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CAMBRIDGESHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1964

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 AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1964

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 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,
CAMBRIDGE

Tel. No. : Cambridge 58811



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HEALTH COMMITTEE

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

Alderman M. Carter	Councillor E. W. Bullman
" P. F. Dennard, O.B.E.	" R. J. Davies
" F. H. Jeeps	" H. Hartley
" E. W. Parsons	" D. Heilbronn
" A. C. Taylor	" E. Hepher
" P. J. Watts	" D. M. Nichols
Councillor H. Andrews	" C. Webb
" M. A. Bowen	" E. Whitehead
" E. Briggs	" 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 E. Briggs
" P. F. Dennard, O.B.E.	" E. W. Bullman
" F. H. Jeeps	" H. Hartley
" E. W. Parsons	" D. Heilbronn
" A. C. Taylor	" E. Hepher
Councillor H. Andrews	" D. M. Nichols
" M. A. Bowen	" E. Whitehead
	Dr. M. G. P. Reed

Co-opted Members:

The Lady Adrian

Mr. J. A. Day

Mrs. P. R. Burnet

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	Councillor D. Heilbronn
" E. W. Bullman	" E. Hepher

HOME HELP SERVICE SUB-COMMITTEE

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

Alderman M. Carter	Councillor E. Hepher
Councillor E. W. Bullman	" E. Whitehead

CAMBRIDGESHIRE EDUCATION COMMITTEE

Chairman: Alderman E. W. Parsons

WELFARE AND CANTEENS SUB-COMMITTEE

(Dealing with matters concerned with the School Health Service)

Chairman: Councillor E. Hepher

Alderman S. T. Bull	Councillor E. M. E. Harland
" R. H. Chivers	" D. Heilbronn
" E. W. Parsons	" W. D. Howlett
Councillor E. W. Bullman	" the Hon. H. B. Pease
" C. H. Careless	Mrs. D. Turkentine
" G. L. Clements	Mr. B. V. Foot
	Mrs. S. Horwood-Smart

STAFF

(as at 31st December, 1964)

County Medical Officer and Principal School Medical Officer:

P. A. TYSER, M.D., B.S., D.P.H.

Deputy County Medical Officer
and Deputy Principal School Medical Officer (part-time):

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D.(Obst.)R.C.O.G.

Senior Medical Officer:

EILEEN M. BRERETON, M.A., M.B., Ch.B.

Assistant Medical Officers (part-time): AMELIE BOYD, B.Sc., M.B., Ch.B., D.P.H.
GWENETH M. GRESHAM, M.B., B.S.
JESSIE A. T. HENRY, M.B., Ch.B.,
D.T.M. & H.

Assistant Medical Officer (Supernumerary): S. JANJUA, M.B., Ch.B.

Consultant Chest Physician: M. J. GREENBERG, M.A., M.B., M.R.C.P.

Ophthalmic Surgeon: ANNA R. WADE, M.A., M.B., Ch.B.

Principal Dental Officer*: J. R. TOLLER, M.S.D., L.D.S.
Dental Officer: ELEANOR W. ROBSON, B.D.S.
Dental Officer (part-time): SIAN DUDLEY-JENKINS, L.D.S., B.D.S.
Dental Auxiliaries: ELIZABETH OLDHAM
GERALDINE L. J. PORTER

County Nursing Officer: SARAH MEE, S.R.N., S.C.M., H.V.,
Q.N., P.H. Admin. Cert.

Home Help Organiser: OLIVE B. GREENSLADE

Home Teacher/Welfare Officers:	EVELYN A. MILBURN ROWENA M. PEEL MARGERY SIER
Mental Welfare Officers:	HILARY A. CRAMER G. P. BROOKE, R.M.N., D. L. RENWICK
Home Teacher for Mentally Subnormal:	EDNA M. JOHNSON
Senior Speech Therapist*: Speech Therapists*:	HEATHER G. HRAMTSOV, L.C.S.T. JILL M. DALTRY, L.C.S.T. ROSEMARY SCOTT, L.C.S.T.
Teacher of the Deaf:	MEGAN A. FENNER
Ambulance Superintendent: Hospital Car Service Organiser:	A. D. PRIOR W. C. SILVESTER
Lay Administrative Officer:	L. BLY, A.C.C.S., D.M.A.
Administrative Assistants:	H. J. SADLER, Chief Clerk, (General Services) R. E. PARR, A.C.C.S. (Mental Health Services) R. F. SUMMERFIELD (School Health Service)
Educational Psychologist*	D. A. F. CONOCHIE, M.A., B.Sc., Ed.B.
Organisers of Physical Education*:	J. G. MILNE, Three Year Diploma of Physical Education, Jordan Hill College of Physical Education, Glasgow. EVELYN W. LEWIS, Diploma of Bedford College of Physical Education.

* Employed both in Rural Area and City of Cambridge

CHILD PSYCHIATRIC SERVICE
(United Cambridge Hospitals and East Anglian Regional
Hospital Board)

Consultant Child Psychiatrists:	DR. R. E. GLENNIE, M.D., D.C.H., D.P.M. DR. B. F. WHITEHEAD, M.A., M.B., D.P.M. (until March 1964) DR. A. GAGE, M.B., Ch.B., D.P.M.
Senior Clinical Psychologist:	MRS. M. FARRELL, M.A. (part-time)
Psychiatric Social Workers:	MR. T. W. ANDERSON (until February 1964) MRS. J. A. STEWART (until November 1964) MISS P. W. HUNTING (January to August 1964) MISS M. D. MARTIN (from October 1964) MRS. E. DURBACH (from December 1964)

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.

Ladies and Gentlemen,

My sixth annual report to you upon the Health of Cambridgeshire is prepared in accordance with Ministry of Health Circular No. 1/65 and the circular letter of the Department of Education and Science dated 8th December, 1964 and will be the last dealing with the southern area of the geographical County of Cambridge.

During the year the steps required to be taken to bring into effect the recommendations of the Local Boundary Commission marched inexorably forward toward the creation of the geographical County of Cambridge as the new Administrative County of Cambridgeshire and the Isle of Ely.

In 1965 there died in Hampshire Mr. G. G. Galpin, lately Chief Clerk in the County Health Department. He provided an interesting historical link with the past since he had served Dr. Frank Robinson (1908-1935) your first full-time County Medical Officer, subsequently he served Dr. Robert French (1935-1959) and was still in office when I joined the County staff in 1951.

The annual reports held in the department tell the story of more than half a century of progress in the field of public health practice and include the effects on the medical and social services of two world wars.

In describing shortly how emphasis has changed from consideration of environmental defects and infectious disease to the more complex problems of personal health services and surveys for the early detection of latent disease there is no implication that the former do not continue to merit close attention. Indeed, as the report reveals, there is great activity in the field of sewerage schemes and housing continues to be an ever present and pressing problem. Infectious disease is certainly not the menace to child (and in many cases adult) life as it used to be but its place has been taken by other ills, for example, accidents in and around the home present a problem in many ways more difficult to control.

The general health and social services have come a long way in this century. Their development has been linked more to the need of the moment than to a master plan for the study of human ecology and the evolution of techniques to temper ecological influences. I have referred in the past to the three environments of man, i.e. at home, in transit and at work and to their interactions and inseparableness; hence the need for their overall consideration rather than the fragmentary study of easily defined aspects for which defined services are developed without consideration of the total problem.

The report well illustrates the complexity of the services now available to meet the needs of a growing and developing society. Old barriers have come down and the multi-disciplinary team of professional workers in the public health field provide a continuity of care which knows no particular age range and is concerned more and more with the family as a unit rather than the individual as representing an age group for which there are particular services.

On pages 24 to 26 the difficulties experienced in maintaining the public health nursing service in the area sufficient to meet not only existing need, but to cater for the future as well should be noted. Particularly in the field of midwifery is recruitment difficult, a fact experienced in hospital practice as well. To improve the local situation it is hoped that a Part II midwifery school will open in Cambridge so that those interested in this work locally may take all their training in Cambridge; at present only Part I training is available.

In previous reports mention has been made of priorities in the developing welfare state and the time seems to have arrived when very serious thought should be given to the problem now nationally apparent. I believe much of the planning of the widely diverse social services enjoyed by the public today assumed that the essential services of home nursing and midwifery would be fully staffed; this is not now a tenable assumption. These essential services must be made sufficiently attractive (not only financially) to ensure that recruitment to them is adequate to meet growing domiciliary needs. I have regretted in the past the fragmentary approach to the problem, believing an overall examination is required of all the social services in which should be included the nursing profession.

Recently I was reminded of the vitally important position a public health nurse in a village community can command. One of our staff retired after 27 years service in one village and her farewell was attended by over 400 people and she was given a cheque, locally subscribed for, for over £260. There is no need to elaborate the theme; the security felt by a community that can rely on the steadfastness of such a person can never be replaced by the pattern of public health nursing and social work services that seems to be developing today.

It was welcome news that active steps were being taken in Cambridge to set up a service for the early detection of cancer of the neck of the womb and your ready acceptance of the part you could play in furthering the scheme was much appreciated by those concerned with its planning. The trend today toward schemes for the early detection of disease is indeed a portent for the future. Not all are so clearly defined as this scheme, but it can only be a matter of time when some of the difficulties now experienced in diabetic surveys will be overcome. Phenylketonuria detection is another scheme which this authority and others have been pursuing for some years. Recently trials in Bedford have been, and continue to be, carried out upon the early detection of glaucoma, a condition of the eye often leading to blindness.

The Cohen Report on Health Education was published in 1964. Amongst the many interesting recommendations is that attaching to the appointment of trained health education officers. The decision last summer to appoint just such an officer was timely. The importance of this subject of health education is constantly written about, talked about and is the subject of numerous conferences: so it was many decades ago.

We command now a wealth of knowledge about human ecology; knowledge vital to the parents of tomorrow, now the school children of today. Yet so far as I understand the position the imparting and discussion of this knowledge are not provided for on the same footing as are the basic subjects

of any educational system, and the amount of factual knowledge a child may obtain in school life depends on the area and the schools in that area he attends.

With the support of the Education Committee arrangements were made towards the end of the year to extend the system of frequent visits of doctors to all schools in the rural area. It is a great pleasure to report that, at the time of writing, the first term of the new system has passed and apart from some adjustments of the system to suit the smaller schools, the scheme has come into operation very smoothly.

On behalf of my colleagues in the school health service I would like to record our thanks to the Heads of schools and their staffs for the forbearance, understanding, and help in getting the scheme so successfully launched. One of the most important factors in the new scheme is the use made of village colleges and their catchment areas. Each village college and the primary schools in its area have the same school doctor, thus providing a continuity of supervision, care, and advice throughout the child's school days. It is also hoped that this grouping will facilitate health education in all its aspects, and instruction in personal relationships in particular.

The various courses on personal relationships have been maintained and those concerned keep continually in mind new approaches to the subject.

The service for children with impaired hearing has grown from strength to strength and the need for, and benefits of early ascertainment are most apparent. Miss Fenner's report (page 79) merits careful consideration. The service has another interest in that it illustrates well the continuity of care from the patient's viewpoint, though administratively many agencies in the health, welfare, and educational services are concerned in providing the many professional people involved. As in other services for the early detection of problems (for example the educationally subnormal, page 88) there is a need for all concerned constantly to be aware of the importance of maintaining good lines of communication amongst those working in the service.

On page 44 an account of the mental health services is given and includes reference to the opening of the authority's new Junior Training Centre and Hostel, a most valuable addition to the services available for mentally handicapped children. The Regional Hospital Board and the United Cambridge Hospitals have recently appointed the Physician Superintendent to the new Ida Darwin Hospital, Fulbourn; my colleagues and I look forward to Dr. G. Roberts taking up his appointment and to his help and advice in our services.

No changes have taken place in the geriatric services and the liaison by a health visitor direct with the geriatric consultant and his hospital continues to be of the utmost value. A similar arrangement is being tried with the Cambridge Chest Clinic to obviate the chest physician having to consult with a number of health visitors.

In the summer, control of the Ambulance Services was transferred from the department of the Clerk of the Council to the Health Department. Cambridgeshire were pioneers in the field of radio control of ambulances

and an efficient and economical service has been built up over the years. Calls on the service, which includes the hospital car service, continue to increase.

With regard to accidents and the equipment needed today to deal with eventualities on the spot it seems that quite soon there will have to be a separation of function as between those of an emergency nature and those requiring a medical 'bus service. This separation would increase the efficiency of the service and end the confusion occurring at times as to what the ambulance service is for.

Dr. J. K. Oates' report on the incidence of venereal disease reflects a national problem and in this connection reference is made to the distribution of a pamphlet prepared by the central departments most concerned. To what extent the problem can be affected by publicity and exhortation is open to conjecture. In a period when well-tried moral standards and customs are being critically analysed and often discarded, sometimes for no better reason than their antiquity, and little is being created to fill the voids left, insecurity with regard to the widest aspects of personal relationships must exist. The educational system has a part to play in acting both as a source of factual information and a platform for discussion. Our attempts at personal relationship courses already referred to are in part directed to this end.

The duty of a county medical officer is at all times to be aware of the factors affecting the public health and to be prepared to advise his authority. In attempting to achieve this task the department is dependent for all manner of help not only upon the authority's other chief officers and their departments but also upon a vast number of other statutory and voluntary organisations, as well as the central government departments concerned. With all these the department has enjoyed complete co-operation and has received every assistance, and to them I extend my personal thanks as well as those of the department.

To my colleagues in the medical profession in the University, the hospitals and general practice I wish to record my thanks for the help, guidance, and forbearance without which much of what the authority has achieved would have been impossible.

It has been a very great privilege to be your County Medical Officer and Principal School Medical Officer and I have enjoyed a happy six years in this capacity. The support the department and I have received from you has been inspiring and I can only express quite simply on behalf of the department our most sincere gratitude.

I am,

Your obedient Servant,

P. A. TYSER,

County Medical Officer
and
Principal School Medical Officer.

April 1965.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	315,168 acres
Mid-year population (Registrar General's estimate)	200,010
Census population 1961	189,913
Birth rate	17.7
(corrected)	17.2
Death rate	10.0
(corrected)	9.8
Infant mortality rate	10.2

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1964 at 315,168 acres. The mid-year population was divided as to 98,390 persons resident in the City of Cambridge of whom over 9,000 are studying at the University. The rural population numbered 101,620. Thus for the first time the population of the administrative county is estimated to exceed 200,000 and that of the rural area 100,000.

As will be seen from the table which appears on page 60 the population of the City has increased by 2,370 while the rural area shows an increase of 2,300.

Although there is no heavy industry in the area and the main occupations remain agricultural, there are a number of small factories in the rural 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.

Last year's report referred to the taking over of the Chesterton and South Cambridgeshire water undertakings, the Newmarket Rural District's undertakings having been transferred to the Ely, Mildenhall and Newmarket Water Board in April 1962.

Work continued apace during 1964 on the village sewerage schemes. It is now Central Government policy to encourage the sewerage of as many villages as possible at one time into the same sewerage disposal works.

In the Chesterton Rural District, construction was in progress during the year on the schemes for Over, Swavesey, Willingham, Waterbeach, Longstanton, Rampton and part of Teversham. It is intended to enlarge the sewerage works serving Teversham and Fulbourn, subject to Ministry approval, in order to make future provision for the villages of Stow-cum-Guy, Great and Little Wilbraham and the new hospital at Fulbourn. Ministry approval has also been received for the Coton scheme, while schemes for Fen Ditton and Horningsea are being prepared for submission to the Ministry. An outline scheme for Fen Drayton has also been approved by the District Council.

Pending provision of additional sewer capacity, an embargo has been placed on further development in the Great Shelford/Stapleford area. Investigations have shown that the existing sewers in the Girton/Histon/Impington area will serve the anticipated increase in population until 1981. Subject to the recruitment of necessary staff, it is hoped to make an early start on the preparation of sewerage schemes for five other villages on the western side of Chesterton Rural District.

In Newmarket Rural District the Cheveley Park scheme was completed, all houses being connected, thus overcoming the nuisance created by numerous cesspools in a chalk subsoil. The Swaffham Bulbeck scheme was nearing completion at the end of the year. The sewerage disposal works at Bottisham are being extended to cope with the increased flow from Swaffham Bulbeck and also from Bottisham itself which is an expanding village. The sewerage of Chippenham will commence during 1965. A scheme has been prepared for Swaffham Prior and Reach and is due for submission to the Ministry, whilst schemes for Isleham, the Soham fringe areas, and Ashley are in various stages of preparation. The Council are now operating extended aeration, contact stabilisation, and contact anaerobic digestion tanks on small estates throughout the district. In general, these plants are working satisfactorily.

At the time of writing, South Cambridgeshire Rural District's scheme for Balsham is nearing completion and is due to be operational shortly. It is anticipated that the scheme for Bassingbourn and Kneesworth, which includes the enlargement of the existing sewerage works acquired from the Royal Air Force, will be completed in the Spring of 1965. The existing sewerage disposal works at Melbourn is to be enlarged, probably within the next two years, in order to cope with the continued expansion in the villages of Melbourn and Meldreth. Ministry approval has been received, and a tender accepted, for a scheme to sewer Whittlesford and Duxford into the sewerage disposal works at Sawston. Approval is awaited for a combined scheme whereby Hinxton and Ickleton will be drained to a sewerage disposal works which is to be situated within Saffron Walden Rural District. Approval is also awaited for a scheme to cater for Foxton and Shepreth, in which it is now intended to include Orwell and Barrington. The existing sewerage disposal works at Linton is overloaded and its expansion is under consideration. The Council is proposing, subject to Ministry approval, to drain the villages of Hildersham and Great and Little Abington into the Linton disposal works once they have been enlarged. The village of Hadstock (Saffron Walden Rural District) is also to be sewered into the Linton works. Work is also proceeding on the preparation of schemes for Guilden Morden, Steeple Morden, Horseheath and West Wickham.

