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CAMBRIDGESHIRE COUNTY COUNCIL



ANNUAL REPORT

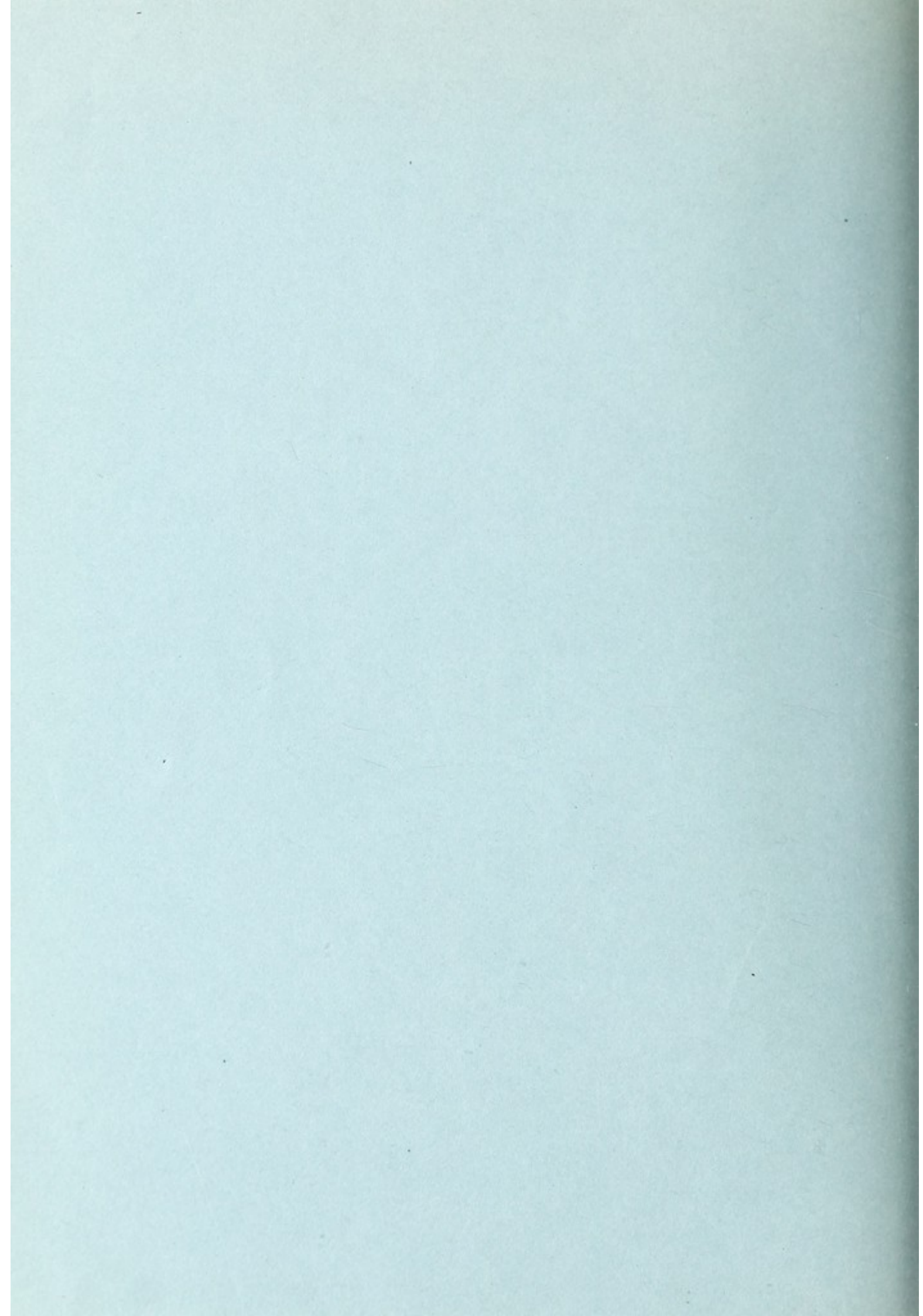
OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1962

P. A. TYSER, M.D., D.P.H.  
County Medical Officer of Health





# CAMBRIDGESHIRE COUNTY COUNCIL



## ANNUAL REPORT

OF THE

### COUNTY MEDICAL OFFICER OF HEALTH


FOR THE YEAR

# 1962

It has been customary in the past for this report to deal with general policy in the administrative county and all services directly administered, leaving the City Medical Officer of Health to report upon the activities of those health services which have been delegated. This practice is continued and the Principal School Medical Officer's report and the City Medical Officer of Health's report should be read in conjunction with this report.

**P. A. TYSER, M.D., D.P.H.**  
County Medical Officer of Health  
SHIRE HALL,  
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To the Chairman and Members  
of the  
Cambridgeshire County Council

Ladies and Gentlemen,

The following report is prepared in accordance with Ministry of Health Circular 1/63 which this year calls for particular comment on arrangements for health visitors to work with particular general medical practitioners or groups of practitioners (page 19), arrangements for health visitors to follow up patients discharged from hospital (page 19), health education with special reference to action on the matter of smoking and health (page 34), progress with the provision of mental health services (page 39) and the chiropody service (page 32). Matters customarily dealt with in Medical Officers' Annual Reports are reported as usual.

Local Government Commission

The Public Enquiry was held from 2nd October to 10th October, 1962. At the time of writing this report no further information is available.

Health and Welfare Planning

In January, the Ministry of Health issued the most important and significant circular since those introducing the national health service in 1948. In Circular 2/62 on the Development of Local Authority Health and Welfare Services, authorities were asked to prepare plans in two five year periods for the development of their services with special reference to the change of emphasis from hospital to community care which is underlined in the following extract from the Circular:-

"where illness or disability cannot be forestalled by preventive measures, care at home and in the community rather than in hospital should always be the aim except where there is a need for diagnosis, treatment and care of a type which only a hospital can provide."

The Circular provided an opportunity not only for stocktaking but also for considered planning for the future. The fact that the 10 year plan is subject to annual review ensures that a continued long term view will be taken of the authority's community services which need constant tailoring to meet the changing requirements of the community. I should like to record my thanks to all those who gave of their time to assist me in presenting a comprehensive plan to the Council which is contained in the Appendices (pages 66-76).

Voluntary Services

In April, the Ministry of Health issued Circular 7/62 dealing with the subject of co-operation with voluntary organisations. In this area close links exist with many voluntary organisations, in some cases to the extent of daily contact, thus the spirit and the letter of the Circular may be said to be being carried out. Indeed, I think it would be true to say (and my annual reports support the view) that the community services in Cambridgeshire result from a successful partnership of statutory and voluntary effort.



Co-operation with voluntary organisations has been a particular feature of the mental health services in the area and a further interesting development in this field is expected following the decision of the Fulbourn and Riversfield Hospital Management Committee to appoint an Organiser of Voluntary Services in the hospital. This pioneer appointment was created following discussions with the Nuffield Provincial Hospital Trust, who have made a grant to enable the project to run for three years in the first instance. Because of the close integration of the hospital and community mental health services, it is anticipated that the Organiser's work will overspill into the community mental health service.

#### Promotion of Community Health

Reference has been made in these reports and in those relating to the health of school children in the county to the important place in the community held by the village colleges. In recent years some of these colleges have come to play an important part in the promotion of community health. The village colleges in their role as secondary schools receive according to their size weekly, fortnightly or three weekly visits from a school doctor specifically attached to them; many provide accommodation for the Council's pre-school clinics, in some the old people's clubs meet and where this takes place a chiropody service is provided; at one village college a mother's club meets monthly and the members' pre-school children are cared for in a play group. In the ten year plan it is envisaged that in co-operation with the Education Committee purpose-built medical and dental facilities will be provided at certain village colleges.

All these developments point to the valuable contribution toward community health which the village colleges now make and will increasingly make in the future.

#### Care of the Elderly

An increasing amount of time is devoted by the public health nurses to the care of the elderly. During the year the talks to the elderly on nutrition were continued and augmented where requested by advice on buying and cooking. Steps were taken to bring together the rural visitors of the Old People's Welfare Council and the public health nurses in order to enhance and integrate further the community services available. For some weeks the County Nursing Officer attended the daily ward conferences at Chesterton Hospital in order to assist in trying to solve some of the problems of community care of the elderly when they no longer require hospital care. The Geriatric Liaison Committee has continued to meet regularly throughout the year.

#### Congenital Abnormalities

For some time there has been a growing need so to arrange the collection and keeping of records as to enable the full panoply of the Health Services to be directed quickly where it is most needed. This merely reiterates the basis upon which all successful preventive services are built, namely early ascertainment or early detection of deviations from the normal. An "at risk" register was started some time ago largely in connection with the early detection of impaired hearing in young children but many of the criteria pinpointing a child or its family as being particularly liable to this defect also direct attention to other abnormalities. From what is now referred to as the thalidomide disaster, emphasis is given to this need, and it is hoped that before long a national plan will be forthcoming, since only by there being a standard method of collecting information can valid comparisons from area to area be made and thus assistance given to enlarging our knowledge about the incidence and cause of congenital and other defects.



### Infant Mortality

The year under review records the lowest infant mortality rate at 12.5 deaths of infants under one year for every 1,000 live births. This is a very marked decline from last year's figure and from the average of the previous ten years (18.9). It will be interesting to see whether it indicates a break through to a plateau of lower levels.

### Smallpox

The year began with smallpox in the North Country, the first case starting about Christmas time 1961. The start of the University term early in January brought its complications with undergraduates returning from infected or suspect areas. The culmination of the situation in Cambridge came at the end of January when an undergraduate from an infected area was taken ill, seen by a smallpox consultant and provisionally diagnosed as suffering from the disease; some few days elapsed before laboratory tests showed that the patient was not infected with smallpox virus but was suffering from a complication of vaccination. During the height of the situation I placed the services of the County Health Department at the unreserved disposal of the City Medical Officer of Health.

### Fluoridation of Water Supplies

At the end of the year the Ministry issued a circular on the fluoridation of water supplies. The Government's acceptance of a policy of adjustment of fluoride levels in public water supplies is welcome and represents a further major advance in the prevention of disease, in this instance one which may be painful and is both harmful to general health and costly to treat.

### Staff

During the year two members of the staff with many years of service left, Mr. M. Bowyer, Senior Mental Welfare Officer, having attained retiring age and Miss I. Simon, Training Centre Supervisor, on account of ill health. Dr. J. Drummond, Deputy County Medical Officer, successfully applied for a similar appointment with Buckinghamshire County Council but did not leave until 28th February, 1963.

I wish to place on record my gratitude to all those working in the community services for their unstinted help and co-operation throughout the year and in particular to the Chairman and members of the Health Committee whose help and encouragement are so much valued and appreciated.

I am,

Your obedient Servant,

P. A. Tyser,

County Medical Officer.

July 1963.



HEALTH COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E., M.A.

Alderman M. Carter	Councillor H. Andrews
" P. F. Dennard, O.B.E.	" M. A. Bowen
" E. G. G. Frost, C.B.E., M.A.	" E. Briggs
" E. W. Parsons	" E. W. Bullman
" A. C. Taylor	" M. C. Burkitt
	" J. H. Clark
	" R. J. Davies
	" D. Greaves
	" H. Hartley
	" E. Hepher
	" D. M. Nichols
	" C. Webb
	" E. Whitehead
	" L. Whittaker

Nominated by the Cambridgeshire Local Medical Committee:

Dr. A. Brown  
Dr. M. G. P. Reed

Nominated by the Royal College of Nursing:

Miss H. E. Wakelin

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E., M.A.

Alderman M. Carter	Councillor H. Andrews
" P. F. Dennard, O.B.E.	" E. Briggs
" E. G. G. Frost, C.B.E., M.A.	" E. W. Bullman
" E. W. Parsons	" M. C. Burkitt
	" J. H. Clark
	" D. Greaves
	" E. Hepher
	" D. M. Nichols
	" E. Whitehead
	Dr. M. G. P. Reed

Co-opted Members:

The Lady Adrian  
Mrs. P. R. Burnet  
Mr. J. A. Day  
Mr. G. M. Macfarlane-Grieve  
Mr. K. H. Rose

GUARDIANSHIP SUB-COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E., M.A.

Councillor E. Briggs
" E. W. Bullman
" D. Greaves
" E. Hepher

HOME HELP SERVICE SUB-COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E., M.A.

Alderman M. Carter

Councillor E. W. Bullman

" E. Hepher

" E. Whitehead

STAFF

County Medical Officer of Health:	P. A. Tyser, M.D., B.S., D.P.H.
Deputy County Medical Officer of Health:	J. Drummond, M.B., Ch.B., D.P.H.
Principal Dental Officer:	J. R. Toller, M.Sc.D., L.D.S.
County Nursing Officer:	Mrs. S. Mee, S.R.N., S.C.M., H.V.Cert., Q.N., Admin.Cert.
Home Help Organiser:	Miss O. B. Greenslade
Home Teachers:	Miss R. M. Peel Mrs. M. Sier
Lay Administrative Officer:	L. Bly, A.C.C.S., D.M.A.
Chief Clerk:	H. J. Sadler

CITY OF CAMBRIDGE

Under the scheme of delegation which commenced on 1st October, 1960, the City Welfare Services Committee are responsible for the administration of certain health and welfare services in the City of Cambridge. The staff providing the services are under the direction of the City Medical Officer of Health, C. G. Eastwood, B.Sc., M.D., D.P.H.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	315,168 acres
Rateable Value 1962-1963	£2,863,260
1963-1964 (on revaluation)	£7,763,086
Mid-year population (Registrar General's estimate)	193,390
Census population 1961	189,913
Birth rate	16.6
(corrected)	17.4
Death rate	10.6
(corrected)	10.3
Infant mortality rate	12.5

GENERAL INFORMATION

The area of the Administrative County remains unchanged at 315,168 acres. The mid-year population was divided as to 95,380 persons resident in the City of Cambridge of whom over 9,000 are studying at the University. The rural population numbered 98,010.



