Health Visiting.—The following are the numbers of visits paid by health visitors in the rural part of the County during 1956 :—

To children under 1 year	..	1st visits	1,240
		Total visits	14,337
To children aged 1-5 years	..	Total visits	12,428
To expectant mothers	.. ..	1st visits	261
		Total visits	427

Infant Welfare Centres.—The infant welfare centre arrangements in the rural area continued to operate as in previous years, the 36 centres remaining in existence and 44 sessions per month being held. Two thousand, seven hundred and twenty seven children attended during 1956 of whom 785 were under the age of one year at the end of the year. One thousand and thirty new children who were under the age of one year at the time of their first attendance visited the centres. The total number of attendances made by children under the age of one year was 6,438 and by children over the age of one year, 7,547, each figure showing some slight increase over the corresponding figure for 1955.

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

				<i>New Cases under 1 year</i>	<i>Total in attendance</i>
Balsham	..	..	..	37	71
Barrington	..	..	..	12	30
Bassingbourn	..	..	..	50	111
Bottisham	..	..	..	16	69
Bourn	..	..	..	28	73
Burwell	..	..	..	39	93
Castle Camps	..	..	..	9	26
Cheveley	..	..	..	20	38
Chippenham	..	..	..	3	32
Coton	..	..	..	19	87
Cottenham	..	..	..	17	65
Croydon	..	..	..	3	9
Dullingham	..	..	..	19	72
Duxford	..	..	..	58	145
Elsworth	..	..	..	7	46
Fordham	..	..	..	30	64
Fowlmere	..	..	..	18	70
Fulbourn	..	..	..	30	53
Gamlingay	..	..	..	23	52
Girton	..	..	..	34	138
Gt. Abington	..	..	..	19	82
Gt. Shelford	..	..	..	99	143
Gt. Wilbraham	..	..	..	4	16
Harston	..	..	..	37	53
Histon	..	..	..	38	81
Isleham	..	..	..	19	36
Linton	..	..	..	18	57
Longstanton	..	..	..	49	129
Melbourn	..	..	..	45	94
Sawston	..	..	..	64	202
Soham	..	..	..	27	54
Steeple Morden	..	..	..	22	86
Swavesey	..	..	..	28	113
Waterbeach	..	..	..	53	143
Wicken	..	..	..	7	25
Willingham	..	..	..	20	71

The Details which follow apply to both the City of Cambridge and the Rural Area

Dental Treatment of Mothers and Young Children.—Apart from the fact that the part-time Dental Surgeon employed at the end of 1955 left the service of the Council and was replaced by another Surgeon working on the same basis, there was no change in the arrangements for the dental treatment of mothers and young children in the rural area during the early part of the year. Towards the end of the summer, however, one of the remaining two full-time Dental Surgeons ceased duty owing to ill health and in fact has now resigned her appointment with the Council. In the City of Cambridge the work continued on the same lines as formerly.

The following table sets out the work carried out in the County as a whole and shows that although slightly less actual operative work was involved, one more mother and thirty nine more young children received treatment.

(a) *Numbers provided with dental care*

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing mothers	93	93	93	92
Children under five ..	289	241	240	224

(b) *Forms of dental treatment provided:*

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	2	29	—	1	141	3	22 Repairs 2	18	62
Children under five	—	233	244	—	64	1	—	—	1

Distribution of Welfare Foods.—There was no change in the arrangements for the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin A and D Tablets) to expectant and nursing mothers and to children of under school age during the year 1956.

The following figures indicate the quantities of welfare foods distributed during the year :—

National Dried Milk	..	..	..	54,556 tins
Orange Juice	..	..	..	147,397 bottles
Cod Liver Oil	..	..	..	22,012 bottles
A and D Tablets	..	..	..	10,521 packets

There is a significant increase in the amount of Orange Juice which was distributed but National Dried Milk and Cod Liver Oil show slight falls.

Of the totals set out above, the undermentioned figures show that about half the distribution took place centrally from the Old Post Office in Cambridge :—

National Dried Milk	..	..	..	28,358 tins
Orange Juice	..	..	..	88,020 bottles
Cod Liver Oil	..	..	..	10,572 bottles
A and D Tablets	..	..	..	7,147 packets

REGISTRATION OF NURSING HOMES

No new nursing homes were registered in 1956 but the five nursing homes mentioned as being in operation at the end of 1955 continued unchanged (4 in the City and 1 in the rural area) providing between them 3 maternity beds and 34 medical and surgical beds.