The rate of Council house construction during 1964 has been accelerated in the South Cambridgeshire and Newmarket Rural District, whilst work has recently commenced on the erection of factory built units in a housing scheme at Fulbourn in Chesterton Rural District. Quite a considerable proportion of the houses built during the year were for elderly persons, thus freeing larger houses for younger families. In addition, several persons were rehoused from slum clearance properties. Private development within the County area also continued at an even greater rate than in 1963.

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
(Including Mental Health Services) |
| 29 | Home Help Service |

SECTION 21 - HEALTH CENTRES

In the past, no serious consideration has been given to the provision of Health Centres in Cambridgeshire as no demand had been made nor had the need been apparent.

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.

Mention was made in the Report for 1963, however, of the proposal to create a new village in the Dry Drayton area (Bar Hill) which would afford an opportunity for the establishment of a minor health centre. Discussions towards this end were continuing at the end of 1964.

The Health Committee has also approved in principle the concept of a health centre in Sawston. Discussions with the Ministry of Health and the partnership of general practitioners concerned have taken place, and at the end of the year efforts to obtain a suitable site were being made. In the City of Cambridge, largely owing to the redevelopment of an area, discussions are taking place about the inclusion of a health centre in the redevelopment.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

The combined ante-natal and post-natal clinic in the City remained the only one in the administrative county and continued to hold monthly meetings.

Approximately 67% of the confinements of rural area residents took place in hospitals which offer clinic facilities additional to the supervision exercised by general practitioners and health visitors. The remainder, with one exception, were booked with their general practitioner, who with the health visitor and midwife afforded the necessary ante- and post-natal supervision.

In the rural area in particular there was an increase in the number of women attending the organised relaxation classes.

There were no changes in the operation of the pre-school clinics in the City except for the addition of a monthly session for toddlers at the Chesterton clinic. Apart from an increase in the frequency of meetings at some of the rural area clinics, and a move to alternative accommodation in two instances, the rural area centres operated as in 1963. Facilities are provided at six village colleges and four primary schools, and to their Governors, and Heads, and to the Chief Education Officer, I extend my gratitude.

To the doctors who attend the pre-school clinics, and particularly to the voluntary helpers who support the clinics, often over a period of many years, I would like to record my thanks. Their contribution to the community services is of the greatest value and importance.

The following tables give the location of clinics in the administrative county and furnish some details 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 Women in attendance		Number of sessions held by				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical Officers	Midwives	G.P.s employed on a sessional basis	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
72	3	12	12 combined	-	-	12

TABLE 2

CITY ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	15
		(b)	Domiciliary booked	242
		(c)	Total	257
2	Total number of attendances during the year			849

TABLE 3

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.W.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.
Chesterton	I.W.C.	Thursday	p.m.
Chesterton	Toddler	Friday (once monthly)	p.m.
East Barnwell	I.W.C.	Tuesday	p.m.
East Barnwell	Toddler	Friday (once monthly)	p.m.
Newnham	I.W.C.	Wednesday	a.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 4

CITY INFANT WELFARE CENTRE ATTENDANCES

Number of children who attended during the year			Number of sessions held by				Total number of sessions in columns (4)-(7)	Number of children referred elsewhere	Number of children on "at risk" register at end of year
Born in 1964	Born in 1963	Born in 1959-1962	Medical Officers	Health Visitors	G.P.s employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1,275	1,139	1,410	490	237	-	-	727	131	362

TABLE 5

RURAL AREA ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	107
		(b)	Domiciliary booked	140
		(c)	Total	247
2	Total number of attendances during the year			1,049

TABLE 6

RURAL AREA INFANT WELFARE CENTRES

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st	Gt. Shelford	Comberton Harston Milton	Cheveley Fulbourn	Bassingbourn Castle Camps Dullingham Swavesey	Isleham Melbourn
2nd	Gt. Shelford	Burwell Soham	Bourn Cottenham Histon	Waterbeach Willingham	
3rd	Gt. Shelford	Bottisham Comberton Haslingfield Milton	Fulbourn	Balsham Bassingbourn Duxford Foxton Gamlingay	Fordham Linton Melbourn
4th	Gt. Shelford	Burwell Fowlmere (always last week) Soham	Bourn (always last week) Histon	Gt. Abington (always last week) Swavesey	
			Girton /	Steeple Morden ‡ Sawston ‡	

/ Alternate Wednesdays with effect from 13th January, 1965

‡ Alternate Thursdays with effect from 14th January, 1965

TABLE 7

RURAL AREA INFANT WELFARE CENTRE ATTENDANCES

CENTRES	Number of children who attended during the year			Number of Sessions held during year	Number of Children referred elsewhere
	Born in 1964	Born in 1963	Born in 1959-1962		
Balsham	21	33	35	12	-
Bassingbourn	52	23	42	24	-
Bottisham	31	22	16	12	1
Bourn	70	50	55	24	-
Burwell	48	58	27	24	-
Castle Camps	15	5	17	12	-
Cheveley	15	24	22	12	2
Chippenham	7	5	14	12	-
Comberton	30	48	51	19	2
Cottenham	31	25	61	12	-
Dullingham	14	22	47	12	6
Duxford	28	32	33	12	-
Fordham	25	10	14	12	1
Fowlmere	19	27	15	12	-
Foxton	22	33	38	12	28
Fulbourn	58	58	79	24	4
Gamlingay	24	24	31	12	-
Girton	56	51	47	22	-
Gt. Abington	29	19	27	12	-
Gt. Shelford	110	105	135	47	23
Harston	23	30	35	12	-
Haslingfield	37	27	53	12	-
Histon	50	59	161	26	1
Isleham	14	26	12	12	-
Linton	42	37	42	12	-
Melbourn	80	71	61	23	-
Milton	64	48	55	24	-
Sawston	90	76	156	27	-
Soham	51	42	15	23	-
Steeple Morden	47	44	51	27	-
Swavesey	38	63	34	23	-
Waterbeach	68	72	33	12	-
Willingham	28	22	31	12	-
	1,337	1,291	1,545	585	68

Premature Infants

The following tables give particulars of premature live and still births in the administrative county.

The total number of premature live births, 183, represents a rate of 51.7 per 1,000 live births as against a rate of 53.6 for 1963.

Weight at Birth	Premature live births														Premature Stillbirths
	Born in Hospital			Born at home or in a Nursing Home					Transferred to Hospital on or before 28th day			Born			
	Total Births (1)	Within 24 hours (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total Births (5)	Within 24 hours of birth (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total Births (9)	Within 24 hours of birth (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)	At home or in a Nursing Home (14)	
1. 2 lb 3 oz or less	2	2											3		
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	2								1				2		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	17		1	1					1				4		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	18	2	1		2										
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	37		1		9				1				2		
6. Total	76	4	3	1	11				3				11		

TABLE 8A

Premature Infants - Rural Area

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Premature live births															Premature Stillbirths
Weight at Birth	Born in Hospital			Born at home or in a Nursing Home				Transferred to Hospital on or before 28th day			Born				
	Total Births	Died			Total Births	Died			Total Births	Died			In Hospital	At home or in a Nursing Home	
Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days				
1. 2 lb 3 oz or less	4	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	2		1						1		1		5		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	13	1		1	1				1				1		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	24				6				1				1		
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	34				5				1				1		
6. Total	77	5	1	1	12				4		1		11		

Dental Treatment of Expectant and Nursing Mothers and Young Children

It was possible in August 1964 to secure the services of a full-time dental officer to work in the rural area of the County and one result has been a very welcome increase in the amount of work it has been possible to carry out for children under the age of five living in the rural area. Courses of treatment for 120 such children were completed as against 19 in 1963. This is no doubt only a fraction of what is really necessary but unfortunately efforts to fill the post of full-time area dental officer for the rural area have been unsuccessful. Until such an appointment can be made it is inevitable that the service must fall short of what may be regarded as necessary, let alone desirable.

TABLE 9

A. NUMBERS PROVIDED WITH DENTAL CARE

	Number examined			Number who commenced treatment during year			Courses of treatment completed during Year		
	City	Rural Area	Total	City	Rural Area	Total	City	Rural Area	Total
1. Expectant and Nursing Mothers	49	9	58	43	9	52	39	7	46
2. Children aged under 5	281	147	428	240	132	372	193	120	313

B. FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Expectant and nursing mothers	7	30	-	1	129	28	20	14	1
Children aged under 5 years and not eligible for school dental service	3	754	53	-	449	160	-	-	8

Distribution of Welfare Foods

The arrangements for the distribution of welfare foods (national dried milk, orange juice, cod liver oil and vitamin A and D capsules) were unchanged and the foods were available at most child welfare clinics and other distribution points such as shops and private houses.

The decline in demand for national dried milk and A and D tablets has continued and in 1964 there was a decline in demand for cod liver oil. Once again there has been increased demand for orange juice.

It is a pleasure to record my thanks to the volunteers at child welfare clinics and elsewhere who have undertaken the work of distribution.

TABLE 10
WELFARE FOODS

	Total issued		Issued at old Post Office	
	1964	1963	1964	1963
National Dried Milk (Tins)	10,577	12,759	5,773	6,655
Cod Liver Oil (Bottles)	3,728	4,408	1,386	1,579
A and D Tablets (Packets)	5,269	5,453	2,861	3,099
Orange Juice (Bottles)	61,667	56,817	26,756	26,156

Day Nurseries and Nurseries and Child Minders Regulation Act, 1948

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

TABLE 11
DAY NURSERIES

Number of approved places		Average daily attendance during year	
40	F.T.	38	F.T.
3	P.T.	4	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 had been given. At the end of the year, in the Administrative County, 17 nurseries provided for 329 children, and 11 Daily Minders were registered.

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. The Ely Diocesan Association receives from this Authority a capitation fee in respect of each Cambridgeshire case assisted, and an annual grant of £225 is made to the Cambridge Association for Social Welfare who perform both social welfare and adoption duties in the City.

Grants towards the cost of maintenance in mother and baby homes were made in 22 cases, six more than in 1963.

Congenital Abnormalities

In my Report for 1963 I mentioned the fact that the Chief Medical Officer of the Ministry of Health had asked local authorities to participate in a scheme for the notification of congenital malformations observable at the time of birth and I remarked that its introduction here in January 1964 was facilitated by the fact that it was an extension of our existing arrangements for the notification of children likely to be "at risk" with regard to impaired hearing.

The scheme operated throughout 1964 and information on 38 notified cases, which included 8 stillbirths, was submitted to the General Register Office. The malformations may be summarised as follows:-

Affecting the central nervous system	7 (including 6 stillbirths)
Affecting the limbs	10
Affecting the eye or ear	2
Affecting the alimentary system	3
Affecting the uro-genital system	1 (stillbirth)
Affecting other systems	8
Other malformations	5 (including 1 stillbirth)

Comment on the screening tests of hearing of young children will be found on page 78 of this Report.

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

Reference was made in the Report for 1963 to the steps the County Council had taken to meet the increasing demands on the Public Health Nursing Service brought about as a result of the changing emphasis of medical care from hospital to the community. In terms of staff, the authorised establishment has been increased by 20% since 1960, but in actual fact at the end of December 1964 we found ourselves in a worse position than at the end of the previous year, there being 21 nurses undertaking home nursing and midwifery duties in the rural area as opposed to 29 at the end of 1963.

Maximum use is being made of married women, but it is our experience that though there is no shortage of S.R.N's willing to undertake home nursing duties, they are reluctant to work outside the normal school hours; this inevitably places a heavier burden on the full-time staff available to work evenings and weekends. However, with the assistance of part-time staff we have been able to meet the demands of the home nursing and health visiting services.

Extreme difficulty has been experienced in meeting the demands placed upon the domiciliary midwifery service as a result of shortage of staff, the increased birth rate and the growing practice of early discharges from maternity hospitals. In one particular district of the rural area it has been impossible to obtain the services of a midwife and consequently confinements occurring in this area have had to be referred to the Maternity Hospital. Whereas a few years ago practically the whole of the rural area was staffed on a generalised basis, during the past two or three years we have had to adopt the principle of a separate health visiting service, thus enabling the home nurse/midwife to cover wider areas.

The County Council has done much over and above the national conditions to recruit and retain staff, including scholarships for post-graduate training, provision of good houses at reasonable rents, and a limited amount of free mileage for nurses living in the rural area. There does not appear to be any great shortage of health visitors and it is a matter of conjecture whether the newly qualified midwives seeking to take health visitor training are attracted to this branch of the profession by the fact that they enjoy a higher salary with less exacting hours of work and are not handicapped in their domestic and social life, as is the domiciliary midwife by having to give a 24 hour service when on duty.

Following investigations into cross-infection in hospitals, enquiry has been made concerning sterilisation techniques used in domiciliary nursing practice. In improving the safety of procedures from the point of view of control of infection, the increasing use of sterile disposables (needles, syringes, masks, caps, gloves, spatulae, catheters and clamps) has been of great assistance, besides saving a great amount of valuable time of the nursing staff. The demand for, and provision of incontinence pads has likewise shown a big increase; they are undoubtedly a great benefit to the patient and nurse.

Nursing Services

Nursing staff as at 31.12.64. was as follows:-

	<u>Full-time</u>	<u>Part-time</u>
Health Visitors	13	4
District Nurse/midwife/Health Visitors	5	-
District Nurse/midwives	16	4
District Nurse	3	1

Vacancies

There are 11 vacancies for District Nurse/Midwives, some of which are partly offset by part-time married nurses and full-time general staff, leaving an overall of 7 vacancies.

Home Nursing

During the year under review demand on the domiciliary nursing services has remained constant. Whereas some years ago remission in the sickness rate was apparent during the late spring and early summer, no such remission now seems to feature. It is interesting to speculate on the possible and probable causes of this.

Expenditure of time and effort on the part of both nurses and health visitors is gradually increasing in relation to the numbers of aged persons in the population needing support in one or more ways.

Where shortage or absence of suitable housing/hospital beds and/or residential homes occurs, this problem becomes infinitely more difficult and frustrating.

A particularly close link exists between local statutory and voluntary services concerned with the aged, and a system of lay village representatives, one or more to each village, is being initiated to keep an eye on the elderly and report to or call in the nurse or health visitor where necessary. During the year a series of meetings was arranged between these representatives, nurses and health visitors at which officials of the voluntary and statutory bodies outlined their respective aims and objects.

Recruitment to the Home Nursing Service has presented no difficulties. More full or part-time married State Registered Nurses are being attached to existing district nurse/midwives in order to enable the latter to devote more time to midwifery.

Midwifery

The wind of change continues to make itself felt, and it is in this particular service where the most far reaching and most searching evaluation has to be made.

Coupled with a rising birth rate, much of it in young and inexperienced mothers separated from their own families and, therefore, more demanding of the midwife's time and supervision, there is, at any rate in this region, an acute shortage of midwives.

Hospital and domiciliary services alike are glad to employ such part-time help as they can get from married women, or are reduced to employing agency midwives at considerably higher cost.

Considerable difficulty has been experienced and many adjustments have had to be made to contain this problem here in Cambridgeshire, not always with success. The service has from time to time broken down and mothers booked for home confinement have had to transfer to hospital.

The number of mothers wishing to enter hospital for confinement and subsequent early discharge continues to grow. In addition to 630 domiciliary births during the year, 952 mothers were discharged home from hospital during the puerperium. Their subsequent care was to some extent met by married part-time staff, but presented a problem where no full-time staff was available to fill the gaps. This situation inevitably poses the question as to the extent to which further watering down of the services of trained midwives can safely be carried out.

At the time of writing this report the Health Committee are considering the installation of radio telephones in certain nurses' cars, together with a rota system of duty and a five-day week designed to benefit both service and staff.

Consideration is also being given by the United Cambridge Hospitals to the formation of a Part II Midwifery Training School.

Health Visiting

Developments over the past few years have resulted in this County, formerly covered by the generalised type of Public Health Nursing, now being almost entirely covered by full-time health visitors. There are four generalised areas at present staffed by long-serving members who particularly wish to carry on the generalised service in their own areas.

The attachment of one health visitor to geriatric duties has been a great success; the health visitor works closely with the consultant geriatrician, taking part daily in conferences at the specialist hospital, contacting, following-up, and reporting back on patients for admission or discharge and acting as the link between hospital and patient or relative, and other social services.

A second health visitor is likewise attached to the Chest Clinic, where she has a similar role to that of the geriatric health visitor.

So long as it was possible to maintain the public health nursing service on a generalised basis the need for attachment of staff to general practitioners was not a question of moment. It was made clear to the Local Medical Committee many years ago that any form of attachment a practitioner or practice suggested would be looked upon favourably, but in fact only one positive request (which was met immediately) has been made in the rural area. Now that a different pattern of service is developing the whole question will need to be reviewed, and in this connection the place of health centre development will have to be examined.

Educational

Health Education activities continue to forge ahead and the number and diversity of subjects covered have increased, particularly to adult groups.