It will be seen from the table which appears on page 56 that the population of the City has increased by 570 while the rural area shows an increase of 1,820.

Although there is no heavy industry in the area and the main occupations remain agricultural, there are a number of small factories in the landward areas which are increasing employers of local labour.

The major daily movement of the working population, however, is to and from the City, and indeed public transport is so orientated in this direction that inter-village communication by this means is often inconvenient and at times not at all possible.

Difficulties with regard to water supply were again experienced in the early part of the summer in some areas as the demand continued to increase. However, as the Minister has now confirmed the Order for the re-grouping of the water undertakings, it is to be hoped that the major schemes of development and re-organisation contemplated may now take place.

Good progress was made throughout the year in the furtherance of village sewerage schemes.

In the Chesterton Rural District, parts of the Cottenham scheme, the Impington extensions and the Stapleford scheme were completed during the year while plans for Over, Willingham, Swavesey, Longstanton, Waterbeach and Landbeach were completed and passed on to the next phase.

In Newmarket Rural District the Burwell and Fordham schemes were completed, and work started in Dullingham, while schemes for Reach, Swaffham Prior, Swaffham Bulbeck, Isleham and the Soham fringe area were at various stages of active preparation. The scheme for the Cheveley Park area, however, continues to be delayed by the necessity of an agreement being reached with Newmarket Urban District Council on sewage disposal.

In South Cambridgeshire Rural District the work at Sawston and Pampisford continued, and the scheme for Litlington commenced.

Tenders were invited for the schemes for Balsham and Bassingbourn/Kneesworth and they should be started early in 1963, while plans for Whittlesford, Duxford, Foxton, Shepreth, Ickleton and Hinxton continued in preparation.

Of particular interest was the installation by Newmarket Rural District Council of an extended aeration sewage disposal plant for a small housing scheme. These factory made metal units arrive prefabricated on to a prepared site and can be installed speedily. If this installation, one of the first in the country, proves successful and on present results this seems likely, a major advance will have been made in the problem of sewage disposal for small rural communities. The small amount of land which these plants require, at this time of high land prices, should be a particular recommendation to local authorities.

The preponderance of private housing development over that of the local authorities was again evident in 1962. The need for slum clearance remains pressing as does the question of re-housing the elderly.



NATIONAL HEALTH SERVICE ACT, 1946

- Section 21    Health Centres
- 22    Care of Mothers and Young Children
- 23    Midwives Service
- 24    Health Visiting
- 25    Home Nursing
- 26    Vaccination and Immunisation
- 27    Ambulance Service
- 28    Prevention of Illness, Care and After-Care
- 29    Home Help Service

---

Mental Health Service

SECTION 21 - HEALTH CENTRES

No demand for Health Centres in Cambridgeshire has ever been made nor has the need been apparent, consequently no serious consideration has ever been given to their provision.

The City is the centre of the hospital, dental and pharmaceutical services of the area whilst in the rural area the fact that the majority of public transport radiates to and from the City brings the facilities not available locally within reach of the population.

In considering Sections 22 to 25 of the National Health Service Act, 1946, it should be understood that in the City a separate service is operated consisting of 13 Health Visitors, 14 Home Nurses, 7 Midwives.

In the rural area where there are no centres of population greater than 5,000, it has been found that a service based in the main on the generalised pattern is the more suitable.

## SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

### Clinics and Treatment Centres

Monthly meetings of the combined ante-natal and post-natal clinic in the City continue to be held. There is no equivalent in the rural area. Some 65% of the confinements of women resident in the rural area take place in hospitals which offer clinic facilities additional to the supervision exercised by general practitioners and health visitors. Virtually the whole of the remainder are booked with their general practitioners who, with the health visitor and midwife, afford them the necessary ante-natal and post-natal supervision.

One of the pre-school clinics in the City was discontinued early in the year and no alternative accommodation was available before the end of the year. The remaining 9 centres continued to operate as did the 31 centres in the rural area. At a number of centres it was necessary to increase the frequency of the meetings and in other instances to find alternative accommodation. Facilities are provided at five village colleges and to their Wardens and Governors, and to the Chief Education Officer, I extend my gratitude.

I would also like to record my thanks to the doctors who attend the pre-school clinics and most particularly to the many voluntary helpers who year in year out continue to support the clinics thereby making a valuable and important contribution to the community services.

The following tables indicate the location of the clinics in the City and the rural area and give some account of the work done:-

TABLE 1

#### CITY ANTE-NATAL and POST-NATAL CLINIC

(held at Auckland Road Clinic 1st Friday in month, p.m.)

	Number of premises in use at end of year	Average number of combined Medical Officers and Midwives sessions held per month during year	Number of women in attendance		Total number of attendances during the year
			Number of women who attended during the year	Number of new cases included in col. 3	
) For ante-natal examination	1	1	74	73	88
) For post-natal examination			1	-	2



TABLE 2  
CITY INFANT WELFARE CLINICS

Clinic		Day and Time Held	
Arbury Road	I.W.C.	Monday	p.m.
Arbury Road	I.W.C.	Tuesday	a.m.
Auckland Road	I.V.C.	Tuesday	p.m.
Auckland Road	Toddler	Friday (by appointment)	p.m.
Castle Street	I.W.C.	Tuesday	a.m.
Castle Street	I.W.C.	Tuesday	p.m.
Cherryhinton	I.W.C.	Monday	p.m.
Cherryhinton	Toddler	Thursday (once monthly)	a.m.
Cherryhinton	I.W.C.	Thursday	p.m.
East Barnwell	I.W.C.	Tuesday	p.m.
East Barnwell	Toddler	Friday (once monthly)	p.m.
Newnham	I.W.C.	Wednesday	p.m.
Norwich Street	I.W.C.	Wednesday	a.m.
Romsey	Toddler	Monday (twice monthly)	p.m.
Romsey	I.W.C.	Wednesday	p.m.
Romsey	I.W.C.	Thursday	a.m.
Trumpington	I.W.C.	1st & 3rd Monday in month	p.m.

TABLE 3  
CITY INFANT WELFARE CENTRE ATTENDANCES

Number of centres provided at end of year	Number of Child Welfare sessions held per month at centres in col. 1	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were:			Total attendances during the year
			1962	1961	1960-57		Under 1 year	1 but under 2	2 but under 5	
9	58	1,227	1,077	919	1,321	3,317	15,768	3,588	2,835	22,191

TABLE 4

RURAL AREA INFANT WELFARE CENTRES

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st	Gt. Shelford		Cheveley Fulbourn	Bassingbourn V.C. Castle Camps Dullingham Harston Swavesey	Isleham Melbourn
2nd	Bassingbourn R.A.F. Gt. Shelford	Burwell Soham	Cottenham	Waterbeach Willingham	
3rd	Gt. Shelford	Bottisham Comberton	Fulbourn	Chippenham Foxton Balsham Bassingbourn V.C. Duxford Gamlingay	Fordham Linton Melbourn
4th	Bassingbourn R.A.F. Gt. Shelford	Fowlmere (always last week) Soham	Bourn (always last week)	Gt. Abington (always last week) Swavesey	
			Histon * Girton / Sawston /	Steeple Morden ‡	

\* Every four weeks with effect from Wednesday, 6th March, 1963

/ Every two weeks with effect from Wednesday, 27th March, 1963

‡ Every two weeks with effect from Thursday, 28th March, 1963



CENTRES	Number of Child Welfare sessions held per month at centres in col. 1	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were:			Total attendances during the year
			1962	1961	1960-57		Under 1 year	1 but under 2	2 but under 5	
Balsham	1	25	15	28	30	71	119	51	87	257
Bassingbourn	2	64	47	28	40	115	437	108	104	649
Bottisham	1	33	26	29	19	74	155	77	17	249
Bourn	1	45	35	32	45	112	277	128	207	612
Burwell	1	48	35	42	18	95	292	61	25	378
Castle Camps	1	8	7	9	10	26	90	31	18	139
Cheveley	1	24	23	8	22	53	93	59	35	187
Chippenham	1	27	25	39	25	89	102	41	35	176
Comberton	1	40	29	31	49	109	215	116	150	481
Cottenham	1	32	22	27	45	94	180	102	149	431
Dullingham	1	31	25	21	26	72	168	103	79	350
Duxford	1	36	32	48	77	157	220	182	171	573
Fordham	1	29	15	20	11	44	145	59	46	228
Fowlmere	1	19	16	12	17	45	121	41	22	184
Foxton	1	34	30	26	71	127	267	75	155	495
Fulbourn	1	95	72	54	54	180	445	126	108	679
Gamlingay	1	28	22	29	25	76	150	89	45	284
Girton	2	61	49	50	17	116	466	121	15	602
Gt. Abington	1	18	17	18	24	59	163	68	58	289
Gt. Shelford	4	130	114	119	149	382	1,564	391	399	2,354
Harston	1	56	34	41	38	113	240	116	92	448
Histon	1	40	34	47	116	197	293	201	263	757
Isleham	1	17	16	12	19	47	127	52	42	201
Linton	1	25	25	20	27	72	177	77	55	309
Melbourn	2	42	35	52	47	134	478	306	266	1,050
Sawston	2	61	54	50	108	212	836	418	666	1,920
Soham	2	53	50	26	25	101	559	158	71	768
S. Morden	2	37	29	32	57	118	345	103	121	569
Swavesey	2	40	29	38	52	119	351	131	75	557
Waterbeach	1	122	85	94	24	203	575	121	39	733
Willingham	1	20	18	20	26	64	153	67	86	306
	41	1,536	1,061	1,102	1,313	3,476	9,779	3,737	3,699	17,215

Premature Infants

The following tables give particulars of premature live and stillbirths in the Administrative County.

The total number of premature live births, 160, represents a rate of 49.9 per 1,000 live births as against a rate of 56.0 for 1961.



TABLE 6  
PREMATURE INFANTS - CITY

Weight at birth	Premature Live Births																Premature Still-Births					
	Born in Hospital*				Born at home and nursed entirely at home				Born at home and transferred to hospital on or before 28th day				Born in nursing home and nursed entirely there				Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in nursing home and transferred to hospital on or before 28th day	Born in hospital	Born at home	Born in nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)				
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	14	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	-			
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	11	-	10	1	-	1	1	-	1	-	-	-	-	-	-	-	2	-	-			
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	14	1	10	1	-	-	-	-	-	1	-	1	-	-	-	-	4	-	-			
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	26	3	23	9	-	9	1	-	1	-	-	-	-	-	-	-	-	-	-			
Totals	65	6	50	11	-	10	2	-	2	1	-	1	-	-	-	-	10	1	-			

\* The group under this heading will include cases which may be born in one hospital and transferred to another.

TABLE 6A  
PREMATURE INFANTS - RURAL AREA

Weight at birth	Premature Live Births												Premature Still-Births		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	4	3	1	-	-	-	-	-	-	-	-	-	-	-	-
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	9	-	9	-	-	-	3	-	3	-	-	-	-	-	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	16	1	15	4	-	4	1	-	1	-	-	-	-	-	1
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	32	-	32	10	1	9	1	-	1	1	-	1	-	-	-
Totals	61	4	57	14	1	13	5	-	5	1	-	1	-	-	-

\* The group under this heading will include cases which may be born in one hospital and transferred to another.



### Dental Treatment of Expectant and Nursing Mothers and Young Children

Although the tables that follow show an increase in the numbers of mothers and young children treated during the year as opposed to 1961, it cannot be said that there has been any real improvement in the situation with regard to lack of staff in the Local Authority's dental service. For five months the part-time services of an additional dentist were available and in September a Dental Auxiliary was appointed. Even so, at the end of the year, in terms of whole time officers to the maternal and child welfare service, of the whole County, only one half of one officer's time was so devoted. The rural area is particularly hard hit, only one mother and 13 children under five receiving treatment as against 71 mothers and 171 children in the City.

TABLE 7

#### DENTAL TREATMENT

##### A. NUMBERS PROVIDED WITH DENTAL CARE

	<u>Examined</u>	<u>Needing Treatment</u>	<u>Treated</u>	<u>Made Dentally Fit</u>
Expectant and Nursing Mothers	77	77	72	50
Children under Five	222	184	184	160

##### 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	16	66	-	-	139	23	12	6	-
Children under Five	-	123	82	-	194	60	-	-	-

### Distribution of Welfare Foods

There were no changes in the arrangements for the distribution of welfare foods, national dried milk, orange juice, cod liver oil and vitamin A and D capsules being available at most of the child welfare clinics and other distribution points such as shops and private houses.

There was a continuing decline in the quantities of the foods issued as is shown in the following table but it is nevertheless a pleasure to record my thanks to the volunteers who have undertaken the work of distribution.



TABLE 8WELFARE FOODS

	<u>Total issued</u>		<u>Issued at Old Post Office</u>	
	<u>1962</u>	<u>1961</u>	<u>1962</u>	<u>1961</u>
National Dried Milk (Tins)	14,318	15,111	7,586	8,287
Cod Liver Oil (Bottles)	4,273	7,978	1,662	3,132
A. and D. Tablets (Packets)	6,041	8,542	3,608	5,191
Orange Juice (Bottles)	49,275	66,922	23,226	33,896

Day Nurseries and Nurseries and Child Minders  
Regulation Act, 1948

The following table sets out the attendances at the single Day Nursery provided by the Authority in the City of Cambridge:-

TABLE 9DAY NURSERIES

Number of approved places		Number of children on register at end of year		Average daily attendance during year	
Under 2	2-5	Under 2	2-5	Under 2	2-5
14	26 F.T. 3 P.T.	16	31 F.T. 1 P.T.	12	26 F.T. 1 P.T.

(F.T. - Full-time; P.T. - Part-time)

As in previous years no financial assistance towards the operation of other nurseries or to daily minders has been given. At the end of the year, in the Administrative County, 18 nurseries provided for 281 children and 11 daily minders provided for a total of 81 children.