HOME NURSING

Details relating to the work of the home nursing service are set out as fully as possible in the appended tables.

In the City of Cambridge the total number of patients visited is somewhat less than it was in the previous year but the total number of visits is slightly greater while in the rural area both the number of patients and the number of visits has dropped somewhat.

There was a further slight improvement in the staffing position in the City of Cambridge as compared with the state of affairs at the end of the previous year, the total staff consisting of 10 whole-time nurses and 2 part-time nurses whose combined service was the equivalent of one whole-time nurse. In actual fact, however, one of the whole-time nurses was engaged to a considerable extent in administrative work so that the actual staffing position is somewhat less satisfactory than mere figures indicate.

In the rural area there were 30 nurses engaged in home nursing as compared with 31 at the end of the previous year which does not represent any considerable fall. Comparisons at fixed dates in separate years are not entirely satisfactory as the position fluctuates so much throughout the year and it may be said that in both the City and the rural area the maintenance of an adequate nursing service was often a matter of some anxiety because of staff shortages. In the rural area all the 30 nurses combined their home nursing duties with other work such as midwifery and health visiting. The administrative work in that area is carried out by a separate Nursing Officer.

City

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	(10) Children included in (2)-(7) who were under 5 at the time of the first visit during the year	(11) Patients included in (2)-(7) who have had more than 24 visits during the year.
Number of cases attended by Home Nurses during the year	1076	285	—	22	10	—	1393	951	25	303
Number of visits paid by Home Nurses during the year	27879	5771	—	1131	67	—	34848	24269	602	20485

Rural Area

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	(10) Children included in (2)-(7) who were under 5 at the time of the first visit during the year	(11) Patients included in (2)-(7) who have had more than 24 visits during the year.
Number of cases attended by Home Nurses during the year	1449	790	8	46	48	564	2905	902	139	459
Number of visits paid by Home Nurses during the year	38735	12606	32	2348	444	1070	55235	30253	910	31175

The nurses of both the City and the rural area continued to give such assistance as was necessary with the nursing of patients discharged from Addenbrooke's Hospital under the Home Care and Nursing Service scheme. The number of patients discharged under this scheme for the whole of the area served by the hospital has steadily declined since its commencement and in 1956 there were only 144 such discharges as against 241 in the previous year. The great majority of these early discharges concerned patients living either in the City of Cambridge or the rural area of Cambridgeshire, the figures respectively being 67 and 49. The numbers of cases in which district nurses were concerned, therefore, formed a very small fraction of their total work.

The bulk of the discharges was constituted by cases admitted for appendicectomy or herniorrhaphy, the figures being 78 for the former condition and 57 for the latter.

THE DOMESTIC HELP SERVICE

There were no striking changes in the arrangements connected with the domestic help service during 1956. A nationally agreed increase in the hourly rate paid to home helps was put into operation in Cambridgeshire and in consequence the Health Committee considered whether there should be a corresponding increase in the contributions from householders. The action taken was to add a further step to the scale on which contributions are assessed so that householders considered able to do so could be asked to pay a maximum contribution of 3/2 per hour as against the previous maximum of 3/- per hour. The application of this change was, of course, of very limited extent and made very little difference to the working of the service. It remained possible to supply domestic help to households in which the need arose as a result of the presence of a case of tuberculosis without any contribution. The 5/- minimum charge imposed in the previous year continued to operate without any difficulty at all.

At the end of the year there were 32 whole-time domestic helps as against 33 on the corresponding date in the previous year and 181 part-time helps as against 154 at the end of the previous year.

The following figures set out the numbers and types of cases in which home help was provided :—

Maternity (including expectant mothers)	280
Tuberculosis	40
Chronic sick including aged and infirm	540
Others	422

There was a slight rise in the number of maternity cases receiving it while the number of cases of tuberculosis and chronic sick helped remained substantially unchanged. The numbers of other types of case were, however, considerably lower.

The number of hours worked in 1955 was 182,560 and in 1956, 212,221.