From a parochial viewpoint, staff meetings, refresher courses, and special courses have continued to operate for all staff. One of the more valuable of these, which all staff attended over a period of two days, was one on Civil Defence, during which lectures were given and films shown outlining the probable events following a nuclear explosion and the role of the many services involved in the aftermath.

In November a week's Seminar on "Methods of Health Education", arranged by the Central Council for Health Education, was attended by members of our nursing and health visiting staff, who found it an interesting and rewarding experience.

Student nurses in training continue to have an opportunity of observing domiciliary services and discussion groups are a consequent feature of this, apart from didactic lectures.

Liaison between domiciliary staff and hospital departments is good and a two-way system of information encouraged.

Training facilities continue to be made available for selected students with regard to district and health visitor training.

TABLE 12

MIDWIFERY SERVICE

Notification of Intention to Practise

Under the rules of the Central Midwives Board, 103 midwives have notified their intention to practise:-

	<u>City</u>	<u>Rural Area</u>
Domiciliary	20	36
Institutional	47	-

Domiciliary midwives in practice at 31st December, 1964

(a) Employed by the Authority

City		Rural Area		Total	
Whole-Time	Part-Time	Whole-Time	Part-Time	Whole-Time	Part-Time
8	-	-	25	8	25

(b) In private practice

<u>City</u>	<u>Rural Area</u>	<u>Total</u>
3	-	3

Number of domiciliary confinements attended by midwives under N.H.S. arrangements

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
(i) Doctor not booked	-	1	1
(ii) Doctor booked	548	629	1,177

Cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day

261	952	1,213
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TABLE 13

HEALTH VISITINGCases visited by Health Visitors

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
(i) Children born in 1964	1,696	2,047	3,743
(ii) Children born in 1963	1,242	2,144	3,386
(iii) Children born in 1959-62	2,431	4,764	7,195
(iv) Total number of children in lines (i) to (iii)	5,369	8,955	14,324
(v) Persons aged 65 or over	860	1,031	1,891
(vi) Number included in line (v) who were visited at the special request of a G.P. or hospital	579	320	899
(vii) Mentally disordered persons	104	14	118
(viii) Number included in line (vii) who were visited at the special request of a G.P. or hospital	49	5	54
(ix) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	85	21	106
(x) Number included in line (ix) who were visited at the special request of a G.P. or hospital	22	16	38
(xi) Number of tuberculous households visited	39	47	86
(xii) Number of households visited on account of other infectious diseases	34	26	60

Cases visited by tuberculosis visitors

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
(xiii) Number of tuberculous households visited by tuberculosis visitors	152	142	294

TABLE 14HOME NURSING SERVICE

	<u>City</u>	<u>Rural Area</u>	<u>Total</u>
(i) Total number of persons nursed during the year	2,736	1,794	4,530
(ii) Number of persons who were aged under 5 at first visit in 1964	73	111	184
(iii) Number of persons who were aged 65 or over at first visit in 1964	679	938	1,617

SECTION 26 - VACCINATION AND IMMUNISATION

As for many years, general practitioners continued to undertake the bulk of the work of vaccination and immunisation and only a limited amount is carried out at clinics.

During the year, an effort was made to ensure that children immunised against diphtheria, whooping cough and tetanus in infancy received the appropriate reinforcing injections as recommended by the Ministry of Health at age 18 months and at school entry. Hitherto this had been virtually left to the parents and general practitioners but in 1964 steps were taken to remind general practitioners of those of their patients who, according to the records held in the Health Department, were in need of reinforcing injections. The success of this extension of the department's activities is reflected in the fact that well over twice as many records of reinforcing injections have been received despite the fact that the scheme did not commence until mid 1964.

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 re-inforcing injection subsequently to primary immunisation at an earlier age. As has been mentioned the figures for "booster" injections represent a considerable and satisfactory increase.

TABLE 15

RECORD OF DIPHTHERIA IMMUNISATION

Year of Birth	City		Rural Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1964	447	41	546	21	993	62
1963	866	121	823	215	1,689	336
1962	170	311	92	310	262	621
1961	46	94	29	67	75	161
1960	28	60	17	83	45	143
1955-59	69	947	42	594	111	1,541
1950-54	10	21	15	15	25	36
Total	1,636	1,595	1,564	1,305	3,200	2,900

Poliomyelitis

The figures that follow represent a further diminution in the demand for Salk Vaccine which, however, continues to be available. There has been some increase in the use of quadruple vaccine which is available to general practitioners on prescription but which has not been sanctioned by the Ministry of Health for issue by local authorities. With this vaccine, protection is afforded against poliomyelitis, diphtheria, whooping cough and tetanus, but with some increase in the number of injections necessary.

At the end of the year the Ministry indicated that they would no longer require details of the numbers of persons aged over 15 years who have received poliomyelitis vaccination, a fact which will no doubt be reflected in statistics for future years.

TABLE 16

NUMBER OF PERSONS VACCINATEDPrimary Vaccination

	City		Rural Area		Total	
	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses
Children born in 1964	10	174	6	208	16	382
Children born in 1963	46	883	27	1,034	73	1,917
Children born in 1962	18	282	8	209	26	491
Children born in 1961	20	88	2	66	22	154
Children and young persons born in years 1943-1960	12	165	-	116	12	281
Young persons born in years 1933-1942	7	40	2	49	9	89
Others	8	52	-	63	8	115
Totals	121	1,684	45	1,745	166	3,429

TABLE 16A

Re-inforcing Doses

		City	Rural Area	Total
Number of persons given third injections of Salk vaccine or fourth injections of quadruple vaccine		84	63	147
Number of persons given fourth injections of Salk vaccine or fifth injections of quadruple vaccine		172	20	192
Number of persons given a re-inforcing dose of oral vaccine after:	(i) 2 Salk	44	70	114
	(ii) 3 Salk or 3 Oral or 2 Salk & 2 Oral	1,097	1,301	2,398

Smallpox

There has, as the figures that follow indicate, been some increase in the demand for smallpox vaccination particularly in the 1-2 year age group. This latter is no doubt due to the Ministry's advice that smallpox vaccination might, with advantage, be deferred to the second year of life and the general increase to a natural return to the average after 1963's low figure which followed the very heavy demand in 1962. The policy of paying only for records of primary vaccination of persons below the age of 16 will account for the very low return of records of re-vaccination.

TABLE 17

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

Age at Date of Vaccination	City		Rural Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
0-3 months	63	-	101	-	164	-
3-6 months	37	-	122	-	159	-
6-9 months	18	-	99	-	117	-
9-12 months	47	-	85	-	132	-
1 year	518	4	370	-	888	4
2-4 years	210	15	57	-	267	15
5-14 years	20	33	25	-	45	33
15 or over	49	262	13	-	62	262
Total	962	314	872	-	1,834	314

Tetanus

The following figures indicate the number of records received of immunisation against tetanus by the use of tetanus toxoid either as a single antigen or in combination with others. As with diphtheria there has been a marked rise in the number of records of "booster" injections.

TABLE 18
NUMBER OF PERSONS IMMUNISED AGAINST TETANUS

Year of Birth	City		Rural Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1964	446	41	546	21	992	62
1963	865	121	825	216	1,690	337
1962	171	305	93	311	264	616
1961	46	84	32	66	78	150
1960	29	54	17	80	46	134
1955-1959	112	641	84	593	196	1,234
1950-1954	96	32	50	20	146	52
Total	1,765	1,278	1,647	1,307	3,412	2,585

Whooping Cough

The following table shows the numbers of children who have completed a primary course (normally 3 injections) of whooping cough immunisation almost exclusively by the use of pertussis vaccine in combination with others.

TABLE 19
WHOOPIING COUGH VACCINATION

Year of Birth	City	Rural Area	Total
1964	443	544	987
1963	852	822	1,674
1962	160	92	252
1961	46	28	74
1960	23	14	37
1955-1959	37	34	71
1950-1954	10	7	17
Total	1,571	1,541	3,112

SECTION 27 - AMBULANCE SERVICE

On July 1st responsibility for the administration of the Ambulance and Hospital Car Services which for many years had rested with the Clerk of the Council, was transferred to the County Medical Officer.

The personnel involved were transferred to the establishment of the County Health Department and at the end of the year consisted of an Ambulance Superintendent, deputy, station officer and 34 driver/attendants together with a part-time clerk working from the ambulance headquarters and a Hospital Car Service Organiser and full-time clerk accommodated at Addenbrooke's Hospital itself.

The authority provides directly 9 ambulances and 6 utilicon sitting case cars.

Further assistance is given by vehicles provided by the British Red Cross Society and St. John Ambulance Brigade and the full co-operation of these organisations is gratefully acknowledged.

In the rural area a number of volunteers put their services and their cars at the disposal of the Council for the conveyance of patients to and from hospital for repayment on a mileage basis, but much of the work of the hospital car service is covered by a contract with a local taxi organisation whose drivers are well aware of their special responsibility.

The authority was one of the pioneers in the introduction of short wave radio communication on ambulances.

The table that follows gives details of the numbers of patients conveyed, the number of journeys and the mileage of Council owned vehicles:-

Number of journeys by Council owned Vehicles:

Ambulances	12,388
Utilicons	4,358

Patients carried by above:

Ambulances	14,314
Utilicons	8,125

Accident and emergency patients included in above:

Ambulances	1,532
Utilicons	250

Mileage run by above:

Ambulances	145,009
Utilicons	127,192

Journeys by supplementary vehicles:

Ambulances	876
Cars	28,853

Patients carried by supplementary vehicles:

Ambulances	954
Cars	64,309

Accident and emergency journeys by supplementary vehicles:

Ambulances	52
Cars	-

Mileage run by supplementary vehicles:

Ambulances	14,198
Cars	416,991

These figures show some tendency to an increased use of supplementary vehicles as compared with the figures for 1963, and a somewhat greater number of patients have been conveyed in Council owned ambulances despite a fall in the number of journeys. It is felt that these fluctuations may be due in some measure to the liaison with the hospital which is made even closer due to the presence there of the Hospital Car Service Organiser.

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

The majority of cases of tuberculosis occurring in the Administrative County are seen at the Cambridge Chest Clinic but a number living in the Newmarket and South Eastern areas of the County attend the Chest Clinic at Newmarket General Hospital.

I am much indebted to the Consultant Chest Physician, Dr. M. J. Greenberg, for the following paragraphs relating to the work at the Cambridge Chest Clinic:-

"During 1964 the incidence of tuberculosis has decreased slightly. 35 new cases were notified, which was a decrease of 15 over the previous year. Also the total number of cases on the clinic Register has fallen from 432 to 376 during the year. The actual number of tuberculosis cases seen at the clinic during the year was 1,064 pulmonary and 33 non-pulmonary, which was a slight decrease over the previous year.

This alteration in figures is not very significant and does not allow us to be complacent about tuberculosis. Anti-tuberculosis measures must certainly continue for the time being and preventive measures such as B.C.G. vaccination and examination of contacts will continue to be pursued vigorously.

At the same time the clinic work is expanding so that more cases of other chest disease are seen and the total number of patients seen at the clinic rose during the year from 11,190 to 11,810.

At the beginning of last year there was an alteration in the nursing and health visiting practice at the Chest Clinic. Instead of having a clinic nurse and the health visiting being done by the general health visitors as part of their duties, two health visitors were detached, one from the county and one from the city, and they combined clinic nursing with specific health visiting for Chest Clinic patients. These are mainly tuberculosis, but as this is decreasing it seems that there will be considerably more work with other chest cases.

It appeared that there was not quite sufficient work for two health visitors so there is now one whole-time and one part-time.

From the point of view of the chest physician this is an excellent arrangement. The clinic nursing duties are satisfactorily undertaken and from the health visiting point of view the situation is very much better because of close personal contact and the ability to give instructions directly.

It is hoped that this arrangement will continue."

Tuberculosis Care and After-Care

The Cambridgeshire Tuberculosis After-Care Association continued to receive a grant from the County Council, and the following note from the Honorary Medical Advisor illustrates the value of their work:-

"1964 was a year of increased expenditure for the After-Care Association. We started the year with seventeen patients receiving grants and at the end of the year had the same number. There had been some changes, however, during that time. Five people receiving grants died, one removed from the area and two others ceased to be in need of help. We added eight new cases during the year. Some of this increase is probably due to the fact that a Health Visitor has been appointed to the Chest Clinic and in consequence more cases of need are coming to light.

Of those receiving a grant six were retired, six were unable to work, two working but needing help to maintain their health while retaining a job, two housewives with husbands not able to contribute, and one schoolchild from a needy family. They were - eleven men, five women and one child.

A factor in the increased expenditure in 1964 was the increase in the price of milk which added 5.5% to our expenses for that item.

The only other abnormal expenditure was a grant of £5 to help a patient to purchase extra clothing.

The portable oxygen sets continued to meet an obvious need and were still being used fully.

The Association also acted as an "agent" during the year to obtain some financial help via the Chest and Heart Association and one private source, for patients with other chest diseases who were in need. It is hoped that some means for helping more readily in this way might be found in due course."

B.C.G. Vaccination

The arrangements for B.C.G. vaccination of pupils aged 13 and over were unchanged and once again Dr. Greenberg 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 20

	City	Rural Area	College of Arts and Technology	Total
Number skin tested	1,328	738	42	2,108
Number found positive	182	113	20	315
Number found negative	1,043	581	22	1,646
Number vaccinated	1,023	576	22	1,621

At the end of the year 111 of the 113 positives from the rural area had been x-rayed at the Chest Clinic; the remaining 2 left the area before x-ray examination could be arranged.

Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1964:-

TABLE 21

Number skin tested	550
Number found positive	264
Number found negative	266
Number vaccinated	215

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

TABLE 22

CITY TUBERCULOSIS REGISTER 1964

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	176	88	17	20	193	108
2. Number of Cases notified for first time during year under Regulations	18	12	1	5	19	17
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	4	3	-	-	4	3
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	54	32	2	1	56	33
6. Number of Cases remaining on Register at end of year	144	71	16	24	160	95

TABLE 23

COUNTY TUBERCULOSIS REGISTER 1964
(excluding City)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	150	85	11	12	161	97
2. Number of Cases notified for first time during year under Regulations	7	2	1	2	8	4
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other District	6	6	2	2	8	8
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	30	18	3	1	33	19
6. Number of Cases remaining on Register at end of year	133	75	11	15	144	90

Chiropody

The Council's scheme for the provision of a chiropody service continued without alteration in 1964, the work being undertaken on a sessional basis by chiropodists in their surgeries, the homes of patients and in premises provided by voluntary organisations. The service continued to be restricted to persons in the following categories:-

Men over 65 years of age
 Women over 60 years of age
 Expectant mothers
 Handicapped persons whose disability would be ameliorated by chiropody.

Two more clinics were opened in the City, three more in the rural area.

The following tables show the volume of work carried out in 1964 and reflect the continuing expansion of the service.

TABLE 24

	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
over 65	383 (336)	12,871(10,462)	328 (289)	8,198(6,845)	711 (625)	21,069(17,307)
men over 60	2,072(1,726)		1,176(1,034)		3,248(2,760)	
lactant Mothers	1 (-)	1 (-)	- (-)	- (-)	1 (-)	1 (-)
disabled persons	12 (13)	88 (66)	19 (6)	69 (20)	31 (19)	157 (86)
Total	2,468(2,075)	12,960(10,528)	1,523(1,329)	8,267(6,865)	3,991(3,404)	21,227(17,393)

Figures in parentheses relate to 1963

TABLE 24A

	City	Rural Area	Total
Number of clinics operating	9 (7)	33 (30)	42 (37)
Number of treatments at clinics	736 (664)	2,222 (2,282)	2,958 (2,946)
Number of treatments at chiropodists' surgeries	10,617(8,780)	4,366 (3,187)	14,983 (11,967)
Number of domiciliary treatments	1,607 (1,084)	1,679 (1,396)	3,286 (2,480)

Figures in parentheses relate to 1963

Early Detection of Cancer

Early in the year the Health Committee indicated they were prepared to support a scheme for the early detection of and prevention of cancer of the neck of the womb then being discussed by a Committee under the chairmanship of the Regius Professor of Physic and to operate within the immediate catchment area of the United Cambridge Hospitals. The County Medical Officer was co-opted first to a sub-committee and then to the main committee and after discussion it was felt that the best plan would be for the authority to finance the appointment of an additional cytological assistant to the staff of the University Department of Pathology. This would result in an increase of 5,000 per annum in the number of patients tested. At the end of the year it was possible for a service to be offered capable of dealing with approximately 12,000 examinations per annum. Discussions with regard to the form of a permanent record card were taking place as was the question of arranging follow up on a three year basis. Talks were also taking place with general practitioner organisations and others concerned with the development of the service.

Health Education

(a) General

In the Report for 1963 stress was laid on the growing importance of health education in promoting the physical and mental well-being of the public and the need for the appointment of a technical specialist to co-ordinate and develop the health education activities of all members of the public health team.

Approval was given to such an appointment and Mr. D. T. Williams commenced duty as Health Education Officer on the 1st January, 1965.

During 1964 talks with films, filmstrips, demonstrations etc. continued to be given by the medical, nursing, mental health and other staff of the department to organised groups including school children, school leavers, expectant mothers, child welfare clinics on a wide variety of topics.

The Council continued 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.

(b) Smoking

Further suitable posters on this subject were distributed to secondary schools and the opportunity was taken to show films obtained on loan from the Central Film Library. One particularly suitable film from the series has been purchased.