Care of the Unmarried Mother

The arrangements for the care of the unmarried mother continued to be undertaken on an agency basis by the Ely Diocesan Association for Social Work who maintain a mother and baby home in the City and by the Cambridge Association for Social Welfare. An annual grant of £225 is made to the latter body who perform both social welfare and adoption duties in the City. The Ely Diocesan Association appointed an additional social worker during the year and the County Council has agreed to pay a capitation fee in respect of each Cambridgeshire case assisted.

Grants towards the cost of maintenance in mother and baby homes were made in 20 cases, 9 more than in 1961 and this figure again includes applications for assistance from the Northampton Diocesan Catholic Child Protection and Welfare Society.



## SECTIONS 23, 24 and 25 - MIDWIVES SERVICE, HEALTH VISITING AND HOME NURSING

In my report for 1961 reference was made to the changing emphasis of medical care from hospital to community and it was said that this must inevitably increase the work of the public health nurse. This change hinges upon the availability of suitably trained staff. In 1960 the County Council increased the establishment of public health nurses (equivalent to 20% over four years) to meet the changing pattern, and by making use of part-time staff the service has been able to meet the additional demands placed upon it. The estimated requirements of nursing staff over the next decade are shown in the 10 year plan (Appendix B).

As outlined in earlier reports much of the County is covered by a generalised form of service so that the health visitor, who is also the district nurse/midwife, works daily with the general practitioners.

Where, however, a separate health visitor service functions, liaison is achieved by health visitors getting in touch with all general practitioners in whose area they work and by referral direct to general practitioners of problems concerning their patients of which they become aware. Liaison is also strengthened in some areas by health visitors attending ante-natal sessions run by doctors in their own surgeries together with the district nurse/midwife.

The Local Medical Committee is aware that consideration will readily be given to the question of the attachment of public health nurses to the practices of general practitioners.

The follow-up of patients discharged from hospital is effected where it is considered necessary and the close liaison between the hospital almoners and the public health nurses in this matter has virtually obviated the need for the special home care and nursing service scheme introduced in 1949 to which reference has been made in previous reports: the number of patients discharged under this scheme has in fact steadily declined over the years.

### Group Advisors

Amongst the recommendations of the Working Party on the field of work, training and recruitment of health visitors was a suggestion that there should be a grade of health visitor known as a Group Advisor and the Health Committee of the Council during the year approved such an appointment which will be directed to increasing liaison and co-operation with the general practitioner service on the one hand and other specialist case work officers on the other.

### In-Service Training of Health Visitors

With the growing emphasis on the community care of the mentally disordered and the obviously increasing desirability of training public health nurses in mental health work, steps were taken to introduce short intensive courses of training during which period the nurses would be taken on the staff of the local psychiatric hospital. Unfortunately developments along these lines will of necessity be slow in view of the shortage of and pressure on nursing staff.

### Notification of Intention to Practise

Under the rules of the Central Midwives Board, 104 midwives notified their intention to practise:-

	<u>City</u>	<u>Rural Area</u>
Domiciliary	10	44
Institutional	50	-



Nursing Staff

Mention has already been made of the increased establishment of public health nurses and the fact that the use of part-time staff has enabled the service to meet the demands made upon it. The following table sets out the staffing position in the rural area at the end of the year.

<u>Staff as at 31st December, 1962</u>	<u>Full Time</u>	<u>Part Time</u>
County Nursing Officer	1	-
Deputy County Nursing Officer (also undertaking relief work)	1	-
Health Visitors	8	2
District Nurse/Midwife/Health Visitors	16	-
District Nurse/Midwives	11	3
District Nurses only	3	2
School Nurses	1	1
<u>Vacancies</u>		
District Nurse/Midwives	2	
District Nurse/Midwife/Health Visitors	2	

TABLE 10MIDWIFERY SERVICE

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
<u>Midwives</u>			
(a) Employed by Authority	7 (whole time)	31 (part time)	7 whole time 31 part time
(b) In private practice	1	-	1
<u>Deliveries attended by Midwives</u>			
(a) <u>Employed by Authority</u>			
(i) Doctor not booked but present at time of delivery	-	-	-
(ii) Doctor not booked and not present at time of delivery	-	-	-
(iii) Doctor booked and present at time of delivery	164	183	347
(iv) Doctor booked but not present at time of delivery	306	415	721
(b) <u>In Private Practice</u>			
(i) Doctor not booked but present at time of delivery	-	-	-
(ii) Doctor not booked and not present at time of delivery	-	-	-
(iii) Doctor booked and present at time of delivery	2	2	4
(iv) Doctor booked but not present at time of delivery	36	1	37



	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
<u>Cases delivered in institutions but attended by domiciliary midwives on discharge before 10th day</u>	139	421	560
<u>Domiciliary cases in which medical aid was summoned by a midwife</u>	123	101	224
<u>Inhalation Analgesics</u>			
Midwives in practice at end of year qualified to administer inhalation analgesics:			
(a) Employed by Authority	7	31	38
(b) In private practice	1	-	1
Number of sets of apparatus in use at end of year:			
(a) Gas and Air	7	31	38
(b) Trilene	7	12	19
<u>Number of cases in which inhalation analgesics were administered by domiciliary midwives</u>			
(a) <u>Employed by Authority</u>			
(i) Doctor present at delivery:			
Gas and Air	2	116	118
Trilene	151	61	212
(ii) Doctor not present at delivery:			
Gas and Air	3	254	257
Trilene	247	119	366
(b) <u>In Private Practice</u>			
(i) Doctor present at delivery:			
Gas and Air	3	-	3
Trilene	-	-	-
(ii) Doctor not present at delivery:			
Gas and Air	-	-	-
Trilene	-	-	-

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
<u>Number of cases in which pethidine administered by midwives</u>			
(a) <u>Employed by Authority</u>			
(i) Doctor present at delivery	123	82	205
(ii) Doctor not present at delivery	152	213	365
(b) <u>In Private Practice</u>			
(i) Doctor present at delivery	9	-	9
(ii) Doctor not present at delivery	21	-	21

TABLE 11HEALTH VISITING

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
Number of children under 5 years of age:			
Visited during year	4,760	7,475	12,235
Expectant mothers			
First visits	318	316	634
Total visits	483	739	1,222
Children under 1			
First visits	2,021	1,695	3,716
Total visits	8,258	16,069	24,327
Children age 1 but under 2	2,040	5,409	8,054
Children age 2 but under 5	5,271	7,018	12,289
Tuberculous households	182	390	572
Other cases	2,703	2,745	5,448
Total number of families or households visited by H.V.	3,961	5,274	9,235



TABLE 12HOME NURSING SERVICE

	City		Rural Area		Total	
	No. of Cases	No. of Visits	No. of Cases	No. of Visits	No. of Cases	No. of Visits
Medical	1,998	32,139	1,100	25,753	3,098	57,892
Surgical	668	8,959	549	9,546	1,217	18,505
Infectious Diseases	-	-	9	16	9	16
Tuberculosis	10	262	3	67	13	329
Maternal complications	34	116	37	149	71	265
Others	-	-	1,396	1,418	1,396	1,418
Totals	2,710	41,476	3,094	36,949	5,804	78,425
Patients included above who were 65 or over at the time of first visit during year	811	20,512	948	24,111	1,759	44,623
Children included above who were under 5 at time of first visit during year	51	720	79	522	130	1,242
Patients included above who had more than 24 visits during year	475	19,871	347	21,479	822	41,350

## SECTION 26 - VACCINATION AND IMMUNISATION

The general arrangements for vaccination and immunisation continued unchanged, general practitioners undertaking the bulk of the work, though a limited amount of the work is carried out in clinics.

The outstanding feature of the year's activity in this field arose from the occurrence of cases of smallpox in the country early in the year which lead to a greatly increased demand for vaccination.

### Diphtheria

The following tables show the numbers of children who completed a full course of primary immunisation either by the use of single or combined antigens or who received a reinforcing injection subsequently to primary immunisation at an earlier age.

TABLE 13  
RECORD OF DIPHTHERIA IMMUNISATION

Year of Birth	City		Rural Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1962	435	-	384	-	819	-
1961	624	46	1,007	5	1,631	51
1960	79	211	88	45	167	256
1959	25	60	36	27	61	87
1958	23	24	19	60	42	84
1953-57	87	621	35	478	122	1,099
1948-52	3	6	15	51	18	57
Total	1,276	968	1,584	666	2,860	1,634

### Poliomyelitis

The general arrangements for vaccination against poliomyelitis were unchanged; almost all general practitioners deal with their own patients leaving a very small proportion of the work to be undertaken in clinics.

As had been anticipated, oral poliomyelitis vaccine (Sabin) became available, and from February onwards, both Salk and Sabin vaccines were in use according to the preferences of patients and doctors.

The immediate demand for this alternative vaccine was very small and grew only slowly. It was not until the end of the year that it could be said to have replaced Salk vaccine, which still continued to be available.

The tables that follow set out the numbers of individuals vaccinated by the use of Salk or Sabin Vaccine during the year.



TABLE 14  
NUMBER OF PERSONS VACCINATED

Primary Vaccination

	City		Rural Area		Total	
	Salk Vaccine 2 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections	Oral Vaccine 3 doses
Children born in 1962	28	121	49	63	77	184
Children born in 1961	401	269	581	406	982	675
Children and young persons born in years 1943-1960	243	131	312	137	555	268
Young persons born in years 1933-1942	212	52	138	62	350	114
Others	294	117	313	114	607	231
Totals	1,178	690	1,393	782	2,571	1,472

Re-inforcing Doses

		City	Rural Area	Total
Number of persons given third injections of Salk Vaccine		2,066	2,797	4,863
Number of persons given fourth injections of Salk Vaccine		430	493	923
Number of persons given a re-inforcing dose of Oral Vaccine after:	2 Salk doses	1,764	2,025	3,789
	3 Salk doses	595	773	1,368

Smallpox

Mention has been made of the explosive demand for smallpox vaccination in the first trimester of the year. When it is recalled that the total number of persons vaccinated in the whole of the County in 1961 was 2,340 and the number re-vaccinated 310, the tables that follow speak for themselves. The occurrence of cases of smallpox in the country was the subject of such extensive publicity at the time that the only comment now necessary is that it is imperative that in future there be clearly expressed national policy to avoid the virtual "panic" demand for mass vaccination which was experienced in some areas.

Nine cases of generalised vaccinia were notified during the year all arising in the days of the heavy demand for vaccination but no cases of post-vaccinal encephalitis or death from other complications of vaccination were reported.

TABLE 15NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

Age at Date of Vaccination	City		Rural Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
Under 1	749	-	1,584	9	2,333	9
1	530	-	299	10	829	10
2-4	500	255	461	375	961	630
5-14	2,271	2,693	2,590	3,654	4,861	6,347
15 or over	5,925	14,067	5,450	9,603	11,375	23,670
Total	9,975	17,015	10,384	13,651	20,359	30,666



Tetanus

Immunisation against tetanus continues to be undertaken, mainly by general practitioners, by the use of tetanus toxoid either as a single antigen or in combination with others.

The following figures, some 50% higher than those for 1961, indicate the number of records received and it should be noted that records are not required by the department in respect of persons over the age of 17 years.

TABLE 16NUMBER OF PERSONS IMMUNISED AGAINST TETANUS

Year of Birth	City		Rural Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1962	438	-	374	-	812	-
1961	624	45	1,005	5	1,629	50
1960	80	204	87	48	167	252
1959	30	68	38	29	68	97
1958	43	41	23	57	66	98
1953-1957	161	189	88	478	249	667
1948-1952	81	65	54	100	135	165
1947 or earlier	94	59	17	38	111	97
Total	1,551	671	1,686	755	3,237	1,426

Whooping Cough

The following tables show the numbers of children in the City and Rural Area who have completed a primary course (normally 3 injections) of whooping cough immunisation by the use of pertussis vaccine (either as a single antigen or in combination with others) during the year 1962. The figures vary only slightly from those of 1961.

TABLE 17WHOOPIING COUGH IMMUNISATION

Year of birth	City	Rural Area	Total
1962	437	374	811
1961	620	1,002	1,622
1960	78	87	165
1959	20	36	56
1958	15	18	33
1953-57	35	32	67
1948-52	1	11	12
Total	1,206	1,560	2,766



SECTION 27 - AMBULANCE SERVICE

In Cambridgeshire the ambulance service is administered by the Clerk of the County Council to whom I am indebted for the following table which gives details of the vehicles provided and the journeys undertaken.

Ambulances directly provided	8
Cars directly provided	6
Number of journeys by above:	
Ambulances	10,881
Cars	3,755
Patients carried by above:	
Ambulances	12,220
Cars	7,580
Accident and emergency journeys included in above:	
Ambulances	1,259
Cars	189
Mileage run by above:	
Ambulances	131,891
Cars	112,125
Journeys by supplementary vehicles:	
Ambulances	644
Cars	25,006
Patients carried by supplementary vehicles:	
Ambulances	628
Cars	56,813
Accident and emergency journeys by supplementary vehicles:	
Ambulances	37
Cars	-
Mileage run by supplementary vehicles:	
Ambulances	12,926
Cars	353,821
The number of full time staff on December 31st, 1962	37

## SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

I am indebted to the Consultant Chest Physician, Dr. M. J. Greenberg for the following note relating to patients attending the Cambridge Chest Clinic:-

"During the year 1962 there has been a drop in the number of new cases in Cambridge. However, this is more apparent than real because actually new cases found have decreased only by one, the main change being the fact that there have not been as many cases transferred from other areas as previously.

The number of cases on the Clinic Register has dropped from 588 on 31st December, 1961 to 494 on 31st December, 1962.

The situation is under control but preventive measures should not be relaxed both as regards to B.C.G. campaign for school children and the energetic search for contacts each time a new case of tuberculosis is discovered."