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 but not including transfers from other areas during 1956 :—

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	—	—	—	—
1	—	—	—	—
2	—	—	1	—
5	—	1	2	2
10	1	—	3	—
15	4	4	1	2
20	9	3	2	1
25	14	10	4	2
35	6	5	1	—
45	4	1	—	—
55	2	1	—	—
65	3	—	—	—
75 and upwards	4	1	—	—
	47	26	14	7

In five of these cases, information was derived from sources other than formal notification namely four from death returns of local registrars and one from posthumous notification. These failures to notify are exactly the same in number as those of the previous year.

With the addition of these cases, the number of pulmonary cases is lower than that of the previous year (63 as against 89) but the number of non-pulmonary cases is higher (21 as against 15). The total number of cases coming to light was 84 as against 104.

There were, however, unusually large numbers of cases added to the registers as a result of transfer from other areas (48 pulmonary males, 34 pulmonary females, and 1 non-pulmonary female) making the total number of pulmonary male cases newly registered in this area 95 as against 66 in 1955, of pulmonary female cases 60 as against 51 in 1955, of non-pulmonary males 14 as against 10 and of non-pulmonary females 8 as against 6.

The total number of ascertained cases of tuberculosis was therefore 179 or 46 more than the figure for the previous year.

No new cases commenced courses of rehabilitation at Papworth during 1956 and the total since the arrangement started remained at 39.

The Chest Physician and his staff vaccinated 110 persons with B.C.G. under the Council's scheme approved by the Minister of Health in accordance with the terms of Section 28 of the National Health Service Act of 1946.

The newly appointed Chest Physician, Dr. M. J. Greenberg, started work in February, 1956. It will be remembered that the retirement of

Dr. Paton Philip who had served the Council since 1919, first in the capacity of Tuberculosis Officer and later as Chest Physician, was mentioned in the Report for the previous year.

The number of visits paid by health visitors to tuberculous households in the City was 652 of which 163 had to be regarded as fruitless visits and the corresponding number in the rural area was 1,371 of which 137 were fruitless visits, a total of 2,023 of which 300 were fruitless, as against a total of 1,529 in 1955.

Assistance was given by the After-Care Committee to 45 patients (23 men and 22 women). Of these, 35 returned to work and 9 remained under treatment at home at the end of the year. One patient was re-admitted to hospital and subsequently died there.

As will be seen earlier in the Report, the Council was able to assist through its Domestic Help Service 40 families where a case of tuberculosis was the cause of the need.

VENEREAL DISEASES

The following figures as to attendances at the clinic at Addenbrooke's Hospital have been supplied by the Physician in Charge :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients under treatment on January 1st, 1956	276	172	448
Old cases re-admitted	21	12	33
" First time " patients during 1956 ..	229	78	307
Total investigated or treated (including transfers from other clinics) ..	543	257	800
Left without completing treatment ..	—	—	—
Transferred elsewhere	2	1	3
Out patient attendances	843	377	1,220

There was a fall in the number of new patients affecting both sexes but in spite of this the total number investigated or treated rose considerably.

There were 10 cases of syphilis in Cambridgeshire patients, 11 less than in the previous year but there were no cases of either primary or secondary syphilis from all the areas served by the Clinic so that all of the 10 cases were of syphilis in its later stages and there were no cases of new syphilis in the strictest sense of the word.

There were 23 new cases of gonorrhoea in Cambridgeshire patients as against 60 in the previous year. Out of 42 cases of gonorrhoea in the whole of the area served by the Clinic, 16 were in women.

There were 3 new cases of congenital syphilis in 1956 as compared with 5 in 1955 all being in individuals over the age of five years.

Twenty six contacts attended for examination during the year, 3 more than in 1955, all referred by patients themselves.

MENTAL HEALTH

At the beginning of December, 1956, Mr. G. G. Galpin, who had acted as Deputy Duly Authorised Officer for some years, found it necessary to retire from that position. He was replaced by Mr. H. Barrett who had for some months previously been instructed in the work by the Duly Authorised Officer, Mr. M. Bowyer. The Health Committee agreed, however, to retain Mr. Galpin's services in an emergency capacity so that he could act in any urgent instances where neither Mr. Bowyer nor Mr. Barrett was available.