(c) Personal Relationships

Courses in personal relationships of which mention was made in last year's report continued to be held in certain village colleges.

(d) In-Service Training

An in-service training course of a week's duration, arranged for the authority by the Central Council for Health Education was held in November. The subject of this seminar was "Methods of Health Education". Lectures, demonstrations and practical work were included. Twelve members of staff attended each session.

(e) An article written by Mrs. E. Middleton, a public health nurse prominent in health education activities, has been accepted for publication in the May edition of the Health Education Journal, the quarterly magazine of the Central Council for Health Education.

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 contributes towards the expense of the service, and during the year 2,637 items were issued to 1,604 patients.

The Director of the Cambridgeshire and Isle of Ely Branch of the British Red Cross Society has made the following observations on the service:-

"There has been a steady demand for medical loan throughout the year, and the requests for the transit type of wheel chair, which is much more expensive than the ordinary invalid chair, have increased. With today's accent on community care the need for a broad interpretation of medical loan is required particularly since the aim of the service is to enable as much independence for the patient as possible. The close co-operation with health visitors, district nurses, medical social workers and Red Cross members helps with the smooth running of the scheme. In order to get equipment to patients quickly, especially to the elderly living alone, a great number of articles are delivered by Red Cross transport."

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 three previous years for comparison.

	<u>1964</u>	<u>1963</u>	<u>1962</u>	<u>1961</u>
Syphilis	10	13	7	12
Gonorrhoea	60	104	71	66
Other conditions	330	279	260	248

I am indebted to Dr. J. K. Oates, Consultant in Venereology, for the following observations on the work of the special clinic which has a catchment area wider than that of the administrative County of Cambridge.

"During the year 1964 there was a slight rise in the total number of cases of syphilis seen, from 13 to 15, though the number of cases of early infectious syphilis (5) remained the same. Two of these cases of syphilis appeared to have been acquired in the Cambridge area while the remainder were acquired outside the British Isles.

The number of cases of gonorrhoea remained at a similar high level to last year, 98 cases compared with 104. Of these 98 cases five occurred under the age of sixteen. Nearly all cases of gonorrhoea were acquired in the Cambridge area.

The number of cases of non-specific urethritis was 163 and there were seven cases of non-gonococcal urethritis with arthritis (Reiter's disease). The total number of patients attending for the treatment of other conditions was 483. This figure includes the cases of non-gonococcal urethritis."

Towards the end of the year copies of a leaflet prepared by the Ministry of Health in consultation with the Home Office and the Department of Education and Science setting out in simple form some important facts about venereal disease were issued to social workers and other people in positions of influence. The object of the leaflets was to ensure that these people would themselves be aware of the facts so that they might, if they saw fit, pass them on to and encourage the attendance at special clinics of individuals whom they know may have run the risk of contracting venereal disease.

Yellow Fever Vaccination

Twice weekly sessions continued to be held for carrying out the work of yellow fever vaccination of persons going abroad to certain countries and 690 persons were vaccinated, an increase of 67 on the figure for 1963.

MENTAL HEALTH SERVICE

The Authority's services for the mentally subnormal took a significant step forward during the year with the opening on the 16th November of the Junior Training Centre and Hostel, Hawkins Road. Edmund House, Milton, a home provided by the Cambridge Society for Mentally Handicapped Children for mentally subnormal men and women, opened on the 10th August. Mentally subnormal children under 16 years of age attending the Coldham's Lane Training Centre, were moved to the new Junior Centre and the Coldham's Lane Centre, incorporating the Cambridgeshire Mental Welfare Association's sheltered workshop, became a solely Adult Centre.

For the Junior Training Centre, the Council were fortunate in securing the services of Mrs. P. Dorow as Supervisor and Mrs. J. Strong as Warden, for to them fell the task of getting the Centre and Hostel off to a good start. Staff and pupils have settled down well and the work being done has attracted favourable comments from medical officers engaged in other psychiatric services. This Report would be incomplete without recording appreciation to the County Architect's Department for the excellent building they have provided and to the Education and Welfare Departments for advice in the selection of the equipment and furnishings.

Speech therapy continued to be a feature of the general health services made available at the centre and I am indebted to Mrs. P. Emerson for the following report:-

"From January-October 1964 the Speech Therapist attended the Training Centre at Coldham's Lane once a week. During these months 14 children received speech therapy regularly either individually or in very small groups. Some improvement would be noted during treatment but the trainees found this difficult to maintain unless receiving constant help.

When the Junior Training Centre opened in November it was decided to introduce group therapy in order to try and help more children. For a few weeks the speech therapist interviewed and made an assessment of each child's speech condition. It was decided not to attempt speech therapy with children in the Special Care Unit as these children are very handicapped and in many cases not ready for treatment.

The Speech Therapist spends some time in each class giving general exercises, sound work, speech and language stimulation by action rhymes, listening to stories followed by miming and acting by the children. Individual speech therapy is still given to some children but unfortunately there is not sufficient time in one session to give as much help as is required in this direction.

The Speech Therapist has been greatly encouraged and helped in her work by the active interest of Mrs. Dorow and her staff, who continue the practising of speech work in their classes.

P. Emerson."

The Adult Centre, with the benefit of the carpentry and other work being undertaken by the former sheltered workshop of the Cambridgeshire Mental Welfare Association and the fruitful efforts of Mr. E. Spencer, the Supervisor, in obtaining other work, is now busily engaged in various valuable industrial activities. The generous co-operation and patient understanding from those firms who supply the work demonstrates a real desire of the business world to help in the care of the mentally handicapped. The Council agreed to the Association's suggestion that it might be helpful for their trading organisation, Camenwel Workshops, to continue the trading once their workshop had been incorporated into the Adult Centre. The Camenwel Workshops Committee, strengthened by members representing business and trades union interests and two County Council members, met at the end of the year and established a system of a weekly incentive payment for all the adult trainees which in total amounts to the trading income after the purchase of materials has been taken into account.

Edmund House, established by the Cambridge Society for Mentally Handicapped Children at a cost of £25,000 and registered for fourteen residents is now well settled after initial staffing problems. It is noted with great interest that consideration is being given nationally to the establishment of training courses for staff of residential homes, for

that surely is where in the community services there is the greatest shortage of suitable staff. The Council are giving financial assistance for all of the present seven residents in Edmund House including two who during the year were brought into the Council's Guardianship. Not enough can be said in appreciation of the work of the Cambridge Society for Mentally Handicapped Children in providing Edmund House, for although it is through the generous contributions from residents throughout the county that it has been made possible, it would never have been achieved without the great number of hours given each week for several years by many members of the Society.

Other facilities for the mentally subnormal continue to flourish: the Cambridgeshire Mental Welfare Association's Wednesday Evening Class for those who require reading and writing help, the Cambridge Society for Mentally Handicapped Children's Thursday Evening Social Club and that Society's Annual Camp and other social and recreational activities. The Council gave financial assistance for some mentally subnormal patients to have short-term care in private homes, where it was not possible to obtain hospital beds, for the purpose of giving parents and families this much needed rest from the very real burden of a mentally handicapped person requiring constant assistance and care. Disappointingly, the number of persons on the waiting list for permanent hospital care gets no less for there were only 8 admissions during the year and there seems no prospect of a greater number of admissions until the Ida Darwin Hospital becomes available.

The care and after-care service for the mentally ill continues to be that mainly provided by the mental welfare officers. Demands upon them increase the more effective their work becomes, for they become known for what they can offer in support and advice to the patient and his family confused and bewildered by mental illness. A satisfactory trend in the method of admitting patients to hospital where the assistance of a mental welfare officer has been obtained, should be recorded. The proportion of informal admissions to the total number of admissions increased from 33.12% in 1963 to 46.48% in 1964. The proportion of admissions under Section 25 of the Mental Health Act, 1959, the procedure whereby there is fuller consultation between consultant psychiatrist, family doctor, and mental welfare officer also increased, from 17.16% to 23.24%. The emergency admission procedure, Section 29, was used correspondingly less. Continuing the policy of helping to meet the shortage of trained staff, the Council sent another trainee mental welfare officer on a two year General Social Work Training Course.

Winston House continued to play a valuable part in the service for the mentally ill and during the year the Council financially supported a total of twenty one Cambridgeshire residents for periods of rehabilitative care ranging from a few weeks to several months. The Monday Evening Club and the Tuesday Afternoon Club flourish as therapeutic social clubs and tribute must be paid to the many voluntary workers who help each week to run the clubs. The Cambridgeshire Mental Welfare Association have at last been fortunate in leasing a property for a home for women who, having had a nervous or mental illness require a permanent place in which to live when once more working and leading a normal life. This should open in early summer of 1965. The home will be without staff and this venture continues the tradition of the Association in pioneering locally ideas that are comparatively new and untried.

A start on the hostel for maladjusted children and young people is not too far off and 1966 should see this long awaited provision meeting the needs of the child psychiatric service of which more is written by the Director of the Child Psychiatric Service elsewhere in this Report.

I should add that I was privileged to be asked to address a meeting in Cambridge of the Royal Society for Health when I chose as my theme "Cambridgeshire's Mental Health Services: A study in statutory and voluntary provisions". The work of the voluntary organisations for the mentally disordered demonstrates forcibly the local concern and compassion for those who cannot be fully healthy and active members of the community. In this connection I record the great pleasure felt by everyone in the statutory and voluntary services alike with the 1965 appointment of The Lady Adrian, for so long a prominent member of the local and national mental health field, a Dame Commander of the Most Excellent Order of the British Empire.

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

<u>Mentally Subnormal Persons</u>	<u>City</u>	<u>County</u>	<u>Total</u>
(a) Admissions to hospital for permanent care during 1964:			
Under Section 60 of the Mental Health Act	-	1	1
Informal patients	4	3	7
(b) Awaiting permanent admission	16	20	36
(c) Admissions to hospitals for periods of temporary care	9	5	14
(d) Temporary care arranged elsewhere and with financial assistance by the Council	16	3	19
(e) Attending Junior Training Centre	25	31	56 (plus 4 out of county trainees)
(f) Resident on a weekly basis in the hostel attached to the Junior Centre	-	2	2
(g) Attending Adult Training Centre	40	37	77 (plus 1 out of county trainee)
(h) Resident in Edmund House	2	5	7
(i) Under Council guardianship	-	5	5
(j) Under guardianship of some other person	1	1	2

	<u>City</u>	<u>County</u>	<u>Total</u>
(k) Receiving home teaching	9	34	43
(l) Total number receiving home visits, including those in the above categories but excluding educationally subnormal school children visited by mental welfare officers	198	222	420

Mental Illness

(a) Hospital admissions during 1964:			
Under Section 25 of the Mental Health Act	22	21	43
Under Section 26 of the Mental Health Act	2	3	5
Under Section 29 of the Mental Health Act	33	18	51
Informal patients	64	22	86
(b) Receiving visits by mental welfare officers at 31st December, 1964	120	68	188
(c) Financial assistance to residents in Winston House at 31st December, 1964	10	-	10

SECTION 29 - HOME HELP SERVICE

This service continued to operate without change in 1964; the central staff consisting of an organiser, assistant organiser and a clerk in both City and rural area.

There was a very slight rise in the number of cases assisted in both City and rural area and the following table gives some account of the work done (the corresponding figures for 1963 are in parentheses).

TABLE 25HOME HELP SERVICE

	City	Rural Area	Total
<u>Number of helps employed at end of year</u>			
(a) Whole time	44 (52)	7 (7)	51 (59)
(b) Part time	129 (129)	241 (245)	370 (374)
(c) Whole time equivalent of (b)	64 (57)	87 (83)	151 (140)
<u>Number of cases where help provided</u>			
(a) Aged 65 or over on first visit in 1964	627 (608)	521 (489)	1,148 (1,097)
(b) Aged under 65 on first visit in 1964			
Chronic sick and tuberculous	62 (155)	160 (156)	222 (311)
Mentally disordered	1 (19)	3 (4)	4 (23)
Maternity	232 (210)	213 (192)	445 (402)
Others	182 (99)	115 (93)	297 (192)
Total	1,104 (1,091)	1,012 (934)	2,116 (2,025)

In September the Home Help Organisers attended the weekend school of the Institute of Home Help Organisers. The theme of the school was "Practical Home Care".

In May County and City home helps attended the Conference of Home Helps at Ipswich. They very much appreciated talks by medical officers on various aspects of the service and the opportunities for discussing their work with home helps from other areas.

Neighbourly Help Scheme

This scheme has now been in operation for eighteen months and is a very valuable supplement to the home help service particularly when by virtue of her proximity to the patient a neighbourly help can pay several visits each day. At the end of the year 27 women were enrolled as neighbourly helps and a further 7 had provided help at various times during the year.

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

The home teacher/welfare officers continued their work with blind, partially sighted and other handicapped persons (excluding the deaf) throughout the year. The establishment of home teacher/welfare officers was unchanged at three in the City, three in the rural area. In the City there has been difficulty in obtaining qualified staff and their most experienced officer is away for a year on a social work course.

BLIND

The following table shows the distribution of blindness by sex and age groups as at 31st December, 1964:-

TABLE 26

<u>Age</u>	City of Cambridge			Rural Area		
	Male	Female	Total	Male	Female	Total
0	-	-	-	-	-	-
1	-	-	-	-	-	-
2	-	-	-	1	-	1
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5-10	-	1	1	1	1	2
11-15	2	1	3	1	1	2
16-20	2	-	2	2	2	4
21-29	5	-	5	-	1	1
30-39	4	3	7	3	3	6
40-49	3	4	7	7	3	10
50-59	8	5	13	15	10	25
60-64	3	9	12	8	8	16
65-69	12	16	28	6	11	17
70-79	17	34	51	11	28	39
80-84	6	23	29	9	15	24
85-89	2	19	21	8	11	19
90 +	2	15	17	2	10	12
Unknown	-	1	1	-	-	-
Total	66	131	197	74	104	178

The total number of blind persons on the registers of the City and the rural area has risen by seven, a rise of nine in the City being offset by a fall of two in the rural area.

In the City, of the cases of blindness aged 16 and upwards, one man was employed as a home worker, 12 men and 3 women were otherwise employed and one man was under - going training for open employment.

In the rural area, two men were employed in workshops for the blind and 17 men and 2 women were otherwise employed. One man was undergoing training for sheltered employment and a woman was undergoing training for open employment. Two men were unemployed but considered capable of work, one in open employment subject to being trained and one in sheltered employment without training.

The following table gives details of cases newly registered during 1964 indicating the cause of blindness. It shows whether treatment was recommended and whether such treatment was carried out:-

TABLE 27

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	-	-	5	2	2	2
Glaucoma	-	-	2	2	2	2
Retrolental fibroplasia	-	-	-	-	-	-
Other	14	5	10	10	10	10

Three of the 17 cases in the City recommended for treatment were, at the end of the year, still awaiting admission to hospital.

Once again the annual outing for the blind was arranged in two parts. The venue this year was Felixstowe and on July 11th approximately 100 blind persons and their guides from the City attended the outing. A similar number from the rural area enjoyed the outing a week later.

The annual party for blind persons was held in the Queen Edith School on September 3rd and 180 blind persons and guides from the administrative area attended.

An ad-hoc committee comprising members of the County and City Councils under the Chairmanship of Alderman Mrs. M. Carter organised these functions. The home teacher/welfare officers have continued to attend meetings of the Rehabilitation Club for the Blind.

PARTIALLY SIGHTED

The following table gives details of partially sighted persons by sex and age groups as at 31st December, 1964.

TABLE 28

Age	City of Cambridge			Rural Area		
	Male	Female	Total	Male	Female	Total
0-1	-	-	-	-	-	-
2-4	-	-	-	-	1	1
5-15	2	1	3	4	2	6
16-20	1	-	1	2	1	3
21-49	6	5	11	3	3	6
50-64	6	5	11	7	3	10
65 +	5	9	14	5	13	18
Total	20	20	40	21	23	44

The total number of partially sighted persons on the registers shows an increase of 19 over the figure for 1963, 9 in the City and 10 in the rural area.

In the City, of the children aged 5 - 15, one, a girl, was attending a special school and two boys were attending ordinary schools.

In the same category in the rural area, two boys and two girls were attending special schools and two boys were at ordinary schools.

Visiting

During the year the City home teacher/welfare officers paid a total of 1,100 visits and gave 58 lessons to blind and partially sighted persons. The corresponding figures for the rural area home teachers were 2,088 visits; 209 lessons.

A weekly craft class is held in the City for blind, partially sighted and other handicapped persons. At these classes a total of 595 lessons was given.

Cambridgeshire Society for the Blind.

The Society, upon whose Council the local authority is represented and with whom the home teacher/welfare officers have a close liaison, continued its activities during the year.

It can offer the type of assistance which may be outside the scope of local authority services and runs a shop in the City for the sale of articles made by blind persons. It operates a Holiday Fund, administers locally the National Wireless for the Blind Fund and maintains two homes in the City for the elderly and invalid blind as well as running a weekly club for blind people.

DISABLED PERSONS

The following table sets out the numbers of disabled persons on the registers of the City and the rural area as at 31st December, 1964:-

TABLE 29

	City of Cambridge			Rural Area			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-5	-	-	-	-	-	-	-	-	-
5-16	1	-	1	2	-	2	3	-	3
16 +	110	140	250	57	102	159	167	242	409
Total	111	140	251	59	102	161	170	242	412

The total number of disabled persons on the registers, 412, represents an increase of 69 over the figure at the end of 1963; 47 in the City and 22 in the rural area.