### Tuberculosis Care and After-Care

The Cambridgeshire Tuberculosis After-Care Association continued to receive a grant from the County Council, and the value of their work is illustrated by the following extract from the Annual Report of the Honorary Medical Adviser:-

"In the year ending December 31st, 1962, 18 patients continued to receive grants of either milk or groceries or both; grants for bed linen were made to two patients on discharge from sanatoria. The Association also made a grant to a patient living in the county to enable him to purchase a scooter to travel to and from his work in Cambridge. Of the 18 receiving grants, 13 were men and 5 women; 13 were able to work and of the 5 unable to work 2 were retired.

The portable oxygen sets continued to be loaned to patients disabled by shortness of breath as a result of their disease, 12 of the 17 available being in constant use."

### B.C.G. Vaccination

The arrangements for B.C.G. vaccination were unchanged and once again Dr. Greenberg, the Consultant Chest Physician, very kindly provided facilities for the vaccination of tuberculosis contacts as well as for the X-ray of those children found to be positive on skin test in the schools.

The following table sets out details of the work carried out at schools in the City, the rural area and at the College of Arts and Technology which takes pupils from the City, the rural area and areas beyond the boundary of the Administrative County.



TABLE 18

	<u>City</u>	<u>Rural Area</u>	<u>College of Arts and Technology</u>	<u>Total</u>
Number skin tested	1,331	684	88	2,103
Number found positive	248	148	25	421
Number found negative	1,018	498	60	1,576
Number vaccinated	1,008	498	58	1,564

By the end of the year 140 positives from the rural area had been X-rayed at the Chest Clinic. In order to ensure that, wherever possible, positives are checked, the health visitors are asked to visit the parents of such children who, for one reason or another, do not immediately take advantage of the X-ray facilities.

#### Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1962:-

TABLE 19

Number skin tested	722
Number found positive	545
Number found negative	277
Number vaccinated	173

The following tables indicate the position with regard to tuberculosis in the City and rural areas:-

TABLE 20

#### CITY TUBERCULOSIS REGISTER 1962

	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	232	120	22	26	254	146
2. Number of Cases notified for first time during year under Regulations	14	6	3	1	17	7
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	11	5	-	-	11	5
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	49	34	6	4	55	38
6. Number of Cases remaining on Register at end of year	208	97	19	23	227	120

TABLE 21

COUNTY TUBERCULOSIS REGISTER 1962  
(excluding City)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	178	116	10	12	188	128
2. Number of Cases notified for first time during year under Regulations	15	4	2	-	17	4
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	4	4	-	1	4	5
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	36	35	1	2	37	37
6. Number of Cases remaining on Register at end of year	161	89	11	11	172	100

Chiropody

Details of the Council's scheme for the provision of a chiropody service were given in the report for 1961 and apart from a minor change in the payment to chiropodists, the work continued on the same lines. With the co-operation of the chiropodists and the voluntary workers at the clinics, the scheme has run very smoothly and offers an extremely valuable and much appreciated service, particularly to the elderly, the care of whom must be regarded as an ever increasing and important responsibility of the local authority.

The tables which follow indicate the growing volume of the work undertaken, though it should be borne in mind that the figures given in the report for 1961 represent a period of nine months whereas the present figures relate to a full year.



TABLE 22

	City		Rural Area		Total	
	No. of Patients Treated	No. of Treatments	No. of Patients Treated	No. of Treatments	No. of Patients Treated	No. of Treatments
Men over 65	205		200		405	
Women over 60	1,353	9,222	875	6,098	2,228	15,320
Expectant Mothers	1	2	-	-	1	2
Handicapped Persons	10	68	13	44	23	112
Total	1,569	9,292	1,088	6,142	2,657	15,434

TABLE 22A

	City	Rural Area	Total
Number of clinics operating	7	28	35
Number of treatments at clinics	780	2,396	3,176
Number of treatments in chiropodists surgeries	7,626	2,787	10,413
Number of domiciliary treatments	886	959	1,845

Fluoridation of Water Supplies

In July the report on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years" was published by H.M.S.O. for the Ministry of Health, the Scottish Office and the Ministry of Housing and Local Government.

The Ministry of Health, in Circular 28/62 of the 14th December, 1962, commended the report to local health authorities and informed them that the Ministry of Health was prepared to approve, under Sec. 28 of the National Health Service Act 1946, the making of arrangements with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. Because doubts had been expressed in some quarters whether the present powers of water undertakers permit the addition of fluoride to the water they supply, the Minister undertook in the event of Court proceedings to indemnify both local health authorities and water undertakers.

Although the adjustment of fluoride levels of water supplies can only be undertaken by local health authorities under powers vested in them by the National Health Service Acts, district councils were sent copies of the report and Circular 28/62 by the Ministry of Health, and at the end of the year the matter was receiving consideration.



## Health Education

### General

The County Council does not employ a specialist officer for health education but the Deputy County Nursing Officer devotes a good deal of her time to this work and the medical, nursing, mental health and other staff take every opportunity of disseminating information upon health matters in their day to day work as well as giving talks to schools, welfare centres and other organisations.

The authority also continues to accept financial responsibility for lectures given by a panel of speakers appointed by the Cambridgeshire Federation of Women's Institutes and approved by the County Medical Officer.

### Smoking

During the year a great deal of effort was devoted to keeping before the public the important matter of smoking and health. Extensive use was made of posters issued by the Ministry of Health which were distributed to schools, pre-school clinics, public buildings, factories and other organisations: they were also made available to general practitioners. Summaries of the Report of the Royal College of Physicians were, with the permission of the Royal College, widely distributed and opportunities taken for giving talks and showing films to groups. Talks supported by films to relatively small groups, where discussion can take place, seems the optimum method of dealing with the subject. I am sure that short intensive campaigns are unlikely to achieve as much as a long sustained effort to keep the matter constantly before the notice of the public. Even this will produce little result without firm action on the part of the nation's executive and whilst the adult population fails to demonstrate a radical change of heart before the younger generation. If smoking could be made socially unacceptable, as it used to be, and an attitude created where facilities are made for smokers rather than the non-smokers as at present, a real contribution to public health would result.

### Personal Relationships

In my annual report as Principal School Medical Officer an account was given of work done at Impington Village College with regard to the teaching of this subject and because of its importance reproduction here is considered desirable. The subject is also dealt with in other village colleges in different ways but at Impington I have had some personal concern with this project.

"One of the many, and at the same time more difficult, subjects in a programme of health education relates to the teaching of personal relationships within which the narrower subject of sex education is included. For some time consideration has been given to this important task, and early in the year steps were taken to initiate a course in personal relationships which was run in the summer term at Impington Village College. From the experience gained further courses were instituted at the college during the Autumn Term. It is a pleasure to be able to include here the Warden's report on this very important work, and to record my gratitude to him and to Dr. A. Boyd for their help and enthusiasm.



'During the Spring Term of 1962 I was invited to attend a meeting with the Chairman of the Education Committee, a representative of the Board of Governors of Impington Village College, the Chief Education Officer and the Principal School Medical Officer, at which the provision of courses in personal relationships was discussed. As a result, Dr. Boyd and I were able, in the summer term, to organise a pilot course with two boys' groups and one girls' group. Each group consisted of eight children drawn from 4 alpha, the second secondary modern stream in the fourth year. In the Summer holidays, with assistance from the Education Committee, I was able to attend a course for teachers on the personal needs of young people run by the National Marriage Guidance Council at Leicester.

The courses at Impington last term were the result of the shared experience of the pilot courses in the Summer term, Dr. Boyd's valuable contacts with the Tavistock Clinic, and my own gleanings from the Leicester course.

We determined upon a course spread over three weeks, taking two periods of forty minutes on two different days a week. The groups consisted of eight boys and eight girls withdrawn simultaneously from their usual lessons. As far as possible we selected groups of friends.

We changed our minds several times as we progressed through the three courses that we ran last term. Our present intention is to run this term's courses to a pattern described in the Appendix. We shall modify the pattern when it becomes clear either from our own observations or from the comments of the young, that we could do better.

We have, for instance, increased the size of the groups to twelve boys and twelve girls because we have found this number to be the best to encourage maximum participation. The young people are co-operative and appreciative, but we have found that the ice is best broken by giving them books in which to write their questions anonymously. We then answer the questions and usually find that the answering promotes further questioning and discussion. The whole field of family relationships is explored and though the maximum interest is evinced when sex relationships are being discussed, there have been some lively and entertaining comments about family life.

Generally, our aim has been to create within the groups feelings of confidence and release so that a permissive atmosphere is engendered in which children feel free to ask questions and to express opinions. I am myself aware that though I enjoy this kind of teaching it is easier for me to relax out of my role of Warden than it is for children to relax in the Warden's presence. But usually I find that the group becomes communicative by the end of the second period. Dr. Boyd gets there quicker and the remark made in answer to her question to the girls' group: "Well, what shall we talk about today?" - "Tell us about us" sums up the feeling of confidence and release she has so expertly created.



This programme of fourth year discussions is running simultaneously with a first-year plan. This, under the general direction of Mr. Fleet, assisted by Mrs. Morgan and Miss Smith, ensures that the facts of human reproduction are presented within the biological context before, it is hoped, there is much emotional reaction. One is immediately faced with the question of what is to be done in the second and third years, and it is at once clear that to assume that personal life runs smoothly from twelve to fifteen is to ignore the obvious. How best to help remains to be discovered, but lest it be thought that the subject would be overdone by providing guidance all through school life, it is worth considering the time which would be spent, at the present fourth year rate. Any one child would receive, between the ages of twelve and fifteen, twelve hours of guidance, through the methods outlined in the Appendix. This is not, I think, an excessive expenditure of time upon which is likely to be a subject of interest and importance for the rest of life.

Finally - assessment. I think it is too early to say with assurance what has been or is being achieved. The nature of the case has forced us to teach the early leavers - usually the least critical - first, and therefore the amount of articulate appraisal has been small. We have had to rely on our feelings about the value of the courses to the young people concerned, as derived from our observation. We conclude, without doubt, that they are worth continuing: we see the need to expand guidance into the second and third years.

The other main point is the enlistment and encouragement of parental support. In some cases parents are willing but inarticulate, in some uncertain, in some able, but in nearly all cases they are the living symbols of the authority out from under which their children wish to get, and against which all adolescents generally rebel. Parents need to be helped to withstand rebellion and to contain it, while remaining constant refuges for the baffled and bewildered. To encourage them and other adults in this vital task we are having a conference at Impington on May 11th called "You and your children", at which speakers of national repute will talk about the roles of parents and other adults.

J. BRACKENBURY.'

January, 1963.

#### Plan of Personal Relationships Course

#### APPENDIX

##### Girls

##### Boys

- |   |  |
|---|--|
| 1. Joint introductory session on heredity with slides, taken by Dr. Boyd - explanation of the course and issue of question books by Warden. |  |
| 2. Discussion session with film strip "Story of a Baby"   | Discussion session with film strip "Story of a Baby" |
| Dr. Boyd  | Warden   |



- |   |  |
|---|--|
| 3. Discussion session - family relationships and boy and girl friendships<br>Dr. Boyd                         | Discussion session - family relationships and boy and girl friendships<br>Warden |
| 4. Discussion and questions<br>Warden   | Discussion and questions<br>Dr. Boyd   |
| 5. and 6.<br>Re-division into mixed groups for discussion of problems among group members. Summary by Warden. |  |
| 7. Final discussion and course appraisal by girls and Dr. Boyd.   | Final discussion and course appraisal by boys and Warden.                        |

I hope that the scheme started at Impington will spread throughout the secondary schools, and that these courses will be found to have made a vital contribution to the development and stability of our present changing society."

#### British Red Cross Society

##### (a) Medical Loan

The British Red Cross Society continues to act as agent for the local health authority for the issue of medical loan equipment supplied without charge to the patient to facilitate domiciliary care. The local authority contribute towards the expenses of the service and during the year 2,085 items of service were issued to 1,047 patients. There was an increasing demand for aids for the disabled such as walking frames, telescopic crutches and retrieving sticks.

By arrangement with the British Red Cross Society, the provision of hoists to facilitate the care of the severely handicapped and bedridden patients in their own home is effected directly by the County Council and during the year six hoists were on loan to nine patients at various times.

##### (b) Other Services

There is much valuable work done by the British Red Cross Society in assisting the community services. Their help in the field of home nursing makes an important contribution to that service. Many members do escort work which has proved most useful in the school health service with regard to getting children to and from special schools in England and Wales. To all these volunteers I sincerely pay tribute.

#### Cambridgeshire Old People's Welfare Council

Mention was made in last year's report of an illustrated talk on the subject of "Nutrition and the Elderly" given to leaders of old people's clubs which had resulted in requests by individual clubs for the talk to be given locally. During these talks it became apparent that there was a desire for guidance on the buying, preparation and cooking of food and through the co-operation of the Chief Education Officer and the School Meals Organiser arrangements were made for talks and demonstrations by the Housekeepers of the various Village Colleges.



The Old People's Welfare Council arrange various Club holidays during the year and have very kindly made it possible for a number of elderly people recommended for a recuperative holiday to join the parties.

Following discussion between the Old People's Welfare Council's Welfare Organiser the County Medical Officer and the County Nursing Officer arrangements were made for special meetings of village representatives and members of the authority's nursing staff with the object of making still closer the ties between the village representatives and the nurses of their own area.

### Venereal Disease

In accordance with the arrangement introduced several years ago, two health visitors in the City and two in the rural area continued to take a special interest in the social work connected with venereal disease.

The Special Clinic at Addenbrooke's Hospital continued to serve a number of areas, including Cambridgeshire and the following figures relate to "first time" attendances by patients resident in the Administrative County with figures for the two previous years for comparison:-

	<u>1962</u>	<u>1961</u>	<u>1960</u>
Syphilis	7	12	10
Gonorrhoea	71	66	49
Other Conditions	260	248	251

I am indebted to Dr. J. K. Oates, Consultant in Venereology, for the following observations on the work of the Special Clinic generally:-

"The number of new cases of syphilis seen at the clinic showed no significant change from last year. Of the total of 10 cases only 2 were of early infectious syphilis and in each instance the disease was acquired outside the United Kingdom. No case of congenital syphilis was seen.