The following figures set out details of the work of the Duly Authorised Officer and his Deputy :—

Cases certified	61
Urgency Orders	—
Admitted under Section 20	12
Admitted under Section 21 (1)	100
Voluntary patients	241
Temporary patients	—
Other cases	26

It will be seen that the number of cases admitted under Section 21(1) has increased considerably and there has been a slight increase in the number of voluntary patients also. Neither of these increases has been offset to any great extent by certified cases and cases admitted under Section 20 so that it is clear that there has been some increase in the total volume of the work.

The two workers appointed by the Cambridgeshire Mental Welfare Association on the Council's behalf dealt with 210 cases of mental instability during the year of which 129 were new cases and 81 remained on the register from previous years.

In 1956, 28 new cases of mental deficiency were considered by the Mental Health Sub-Committee of which 16 were notified by the County Education Committee, 9 by the City Committee for Education and 3 by other Local Authorities.

The method of dealing with them was :—

Petition for Certified Institution ..	4
Statutory Supervision	24

Of the four cases in which the presentation of a petition was recommended, three were actually admitted to Certified Institutions during the year.

The number of cases still awaiting admission at the end of 1956 was 36, or 3 more than at the end of 1955 of which 3 were in Linton Hospital and 1 in the Mental Hospital at Fulbourn. It is unsatisfactory to have to report an increase in the numbers on the waiting list but it is a fact that more and more parents are regarding relief from the burden of caring for a defective as a matter of urgency.

At the end of the year there were 18 cases on licence from institutions. The number of cases under Guardianship was 7 of whom only 2 had Guardians in Cambridgeshire. Of the remaining 5, the Brighton Guardianship Society had placed 3, 1 was in a home in Surrey and 1 was in a home in Oxfordshire.

There were 61 cases on the roll at the Occupation Centre at the end of the year. The usual summer camp was held during the holidays and it was hoped that Linton Village College would be the chosen site. Unfortunately however difficulties with regard to this materialised and a change had to be made to Melbourn County School where conditions were less satisfactory. Most parents paid the full calculated costs but the usual remissions were made in cases of necessity.

BLIND WELFARE

A number of staff changes took place during the year. Miss Lanyon, who had replaced Mrs. Findlay in the previous year, accepted an appointment in Sussex and left in August 1956.

In the meantime the Council had decided to be directly responsible for dealing with disabled persons other than blind. This work had previously been done by the British Red Cross Society on the Council's behalf and consisted largely in the provision of diversional therapy for those individuals seeming to require it. The new arrangement was that this work should be carried out by the Home Teachers appointed to deal with blind persons and in consequence it was considered necessary to have three Home Teachers instead of the two previously thought to be sufficient. There was a slight gap between Miss Lanyon's departure and the taking up of duty by the newly appointed Home Teachers, Miss Williams arriving on September 17th and Miss Mundahl on October 1st.

Certain temporary arrangements were required because of Miss Williams' initial inability to drive a car but ultimately a division of responsibility was effected by splitting the rural part of the County into two halves and adding to each some of the outlying parts of the City of Cambridge. The two halves so constituted were covered by Miss Pee and Miss Williams using cars and the remaining inner part of the City by Miss Mundahl using a bicycle.

It is not proposed here to give any detailed account of the work done for other classes of disabled persons since for the first few months at any rate only the revision of the register was involved and this had to be dovetailed so far as possible with the essential work of caring for blind persons.

There was a further increase in the number of registered blind person during 1956, the number at the end of the year being 386 as against 37 at the end of 1955. The following table shows the distribution as to area and age groups :—

	0-5	5-16	Over 16	Total
City	1	4	202	207
Rural Area	—	4	175	179
	1	8	377	386

Of the 377 cases of blindness over the age of 16, 332 were regarded as unemployable. There were 3 home workers as against 5 at the end of the previous year and 35 were employed elsewhere in open employment as well as 1 employed in a workshop for the blind. Five more were regarded as trainable and one was trained but unemployed.

The Home Teachers paid 2,551 visits to blind persons during the year (City 1,177 ; Rural area 1,374).

The custom which has arisen in recent years of holding a Party for blind persons in the Spring rather than round about Christmas time was maintained in 1956 and the Party was held at Coleridge Secondary School on April 5th for blind persons from both the City and the rural area. The total number of people present was 215 including guides and others connected with the work.

Two outings were again held in July for blind persons from the City and the rural area respectively. One hundred and ninety four blind persons and guides made the journey to Felixstowe.