The annual party for disabled persons was held at the Queen Edith School on September 26th and was attended by 218 persons from the City and the rural area.

At each of the handicraft classes held at the St. Raphael Club, at least two home teacher/welfare officers are present, one from the City and one from the rural area.

Visiting

The City home teacher/welfare officers paid 1,103 visits and gave 70 lessons to disabled persons. In the rural area the corresponding figures were 1,608 visits; 180 lessons.

St. Raphael Club

This voluntary organisation, supported by the County Council and the City Council continued and extended its activities on behalf of the physically handicapped in the area. Meetings are now held six or seven times each month as opposed to once monthly at the time when the Club moved into its purpose built premises in 1963.

Weekly handicraft classes, at which the local authority home teacher/welfare officers attend to give instruction, are held and there is a full programme of recreational activities and entertainment. Outings are organised and arrangements made for parties to go to holiday camps. Of particular importance is the visiting service for the housebound and more recently an arrangement has been introduced for visits of enquiry to be made where a member may be unexplainedly absent from club meetings on several successive occasions.

It is hoped that by the summer of 1965 to provide an extension to the club's building to enable a wider variety of handicrafts to be undertaken which is a measure of the success of this very important voluntary venture.

Car Badges for Severely Disabled Drivers

The scheme for the issue of badges to severely disabled drivers continued in 1964. The object of the badges originally was to facilitate the identification of those drivers who might then be enabled more easily to find suitable parking spaces. On April 1st, 1964, a controlled parking zone, with parking meters, came into operation in the centre of Cambridge. The Order under which the zone is established authorises the granting of certificates of exemption to disabled drivers who need to park within the zone, but who are unable to find off-street parking accommodation within a convenient distance. In this connection the disabled drivers badge, while not of itself sufficient to gain exemption for the driver, is a prerequisite. At the end of 1964, 121 severely disabled persons (69 resident in the City; 52 resident in the rural area) had had badges issued to them. This represents an increase of 42 over the figure at the end of 1964 and no doubt reflects the introduction of the controlled parking zone.

NURSING HOMES ACT, 1963

The Nursing Homes Act 1963 ended with effect from May 14th, 1964, the arrangements whereby certain voluntary hospitals and institutions not carried on for profit were exempted from registration as nursing homes. In Cambridgeshire this necessitated the registration of the Ely Diocesan Home and the Evelyn Nursing Home, a fact which is reflected in the table that follows:-

TABLE 30REGISTERED NURSING HOMES

	Number of homes	Number of beds provided for:-		
		Maternity	Others	Totals
Homes on the register at end of year	5	7	84	91

MEDICAL EXAMINATION OF STAFF

The medical staff of the Health Department continued to undertake the clinical examination of candidates for appointment with the Council, including teaching staff, as well as candidates seeking admission to Training Colleges. X-ray examinations of the chest, where required, continued to be undertaken at the Chest Clinic and the help of the Consultant Chest Physician in this connection is gratefully acknowledged. During 1964, 367 candidates were examined clinically and the majority also had a chest x-ray. This figure is 79 more than that for 1963.

VISITORS TO THE DEPARTMENT

The arrangement whereby administrative trainees of the East Anglian Regional Hospital Board are shown something of the working of the local authority's health and welfare services continued, as had been forecast, in 1964 and in fact two trainees each attended for a fortnight as against the week of the previous year. Once more, appropriate programmes were prepared and the trainees, as well as spending time in the Health Department, were able to see the working of the Welfare Department, the Children Department, the Ambulance Station and the South Cambridgeshire Rural District Council.

Amongst other visitors to the department in 1964 were:

2 Child Care Students

Dr. P. J. White of the Department of Health,
Victoria, Australia.

Professor T. H. Marshall.

Dr. Wafelbakker of the Netherlands Institute for Preventive Medicine.

Dr. J. Craig, County Medical Officer, Louth County Council, who had been granted W. H. O. Fellowship to study the domiciliary services.

Mr. Park Tae Sup, a Korean War Pensions Official.

Dr. Takashi Ota, Director, Osaka Prefectural Toyonaka Health Centre, Japan.

VITAL STATISTICS

Area 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-1964 estimate showed an increase of 4,670 on the figure for mid-1963, an increase of 2,370 in the City and 2,300 in the rural area.

Births

The comparable birth rate of 17.2 live births per thousand population for the Administrative County showed an increase of 0.5 on last year and is 1.2 lower than the average for England and Wales (18.4) which has shown an increase of 0.2 on last year's figure.

The number of illegitimate live births rose from 167 in 1963 to 199 in 1964. Shown as a percentage of the total live births occurring in the Administrative County, the percentage of illegitimate live births is 5.6% (5.0% in 1963). The percentage of illegitimate live births in the City is 6.9% (7.2% in 1963); in the rural area 4.6% (3.2% in 1963).

Stillbirths

The number of stillbirths occurring in the Administrative County rose very slightly, but (in view of the increased number of births) the rate per thousand total births was 13.1 (13.2 in 1963). The rates for the City and the rural area were 10.6 (15.3 in 1963) and 15.1 (11.6 in 1963) respectively.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per thousand live births) has fallen to 10.2 compared with 17.6 in 1963. The rates for the City and rural area are 11.3 (15.6 in 1963) and 9.2 (19.2 in 1963) respectively.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year per 1,000 illegitimate live births) fell to 10.1 from 29.9 in 1963, 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 four weeks of life per 1,000 live births) showed a decrease in the Administrative County from 12.8 in 1963 to 9.0 in 1964. The rate for the City was 10.1 (12.2 in 1963) whilst the rate for the rural area was 8.2 (13.3 in 1963).

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 23.1 (24.4 in 1963); City 21.8 (26.6 in 1963); rural area 24.2 (22.6 in 1963).

Deaths

The comparable death rate for the Administrative County is 9.8 per thousand population; that for England and Wales is 11.3.

It will be noted that once more the greatest causes of death were heart disease (694), cancer (379), and vascular lesions of the nervous system (285).

The number of deaths from cancer of the lung and bronchus fell by 9; a decrease of 8 in males and a decrease of 1 in females. In fact, the number of deaths from cancer of all sites fell by 22 in males; the figure for females rose by 26.

Deaths of persons over the age of 65 amounted to 73.6% of the total deaths, an increase of 0.3% 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.
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
1963	195,340	96,020	99,320	47,540	21,150	30,630
1964	200,010	98,390	101,620	49,000	21,360	31,260

TABLE B

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1964 18.4

County 5 year average (1959-63) - 16.7

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
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
1963	3,356	17.2	0.97	1,478	15.4	0.96	1,878	18.9	0.98	957	20.1	0.94	372	17.6	1.02	549	17.9	1.02
1964	3,541	17.7	0.97	1,588	16.1	0.96	1,953	19.2	0.98	915	18.7	0.94	394	18.4	1.02	644	20.6	1.02

TABLE C

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

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	167	5.0	107	7.2	60	3.2
1964	199	5.6	110	6.9	89	4.4

TABLE DSTILL BIRTHS (Rate per thousand total births)

England and Wales 1964 - 16.3 County 5 year average (1959-63) - 13.9

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	45	13.2	23	15.3	22	11.6
1964	47	13.1	17	10.6	30	15.1

TABLE ETOTAL LIVE AND STILL BIRTHS

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1960	3189	1436	1753	831	348	574
1961	3149	1464	1685	850	333	502
1962	3250	1465	1785	868	380	537
1963	3401	1501	1900	968	378	554
1964	3588	1605	1983	930	401	652

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

England and Wales 1964 - 20.0 County 5 year average (1959-63) - 16.1

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	59	17.6	23	15.6	36	19.2
1964	36	10.2	18	11.3	18	9.2

TABLE G

INFANT MORTALITY RATE (legitimate)
(Rate per thousand legitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	54	16.9	21	15.3	33	18.2
1964	34	10.2	16	10.8	18	9.7

TABLE H

INFANT MORTALITY RATE (Illegitimate)
(Rate per thousand illegitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	5	29.9	2	18.7	3	50.0
1964	2	10.1	2	18.2	-	0.0

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
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
1963	43	12.8	18	12.2	25	13.3
1964	32	9.0	16	10.1	16	8.2

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
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
1963	38	11.3	17	11.5	21	11.2
1964	27	7.6	14	8.8	13	6.7

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
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
1963	83	24.4	40	26.6	43	22.6
1964	83	23.1	35	21.8	48	24.2

TABLE LMATERNAL DEATHS (Rate per thousand total births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1960	-	0.00	-	0.00	-	0.00
1961	1	0.32	1	0.68	-	0.00
1962	-	0.00	-	0.00	-	0.00
1963	2	0.59	-	0.00	2	1.05
1964	-	0.00	-	0.00	-	0.00

TABLE M

DEATH RATES PER THOUSAND POPULATION

England and Wales 1964 - 11.3

County 5 year average (1959-63) - 10.8

	County			City			Rural Area Aggregate		
	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor
1960	1,960	10.5	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
1963	2,128	10.9	0.98	984	10.2	1.06	1,144	11.5	0.91
1964	2,006	10.0	0.98	950	9.7	1.06	1,056	10.4	0.91

TABLE N

TUBERCULOSIS DEATHS (all forms)

(Rate per 1,000 population)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1963	5	0.03	3	0.03	2	0.02
1964	10	0.05	6	0.06	4	0.04

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
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
1963	194	67	181	14	95	36	90	6	99	31	91	8
1964	172	59	207	13	91	35	105	8	81	24	102	5

TABLE P

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

City of Cambridge

	Under 4 weeks and 4 weeks under 1 year		1-		5-		15-		25-		35-		45-		55-		65-		75 and over		All ages		1963	
	M	F	M	F	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	-	2	-	6	-	2	1
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	1	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	2	4	-	-	6	3	13	6	10
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	1	-	-	-	3	-	12	4	15	1	5	2	35	8	36	6
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	5	-	7	-	3	-	18	-	16
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	3	-	1	-	6	-	5
14. Other malignant and lymphatic neoplasms	-	-	1	-	-	-	-	-	-	-	-	1	3	4	7	9	18	20	13	33	43	67	49	52
15. Leukaemia, aleukaemia	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	3	1
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3	-	2	6	1
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	4	14	19	31	51	54	74	66	99
18. Coronary disease, angina	-	-	-	-	-	-	-	-	1	-	3	-	5	1	29	7	36	23	43	49	117	77	110	74
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	2	8	-	5	11	6	11
20. Other heart disease	-	-	-	-	-	-	-	-	-	-	1	2	2	1	3	3	4	1	14	25	24	32	19	39
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	3	6	7	25	14	31	29	33
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1
23. Pneumonia	1	1	-	-	-	-	-	-	-	-	1	-	2	-	-	2	2	5	25	25	31	33	28	20
24. Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	9	1	12	-	19	12	41	13	47	18
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	1	4	2	9	3	5	7
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	2	1	1	3	5	6	6	3
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	2	-	6	2	2
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	2	1	1	1
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	-	5	-	5	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformation	2	2	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	5	3
32. Other defined and ill-defined diseases	5	6	-	-	-	-	-	-	-	-	-	4	1	3	5	-	4	11	11	18	27	42	44	58
33. Motor vehicle accidents	-	-	-	1	1	2	2	-	-	-	1	1	2	-	1	-	1	1	1	1	9	6	6	2
34. All other accidents	-	-	-	-	-	1	1	2	1	1	1	2	1	2	1	1	1	1	5	5	12	12	24	5
35. Suicide	-	-	-	-	-	-	1	-	-	-	2	1	2	-	-	-	1	3	-	-	1	6	7	3
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
ALL CAUSES	7	9	2	-	3	2	5	4	3	5	11	13	27	16	86	42	125	113	196	279	467	483	495	489

TABLE Q
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Aggregate of Rural Districts

	Under 4 weeks		4 weeks and under 1 year		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75 and over		All ages		1963		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	3	1	1	1	
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	-	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	10	15	13	
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	-	-	-	4	1	3	2	5	6	2	2	24	5	31	8	
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	22	
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	5	
14. Other malignant and lymphatic neoplasms	-	-	-	-	-	-	-	-	-	-	-	-	7	7	9	12	10	15	20	15	47	53	57	43	
15. Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	2	2	4	1	
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4	4	
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	3	5	5	3	26	24	35	55	69	88	70	92	
18. Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	-	-	10	2	32	11	41	27	36	34	123	74	150	85	
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	3	13	5	
20. Other heart disease	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2	14	6	44	45	64	35	61	13	
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	5	6	13	21	21	30	32	25	
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
23. Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	33	33	31	
24. Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	1	12	3	10	11	33	17	44	17	
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	6	5	
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	4	2	
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	3	
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	5	2	4	
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	-	5	-	
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
31. Congenital malformation	3	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	4	
32. Other defined and ill-defined diseases	7	4	-	-	-	-	-	-	-	-	-	-	2	2	5	1	11	11	11	20	43	42	43	54	
33. Motor vehicle accidents	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	1	1	2	15	8	4	1	
34. All other accidents	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	1	2	3	10	13	16	9		
35. Suicide	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	1	-	-	-	-	2	5	10	4	
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
ALL CAUSES	11	5	1	1	5	5	1	11	6	3	5	20	12	40	32	87	48	152	125	214	272	545	511	592	552

TABLE B

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Administrative County

	Under 4 weeks		4 weeks and under 1 year		1-		5-		15-		25-		35-		45-		55-		65-		75 and over		All ages		1963	
	M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		M F	
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	3	1	2	-	9	1	3	2
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	2	3	3	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	6	8	9	23	21	21	3
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	-	-	20	26	2	5	4	39	13	67	14
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-	14	-	6	-	36	-	
14. Other malignant and lymphatic neoplasms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	7	-	2	-	17	-	
15. Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	11	16	21	28	35	33	48	90	120	106	95
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	3	3	7	2
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	3	6	6	9	5	8
18. Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	5	13	7	40	43	66	106	123	162	136	191
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	3	61	13	77	50	79	83	240	151	260	159
20. Other heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	4	2	17	8	24	11	24
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3	5	5	18	7	58	70	88	87	80	123
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	4	2	8	12	20	46	35	61	61	58
23. Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
24. Bronchitis	1	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	7	10	45	51	64	66	59	50
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	15	2	24	3	29	23	74	30	91	35
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	6	2	13	3	11	12
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	3	3	2	7	9	12	8	7
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	4	2	3	3	9	2	6
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	-	3	1	7	3	5
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	12	-	13	-	10	-
31. Congenital malformation	5	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
32. Other defined and ill-defined diseases	12	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33. Motor vehicle accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	10	1	15	22	22	38	70	84	87	112
34. All other accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	3	1	24	14	10
35. Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	3	4	3	8	7	22	25	40	14	44
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	4	1	1	3	1	3	11	17	10	6
ALL CAUSES	18	14	3	1	7	5	4	2	16	10	6	10	31	25	67	48	173	90	277	238	410	551	1012	994	1087	1041

TABLE 31A

NOTIFICATION OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1964

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	-	4	-	-	19	-	1	-	24
1-	-	12	-	-	49	-	-	-	61
2-	2	12	-	-	47	-	-	-	61
3-	3	9	-	-	60	-	-	-	72
4-	7	4	-	-	58	-	-	-	69
5-9	23	17	-	-	240	-	-	-	280
10-14	12	11	-	-	30	-	-	-	53
15-24	3	-	-	-	8	-	-	-	11
25 and over	2	-	-	-	3	-	2	-	7
Age unknown	-	-	-	-	-	-	-	-	-
Totals	52	69	-	-	514	-	3	-	638
1963 Totals	43	17	-	-	980	-	13	-	1,053

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	1	-	-	-	-	-	-	2	-	-	3
5-14	2	-	-	-	-	-	-	-	-	-	2
15-44	2	-	-	1	-	-	1	1	1	-	6
45-64	1	-	-	-	-	-	1	2	-	-	4
65 and over	-	-	-	-	-	1	1	-	-	-	2
Age unknown	-	-	-	-	-	-	-	-	-	-	-
Totals	6	-	-	1	-	1	3	5	1	-	17
1963 Totals	9	-	-	-	-	21	2	14	5	1	52

TABLE 31

NOTIFICATION OF INFECTIOUS DISEASE IN THE CITY IN AGE GROUPS, 1964

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	-	1	-	-	10	-	-	1	12
1-	-	6	-	-	21	-	-	-	27
2-	-	6	-	-	29	-	-	-	35
3-	4	4	-	-	35	-	-	-	43
4-	3	4	-	-	39	-	2	-	48
5-9	10	9	-	-	81	-	2	-	102
10-14	6	6	-	-	6	-	1	-	19
15-24	1	1	-	-	-	-	5	-	7
25 and over	2	1	-	-	1	-	5	-	9
Age unknown	-	4	-	-	2	-	-	-	6
Totals	26	42	-	-	224	-	15	1	308
1963 Totals	44	24	-	-	1,628	-	133	2	1,831

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal pyrexia	Ophthalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	-	-	-	-	-	-	-	-	-	-	-
5-14	-	-	-	-	-	-	-	-	-	-	-
15-44	5	-	-	-	1	1	1	-	10	-	17
45-64	1	-	-	-	-	-	3	-	-	-	1
65 and over	-	-	-	-	-	-	-	-	-	-	3
Age unknown	-	-	-	-	1	-	-	-	-	-	1
Totals	6	-	-	-	1	1	4	-	10	-	22
1963 Totals	9	-	-	-	-	17	2	-	32	-	60

EDUCATION ACT 1944

The Health of School Children

SCHOOL HEALTH SERVICE

The section of this report dealing with the health of the school children in the rural area during 1964 is submitted in accordance with Section 92 of the Education Act, 1944. The City of Cambridge is an excepted district under this Act. Details of the service in the rural area are given and commented upon, and figures for the results of the service in the City are given as an appendix (both rural and urban area figures are consolidated for forwarding to the Department of Education and Science), but comments upon the details of the City service are given as part of the Annual Report of the City Medical Officer of Health.