There was a further increase in the number of gonococcal infections, 89 being treated as against 66 in 1961. 64 of these infections occurred in male patients. Just over half of the infections occurring in the female occurred in teenage girls.

The numbers of patients attending the clinic for advice and treatment of conditions other than venereal disease showed an increase on the previous year, the total being 363.

The number of cases of non-gonococcal urethritis in the male showed no change from the previous year."

### Yellow Fever Vaccination

There was no change in the arrangements for yellow fever vaccination required by persons going abroad to certain countries and during 1962 a total of 604 persons were vaccinated. This represents an increase of 110 on the figure for 1961.



Wherever possible a prior appointment is made. This is especially important as intervals must elapse between various immunising procedures, including that for yellow fever and a person without this knowledge who recently had, for example, smallpox vaccination might well make a wasted and possibly long journey which would have been avoided by a request for an appointment.

Twice weekly sessions for the carrying out of the work continue to be held.

#### MENTAL HEALTH SERVICE

The organisation and administration of the mental health services in Cambridgeshire were fully described in my annual reports for 1960 and 1961 and the regular meeting of mental welfare officers with members of the hospital and public health medical staffs continues to be the core of the community services. No administrative changes occurred during the year but some developments in the implementation of the authority's proposals are worthy of mention.

In October an extension to the existing Training Centre of two additional classrooms was opened making it possible for the Centre to accommodate 100 trainees of all ages.

Tenders were also invited for the building of a new junior training centre and a hostel with 12 beds as envisaged in the authority's proposals.

Following discussions with the Chief Education Officer and his staff, the Consultant Child Psychiatrist, and colleagues in the Ministries of Health and Education, I submitted a report to the Health Committee on the need for a hostel for maladjusted children and adolescents which was accepted in principle and included in the ten year development plan of health and welfare services; the suggested year for its provision being 1963-1964.

Provision of the hostel has been considered in terms of the following principles:-

- (a) the fabric, residential and domestic staff of the hostel to be provided by the Health Committee;
- (b) the teaching and school health requirements by the Education Committee;
- (c) treatment to be undertaken by the Regional Hospital Board through the Child Psychiatric Service.

Such a hostel is required to facilitate the treatment of disturbed children and adolescents. At present it is extremely difficult to obtain satisfactory placement in schools for maladjusted children which ensures that they not only receive education, but more important that they have adequate psychiatric treatment and support and remain sufficiently close to their families for adequate contact to be maintained.



### Child Psychiatric Service

A. The following cases were referred to the Child Psychiatric Clinic by the School Health Service staff.

<u>Type of Case</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Behaviour disorders	12	2	14
Habit disorders	2	1	3
Nervous disorders	7	2	9
Educational failure	9	1	10

B. I am indebted to Dr. R. E. Glennie, Consultant Child Psychiatrist, for the following report and tables:-

"During the year under review the Child Psychiatric Service has continued to work to full capacity. The number of cases referred by the School Health Service has decreased in comparison with the previous year, but a greater proportion of these cases has required to be taken on for treatment. In several instances there have been joint referrals by the School Health Service and the general practitioners or Juvenile Court Magistrates.

It is noticeable that the number of children referred by the School Health Service in the city accounts for a very much smaller proportion of the whole than those referred by general practitioners and other sources, and that more children are seen at the request of the Juvenile Court Magistrates in the city than in the county.

There has been a marked increase in the length of the waiting list due to several factors; more referrals from all sources, the need to give immediate appointments to urgent cases, and the fact that more of the children seen have been severely disturbed, necessitating prolonged and intensive treatment. Every effort is made to ensure that the length of time on the waiting list is kept to a minimum, but it will be appreciated that where a child shows signs of acute disturbance, is very young, or has to appear in Court, a priority appointment has to be given often at the expense of those whose difficulties appear equally severe. This position is unfortunate in some respects, but inevitable in the present circumstances.

It will be realised that this is not entirely because of the demands of the City and County, but must be viewed in the light of the much wider area which is covered by the Child Psychiatric Service, and which involves a total of some three hundred new cases being seen each year, in addition to those taken on for treatment.

For the first time in several years the staff have been able to work in pleasant and uncrowded conditions, thanks to the erection by the East Anglian Regional Hospital Board, of a pre-fabricated extension to the original building. The new wing, which is well-lit and colourful, has been in use since May, and is greatly appreciated by the patients and staff. It has made the day-to-day business of the clinic much more straightforward - it is now possible to keep one room for use as a "dirty playroom" and another for a records office, besides providing better facilities for group discussions.



The staff is still under strength, owing to the difficulty of securing the services of an additional psychiatric social worker. However, it is hoped that this may be made good in the next year, and also that it may be possible to augment the medical and psychological staff, now that adequate space is available. This would of course lead to an increase in the number of children seen, and a decrease in the waiting list.

We count ourselves most fortunate in the unceasing co-operation and help of Mr. Conochie, the Educational Psychologist. Over and above the many other calls on his services, he has made time to come regularly to the clinic for discussions on individual children, and by this means our liaison with schools in the city and county has been strengthened.

Mrs Bechhofer, Senior Clinical Psychologist, has continued to give specialist help to a number of disturbed children who, although often of average or above average intelligence, have specific difficulties in the school setting. Mr. Conochie has been able to arrange for those patients who are less severely disturbed but needing help to have group remedial teaching in the schools from specially trained teachers.

The seminars for speech therapists in the catchment area have continued during the year, and their co-operation and help has been found most valuable. There have been informal visits from School Medical Officers, Probation Officers, some general practitioners, teachers, health visitors and remedial teachers, as well as staff from the University Psychology Department and interested visitors from overseas. In addition, there have been lectures and discussion groups with post-graduate students from the University Department of Education and Institute of Criminology, Addenbrooke's Hospital nursing staff, social workers, and time has been spent with probation officers and psychiatric social workers in training.

I would like to say how much we have appreciated the help extended to us by members of the School Health Service, which has in turn enabled us to provide a better, more comprehensive psychiatric service for the benefit of the children in the area and their parents. The interaction and co-operation between School Health and Education Departments, the general practitioners in the area, and the Child Psychiatric Service is clearly to the benefit of all concerned with the emotional, mental and physical health of their patients.

R. E. GLENNIE, M.D, D.C.H., D.P.M,

Consultant Child Psychiatrist

CAMBRIDGE CITY CHILDREN

New cases referred and examined in 1962

Chesterton Child Psychiatric Clinic				Addenbrooke's Hospital			
Source of cases	No. exam.	Notif. to SMO	Treat-ment	Source of cases	No. exam.	Notif. to SMO	Treat-ment
School Medical Officer	15	15	9	School Medical Officer	1	1	1
M. and C. W. Dept.	2	1	1	M. and C. W. Dept.	-	-	-
General Practitioners	35	18	26	General Practitioners	13	3	11
Consultants	4	2	3	Consultants	5	2	2
Juvenile Court Magistrates	10	-	4	Juvenile Court Magistrates	-	-	-
Others	8	5	7	Others	1	1	1
	74	41	50		20	7	15
Number of new cases taken on for treatment: 50				Number of new cases taken on for treatment: 15			

Total number of new cases examined: 94

Number of new cases taken on for treatment: 65

Cases under observation and treatment 1962

Chesterton Child Psychiatric Clinic				Addenbrooke's Hospital			
Source of cases	Number seen	Notified to SMO		Source of cases	Number seen	Notified to SMO	
School Medical Officer	8	8		School Medical Officer	-	-	
General Practitioners	27	20		General Practitioners and	16	13	
Consultants	14	4		Consultants	1	1	
Others				Others			
	49	32			17	14	
Number of old cases under observation and treatment: 66							

Total number of cases from the City of Cambridge under observation and treatment (including those seen for the first time in 1962): 131



# **CAMBRIDGE COUNTY CHILDREN**

## New cases referred and examined in 1962

Chesterton Child Psychiatric Clinic		Addenbrooke's Hospital		
Source of cases	No. exam. to SMO	Notif. to SMO	Treat-ment	No. exam. to SMO
School Medical Officer's Dept.	29	29	19	-
General Practitioners	17	10	12	25
Consultants	5	4	3	2
Juvenile Court Magistrates	2	1	-	-
Others	6	4	2	-
	59	48	36	27
Number of new cases taken on for treatment: 36				
Number of new cases taken on for treatment: 22				

Total number of new cases examined: 86

Number of new cases taken on for treatment: 58

## Cases under observation and treatment 1962

Chesterton Child Psychiatric Clinic		Addenbrooke's Hospital		
Source of cases	Number seen	Notified to S.M.O.	Source of cases	Number seen
School Medical Officer's Dept.	28	28	School Medical Officer's Dept.	-
General Practitioners and Consultants	10	5	General Practitioners and Consultants	12
Others	6	5	Others	-
	44	38		12
Number of old cases under observation and treatment: 56				
Number of old cases under observation and treatment: 11				

Total number of cases from the County of Cambridgeshire under observation and treatment (including those seen for the first time in 1962): 114

The following figures relate to the number of patients assisted by the mental welfare officers:-

Mental Illness

(a) Hospital admissions during 1962:

Under Section 25 of the Mental Health Act	32
Under Section 26 of the Mental Health Act	2
Under Section 29 of the Mental Health Act	81
Under Section 60 of the Mental Health Act	2
Informal patients	67

(b) Received after-care visits during 1962 196

Mental Subnormality

(a) Receiving home visits at 31st December, 1962 245  
(of these 21 were awaiting admission to hospital and 14 to the Training Centre.)

In addition there were at 31st December, 1962:

(b) Attending Training Centre 90

(c) Receiving home tuition 34

(d) Under Guardianship 5

(e) Patients for whom temporary care arranged during 1962 16

I am indebted to the Secretary of the Cambridgeshire Mental Welfare Association for the following notes on the voluntary activities of the Association in the field of community mental health.

"Much of the year was spent in efforts to improve the finances of the Association and there has been an encouraging improvement and an increase in membership.

A successful Conference entitled "Mental Health is Everybody's Business" was held on the 2nd and 3rd October. It was attended by just under 100 people including members, clergy, professional workers, representatives of other organisations and the general public. The hospital services were described by Dr. E. Beresford Davies and the community services by Dr. P. A. Tyser. Papers were also given by a psychiatric social worker, the Warden of Winston House, a general practitioner, an ex-patient and the part-time non-conformist Chaplain at Fulbourn Hospital. Lady Adrian took the Chair on the first day and Professor A. Leslie Banks on the second. Visits were arranged to the Training Centre and to Fulbourn Hospital and it was felt that the objects of the Conference, to make known mental health matters, and in particular, the services available in the area, had been fully achieved.



Nine talks on the work of the Association have been given to local organisations. The Association was again invited to attend the lectures arranged by M.I.A.S.M.A. (an organisation: Mental Illness Association - Social and Medical Aspects).

The Association holds for sale a range of National Association publications. A literature stand was manned by members at the Conference of the British Council for the Rehabilitation of the Disabled. A literature stand together with a display of work done by home teaching pupils and articles made in the workshop was arranged at the October Conference and at the Annual General Meeting. A periodic newsletter is now sent to members informing them of national and local mental health matters.

The sheltered workshop was again fortunate in having the leaflet folding work from Fisons Pest Control Limited. 750 bird tables, 2,000 scrap food baskets, and some 2,500 nut holders were made during the year for the Royal Society for the Protection of Birds. Miller and Son Limited have given occasional jobs of collating and enveloping papers and a small job of making up pockets for library book tickets was made available by the County Council Printing Department. Of the fifteen employed in the workshop, one is a Fulbourn Hospital patient, four were previously at the Lady Adrian School (educationally subnormal), and of the remainder the majority had at one time been in the Training Centre.

The evening class continued, with some 35 pupils attending regularly. The Association is most grateful to the City Education Committee, the City Education Officer and the Headmaster, for permitting the class to have the use of the Lady Adrian School and for their great interest in the class.

The good neighbour visiting service is working well. Twelve ladies regularly visit or accompany on shopping or other outings, a number of ex-patients.

Transport is occasionally provided but more is required. One patient was taken from Fulbourn Hospital to her home twice a week for several months to aid her recovery.

At Christmas food parcels and toys, generously given by Miss R. H. Chivers and Barnwell Baptist Church children, together with gifts from the Association were distributed.

Occasional grants or loans are made to patients to relieve an immediate hardship, for example, the purchase of groceries or to help provide a holiday."

## SECTION 29 - HOME HELP SERVICE

There was no change in the operation of this service during 1962; it continued to be divided as between the City and the rural area, each unit having a staff of an organiser, assistant organiser and a clerk.

The number of helps available remained substantially the same and is unfortunately still rather below the number necessary to meet in full all the demands on the service.

The number of cases assisted showed a slight fall in the City but there was a slight rise in the rural area.

The following tables indicate the volume of work undertaken during the year:-

TABLE 23  
HOME HELP SERVICE

	City	Rural Area	Total
<u>Number of helps employed at end of year</u>			
(a) whole time	40	8	48
(b) part time	87	242	329
(c) whole time equivalent of (b)	41	71	112
<u>Number of cases where help provided</u>			
Maternity	226 (12)	183 (10)	409 (22)
Tuberculosis	8 (5)	10 (6)	18 (11)
Chronic sick including aged and infirm	518 (361)	434 (235)	952 (596)
Others	273 (115)	188 (120)	461 (235)
Total	1025 (493)	815 (371)	1840 (864)

(The figures in parentheses indicate the number of cases in which help began prior to 1962.)

The Annual Week End School of the Institute of Home Help Organisers was held in Cambridge in September. Miss O. B. Greenslade, Home Help Organiser for the rural area was Secretary/Treasurer of the School and several members of the staff of the Authority took part in the proceedings.