The following table shows the number of cases newly certified on Form B.D.8 during 1956 together with the action taken with regard to them :—

Number of cases registered during the year in respect of which Form B.D.8 recommends:	Cause of disability			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(a) No treatment	12	2	—	27
(b) Treatment (medical, surgical or optical)	8	2	—	3
Number of cases at (b) above which on follow up action have received treatment	2	2	—	3

There were no cases of retrolental fibroplasia in premature infants and no cases of glaucoma which were unsuitable for treatment, both the cases recommended for treatment receiving it.

Out of 20 people blind as a result of cataract, 8 were recommended for treatment and 2 received it. Of those not receiving it, 3 died shortly after the making of the diagnosis, 1 was ill at the time proposed for the operation and the remaining 2 patients were unwilling to have the treatment recommended.

No cases of ophthalmia neonatorum were notified during the year under the Public Health (Ophthalmia Neonatorum) Regulations 1926-1937.

AMBULANCE SERVICE

The following figures give details of the work of the ambulance service in 1956 :—

Ambulances directly provided	.. .. .	7
Cars directly provided	.. .. .	6
Number of journeys by above		
Ambulances	.. .. .	8,346
Cars	.. .. .	4,971
Patients carried by above	.. .. .
Ambulances	.. .. .	8,709
Cars	.. .. .	8,291
Accident and emergency journeys included in above		
Ambulances	.. .. .	948
Cars	.. .. .	148
Mileage run by above		
Ambulances	.. .. .	102,987
Cars	.. .. .	116,289
Journeys by supplementary vehicles	.. .. .
Ambulances	.. .. .	226
Cars	.. .. .	14,834
Patients carried by supplementary vehicles		
Ambulances	.. .. .	229
Cars	.. .. .	20,001
Accident and emergency journeys by supplementary vehicles		
Ambulances	.. .. .	11
Cars	.. .. .	Nil
Mileage run by supplementary vehicles		
Ambulances	.. .. .	7,892
Cars	.. .. .	224,075

The number of full time staff on December 31st, 1956 was 24.

TABLE 1.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1956.