Schools and School Population

At the end of 1964 there were 92 primary schools (including one nursery school), 11 secondary modern schools (one with grammar school stream) and Soham Grammar School in the rural area of the Local Education Authority.

In January 1965, the number of children on the registers of primary and secondary schools was 12,440. There were also 402 boys on the register of Soham Grammar School who form part of the total number under consideration in the School Health Service section of this report.

School Medical Inspection Arrangements

The arrangements for school medical inspection in the rural area continued as detailed in my Annual Report for 1963.

All the secondary schools, Soham Grammar School, and twelve of the larger primary schools, were visited by the medical officers at frequent intervals. In addition to the carrying out of routine medical inspections and re-inspections, children specially referred by members of the teaching staff were seen. The combined populations of these schools equal 57% of the total rural area school population.

The remainder of the primary schools were visited for routine medical inspection at six-monthly intervals, and informal visits were also paid to discuss problems with the school staff. The ideal of at least two visits per term was attained in the majority of schools.

At the end of the year arrangements were being made for the introduction, in the Spring Term of 1965, of the scheme of frequent visits to all schools in the rural area. The number of visits per term will vary from school to school, with a minimum of three visits per term in the case of the smaller schools. At the same time it is proposed that each school medical officer shall be responsible for the schools in particular village college catchment areas. The medical officers will therefore be able to care for the same children throughout their school lives, and in some instances for a longer period where the school doctor is also medical officer to the child welfare clinic.

It is hoped that these improvements to the scheme of school medical inspection will result in the provision of a truly consultative medical service for all the schools in the rural area.

MEDICAL INSPECTION AND TREATMENT

The number of routine inspections carried out shows little change from the previous year - 4,208 in 1964; 4,280 in 1963.

5,313 re-inspections were carried out in 1964, as compared with 5,247 in the previous year.

The medical officers saw 135 children specially referred to them at their visits to the secondary schools and larger primary schools, as well as 573 children who would be due to leave school at the end of the term in which the visit was paid. These children were not due for either routine or re-inspection in that particular term. Thirty-one defects were discovered for which treatment was indicated.

During informal visits to the remainder of the primary schools, the medical officers considered 505 children referred by the school staffs as presenting problems, and found 40 defects requiring attention. In addition, 18 children were seen as "specials" at the routine six-monthly visits.

A total of 581 defects was noted in the 1,231 "specials", the main reasons for referral being Psychological (development 73, stability 137) 210, Vision 82, Developmental 33, Skin 31, Speech 31, and Hearing 28.

Attendance of Parents

The following table shows the proportion of parents attending routine medical inspections:-

Year of birth	Number of children examined	Number of parents attending	% of parents attending
1960 and later	128	102	80.3
1959	1,025	879	85.7
1958	410	333	81.2
1957	422	293	69.4
1956	792	562	70.9
1955	121	81	66.9
1954	67	43	64.2
1953	45	25	55.5
1952	71	14	19.7
1951	809	82	10.1
1950	114	17	14.9
1949 and earlier	204	11	5.4
TOTAL	4,208	2,442	58.0

In the previous year 56.1% of parents attended routine medical inspections. One of the aims of the revised scheme of school medical inspection was to allow the medical staff a better opportunity of getting to know parents, and gain the confidence of the children, and it is interesting to note that since the inception of the scheme the proportion of parents attending has increased by 2% or 3% each year.

Proportion of children Requiring Treatment

The following table shows the proportion of children requiring treatment for defects other than dental disease or vermin at routine medical inspection over the last ten years:-

1955	14.6%	1960	21.5%
1956	12.4%	1961	19.9%
1957	12.4%	1962	14.9%
1958	12.4%	1963	9.6%
1959	14.7%	1964	7.5%

The fluctuations in these figures have been commented on from time to time and comparisons from year to year are hardly possible and would have little validity. The exercise before the medical officers is to record deviations from the normal; this presupposes a definition of normal and of a deviation. All that can be said is that with experience, working as a team, and following many discussions certain principles come to be accepted and the staff settle down to a pattern of recording. The figures over ten years in fact record this, the period 1959 - 1962 being one of staff change and increase.

Physical Condition

A. The following table compares the proportion found to have unsatisfactory physical condition in 1964 with previous years:-

Year	Number of periodic inspections	Unsatisfactory physical condition	%
1955	4,668	8	.17
1956	4,975	32	.64
1957	5,115	24	.47
1958	5,509	20	.36
1959	4,584	57	1.25
1960	4,138	33	.80
1961	4,688	35	.75
1962	4,768	37	.78
1963	4,280	15	.35
1964	4,208	14	.33

B. Eleven children were sent to open air schools for recuperative holidays, one for six weeks, two for four weeks and eight for three weeks.

C. Forty-seven of the diet sheets drawn up by the Dietitian Catering Officer of Addenbrooke's Hospital were issued during 1964.

Skin Conditions

A. Skin conditions found at periodic medical inspections during the last ten years:-

Year	Number of periodic inspections (1)	Found to require treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1955	4,668	77	123	200	4.3
1956	4,975	55	87	142	2.8
1957	5,115	54	108	162	3.2
1958	5,509	45	83	128	2.3
1959	4,584	59	107	166	3.6
1960	4,138	80	82	162	3.9
1961	4,688	84	107	191	4.1
1962	4,768	82	231	313	6.6
1963	4,280	28	123	151	3.5
1964	4,208	17	113	130	3.1

B. Twenty-four children are known to have received treatment for skin conditions during the year (26 in 1963).

The School Health Service referred one child to a hospital clinic on account of a skin condition (1 in 1963).

C. Contagious diseases in school children were notified as follows:-

	<u>1964</u>	<u>1963</u>	<u>1962</u>	<u>1961</u>
Scabies	2	3	2	1
Impetigo	8	5	11	16
Ringworm (body)	4	4	4	2

Nose and Throat Defects

A. Nose and throat defects found at periodic medical inspections during the last ten years:-

Year	Number of periodic inspections (1)	Found to require treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1955	4,668	50	245	295	6.3
1956	4,975	40	258	298	6.0
1957	5,115	38	174	212	4.1
1958	5,509	35	272	307	5.6
1959	4,584	60	352	412	8.9
1960	4,158	58	240	298	7.2
1961	4,688	53	146	199	4.2
1962	4,768	39	435	474	9.9
1963	4,280	12	210	222	5.2
1964	4,208	20	177	197	4.7

B. The following table relates to the number of children noted at routine medical inspection during 1964 to have undergone tonsillectomy:-

BOYS				GIRLS			
Year of birth	No. Examined	No. had tonsill- ectomy	%	Year of birth	No. Examined	No. had tonsill- ectomy	%
1960 and later	69	1	1.4	1960 and later	59	-	-
1959	520	7	1.3	1959	505	8	1.6
1958	218	11	5.0	1958	192	6	3.1
1957	216	25	11.6	1957	206	14	6.8
1956	413	41	9.9	1956	379	39	10.3
1955	66	5	7.6	1955	55	8	14.5
1954	31	6	19.3	1954	36	3	8.3
1953	24	2	8.3	1953	21	4	19.0
1952	56	3	5.3	1952	15	2	13.3
1951	457	51	11.2	1951	352	60	17.0
1950	58	8	13.9	1950	56	9	16.1
1949 and earlier	153	17	11.1	1949 and earlier	51	12	23.5
TOTALS	2,281	177	7.8	TOTALS	1,927	165	8.6

The following table compares the total number of children found in 1964 to have had tonsillectomy with previous years:-

BOYS				GIRLS			
Year of examination	No. Examined	No. had tonsill-ectomy	%	Year of examination	No. Examined	No. had tonsill-ectomy	%
1959	2,472	306	12.4	1959	2,112	224	10.6
1960	2,253	303	13.5	1960	1,885	192	10.2
1961	2,502	337	13.5	1961	2,186	252	11.5
1962	2,558	279	10.9	1962	2,210	204	9.2
1963	2,240	244	10.9	1963	2,040	177	8.7
1964	2,281	177	7.8	1964	1,927	165	8.6

C. Number of children known to have received treatment during the year. Figures for 1963 in parentheses.

Operative treatment:

Tonsillectomy	115	(117)
Other nose and throat conditions	29	(6)
Ear conditions	7	(4)

Non-operative treatment: 43 (27)

The School Health Service referred 24 children to E.N.T. clinics during the year (41 in 1963, 49 in 1962). Of this number 18 were referred as a result of routine audiometry at school as cases of suspected hearing loss.

Hearing

A. The following table relates to the number of cases of defective hearing found at routine medical inspection in the last ten years:-

Year	Number of periodic inspections	Requiring treatment	For observation only	Total	Col. 4 as percentage of Col. 1
	1	2	3	4	
1955	4,668	6	39	45	.96
1956	4,975	14	53	67	1.3
1957	5,115	12	39	51	1.0
1958	5,509	12	66	78	1.4
1959	4,584	23	65	88	1.9
1960	4,138	48	60	108	2.6
1961	4,688	72	75	147	3.1
1962	4,768	74	90	164	3.6
1963	4,280	10	143	153	3.6
1964	4,208	4	179	183	4.3

B. Routine audiometric testing of seven year old children was again carried out in all primary schools in the rural area. In addition, school children of all ages specially referred on account of suspected hearing loss were examined, as were children thought to be educationally subnormal. The following tables detail the results of the tests.

Routine testing of seven year olds

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1958	180	162	174	155	2	4	3	2	1	1
1957	307	343	294	328	7	5	2	8	4	2
1956	115	109	102	99	2	4	4	3	7	3
TOTALS	602	614	570	582	11	13	9	13	12	6

Tests specially requested

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1960	1	-	1	-	-	-	-	-	-	-
1959	39	20	21	14	4	1	4	1	10	4
1958	54	31	29	19	7	4	5	1	13	7
1957	41	34	28	23	1	5	3	1	9	5
1956	49	34	32	23	4	4	6	6	7	1
1955	33	21	22	9	2	1	1	4	8	7
1954	24	13	15	6	3	4	2	3	4	-
1953	8	9	3	4	1	-	1	3	3	2
1952	6	4	2	3	1	-	-	-	3	1
1951	16	11	9	8	2	-	1	2	4	1
1950	1	-	1	-	-	-	-	-	-	-
1949	2	2	-	2	-	-	1	-	1	-
1948	4	5	3	3	-	1	-	1	1	-
1947	1	2	1	2	-	-	-	-	-	-
TOTALS	279	186	167	116	25	20	24	22	63	28

Re-tests of children failing on first examination

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1959	16	7	3	1	2	2	4	-	7	4
1958	27	17	9	6	2	2	2	-	14	9
1957	26	29	12	10	5	4	4	5	5	10
1956	18	17	10	10	2	1	1	4	5	2
1955	8	9	3	3	-	-	2	3	3	3
1954	6	6	3	3	2	-	-	3	1	-
1953	7	3	5	2	1	-	-	1	1	-
1952	4	-	3	-	-	-	-	-	1	-
1951	5	2	1	-	1	1	1	1	2	-
1950	-	-	-	-	-	-	-	-	-	-
1949	1	-	-	-	-	-	-	-	1	-
1948	2	-	-	-	-	-	-	-	2	-
TOTALS	120	90	49	35	15	10	14	17	42	28

Of the 1,216 seven year old children routinely tested, a total of 64 failed to pass the test with one or both ears, a proportion of 5.3% (6.2% in 1963). A higher proportion of the children specially referred were found to fail the first test - 39.1% (41.1% in 1963).

Of the children failing to pass on first examination, 210 were retested during the year; this figure includes some cases carried forward from the previous year. Eighty-four, or 40.0% were found on retest to have no hearing loss.

C. The Health Visitors carried out screening tests of the hearing of 846 seven month old children. Of this number 556 were considered to be at risk. Eight children failed to pass the tests and were referred for more detailed assessment to the Teacher of Children with Impaired Hearing. Six children had been seen by the end of the year; three had little or no hearing loss and the other three were referred to hospital departments for further investigation. One of the latter three children was found to be severely deaf, and was provided with a more powerful hearing aid than that obtainable from the National Health Service. The provision of special educational treatment for this child will need to be considered at the appropriate time. The remaining two children were found to be mentally retarded, and no decision has yet been made with regard to their hearing.

D. Six children from the rural area were attending units for children with impaired hearing attached to ordinary schools in the City of Cambridge.

E. The special audiology clinic was held at Addenbrooke's Hospital at fortnightly intervals during 1964. It was attended by members of the hospital staff, school medical officers from the City and the rural area, and by the peripatetic teacher of children with impaired hearing.

F. I am indebted to Miss M. Fenner, peripatetic teacher of children with impaired hearing, for the following report on her work during 1964.

"It has been satisfactory to note the 'settling down' of the service to the deaf within the peripatetic field during its second year of functioning. The co-operation within the County of screening and assessment has meant that many more pre-school children are being referred, and where it has been found that the child has a hearing loss, the appropriate training and advice is being given at a much earlier age. The majority of children referred have been under two years, and the resulting general awareness of the possibility of deafness has been conveyed to the parents as a whole, and they have been very watchful and co-operative.

Where necessary, hearing aids have been issued; a number of children have needed- and have received - aids of more power and selective performance than that offered by the Medresco Aid. Some children have very successfully adapted to wearing the post-aural hearing aid. These have been especially successful and beneficial with children of school age who have become partially deaf and whose resistance to a body worn aid had made the issue of one - and the time spent in training - of doubtful value. Several pre-school children, who are profoundly deaf, are wearing two specially selected aids and are making satisfactory progress.

We now have five speech training units on 'permanent loan' in the County and some very good work is being done by the mothers of the babies to whom they were allocated. Two more will be required in the near future. The purchase of a portable audiometer has saved much time in assessment, especially with the babies, who can respond much more happily at home than in a clinic situation.

So far, it is still possible to give each child a teaching period of one hour per week. In most cases this has been adequate to help mother and child. In one case only has the time been broken into two separate sessions of 30 minutes, because the child was not responding fully. Another child, 'in care' and 'difficult' was visited three times weekly until he was withdrawn to the assessment centre at Belmont.

A profoundly deaf child, also spastic, has been visited four times a week at school. He has now been accepted for trial at a residential school that can cater for both disabilities, and will be admitted next September.

The evening classes held for the two adolescent girls were continued during the Spring term to complete the sessions. As a result of these

classes, one girl was issued with a second aid and now uses the residual hearing in both ears.

It is very encouraging to note that a severely deaf girl has passed the 11 plus examination, and after consultation with the various people concerned, she was admitted to the County High School where - so far - she is holding her own.

During the year, various conferences and meetings relevant to the work have been attended. Visits were made to the Partially Deaf Unit at Ingfield Manor School and the Wilfred Pickles School. A visit was also made to Gray's Inn Road Clinic, where some of our children have been referred.

The parents of the deaf children within the County have shown some interest in forming a branch of the National Deaf Children's Society, and as a preliminary move, were invited to attend the Bedfordshire meeting, where Mr. Michael Read was the speaker.

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
No. of children visited	43	37	80
No. of children 0 - 5	26	22	48
No. of children 5 - 16	17	13	30
No. of children 16 +	-	2	2
No. assessed not deaf			33
No. receiving weekly visits			21
No. receiving periodic visits			10
No. transferred to P/D Unit			3
No. referred to West Suffolk			3
No. withdrawn			3
(1 to Belmont			
1 to Huntingdonshire			
1 to Bedfordshire)			
No. of children assessed after several visits as having a hearing loss but needing no special supervision			10

Of the above children receiving weekly tuition, 4 are at the Palace School, Ely, referred from other counties, and 1 at a primary school, Ely, 1 at a secondary school.

No. of visits made	707
+ home visits in the evening	12
+ evening class sessions	17
	736

M. Fenner. "

Defective Vision and Squint

A. The following table shows the number of cases of defective vision (excluding squint) found at periodic medical inspection for the past ten years:-

Year	Number of periodic inspections (1)	Requiring treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1955	4,668	236	513	749	16.1
1956	4,975	250	565	815	16.4
1957	5,115	245	609	854	16.7
1958	5,509	293	679	972	17.6
1959	4,584	162	571	733	16.0
1960	4,138	220	321	541	13.7
1961	4,688	190	332	522	11.1
1962	4,768	172	690	862	18.1
1963	4,280	155	657	812	19.0
1964	4,208	161	498	659	15.7

B. Cases of squint found at periodic medical inspections during the last ten years:-

Year	Number of periodic inspections (1)	Requiring treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1955	4,668	25	80	105	2.3
1956	4,975	16	86	102	2.1
1957	5,115	17	84	101	2.0
1958	5,509	15	113	128	2.3
1959	4,584	19	83	102	2.2
1960	4,138	26	35	61	1.5
1961	4,688	16	40	56	1.2
1962	4,768	49	106	155	3.2
1963	4,280	38	103	141	3.3
1964	4,208	50	74	124	2.9

C. This table relates to the testing, by school nurses, of the vision of children aged nine to twelve:-

Year of birth	Number tested			Number failed		
	Boys	Girls	Total	Boys	Girls	Total
1957	1	-	1	1	-	1
1956	29	36	65	2	1	3
1955	257	247	504	12	17	29
1954	455	432	887	23	21	44
1953	421	386	807	13	21	34
1952	262	224	486	14	8	22
1951	70	70	140	1	3	4
TOTALS	1,495	1,395	2,890	66	71	137

The children who fail the tests carried out by the nurses are referred to the medical officers for examination at school medical inspection, and during the year 141 children were examined. Of this number the medical officers considered that 111 had a defect of vision. 64 have been referred to eye specialists and the remaining 47, who are not considered to require treatment at present, are being kept under observation at school medical inspection.