### Neighbourly Help Scheme

Towards the end of the year consideration was given to the introduction of a "neighbourly help service" similar to that tried successfully elsewhere. It will be appreciated that for many elderly people the application of the normal home help service is difficult since they need a number of small items of



service of short duration on a number of occasions each day. The idea of the neighbourly help service is that such elderly people would receive this type of help from a good neighbour, someone living close and being sufficiently interested to go in on a number of occasions during the day to satisfy the needs of the old person, for example, to see they were able to get up in the morning, perhaps help with a midday meal, to see that all was safe when they went to bed, possibly to see they had a hot drink in bed; these frequent items of help of short duration are difficult to cover by means of the usual home help scheme.

The service would be under the general control of the home help organiser but the method of payment and charges simplified so that the good neighbour would not be discouraged by an excess of paper work.

The Health Committee approved the introduction of such a scheme to commence on 1st April, 1963.

REPORTS ON INDIVIDUAL MATTERS AND OTHER SERVICES

NATIONAL ASSISTANCE ACT -  
WELFARE OF BLIND AND DISABLED PERSONS

REGISTRATION OF NURSING HOMES

MEDICAL EXAMINATION OF STAFF

VITAL STATISTICS

INFECTIOUS DISEASES



NATIONAL ASSISTANCE ACT - WELFARE OF THE BLIND AND OTHER  
DISABLED PERSONS

For the greater part of the year, the two Home Teachers, Mr. Wilkinson and Mr. Cooper (untrained) were responsible for the visiting and instruction of blind, partially sighted and other handicapped persons in the City of Cambridge. Miss Peel and Mrs. Sier continued to undertake similar work for residents in the rural area.

Towards the end of the year, however, Mr. Cooper obtained another post and his successor did not take up duty until early in 1963.

Since 1956, following discussions with officers of the Ministry of Health, dispensation was obtained for the Home Teachers of the Blind to undertake responsibility for persons with disabilities other than blindness, but excluding deafness, so that these disabled persons might enjoy the benefits of the home teachers' skills. The dispensation sought in 1956 has been continued up to the present and now no longer requires renewal since what was to some extent a pioneer scheme seven years ago is now becoming the general pattern of service.

BLIND

The following table shows the distribution of blindness by sex and age groups as at 31st December, 1962:-

TABLE 24

<u>Age</u>	<u>City of Cambridge</u>			<u>Rural Area</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
0	-	-	-	1	-	1
1	-	-	-	-	-	-
2	-	-	-	-	-	-
3	-	-	-	1	-	1
4	-	-	-	-	-	-
5-10	-	2	2	-	2	2
11-15	4	-	4	1	1	2
16-20	3	-	3	2	2	4
21-29	4	2	6	-	1	1
30-39	4	2	6	1	4	5
40-49	3	4	7	8	2	10
50-59	10	6	16	15	13	28
60-64	3	11	14	6	2	8
65-69	14	10	24	6	5	11
70-79	12	35	47	12	26	38
80-84	6	23	29	12	24	36
85-89	5	15	20	9	10	19
90 +	2	8	10	3	10	13
Unknown	-	1	1	-	-	-
<b>Total</b>	<b>70</b>	<b>119</b>	<b>189</b>	<b>77</b>	<b>102</b>	<b>179</b>



The total number of blind persons on the registers of the City and the rural area shows an increase of 2 over the figures for 1961. The City figure has fallen by 6 whereas the figure for the rural area has risen by 8, reducing markedly the margin by which the City figure hitherto has exceeded that for the rural area.

In the City, of the cases of blindness aged 16 and upwards, one woman was employed in a workshop for the blind and one man as a home worker in the Council's scheme. Twelve men and 3 women were otherwise employed. One man was undergoing training for open employment and a woman for professional employment. Of the two unemployed men capable of and available for work, one was already trained for open employment and the other considered capable of such work without training.

In the rural area, two men were employed in workshops for the blind and 11 men and 2 women were otherwise employed. One man was undergoing training for sheltered employment. Three people were unemployed but considered to be capable of work, a man in sheltered employment without training, a woman in similar employment without training, a woman in similar employment subject to being trained and the third, a man, in open employment after training.

The following table gives details of cases newly registered during 1962 indicating the cause of the blindness. It shows whether treatment was recommended and whether such treatment was carried out.

TABLE 25

CAUSES OF BLINDNESS

Number of Cases registered during the year  
in which Section F(1) of Form B.D.8 recommends:-

<u>Cause of disability</u>	<u>(a) No Treatment</u>		<u>(b) Treatment</u>		<u>No. of cases at (b) who have had treatment</u>	
	<u>City</u>	<u>Rural Area</u>	<u>City</u>	<u>Rural Area</u>	<u>City</u>	<u>Rural Area</u>
Cataract	1	1	5	5	2	4
Glaucoma	-	3	1	1	1	1
Retrolental fibroplasia	-	-	1	-	1	-
Other	3	6	6	7	6	5

Three of the 13 cases in the City recommended for treatment were, at the end of the year, still awaiting admission to hospital. In the rural area, three cases recommended for treatment had still not received it at the end of the year, one having refused treatment, one was still undecided whether or not to accept treatment and the third was on the hospital waiting list.

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

As in previous years the annual outing for the blind was arranged in two parts. In June 102 blind persons and their guides from the City spent the day at Clacton on Sea and in July 97 blind persons and their guides from the rural area enjoyed a similar outing.



The annual party for blind persons from the whole of the administrative area was held in September in the Queen Edith School and was attended by some 100 blind persons and their guides.

The Rehabilitation Club for the Blind is now firmly established. Regular meetings are held and the Home Teachers have close links with the Club and do all they can to assist in its activities.

#### PARTIALLY SIGHTED

The following table gives details of partially sighted persons by sex and age groups as at 31st December, 1962:-

TABLE 26

	City of Cambridge			Rural Area		
Age	Male	Female	Total	Male	Female	Total
0-1	-	-	-	-	1	1
2-4	-	-	-	-	-	-
5-15	1	1	2	3	-	3
16-20	1	1	2	2	-	2
21-49	3	2	5	2	2	4
50-64	4	4	8	6	2	8
65 +	2	6	8	1	9	10
Total	11	14	25	14	14	28

The total number of partially sighted persons on the registers shows an increase of 10 over the figure for 1961, 4 in the City and 6 in the rural area.

In the City one of the children under 16, a boy, was attending an ordinary school, the other a girl, was attending a special school. In the same category in the rural area, two boys were attending special schools and another was at an ordinary school.

#### Visiting

During the year the City Home Teachers paid a total of 1,202 visits and gave 112 lessons to blind and partially sighted persons. The rural area Home Teachers paid 2,059 visits and gave 323 lessons.

#### Cambridgeshire Society for the Blind

This Society has existed for many years and offers the kind of assistance to blind persons which may be outside the scope of the services of the local authority. It runs a shop in the City for the sale of articles made by blind persons and orders for cane and basket work in particular are taken at the shop. The Society runs a weekly club, the "Friday Club" which, apart from its function as a meeting place for the blind, through its Holiday Fund, can augment the contributions of its members towards holidays as well as arranging them. The Society holds a number of functions each year and administers locally the National Wireless for the Blind Fund.



A further important function is the maintenance of two homes for the elderly and invalid blind, "Blantyre" and "Kendal", both of which are in the City.

The local authority is represented on the Council of the Society and close liaison exists between the workers of the Society and the Council's Home Teachers.

#### DISABLED PERSONS

The following table gives the numbers of disabled persons on the registers as at 31st December, 1962:-

TABLE 27

	City of Cambridge			Rural Area		
Age	Male	Female	Total	Male	Female	Total
0-5	-	-	-	-	-	-
5-16	-	1	1	-	-	-
16+	72	103	175	37	88	125
Total	72	104	176	37	88	125

The total number of disabled persons on the registers, 301, represents a very considerable rise over the figure for 1961, 172. The survey in the rural area which was mentioned as having commenced towards the end of 1961, was virtually completed during 1962. As a result some 30 people in need of service in one form or another were added to the register.

The annual party for disabled persons was held at the Queen Edith School in September and some 70 persons from the City and the rural area attended.

#### Visiting

The City Home Teachers paid 797 visits and gave 117 lessons to disabled persons. The respective figures for the rural area Home Teachers are 1,196 visits and 286 lessons.

#### St. Raphael Club

The St. Raphael Club for the physically handicapped seeks to provide social and recreational activities for its members who because of their inability to get around without help limits greatly their participation in the normal forms of social communication. Some four years ago members and associates of the St. Raphael Club planned a permanent centre where the physically handicapped might meet, seek enjoyment and companionship and follow hobbies and occupations.

Members of the Cambridge Round Table displayed a keen and generous interest in the Club and assisted the Appeals Committee to raise a sum of £6,000 which enabled a start to be made with the building of premises on a site made available by the City Council adjacent to Chesterton Hall. A further appeal to cover the cost of building and equipping the Club has been undertaken and at the time of writing the Club premises have been opened. The Club has more than 100 members.



All physically handicapped may join the Club, whose new premises have all the necessary adaptations for accommodating wheel chairs and special lavatory facilities.

Transport difficulties have in the main restricted the membership to residents of the City and the nexus villages but the Club hopes to expand its transport services during 1963 to cover more of the rural area.

The establishment of this centre for the physically handicapped by voluntary effort is a very great achievement.

St. Raphael Club also maintains a visiting service, arranges parties and outings, which include parties to special holiday camps for the handicapped.

#### Car Badges for Severely Disabled Drivers

The scheme for the issue of badges which might enable severely disabled drivers more easily to find suitable parking places commenced in the latter half of 1961, continued in 1962. At the end of the year 74 severely disabled persons (43 resident in the City; 31 resident in the rural area) had been issued with badges since the inception of the scheme.

#### REGISTRATION OF NURSING HOMES

The following table gives details of registered nursing homes in the Administrative County. Apart from the home exempt from registration only one of the four registered homes actually operated during 1962 and provided for a total of 23 medical and surgical beds.

TABLE 28

#### REGISTERED NURSING HOMES

	Number of homes	Number of beds provided for:-		
		Maternity	Others	Totals
Homes on the register at end of year	4	4	23	27
Homes exempt from registration at end of year	1	8	40	48

#### MEDICAL EXAMINATION OF STAFF

The clinical examination of candidates for appointment with the County Council, including teaching staff, as well as candidates seeking admission to Training Colleges, continued to be undertaken by the medical staff of the Health Department and X-ray examinations of the chest, where required, continued to be undertaken at the Chest Clinic: the help of the Consultant Chest Physician in this matter is gratefully acknowledged. During 1962, 285 candidates were examined clinically and the great majority also had a chest X-ray.



VITAL STATISTICSArea Comparability Factors

In order to compare the statistics of birth and death rates in the County districts with the birth and death rates for England and Wales, it is necessary to make a correction for the difference in age and sex distribution of the different populations. This is done by applying to the crude birth and death rates of the district concerned "Area Comparability Factors", which have been estimated by the Registrar General and are shown in Tables B and M.

Population

The Registrar General's mid-1962 estimate of population showed an increase of 2,390 on the figure for mid-1961, an increase of 570 in the City and 1,820 in the rural area.

Births

The comparable birth rate of 17.4 live births per thousand population for the Administrative County showed an increase of 0.3 on last year but remains 0.6 less than the average for England and Wales (18.0) which has shown an increase of 0.6 on last year's figure.

The number of illegitimate live births rose from 155 in 1961, to 165 in 1962. Shown as a percentage of the total live births occurring in the Administrative County, the percentage of illegitimate live births is 5.1% (5.0% in 1961). The percentage of illegitimate live births in the City is 6.5% (5.5% in 1961); in the rural area 4.0% (4.6% in 1961).

Stillbirths

The number of stillbirths occurring in the Administrative County increased slightly, the rate per thousand total births being 12.9 (12.7 in 1961). The rates for the City and the rural area were 15.7 (10.9 in 1961) and 10.6 (14.2 in 1961) respectively.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per 1,000 live births) has fallen to 12.5 compared with 17.0 in 1961. The rates for the City and rural area are 15.3 (15.2 in 1961) and 10.2 (18.7 in 1961) respectively.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year per 1,000 illegitimate live births) fell from 12.9 in 1961 to 12.1 in 1962 but as has previously been said, this rate is liable to wide fluctuation owing to the relative smallness of the figures involved.

The neonatal death rate (deaths in the first 4 weeks of life per 1,000 live births) showed a decrease in the Administrative County from 12.9 in 1961 to 10.0 in 1962. The rate for the City was 13.2 (11.0 in 1961) whilst the rate for the rural area was 7.4 (14.4 in 1961).



Since the main loss of young life today occurs either pre-natally or in the first week of life it is customary to express the loss as a perinatal mortality rate (stillbirths and deaths in the first week of life per 1,000 live and stillbirths). The rates for the Administrative County are 21.5 (23.8 in 1961); City 28.0 (21.2 in 1961); rural area 16.0 (26.1 in 1961).

### Deaths

The comparable death rate for the Administrative County is 10.3 per thousand population; that for England and Wales is 11.9.

It will be noted that once more the greatest causes of death were heart disease (689) cancer (417) and vascular lesions of the nervous system (304).

The number of deaths from cancer of the lung and bronchus rose by 29, the whole of the increase relating to males. In fact the number of deaths from cancer of all sites rose by 60 in males, whereas the figure for females fell by 21.

Deaths of persons over the age of 65 amounted to 72.1% of the total deaths, a decrease of one point on last year.

The foregoing is a summary of the more general aspects of the vital statistics which are given in detail in the following tables.