				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	514	15	1	1	7	32	115	135	208	563	15	2	3	8	22	122	141	250
				F	504	15	—	2	2	12	74	107	292	493	8	2	2	3	19	78	104	277	
1 Tuberculosis, respiratory	..	..	..	M	3	—	—	—	—	—	1	2	—	9	—	—	—	—	1	7	—	1
				F	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	2	1	
2 Tuberculosis, other	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Syphilitic disease	..	..	..	M	2	—	—	—	—	—	1	1	—	4	—	—	—	—	—	1	3	—
				F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	
4 Diphtheria	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal infections	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute poliomyelitis	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	
8 Measles	..	..	..	M	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	
9 Other infective and parasitic diseases	..	..	..	M	2	—	—	—	—	—	1	—	1	1	—	—	—	—	1	—	—	—
				F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	
10 Malignant neoplasm, stomach	..	..	..	M	15	—	—	—	—	—	3	3	9	19	—	—	—	—	—	6	5	8
				F	9	—	—	—	—	—	—	3	6	7	—	—	—	—	—	3	1	3	
11 Malignant neoplasm, lung, bronchus	..	..	..	M	40	—	—	—	—	3	21	11	5	27	—	—	—	—	2	14	8	3
				F	3	—	—	—	—	—	—	1	2	6	—	—	—	—	1	3	—	2	
12 Malignant neoplasm, breast	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	27	—	—	—	—	1	9	10	7	20	—	—	—	—	1	12	4	3	
13 Malignant neoplasm, uterus	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	12	—	—	—	—	—	5	2	5	9	—	—	—	—	2	4	2	1	
14 Other malignant and lymphatic neoplasms	..	..	..	M	49	—	—	—	—	3	6	14	26	57	—	—	—	—	5	15	16	21
				F	49	—	—	1	—	4	16	9	19	34	—	—	—	1	—	9	10	14	
15 Leukaemia, aleukaemia	..	..	..	M	3	—	—	—	—	1	2	—	—	3	—	—	1	—	—	—	1	1
				F	3	—	—	—	—	1	1	1	—	1	—	—	1	—	—	1	—	—	
16 Diabetes	..	..	..	M	1	—	—	—	—	—	—	1	—	3	—	—	—	—	—	1	1	—
				F	5	—	—	—	—	—	1	3	1	6	—	—	—	—	1	—	2	3	
17 Vascular lesions of nervous system	..	..	..	M	84	—	—	—	—	2	9	25	48	64	—	—	—	—	—	9	16	39
				F	130	—	—	—	—	1	12	32	85	94	—	—	—	—	3	11	19	61	
18 Coronary disease, angina	..	..	..	M	89	—	—	—	—	1	22	35	31	90	—	—	—	—	—	27	35	28
				F	43	—	—	—	—	—	5	12	26	50	—	—	—	—	—	5	16	29	
19 Hypertension with heart disease	..	..	..	M	8	—	—	—	—	1	2	2	3	11	—	—	—	1	—	2	1	7
				F	17	—	—	—	—	—	5	6	6	18	—	—	—	—	—	1	5	12	
20 Other heart disease	..	..	..	M	40	—	—	—	—	2	6	10	22	100	—	—	—	—	—	5	20	75
				F	52	—	—	—	—	1	3	5	43	101	—	—	—	—	1	4	19	77	
21 Other circulatory disease	..	..	..	M	17	—	—	—	—	—	3	3	11	32	—	—	—	—	2	6	5	19
				F	26	—	—	—	—	—	1	4	21	22	—	—	—	—	—	3	8	11	
22 Influenza	..	..	..	M	2	—	—	—	—	—	—	—	2	7	—	—	—	—	—	1	4	2
				F	10	—	—	—	—	—	1	—	9	9	—	—	—	—	—	2	—	7	
23 Pneumonia	..	..	..	M	26	1	1	—	—	1	7	3	13	18	2	1	—	—	—	3	5	7
				F	24	1	—	—	—	—	1	4	18	16	1	—	—	—	—	2	1	12	
24 Bronchitis	..	..	..	M	27	2	—	—	—	—	3	8	14	20	2	—	—	—	—	3	7	8
				F	18	1	—	—	—	—	1	2	14	15	—	—	—	—	—	4	2	9	
25 Other diseases of respiratory system	..	..	..	M	6	—	—	—	—	—	2	3	1	6	—	—	—	—	—	2	2	2
				F	6	—	—	—	—	—	1	2	3	4	—	—	—	—	—	2	1	1	
26 Ulcer of stomach and duodenum	..	..	..	M	7	—	—	—	—	1	4	1	1	6	—	—	—	—	—	3	—	3
				F	4	—	—	—	—	—	1	1	2	4	—	—	—	—	—	—	1	3	
27 Gastritis, enteritis and diarrhoea	..	..	..	M	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—
				F	2	1	—	—	—	—	—	—	1	2	—	—	—	—	—	1	1	—	
28 Nephritis and nephrosis	..	..	..	M	7	—	—	—	1	2	3	1	—	6	—	—	—	—	—	1	2	3
				F	2	—	—	—	1	—	—	1	—	4	—	—	—	—	2	—	1	1	
29 Hyperplasia of prostate	..	..	..	M	7	—	—	—	—	—	—	2	5	6	—	—	—	—	—	1	—	5
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Pregnancy, childbirth, abortion	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Congenital malformations	..	..	..	M	4	2	—	—	—	2	—	—	—	5	5	—	—	—	—	—	—	—
				F	1	—	—	—	—	1	—	—	—	3	2	—	1	—	—	—	—	—	
32 Other defined and ill defined diseases	..	..	..	M	35	10	—	1	—	2	5	9	8	32	6	—	—	—	4	8	5	9
				F	41	12	—	—	—	—	6	7	16	41	5	—	1	—	4	8	6	17	
33 Motor vehicle accidents	..	..	..	M	17	—	—	—	3	4	8	—	2	11	—	—	1	4	2	2	1	1
				F	2	—	—	—	1	—	—	—	1	2	—	—	—	2	—	—	—	—	
34 All other accidents	..	..	..	M	6	—	—	—	1	1	1	—	3	22	—	1	1	3	6	2	2	7
				F	9	—	—	1	—	—	—	1	7	16	—	1	—	—	1	1	3	10	
35 Suicide	..	..	..	M	16	—	—	—	2	6	4	1	3	3	—	—	—	—	—	2	1	—
				F	9	—	—	—	—	3	5	1	—	2	—	—	—	—	1	1	—	—	
36 Homicide and operations of war	..	..	..	M	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