It should be noted that the nurses do not test children already known to have a visual defect.

D. The following tables relate to children referred by the School Health Service to Dr. A. R. Wade for the examination of eyes:-

No. of Children Examined		
Old Cases	New Cases	Total
715	246	961

Treatment Recommended						
Glasses prescribed for first time	Lenses changed	To continue present glasses	Glasses discontinued	Orthoptic treatment	Other treatment	No treatment
166	220	420	21	40	8	121

Defects Found - New Cases Only					
Myopia	Squint	Astigmatism	Hypermetropia	Other defects	No defects
88	19	7	65	5	77

In addition to cases seen by Dr. Wade, the School Health Service referred 52 children to the eye clinics at Addenbrooke's Hospital and Newmarket General Hospital and the Ely Eye Clinic. It is known that 302 children attended the hospital departments or were seen under the general arrangements of the National Health Service, and that glasses were prescribed for 272.

Orthopaedic Defects

Fifteen children are known to have attended hospital orthopaedic clinics during the year (13 in 1963).

The School Health Service referred 1 child to an orthopaedic clinic (4 in 1963).

Children with Emotional Disturbances and Educational Difficulties

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

"The year ending December 31, 1964 has seen the Child Psychiatric Service once again working to full capacity. There have been a number of staff changes, notably the resignation of Dr. Whitehead to take up a new post as Consultant Child Psychiatrist for the Peterborough area, centred at Peterborough Memorial Hospital.

The table below shows the number of new cases seen during the past three years from the City and County of Cambridge.

City				County		
Year	Chesterton	Addenbrooke	Total	Chesterton	Addenbrooke	Total
1962	74	20	94	59	27	86
1963	69	30	99	78	17	95
1964	85	15	100	98	23	121

It will be noted that there has been a steady overall increase in patients seen from both areas over this three-year period, and that this has been more marked in the County. Particularly striking is the continuation of the trend in the County for a large proportion of the new cases seen to be

referred by the School Medical Officers, in contra-distinction to the City, where a much larger number of patients are sent by their general practitioners and other agencies. In both areas, roughly the same proportion of new cases seen during the year have been taken on for observation or treatment.

Parallel with the increase in the number of new patients seen over the past three years, it has been found necessary to take on for observation and treatment a greater proportion of the patients seen. The table below shows this increase in the numbers for both areas: these figures include patients still under treatment from previous years.

Year	City	County
1962	131	113
1963	165	134
1964	211	201

Over and above the clinical commitments of the Child Psychiatric Service, we have continued to undertake lectures and discussion groups with University, medical and social work departments. Informal discussions with speech therapists and remedial teachers have been held in previous years. The institution of a weekly meeting in the clinic with school doctors from the City and County, Mr. Conochie the Educational Psychologist, and members of the clinic staff has proved of the greatest value. It has strengthened liaison between the various departments and has facilitated the free exchange of ideas and suggestions in regard to particular cases.

It is particularly pleasing to know that plans are now going ahead for the erection of a hostel for maladjusted children. There is no doubt that when this is completed, psychiatric, medical and educational treatment will be available for children whose needs have not been met in the past. It will, I hope, be possible to do away with placement of maladjusted children far from their homes where no adequate family support and supervision can be carried out. I would like to express gratitude to the people who have made this possible, in particular to the late Mr. R. H. Crompton, County Architect, who did so much to formulate our medical needs into a workable institution.

Again our thanks are due to the co-operation of the Medical and Education Departments, and it would be true to say that this help has done much to improve the efficiency of the Child Psychiatric Service.

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

Consultant Child Psychiatrist."

During the year, in the rural area, the School Health Service referred the following cases to the Child Psychiatric Clinic:-

<u>Type of Case</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Behaviour disorders	20	7	27
Habit disorders	1	1	2
Nervous disorders	4	1	5
Educational failure	5	6	11

The following tables prepared by Dr. Glennie detail the referrals to his department from all sources for the rural and urban areas:-

New Cases examined in 1964

Chesterton Child Psychiatric Clinic					Addenbrooke's Hospital			
Source of Cases	No. exam.	Notif. to SMO	Treat-ment	Obser-vation	Source of Cases	No. exam. to SMO	Notif. to SMO	Treat-ment
School Medical Officers	56	56	37	13	School Medical Officers	5	5	4
General Practitioners	14	7	10	3	General Practitioners	14	5	11
Consultants	6	1	5	-	Consultants	2	2	1
Juv. Court Magistrates	4	1	1	1	Juv. Court Magistrates	-	-	-
Others	18	6	10	4	Others	2	2	1
	98	71	63	21		23	14	17
Cases carried forward under observation or treatment 1964								
Chesterton Child Psychiatric Clinic					Addenbrooke's Hospital			
Source of Cases	Number seen	Notif. to SMO			Source of Cases	Number seen	Notif.	
School Medical Officers	49	48			School Medical Officers	3	3	3
General Practitioners	16	11			General Practitioners	19	13	13
Consultants	4	3			Consultants	4	3	3
Juv. Court Magistrates	4	4			Juv. Court Magistrates	-	-	-
Others	10	5			Others	1	-	-
	83	71				27	19	19

Total number of new cases examined: 121

Number of new cases taken on for observation or treatment: 101

Total number of cases under observation or treatment 1964: 201

CAMBRIDGE CITY CHILDREN

New Cases referred and examined in 1964

Chesterton Child Psychiatric Clinic					Addenbrooke's Hospital			
Source of Cases	No. exam.	Notif. to SMO	Treat-ment	Obser-vation	Source of Cases	No. exam.	Notif. to SMO	Treat-ment
School Medical Officers	20	20	14	4	School Medical Officers	-	-	-
General Practitioners	57	15	32	4	General Practitioners	8	5	8
Consultants	4	-	2	-	Consultants	6	2	5
Juv. Court Magistrates	10	3	4	2	Juv. Court Magistrates	-	-	-
Others	14	5	12	1	Others	1	1	1
	85	43	64	11		15	8	14

Number of Cases carried forward under observation or treatment 1964

Chesterton Child Psychiatric Clinic					Addenbrooke's Hospital			
Source of Cases	Number seen	Notif. to SMO			Source of Cases	Number seen	Notif.	
School Medical Officers	21	21			School Medical Officers	-	-	-
General Practitioners	45	34			General Practitioners	24	11	
Consultants	5	4			Consultants	5	2	
Juv. Court Magistrates	3	1			Juv. Court Magistrates	-	-	
Others	18	9			Others	1	-	
	92	69				50		13

Total number of new cases examined: 100

Number of new cases taken on for observation and treatment: 89

Total number of children under observation or treatment: 211

The importance of the early detection of educational difficulties cannot be over-emphasised. Nor can the fact be stated too often that an educational difficulty is not an entity but must carry with it some emotional involvement. The point constantly to be borne in mind with the child in educational difficulty is whether an emotional problem of whatever aetiology is causing the difficulty, or whether the difficulty, whatever its cause, is also causing an emotional disturbance.

The complexity of services available which endeavour to prevent the occurrence on the one hand, and treat promptly the problem disclosed on the other, need to be constantly borne in mind lest there be failures in communication from one group of workers to another. None can work in isolation, each has a part to play, none is an end in itself. The formidable list of those concerned - child psychiatrists, psychologists, educational psychologists, social workers, school doctors, general practitioners, health visitors, school teachers, teachers of the deaf, speech therapists, remedial teachers, audiometricians, hospital consultants - points succinctly the problem of seeing that at all times the patient and his parents are obtaining the best this complex service can offer.

Previous reports have dealt extensively with the work of the Educational Psychologist and the Remedial Teachers. Mention has already been made of the success of the special classes at Melbourn, Sawston and Soham.

The following figures for the period 1st September 1963 to 31st August 1964 outline the extent of the work carried out:-

(Last year's figures are given in parenthesis)

Children seen by Psychologist

TABLE I

<u>Source of Referral</u>	<u>County</u>	<u>City</u>	<u>Total</u>
Chief Education Officer	14 (18)	23 (22)	37 (40)
Head Teachers	69 (69)	34 (31)	103 (100)
School Medical Officer	44 (37)	12 (25)	56 (62)
Parents	3 (1)	- (1)	3 (2)
Others: e.g. Child Psychiatric Clinic, Remedial Teachers	8 (11)	7 (6)	15 (17)
<u>Total</u>	<u>138 (136)</u>	<u>76 (85)</u>	<u>214 (221)</u>

TABLE II

<u>Reason for Referral</u>	<u>County</u>	<u>City</u>	<u>Total</u>
Referred because of Educational problems	72 (81)	38 (35)	110 (116)
Referred because of behaviour problems	50 (33)	19 (15)	69 (48)
Referred for Educational advice	8 (9)	6 (3)	14 (12)
Referred for Assessment of Intelligence	8 (13)	13 (32)	21 (45)
<u>Total</u>	<u>138 (136)</u>	<u>76 (85)</u>	<u>214 (221)</u>

TABLE IIIAge Range

	-5 yr.	5	6	7	8	9	10	11	12	13	14	14+	Total
County	-	9	9	28	20	17	12	13	8	10	4	8	138
City	-	3	5	9	12	11	5	5	8	3	4	11	76
Total	-	12	14	37	32	28	17	18	16	13	8	19	214
	(2)	(5)	(6)	(37)	(38)	(36)	(27)	(22)	(11)	(13)	(17)	(7)	(221)

TABLE IVI.Q. Range

	-70	70-79	80-89	90-99	100-109	110-119	120-129	130+	Not req. invest.	Total
County	16	17	28	35	22	13	4	3	-	138
City	21	12	18	9	11	-	4	1	-	76
Total	37	29	46	44	33	13	8	4	-	214
	(42)	(43)	(30)	(42)	(39)	(16)	(4)	(4)	(1)	(221)

TABLE V

	<u>County</u>	<u>City</u>	<u>Total</u>
Advice to Heads and parents	24 (29)	19 (21)	43 (50)
To be reviewed within a specified time	13 (3)	3 (6)	16 (9)
To be seen by Remedial Teacher	38 (26)	16 (6)	54 (32)
Recommended for residential placement	4 (-)	4 (4)	8 (4)
Recommended change of school	2 (2)	4 (4)	6 (6)
Recommended for special educational treatment	2 (1)	3 (19)	5 (20)
Further investigation by specialist required	6 (2)	1 (6)	7 (8)
No further action considered advisable or possible	24 (45)	9 (7)	33 (52)
Recommended for psychiatric investigation	25 (28)	17 (12)	42 (40)

TABLE VI Children referred for Special Classes

Referred for remedial work	4	
Referred for Special Classes	10	
Referred for Training Centre	1	Total 15
Review - remain in Special Class	5	
Transfer to ordinary class	3	Total 8

TABLE VII Swavesey Survey

Recommended for Special Class	4	
Recommended for Remedial work	7	Total 11

TABLE VIII Children seen by Remedial Teachers - County

Number of remedial teachers	3	(2)
Number of schools which have received help	48	(27)
Number of children who have received remedial help	361	(162)
Age range of children	6-11	(7-11)
Children discharged	70	(91)
Average increase in reading ability	1.6	(2.3)

TABLE IX Age Range

<u>6-7 years</u>	<u>7-8 years</u>	<u>8-9 years</u>	<u>9-10 years</u>	<u>10-11 years</u>
21	99	95	76	70
	(17)	(47)	(54)	(44)

TABLE X City

Number of Remedial Teachers	2
Total number of cases	165
Number of children carried forward from 1963/64	50
Number of children taken on	115
Number of children discharged	108
Number of children retained for 1964/65	57

Educationally Subnormal Pupils

At the end of 1964, 42 children from the rural area were attending the Lady Adrian School in Cambridge. Despite the fact that the number of places available at this school for children from the rural area has increased from ten to forty-two during the past 5 years, the waiting list is again of unsatisfactory length. Ten children are at present awaiting places at this school.

A number of the 42 places at present occupied by children from the rural area are allocated on a temporary basis.

No difficulty was experienced in the placement of children in residential special schools during 1964. At the end of the year no children were awaiting places in such schools.

Mention was made in the Annual Report for 1963 of the setting up of three special classes for educationally subnormal children at Soham, Sawston and Melbourn. The classes are attached to primary schools in villages where there are village colleges, the village college transport being used by the children attending. During 1964 the Educational Psychologist surveyed another catchment area with a view to the formation of a special class, but it was considered that the small number of children who would benefit did not warrant such provision.

The following tables summarise the results of intelligence tests carried out by the medical staff during 1964:-

* Intelligence Quotients of Children Examined

I. Q.	BORN 1949		BORN 1950		BORN 1951		BORN 1952		BORN 1953		BORN 1954		BORN 1955		BORN 1956		BORN 1957		BORN 1958		BORN 1959		BORN 1960		TOTALS	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
130-134															1										1	
125-129																										
120-124																										
115-120																										
110-114															1		1								2	
105-109															1											1
100-104							1	1				1		2											4	1
95-99												1		3				1							4	1
90-94										1		1	1		1	1									3	2
85-89													1	1		1									1	2
80-84											2		4		1	1									7	1
75-79										1	1			1	1	1									3	2
70-74														1			1	1							2	1
65-69													1	1											1	1
60-64						1											1						1		2	1
55-59																										
50-54																										
45-49																										
40-44																	1			1					1	1
TOTALS						1		1	1		2		5	2	15	3	6	5	1	2				1	31	14

* Tested on Revised Stanford-Binet Intelligence Scale,
Terman/Merrill Form L/M.

Action Recommended by Medical Officer						
Special School	Special Class	Training Centre	Educational Psychologist	Remedial Reading	Review Later	No. Action
4	3	2	2	5	9	20

Speech Therapy

The Senior Speech Therapist has submitted the following report:-

"For the first half of 1964, the Speech Therapy Department was fully staffed. At the end of July, Mrs. Walters-Jones left Cambridgeshire, and it has not yet been possible to fill the vacancy. Some of the more urgent cases from her area have been given regular treatment by the three remaining therapists; some others have been seen and their mothers and/or teachers advised how best to help them at home and at school. Although it would appear from the statistics that 367 children were "under treatment" at the end of the year, i.e. not yet discharged, in actual fact 70 of these from the Western area have had to have their treatment suspended pending the appointment of another speech therapist.

Mrs. Emerson has continued to give one session a week at the Junior Training Centre. From January to the end of October, six children from the Saffron Walden area of Essex were treated in Cambridgeshire in the absence of a speech therapist in their own area.

We have been grateful for the opportunity of attending a Refresher Course and several meetings during the year.

The regular meetings with the staff of the Child Psychiatric Clinic, and with the School Medical Officers, have been most helpful. We have also appreciated the liaison with the Educational Psychologist and Remedial Teachers, the Teachers of the Deaf, and the Plastic Surgeon and Consultant Orthodontist at Addenbrooke's Hospital.

H. HRAMTSOV."

The following tables relate to the work of the speech therapists during 1964:-

A. Cases

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Number not examined at end of 1963	7	5	3	2	10	7
(ii) Number referred for speech therapy in 1964	84	42	65	44	149	86
(iii) Number of children found to require treatment	84	46	60	42	144	88
(iv) Total number treated	226	104	169	80	395	184
(v) Number discharged	86	42	53	31	139	73
(vi) Number under treatment at end of 1964	140	62	116	49	256	111
(vii) Number on waiting list at end of 1964	41	19	16	17	57	36
(viii) Number not examined at end of 1964	2	1	3	1	5	2

B. Speech defects of children examined (Section A(iii) above)

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Cleft Palate	1	-	-	2	1	2
(ii) Sigmatism	11	7	18	14	29	21
(iii) Partial deafness	-	-	-	-	-	-
(iv) Other defects of articulation and language	50	33	27	20	77	53
(v) Stammer	12	5	8	6	20	11
(vi) Voice disorders	1	-	-	-	1	-
(vii) Other defects	9	1	7	-	16	1
TOTALS	84	46	60	42	144	88

C. Cases closed during 1963 (Section A(v) above)

1. After Treatment

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(a) Speech normal	36	26	30	14	66	40
(b) Speech improved						
(i) Speech satisfactory	28	4	8	6	36	10
(ii) Left school or district	13	6	6	5	19	11
(iii) Unsuitable for further treatment	5	-	-	1	5	1
(iv) Parents refuse further treatment	1	-	-	-	1	-
(v) Referred elsewhere	-	2	5	-	5	2
(c) No improvement						
(i) Left school or district	3	3	3	2	6	5
(ii) Unsuitable for further treatment	-	1	-	1	-	2
(iii) Transferred elsewhere	-	-	1	2	1	2
TOTALS	86	42	53	31	139	73

2. Removed from Waiting List

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Left school or district	3	3	-	-	3	3
(ii) Spontaneous recovery after advice	9	5	2	1	11	6
(iii) Treatment refused	-	-	-	-	-	-
TOTALS	12	8	2	1	14	9

Other Defects

In addition to the foregoing sections, the following treatments are known to have been received:-

Circumcision	4
Appendicectomy	13
Repair of Hernia	7
Orchidopexy	10
Minor Ailments	42

The School Health Service referred children to hospital clinics (excluding the Child Psychiatric Service) as follows:-

Enuresis	4
Neurological	1

Neglect

Two cases were referred to the N.S.P.C.C., one on account of the parents' failure to obtain dental treatment for their child, and the other for failing to obtain spectacles that had been prescribed.