TABLE A  
POPULATION

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1953	177,100	90,910	86,190	39,450	20,110	26,630
1954	179,700	91,460	88,240	40,290	20,180	27,770
1955	179,800	91,140	88,660	40,490	20,190	27,980
1956	181,100	91,780	89,320	41,150	20,190	27,980
1957	182,200	91,980	90,220	41,850	20,230	28,140
1958	183,200	92,500	90,700	42,450	19,790	28,460
1959	184,500	93,140	91,360	42,980	19,880	28,500
1960	186,260	93,840	92,420	43,970	20,060	28,390
1961	191,000	94,810	96,190	45,380	20,930	29,880
1962	193,390	95,380	98,010	46,970	21,100	29,940

TABLE B

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1962 - 18.0

County 5 year average (1957-61) - 16.1

	County			City			Rural Area Aggregate			Chesterton			Newmarket			South Cambridgeshire		
	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor
1958	2,892	15.8	1.06	1,324	14.3	1.03	1,568	17.3	1.08	746	17.6	1.06	309	15.6	1.09	513	18.0	1.12
1959	2,942	15.9	1.06	1,354	14.5	1.03	1,588	17.4	1.08	787	18.3	1.06	286	14.4	1.09	515	18.1	1.12
1960	3,144	16.9	1.06	1,418	15.1	1.03	1,726	18.7	1.08	819	18.6	1.06	340	16.9	1.09	567	20.0	1.09
1961	3,109	16.3	1.05	1,448	15.3	1.03	1,661	17.8	1.05	838	18.5	1.03	330	15.8	1.09	493	16.5	1.07
1962	3,208	16.6	1.05	1,442	15.1	1.03	1,766	18.0	1.05	856	18.2	1.03	376	17.8	1.09	534	17.8	1.07

TABLE C

ILLEGITIMATE LIVE BIRTHS (Rate per cent of total live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	129	4.5	64	4.8	65	4.1
1959	122	4.1	67	4.9	55	3.5
1960	137	4.4	83	5.9	54	3.1
1961	155	5.0	79	5.5	76	4.6
1962	165	5.1	94	6.5	71	4.0



TABLE DSTILL BIRTHS (Rate per thousand total births)

England and Wales 1962 - 18.1

County 5 year average (1957-61) - 14.9

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	42	14.3	17	12.7	25	15.7
1959	50	16.7	22	16.0	28	17.3
1960	45	14.1	18	12.5	27	15.4
1961	40	12.7	16	10.9	24	14.2
1962	42	12.9	23	15.7	19	10.6

TABLE ETOTAL LIVE AND STILL BIRTHS

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1959	2992	1376	1616	805	292	519
1960	3189	1436	1753	831	348	574
1961	3149	1464	1685	850	333	502
1962	3250	1465	1785	868	380	537

TABLE FINFANT MORTALITY (Deaths under one year per thousand live births)

England and Wales 1962 - 21.4

County 5 year average (1957-61) - 17.4

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	52	18.3	19	14.4	33	21.0
1959	49	16.7	29	21.4	20	12.6
1960	52	16.5	26	18.3	26	15.1
1961	53	17.0	22	15.2	31	18.7
1962	40	12.5	22	15.3	18	10.2

TABLE G

INFANT MORTALITY RATE (legitimate)

(Rate per thousand legitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	47	17.0	18	14.3	29	19.3
1959	48	17.0	28	21.8	20	13.0
1960	48	16.0	24	18.0	24	14.4
1961	51	17.3	21	15.3	30	18.9
1962	38	12.5	21	15.6	17	10.0

TABLE H

INFANT MORTALITY RATE (Illegitimate)

(Rate per thousand illegitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	5	38.8	1	15.6	4	61.5
1959	1	8.2	1	14.9	-	0.0
1960	4	29.2	2	24.1	2	37.0
1961	2	12.9	1	12.7	1	13.2
1962	2	12.1	1	10.6	1	14.1

TABLE I

NEO NATAL DEATH RATE

(Deaths in first 4 weeks of life per 1,000 live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	38	13.1	15	11.3	23	14.7
1959	36	12.2	20	14.8	16	10.1
1960	35	11.1	16	11.3	19	11.0
1961	40	12.9	16	11.0	24	14.4
1962	32	10.0	19	13.2	13	7.4



TABLE JEARLY NEO NATAL DEATH RATE

(Deaths in first week of life per 1,000 live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1959	33	11.2	19	14.0	14	8.8
1960	32	10.2	13	9.2	19	11.0
1961	35	11.3	15	10.4	20	12.0
1962	28	8.7	18	12.5	10	5.7

TABLE KPERINATAL MORTALITY RATE(Stillbirths and deaths in first week of life combined  
per 1,000 total live and still births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1959	83	27.7	41	29.8	42	26.0
1960	77	24.1	31	21.6	46	26.2
1961	75	23.8	31	21.2	44	26.1
1962	70	21.5	41	28.0	29	16.0

TABLE LMATERNAL DEATHS (Rate per thousand total births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	2	0.68	1	0.75	1	0.63
1959	1	0.33	-	0.00	1	0.62
1960	-	0.00	-	0.00	-	0.00
1961	1	0.32	1	0.68	-	0.00
1962	-	0.00	-	0.00	-	0.00

TABLE M

## DEATH RATES PER THOUSAND POPULATION

England and Wales 1962 - 11.9

County 5 year average (1957-61) - 10.8

Year	County			City			Rural Area Aggregate		
	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor
1958	1,984	10.8	0.91	974	10.5	1.00	1,010	11.1	0.84
1959	2,026	11.0	0.92	984	10.6	1.00	1,042	11.4	0.85
1960	1,960	10.7	0.95	917	9.8	1.02	1,043	11.3	0.95
1961	2,098	11.0	0.96	1,023	10.8	1.02	1,075	11.2	0.89
1962	2,041	10.6	0.98	958	10.0	1.03	1,083	11.0	0.91

TABLE N

## TUBERCULOSIS DEATHS (all forms)

(Rate per 1,000 population)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	9	0.05	6	0.06	3	0.03
1959	6	0.03	-	0.00	6	0.07
1960	10	0.05	3	0.03	7	0.08
1961	8	0.04	4	0.04	4	0.04
1962	5	0.03	3	0.03	2	0.02

TABLE O

## CANCER DEATHS

	County				City				Rural Area Aggregate			
	Male		Female		Male		Female		Male		Female	
	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus
1958	209	73	170	11	104	36	95	7	105	37	75	4
1959	190	55	159	7	87	26	77	4	103	29	82	3
1960	191	65	170	9	94	35	85	6	97	30	85	3
1961	182	69	196	12	81	32	107	8	101	37	89	4
1962	242	98	175	12	127	52	99	7	115	46	76	5



TABLE P  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE  
City of Cambridge

	0-		1-		5-		15-		25-		45-		65-		75-		All Ages		1961	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	3	-	2	4
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	-	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	4
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	1	-	6	4	6	2	6	4	19	10	7	4
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	1	-	26	2	21	4	4	1	52	7	32	8
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	4	-	-	5	-	-	-	-	-	-	-	-
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	-	-	-	27
14. Other malignant and lymphatic neoplasms	-	-	-	-	-	-	1	-	3	-	19	18	19	16	17	22	56	59	42	61
15. Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	2	1	2	3
16. Diabetes	-	-	-	-	-	-	-	-	-	-	1	-	2	1	1	-	4	1	-	2
17. Vascular lesions of nervous system	-	-	-	-	2	-	-	-	1	1	10	10	20	25	26	56	57	94	49	113
18. Coronary disease, angina	-	-	-	-	-	1	-	-	4	-	23	10	27	25	33	47	88	82	123	72
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	1	-	-	-	3	4	1	4	4	9	6	17
20. Other heart disease	-	-	-	-	-	-	-	-	1	-	5	5	8	6	11	32	25	43	26	48
21. Other circulatory disease	-	-	-	-	-	-	-	-	1	-	4	1	1	3	2	13	8	17	19	28
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	1	3	6	8
23. Pneumonia	1	-	2	-	-	-	-	-	2	-	6	1	3	6	21	29	33	38	36	28
24. Bronchitis	-	1	-	-	-	-	-	-	-	-	5	2	12	3	11	8	28	14	41	20
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	1	4	1	2	1	6	3	7	3
26. Ulcer of stomach and duodenum	-	-	-	-	-	1	-	-	-	-	-	-	2	1	2	1	6	2	5	7
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	6	1	2
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	1	3	2	2	2
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
31. Congenital malformation	3	1	1	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	6
32. Other defined and illdefined diseases	13	3	-	-	-	-	-	-	2	3	3	10	9	8	5	20	33	44	25	54
33. Motor vehicle accidents	-	-	-	-	2	-	4	-	3	1	1	-	1	1	2	5	13	7	7	4
34. All other accidents	-	-	-	-	-	-	3	-	2	2	2	2	-	1	1	12	8	17	10	16
35. Suicide	-	-	-	-	-	-	1	-	2	2	3	-	-	-	-	-	6	6	14	5
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	17	5	1	3	4	2	11	-	21	18	118	81	140	111	155	271	467	491	471	552

**TABLE Q**  
**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE**  
 Aggregate of Rural Districts

	0-		1-		5-		15-		25-		45-		65-		75-		All Ages		1961	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	3	1
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	1	2	-	1	-
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	1	-	3	1	-	-	8	3	12	7	17	13
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	2	1	25	2	14	-	5	1	46	5	37	4
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	12	-	-	-	2	-	-	-	11
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	2	-	-	3	-	-	-	3	-	-	-	7
14. Other malignant and lymphatic neoplasms	-	-	-	-	1	-	-	-	1	2	16	8	15	7	24	16	57	33	47	54
15. Leukaemia, aleukaemia	-	-	1	-	-	-	-	-	-	-	1	-	1	1	-	-	3	1	1	2
16. Diabetes	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	3	3	5	1	3
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	1	1	15	13	17	15	26	65	59	94	59	108
18. Coronary disease, angina	-	-	-	-	-	-	-	-	1	-	36	10	37	21	44	43	118	74	120	77
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	6	3	3	10	9	14	7	13
20. Other heart disease	-	-	-	-	-	-	1	-	-	-	3	6	9	15	42	62	55	83	64	73
21. Other circulatory disease	-	-	-	-	-	-	-	-	1	-	6	3	10	8	6	26	23	37	25	35
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	4	4	4	-
23. Pneumonia	2	-	1	-	-	-	-	1	-	-	6	5	6	7	25	32	40	45	26	34
24. Bronchitis	-	-	1	-	-	-	-	-	1	-	6	5	5	2	24	7	37	14	34	8
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	2	2	7	2
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	1	-	1	1	3	1	5	2	10	4	4	2
27. Gastritis, enteritis and diarrhoea	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	4	1	4
28. Nephritis and nephrosis	-	-	-	-	-	-	1	-	-	1	-	-	-	1	2	1	4	3	4	2
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	-	5	-	3	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformation	3	2	-	1	-	1	1	1	-	-	9	6	6	-	15	17	39	4	8	6
32. Other defined and illdefined diseases	8	1	-	-	-	-	9	-	3	1	2	1	-	-	1	1	15	37	42	43
33. Motor vehicle accidents	1	-	-	-	-	-	-	-	1	1	-	1	-	2	2	10	4	15	19	2
34. All other accidents	-	-	-	-	-	-	-	-	3	1	1	3	-	-	-	-	4	4	11	14
35. Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	6	4
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>ALL CAUSES</b>	<b>15</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>12</b>	<b>2</b>	<b>17</b>	<b>15</b>	<b>135</b>	<b>80</b>	<b>132</b>	<b>106</b>	<b>243</b>	<b>558</b>	<b>525</b>	<b>551</b>	<b>524</b>



TABLE B

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Administrative County

	0-		1-		5-		15-		25-		45-		65-		75-		All Ages		1961	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	5	-	5	3
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	1
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	4
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	2	-	9	5	6	5	14	7	31	17	24	17
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	3	3	1	51	4	35	5	9	2	98	12	69	12
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	6	-	-	17	-	4	-	16	-	-	38	-
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	3	-	-	4	-	4	-	-	-	-	14	-
14. Other malignant and lymphatic neoplasms	-	-	-	-	1	-	1	-	5	-	35	26	34	23	41	38	113	92	89	115
15. Leukaemia, aleukaemia	-	-	1	-	-	-	-	-	1	-	1	-	1	1	1	1	5	2	3	5
16. Diabetes	-	-	-	-	-	-	-	-	1	-	1	-	2	3	3	3	7	6	1	5
17. Vascular lesions of nervous system	-	-	-	-	-	2	-	2	2	-	25	23	37	40	52	121	116	188	108	221
18. Coronary disease, angina	-	-	-	-	-	-	1	-	5	-	59	20	64	46	77	90	206	156	243	149
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	1	-	-	-	9	8	4	14	13	23	13	30
20. Other heart disease	-	-	-	-	-	-	1	-	-	-	8	11	17	21	53	94	80	126	90	121
21. Other circulatory disease	-	-	-	-	-	-	-	-	2	-	10	4	11	11	8	39	31	54	44	63
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	7	5	7	10	8
23. Pneumonia	3	-	1	2	-	-	-	1	2	-	12	6	9	13	46	61	73	83	62	62
24. Bronchitis	-	-	1	1	-	-	-	-	1	-	11	7	17	5	35	15	65	28	75	28
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	1	1	4	1	3	3	8	5	14	5
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	1	-	1	-	2	1	5	2	7	3	16	6	9	9
27. Gastritis, enteritis and diarrhoea	1	-	-	-	-	1	-	-	-	-	-	4	-	2	-	3	1	10	2	6
28. Nephritis and nephrosis	-	-	-	-	-	-	1	-	1	-	2	1	-	1	4	2	7	5	6	4
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	2	-	1	-	5	-	8	-	8	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
31. Congenital malformation	6	3	1	2	1	1	-	-	1	-	-	1	-	-	-	-	9	7	11	12
32. Other defined and illdefined diseases	21	4	-	-	1	1	1	1	2	6	12	16	15	16	20	37	74	81	67	97
33. Motor vehicle accidents	-	-	-	-	2	-	13	-	6	2	3	1	1	1	3	6	28	10	26	6
34. All other accidents	1	-	-	-	-	-	3	-	1	3	2	3	-	3	5	22	12	32	21	30
35. Suicide	-	-	-	-	-	-	1	-	5	3	3	6	-	1	1	-	10	10	20	9
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	32	8	4	5	5	5	23	2	38	33	253	161	272	217	398	585	1025	1016	1022	1076

TABLE 29

## NOTIFICATION OF INFECTIOUS DISEASE IN THE CITY IN AGE GROUPS, 1962

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	-	-	-	-	4	-	6	-	10
1-	-	-	-	-	12	-	4	-	16
2-	2	-	-	-	28	-	7	-	37
3-	3	-	-	-	23	-	5	-	31
4-	7	-	-	-	26	-	6	-	39
5-9	21	-	-	-	131	-	28	-	180
10-14	3	-	-	-	4	-	-	-	7
15-24	-	-	-	-	3	-	3	1	7
25 and over	-	-	-	-	2	-	23	-	25
Age unknown	-	-	-	-	5	-	13	-	18
Totals	36	-	-	-	238	-	95	1	370
1961 Totals	64	84	-	-	847	-	20	2	1,017

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	-	-	-	-	-	-	-	-	-	-	-
5-14	2	-	-	-	-	-	-	-	-	-	2
15-44	-	-	-	-	1	-	-	-	35	-	36
45-64	1	-	-	-	-	-	4	-	-	-	5
65 and over	-	-	-	-	-	-	2	-	-	-	2
Age unknown	-	-	-	-	-	-	-	-	-	-	-
Totals	3	-	-	-	1	-	6	-	35	-	45
1961 Totals	9	-	-	-	-	-	3	19	12	1	44



TABLE 29A

## NOTIFICATION OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1962

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	-	2	-	-	16	-	2	-	20
1-4	2	1	-	-	36	-	3	-	42
5-9	4	3	-	-	64	-	2	-	73
10-14	9	2	-	-	71	-	4	-	86
15-24	10	-	-	-	81	-	2	-	93
25 and over	35	5	-	-	293	-	5	-	338
Age unknown	2	-	-	-	76	-	4	-	82
					13	-	2	-	16
					4	-	3	-	7
					-	-	-	-	2
Totals	65	13	-	-	654	-	27	-	759
1961 Totals	43	185	-	-	1,407	-	5	-	1,640

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	-	-	-	-	-	-	1	4	-	-	5
5-14	4	-	-	-	2	-	1	4	-	-	11
15-44	1	-	1	-	2	-	2	13	2	-	21
45-64	5	-	-	-	1	-	2	-	-	-	8
65 and over	3	-	-	-	-	-	1	1	-	-	5
Age unknown	-	-	-	-	-	-	-	-	-	-	-
Totals	13	-	1	-	5	-	7	22	2	-	50
1961 Totals	14	-	-	-	-	-	7	33	4	-	58

Appendices A and B form the detailed programme submitted to the County Council by their Health Committee. Appendix C consists of tables extracted from Command Paper 1973 of the Ministry of Health which summarises the plans of local authorities for the development of their health and welfare services and are published so that the reader may have a complete picture of the County Council's plans in the field of health and welfare during the next ten years, and also have an indication of the relationship between the services it is proposed to provide and the population to be served.



CAMBRIDGESHIRE COUNTY COUNCILCAPITAL PROGRAMMECity of Cambridge

<u>Scheme</u>	<u>Location and Size</u>	<u>Need</u>
<u>1962-1963</u>		
1. Increased Central Office Accommodation	Probably at Kett House, Station Road, Cambridge	Present offices overcrowded: no accommodation for interviews, or waiting: no room for staff increases or activities such as blind craft classes  No room to bring all nursing services together under one nursing officer.
<u>1963-1964</u>		
1. Clinic on new housing estate, to be shared with school health service	Arbury Estate	Welfare services at present in inadequate church hall on the edge of the estate. The estate is growing also.
2. Clinic in Chesterton Area for M. & C.W. Old People	Site not yet chosen	To replace rooms at present used in Child Psychiatry Department of Regional Hospital Board.
<u>1964-1965</u>		
1. Day Centre for Old People	Brookfields, Cambridge	Will form part of an Old People's housing scheme and be adjacent to a County Council Residential Home.
2. Laundry for bedding of incontinent old people	At Auckland Road, Disinfecting Station, Cambridge	No facilities exist at present: (existing building will be adapted).
<u>1965-1966</u>		
1. House for new midwife	Site not yet chosen	
<u>1966-1967</u>		
	Nil.	

Scheme	Location and Size	Need
<u>1967-1972</u>		
1. 3 houses for new midwives	Sites not yet chosen	
2. New day nursery for 40 places OR 2 smaller nurseries of about 30 places each.	Site not yet chosen	To replace Sedley Nursery (which would be closed). The present buildings are of a temporary nature and some parts of the City are too far away for it to serve them adequately.
3. 1 or 2 further Day Centres for Old People	Sites not yet chosen	To be determined in the light of experience of the one planned for 1964-1965 and the development of geriatric clinic sessions at existing clinics.



Rural Area

Scheme	Location and Size	Need
<u>1962-1963</u>		
1. Training Centre. Provision of 2 additional classrooms and conversion of existing male workroom to domestic science unit	Coldham's Lane, Cambridge. 100 places - all ages. Plans and loan sanction agreed. Work in progress. Completion date September 1962	<u>Additional Accommodation</u> To alleviate present overcrowding. This work takes note of subsequent conversion of this centre in 1963-1964 as an adult centre.
2. New Junior Training Centre and Hostel	Arbury Road, Cambridge. 60 places in day centre, 12 beds for weekly or termly boarders. Plans and loan sanction agreed	<u>New Provision</u> Provision of this new centre which will be completed in 1963-1964 will enable conversion of (1) above as adult centre.
3. Nurses' Houses	Nurse's House, Shelford. One house. Site purchased	<u>New Provision</u> To provide accommodation for a second nurse in the rapidly expanding area of Shelford/Stapleford.
	Nurse's House, Girton/Oakington. One house. Site purchased, loan sanction being sought	<u>New Provision</u> Existing nurse provides own accommodation; new house for successor required.
4. Child Welfare Clinic	Village College, Impington	<u>New Provision</u> The Education Committee is to provide further clinic accommodation at this village college. There are five village pre-school clinics, serving a total population of 13,000 approx. in this area, all of which could be accommodated in the new clinic, subject to agreement of Health and Education Committees and the apportionment of costs.

Scheme	Location and Size	Need
<u>1963-1964</u>		
1. Hostel for Maladjusted Children and Adolescents	Site or house to be found in or around Cambridge. 15 beds maximum	<p><u>New Provision</u></p> <p>Required to facilitate treatment of disturbed children and adolescents. Will serve Cambridgeshire and immediate surrounding area. Building and domestic staff provided by Health Committee, Education staff by Local Education Authority. Child psychiatric service by Regional Hospital Board.</p>
2. Nurses' Houses	<p>Nurse's House, Cheveley. One house. Site being sought</p> <p>Nurse's House, Steeple Morden. One house. Site purchased</p> <p>Nurse's House, Papworth. One house. Site required</p>	<p><u>New Provision</u></p> <p>Present nurse who retires in 1963 lives in own house. House required for successor.</p> <p><u>New Provision</u></p> <p>Present nurse who retires in 1963 lives in own house. House required for successor.</p> <p><u>New Provision</u></p> <p>Present nurse living in own house. Replacement will be required in Papworth area.</p>
3. Child Welfare Centre	Village College, Soham	<p>The School health service clinic facilities at Soham Village College are at present used as a pre-school clinic twice monthly. It would be possible to accommodate four village clinics at present serving an approximate population of 9,500 in the Village College. Such an arrangement would necessitate the Health and Education Committees agreeing to apportion the costs of the existing premises and the scheduled improvements and extensions.</p>



Scheme	Location and Size	Need
<u>1964-1965</u>		
1. Child Welfare Centre	Village College, Shelford/Stapleford	<u>New Provision</u> Health and Education Committees have agreed in principle to joint use of clinic premises to be provided in new Village College. Costs to be apportioned between Health and Education Committees according to use. Will serve an area with population of about 9,000. Will accommodate three clinics held in rented premises.
2. Nurses' Houses	Nurse's House, Melbourn. One house. Site required	<u>New Provision</u> To house nurse to be appointed in 1964 as replacement of present nurse who lives in own house.
	Nurse's House, Bourn. One house. Site required	<u>New Provision</u> To house nurse to be appointed in 1964 as replacement of present nurse who lives in own house.
<u>1965-1966</u>		
3. Halfway hostel for sub-normal boys	Site to found. 20 beds	<u>New Provision</u> To meet needs of subnormals in this area, some of whom will go out to work.
4. Nurses' Houses	Nurse's House, Burwell. Two houses. Site required	<u>Replacement and New Provision</u> Replacement of existing house rented from old Nursing Association which cannot be brought up to standard at a reasonable cost. Intention to build 3 bedroomed house with "granny unit" attached for second nurse.

Scheme	Location and Size	Need
<u>1966-1967</u>		
<u>New Provision</u>		
1. Nurses' Houses	Nurse's House, Cottenham. Two houses. Site required	Houses for two nurses required in this rapidly expanding area: one 3 bedroomed house with "granny unit" attached.
<u>1968-1969</u>		
<u>New Provision</u>		
1. Child Welfare Centre	Bottisham. If possible on site of Village College	Provision of clinic accommodation for joint use of school health service and pre-school and retirement clinics would enable concentration of services at present carried on in several village halls, thus making best use of doctors' and nurses' time. A Centre at Bottisham with use of bus transport would serve a catchment area of about 11,500.
<u>New Provision</u>		
2. Ambulance Headquarters	Site to be found	Accommodation for 15 vehicles and 37 personnel, including office for Superintendent, operation room, rest room, dormitory, lavatories, showers, locker room etc.
<u>1969-1970</u>		
<u>New Provision</u>		
1. Halfway hostel for sub- normal girls	Site to be found. 20 beds	To meet needs of subnormals in this area, some of whom will go out to work.
<u>New Provision</u>		
2. Nurses' Houses	Nurse's House, Swavesey. One house. Site required	Present nurse who lives in own house retires in 1970. House required for successor.



Scheme	Location and Size	Need
<u>1970-1971</u>		
		<u>New Provision</u>
Hostel for mentally ill requiring permanent residence	Site to be found in or around Cambridge. 25 beds.	Accommodation for 25 mentally ill patients, most of whom will go out to work but will need the support of a hostel.

N.B. In addition to the necessary agreement of the Health and Education Committees to the joint provision of clinic facilities in the four Village Colleges at Impington, Soham, Shelford/Stapleford and Bottisham, the phasing of these projects would have to be subject to the Education Committee's development plans.

## CAMBRIDGESHIRE COUNTY COUNCIL

## STAFF

## City of Cambridge

CATEGORY OF STAFF	In Post at 31.3.62	1962-63	1963-64	1964-65	1965-66	1966-67	Estimate of numbers at end of 2nd five year period. i.e. 1971-72
Doctors	2.08	2.08	3	3	3	3	3
Dentists	0.4	0.4	1	1	1	1	1
Domociliary Midwives	7	7	8	8	9	9	12
Health Visitors	9.75	9.75	12	14	16	18	24
Home Nurses	13	13	13	14	15	16	19
Day Nursery(non-domestic) Staff	10 (including 4 students)	10	10	10	10	10	10 or 15
Other Nursing Staff	-	-	2	2	2	2	2
Home Helps	73	73	80	90	100	110	120
Other Social Workers	2	2	3	3	3	3	4
Clerical Staff	18	19½	20½	20½	20½	20½	21½
Driver/Handyman	-	-	1	1	1	1	1
Laundress	-	-	1	1	1	1	1



Rural Area

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CATEGORY OF STAFF	In Post at 31.3.62	1962-63	1963-64	1964-65	1965-66	1966-67	Estimate of numbers at end of 2nd five year period. i.e. 1971-72
Doctors	2 $\frac{1}{11}$	2 $\frac{1}{2}$	3	3	3 $\frac{1}{2}$	4	4 $\frac{1}{2}$
Dentists	1/11	1/11	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	1
Domiciliary Midwives) Including Health Visitors ) Superintendent Home Nurses ) Nursing Officer	37 $\frac{1}{2}$	39	41	42 $\frac{1}{2}$	42 $\frac{1}{2}$	42 $\frac{1}{2}$	45
Staff (other than domestic) in Day Nurseries							
Other Nursing Staff in the Health Services (Group Advisors)	-	-	4	4	4	4	4
Ambulance Staff	28	37	37	37	37	37	37
Staff (other than domestic) in Training Centres for mentally subnormal	10 $\frac{1}{2}$	12	15	15	15	15	15
Home Helps (including supervisory staff)	72	75	79	83	87	90	100
Staff (other than domestic) in residential accommodation under Sec.21/48 or 28/46	-	-	3	6	6	9	14
Domiciliary Social or Welfare workers:							
(a) University or equivalent professional training	1	-	-	-	-	-	-
(b) General training in social work	-	-	1	1	1	1	1
(c) Other social workers	5	6	6	6	6	6	6
(d) Welfare assistants	-	-	-	4	4	4	4

CAMBRIDGESHIRE COUNTY COUNCIL

	<u>1962</u>	<u>1967</u>	<u>1972</u>
Population, all ages	193,390	209,400	224,400
Population, aged 65 and over	25,200	27,600	30,600

Domiciliary Services

(The numbers per 1,000 population are given in brackets)

Staff (whole-time equivalent)	31.3.62	31.3.67	31.3.72
Health visitors	19 (0.10)	28 (0.13)	34 (0.15)
Home helps	145 (0.75)	200 (0.96)	220 (0.98)
Home nurses	30 (0.16)	36 (0.17)	40 (0.18)
Midwives	18 (0.09)	21 (0.10)	25 (0.11)
Social workers	11 (0.06)	15 (0.07)	18 (0.08)

Places in Training Centres for the Mentally Subnormal

	31.3.62	31.3.67	31.3.72
In junior centres	47	60	60
Per 1,000 population	0.24	0.29	0.27
In adult centres	58	100	100
Per 1,000 population	0.30	0.48	0.45

Places in Homes for the Elderly

	31.3.62	31.3.67	31.3.72
Places	284 (5)	420	498 (12)
Per 1,000 population aged 65 and over	11.3	15.2	16.3

The numbers in brackets show the number of homes.