REPORT OF THE PRINCIPAL DENTAL OFFICER

Rural Area

"Miss Robson was appointed as a full-time school dental officer from August 10th, 1964. Her appointment was, in fact, the first full-time appointment to be made in the rural area since 1954.

A second dental auxiliary commenced duty on the 8th January, 1964.

At the end of the year, the position regarding dental staff was as follows:-

<u>Establishment</u>	<u>Employed</u>
1 Principal Dental Officer (half-time)	1 Principal Dental Officer (half-time)
1 Area Dental Officer	-
2 Dental Officers	1½ Dental Officers
2 Dental Auxiliaries	2 Dental Auxiliaries
5½ Dental Surgery Assistants	4½ Dental Surgery Assistants

Both auxiliaries were employed at the Auckland Road Dental Clinic, as the regulations regarding their supervision made it impracticable to place them elsewhere.

A new mobile dental clinic was ordered to replace the existing model, now some 12 years old, but it had not been delivered at the end of the year. A second mobile clinic is required, as it is obvious that if rural infants are to receive the dental attention they need, the dentist must go to them. The dental auxiliaries' record of broken appointments with infants from rural schools just outside the city boundaries where there are transport difficulties makes this plain enough.

City of Cambridge

During 1964 the Coleridge Dental Clinic was altered from a one to a two surgery clinic and a third Dental Auxiliary works in the new second surgery which is equipped with every contemporary technical facility for dental treatment. Its appearance may be judged from the sound/colour film 'Help Us and Help Yourselves' which was "shot" in it. The film, incidentally, is being shown in schools all over the country to persons generally who eat the wrong foods too frequently.

J. R. TOLLER."

PHYSICAL EDUCATION

The importance of physical education in the development of a healthy physique and alert mind is indisputable; it becomes more so in a day and age when easy availability of transport is a temptation to neglect the growth, development and care of our locomotive system in particular and our other bodily mechanisms in general.

That the Organisers of Physical Education are able to report "Undoubtedly the most exciting feature of primary work during the year has been the provision of portable learner pools and the progress made in swimming instruction." Only three years ago the Education Committee agreed to provide the first small teaching pool as an experiment at Histon, and by a system of generous grant-aid to Parent/Teacher Associations, nineteen such pools are now in use. A separate report on swimming is being prepared but it is appropriate to say that this development has captured the interest of children, teachers and parents, and has enlivened the atmosphere of all the schools concerned. Many more children are learning to swim and if this system of grant-aid can be maintained, perhaps most of them will enter the secondary school able to swim. Two central courses for teachers in swimming instruction have been conducted at the new indoor baths, each attended by over 100 teachers with little previous experience, and the progress made in coaching learners has been marked" is most welcome; it is a poor thing if an island race cannot swim!

One of the aims of physical education should be so to interest children in the use and exercise of their bodies that they wish to continue this pleasure when the stimulus of regular supervised exercise at school is over. It seems to me that the good work done in the schools is hampered in its aftermath by the lack of recreational facilities in towns and villages. The problem in towns is less easily remedied. The fact that urban type development, without attention to the physical recreational needs of children, adolescents and adults, is being allowed to occur in villages can only be regretted.

SCHOOL NURSING SERVICE

A. The following figures relate to the work of nurses in connection with the School Health Service:-

(a) Sessions of medical inspection attended	639
(b) Number of hygiene inspections	272

B. Verminous Inspections

SCHOOL GROUPS	No. of children examined			No. of INDIVIDUAL children found to be infested			No. of visits to Schools by School Nurses
	by School Nurses	by School Medical Officers	Total	At School Nurse Exam.	At S.M.O. Exam.	Total	
Village Colleges and Secondary Modern Schools	794	1,132	1,926	9	-	9	5
Primary and Full Range Schools	21,954	3,076	25,030	55	1	56	267
TOTALS	22,748	4,208	26,956	64	1	65	272

The figure of 65 cases of head infestation, compares with 35 in 1963.

INFECTIOUS DISEASES

Notifiable diseases for the past six years, children aged 5-14.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Diphtheria	-	-	-	-	-	-
Dysentery	18	55	3	10	7	-
Encephalitis, Acute	-	-	-	-	-	-
Erysipelas	1	-	-	1	-	-
Food Poisoning	2	2	5	4	2	-
Measles	1,715	104	781	369	901	270
Meningococcal Infection	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-
Pneumonia	2	2	3	4	2	2
Poliomyelitis, Paralytic	-	-	-	-	-	-
Non-Paralytic	-	-	-	-	-	-
Scarlet Fever	139	75	31	37	48	35
Tuberculosis, Pulmonary	4	2	1	-	-	-
Non-Pulmonary	-	-	-	1	1	-
Whooping Cough	80	53	108	5	27	28

Non-notifiable infection disease reported by Head Teachers, last six years:-

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
German Measles	32	5	49	302	298	55
Mumps	237	180	365	31	93	508
Chickenpox	602	154	128	452	157	268

PROVISION OF MILK AND MEALS, 1964

The arrangements for the supply of milk in schools have continued as before, and in September 1964 there were 9,261 children receiving it, or 77.92% of the total in attendance. Of those in attendance at the nursery school, 92.58% received it; at primary schools, 85.96% and at secondary schools, 62.34%.

The following are the figures relating to the designation of the milk supplied to the schools:-

Tuberculin tested	4
Pasteurised	98
Tuberculin Tested Pasteurised	2
	104

Cooked mid-day meals were available for all schools, and a total of 8,669 children or 72.94% received them. At the nursery school 27.77% took meals; at primary schools 70.58% and at secondary schools, 78.07%.

The number of children receiving free meals on a scale of means approved by the Education Committee was 346.

THE COLLEGE OF ARTS AND TECHNOLOGY

Medical examination of certain entrants to the College of Arts and Technology was, as usual, carried out at the Shire Hall during the summer holidays. The children examined represent a very small proportion of the total entry.

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Number of pupils examined	22	28	50
Defects discovered:			
Defective vision -			
For treatment	1	4	5
For observation	4	4	8
Nose and Throat defects -			
For treatment	-	-	-
For observation	2	3	5
Hearing	-	-	-
Orthopaedic	2	-	2
Circulatory	-	-	-
Skin	2	2	4
Other conditions	1	2	3

No cases of unsatisfactory physical condition were noted.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO
TEACHER TRAINING COLLEGES

The following figures relate to the medical examination of teaching staff by the school medical officers in 1964:-

(i) Entrants to teacher training colleges	46
(ii) Appointed to the Council's staff	86
	132

DEATHS OF CHILDREN OF SCHOOL AGE

Boys

Age	Cause of Death
5	Heart failure during surgical correction of Fallot's Tetralogy.
8	Chickenpox encephalitis.
10	(a) Uraemia, (b) Operation for correction of Fallot's Tetralogy.
15	Left ventricular failure following aortic valve replacement.

Girls

Age	Cause of Death
7	(a) Purulent bronchitis and bronchiolitis, (b) Spastic paralysis of infancy.
9	Heart failure during surgical correction of Fallot's Tetralogy.
14	(a) Cachexia, (b) Multiple secondaries, (c) Sarcoma of eyelid.
15	Chronic myeloid leukaemia.

SPECIAL EDUCATIONAL TREATMENT

The following table relates to children attending special schools, or on the waiting list for admission to special schools.

	1. Blind 2. Partially sighted	3. Deaf 4. Partial hearing	5. Physically handicapped 6. Delicate	7. Maladjusted 8. E.S.N.	9. Epileptic 10. Speech defects	TOTALS
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	
A. Number of handicapped pupils newly assessed during 1964 as needing special educational treatment	- 2	-	3	5	1 18	- 29
B. (i) Number of children included at A who were newly placed in special schools	- 2	-	2	5	- 9	- 18
(ii) Number of children assessed prior to 1964 newly placed in special schools	1	-	3	-	2	- 6
TOTAL B(i) and B(ii)	1 2	-	5	5	- 11	- 24
C. Number of handicapped pupils who on January 21st, 1965 were requiring places in special schools	-	-	-	-	-	-
(a) day	-	-	-	-	10	- 10
(b) boarding	-	-	-	-	-	-
D. Number of handicapped pupils who on January 21st, 1965,	-	-	-	-	-	-
(i) were on the registers of	-	-	-	-	-	-
(a) maintained special schools, day boarding	- 2	- 5	16	5	1 42	- 64
(b) non-maintained special schools, day boarding	-	-	-	-	8	- 15
(c) independent schools under arrangements made by the authority	2 2	-	1 3	1	- 28	- 1 38
(ii) were boarded in homes and not already included in D(i) above	-	-	1	10	12 3	- 26
TOTALS D(i) and D(ii)	2 4	5	21	17	15 81	- 1 146

RURAL AREA

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960 and later	128	127	1	3	10	8
1959	1025	1021	4	20	56	62
1958	410	409	1	10	44	46
1957	422	421	1	19	21	36
1956	792	791	1	39	27	61
1955	121	121	-	4	4	7
1954	67	67	-	8	3	10
1953	45	45	-	3	2	4
1952	71	71	-	5	5	10
1951	809	805	4	28	15	41
1950	114	114	-	4	2	5
1949 and earlier	204	202	2	18	8	25
TOTAL	4208	4194	14	161	197	315

Col. (3) total as a percentage of Col. (2) total 99.67%

Col. (4) total as a percentage of Col. (2) total 0.33%

TABLE B.-OTHER INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,231
Number of Re-inspections	5,313
Total	<u>6,544</u>

TABLE C.-INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,956
(b) Total number of individual pupils found to be infested	65
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

PART II - DEFECTS FOUND BY PERIODIC AND
SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	3	4	10	17	6
		O	49	18	46	113	25
5	Eyes-a. Vision	T	31	31	99	161	32
		O	130	110	258	498	50
	b. Squint	T	29	2	19	50	2
		O	26	15	33	74	9
	c. Other	T	6	1	2	9	3
		O	9	9	18	36	8
6	Ears-a. Hearing	T	3	-	1	4	4
		O	55	29	95	179	24
	b. Otitis Media	T	3	1	3	7	-
		O	10	13	22	45	14
	c. Other	T	1	-	-	1	-
		O	2	3	5	10	1
7	Nose and Throat	T	11	2	7	20	6
		O	81	24	72	177	10
8	Speech	T	16	-	6	22	13
		O	44	9	39	92	18
9	Lymphatic Glands	T	5	-	-	5	1
		O	39	4	26	69	3
10	Heart	T	-	-	-	-	-
		O	10	9	26	45	2
11	Lungs	T	5	1	5	11	-
		O	38	10	32	80	4
12	Developmental-a. Hernia	T	1	-	1	2	-
		O	1	3	4	8	2
	b. Other	T	1	-	4	5	1
		O	72	17	59	148	30
13	Orthopaedic-a. Posture	T	1	-	-	1	-
		O	17	13	13	43	2
	b. Feet	T	7	3	1	11	-
		O	106	21	69	196	14
	c. Other	T	2	5	2	9	-
		O	53	15	49	117	18
14	Nervous System - a. Epilepsy	T	1	-	1	2	-
		O	4	2	5	11	10
	b. Other	T	2	-	2	4	-
		O	12	8	21	41	12
15	Psychological - a. Development	T	1	-	-	1	2
		O	24	17	60	101	71
	b. Stability	T	2	-	1	3	3
		O	84	35	85	204	134
16	Abdomen	T	3	-	2	5	-
		O	7	5	11	23	10
17	Other	T	4	3	1	8	3
		O	29	36	48	113	34

**PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

TABLE A.-EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	1,263
Total	1,268
Number of pupils for whom spectacles were prescribed	658

TABLE B.-DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:-	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	115
(c) for other nose and throat conditions	29
Received other forms of treatment	43
Total	194
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1964	2
(b) in previous years	14

TABLE C.-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	15
(b) Pupils treated at school for postural defects	-
Total	15

TABLE D.-DISEASES OF THE SKIN

(excluding uncleanness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	4
Scabies	2
Impetigo	8
Other skin diseases	24
Total	38

TABLE E.-CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	201

TABLE F.-SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	330

TABLE G.-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	42
(b) Pupils who received convalescent treatment under School Health Service arrangements	11
(c) Pupils who received B.C.G. vaccination	598
(d) Other than (a), (b) and (c) above. Please specify: Hospital in-patient treatment not covered by above tables	34
Total (a)-(d)	685

APPENDIX IIIRURAL AREA

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY
DURING THE YEAR ENDED 31st DECEMBER, 1964

(a) Dental and Orthodontic work**I. Number of pupils inspected by the Authority's Dental Officers:-**

i At Periodic Inspections	2,686)	Total I	4,611
ii As Specials	1,925)		

II. Number found to require treatment 3,789

III. Number offered treatment 3,450

IV. Number actually treated 2,190

(b) Dental work (other than Orthodontics). (NOTE: Figures relating to Orthodontics should not be included in Section (b))

I. Number of attendances made by pupils for treatment excluding those recorded at (c)i below 3,611

II. Half days devoted to:-

i Periodic (School) Inspections	22)	Total II	984
ii Treatment	962)		

III. Fillings:-

i Permanent Teeth	2,625)	Total III	3,658
ii Temporary Teeth	1,033)		

IV. Number of Teeth Filled:-

i Permanent Teeth	2,157)	Total IV	2,940
ii Temporary Teeth	783)		

V. Extractions:-

i Permanent Teeth	304)	Total V	1,176
ii Temporary Teeth	872)		

VI. i Number of general anaesthetics given for extractions 527

ii Number of half days devoted to the administration of general anaesthetics by:-

A. Dentists	-)	Total VI	68
B. Medical Practitioners	68)		

VII. Number of pupils supplied with artificial teeth

8

VIII. Other operations:-

i	Crowns	-	} Total VIII	1,186
ii	Inlays	-		
iii	Other Treatment	1,186		

(c) Orthodontics:-

i	Number of attendances made by pupils for orthodontic treatment	123
ii	Half days devoted to orthodontic treatment	-
iii	Cases commenced during the year	16
iv	Cases brought forward from the previous year	3
v	Cases completed during the year	4
vi	Cases discontinued during the year	-
vii	Number of pupils treated by means of appliances	15
viii	Number of removable appliances fitted	15
ix	Number of fixed appliances fitted	7
x	Cases referred to and treated by Hospital Orthodontics	97

APPENDIX IV

CITY OF CAMBRIDGE

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960 and later	269	264	5	-	10	10
1959	699	692	7	8	72	73
1958	547	540	7	9	63	68
1957	-	-	-	-	-	-
1956	775	772	3	33	71	102
1955	214	213	1	12	15	23
1954	50	50	-	1	-	1
1953	265	263	2	17	23	38
1952	882	870	12	52	115	158
1951	366	364	2	14	40	47
1950	355	355	-	36	35	69
1949 and earlier	1,085	1,071	14	46	105	142
TOTAL	5,507	5,454	53	228	549	731

Col. (3) total as a percentage of Col. (2) total 99.04%

Col. (4) total as a percentage of Col. (2) total96%

TABLE B. - OTHER INSPECTIONS

Notes:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	289
Number of Re-inspections	1,324
Total	1,613

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	27,710
(b) Total number of individual pupils found to be infested	52
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	12
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

PART II - DEFECTS FOUND BY PERIODIC AND
SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	5	7	10	22	4
		O	35	17	36	88	4
5	Eyes - a. Vision	T	17	82	129	228	63
		O	19	22	90	131	16
	b. Squint	T	12	2	1	15	1
		O	15	1	5	21	-
	c. Other	T	1	1	5	7	1
		O	10	6	12	28	5
6	Ears - a. Hearing	T	23	3	30	56	25
		O	20	2	22	44	9
	b. Otitis Media	T	4	-	-	4	-
		O	31	1	9	41	2
	c. Other	T	2	-	-	2	-
		O	5	-	2	7	3
7	Nose and Throat	T	21	4	16	41	6
		O	205	33	127	365	21
8	Speech	T	14	-	4	18	9
		O	19	-	3	22	4
9	Lymphatic Glands	T	-	-	-	-	-
		O	35	-	17	52	2
10	Heart	T	4	5	6	15	1
		O	38	10	21	69	2
11	Lungs	T	5	2	8	15	7
		O	60	9	28	97	11
12	Developmental - a. Hernia	T	1	-	-	1	-
		O	1	-	1	2	-
	b. Other	T	-	1	2	3	-
		O	2	-	6	8	2
13	Orthopaedic - a. Posture	T	4	73	79	156	16
		O	2	4	8	14	1
	b. Feet	T	40	26	65	131	21
		O	36	6	28	70	9
	c. Other	T	5	6	15	26	4
		O	19	27	25	71	5
14	Nervous System - a. Epilepsy	T	1	-	1	2	-
		O	1	1	3	5	-
	b. Other	T	-	-	1	1	-
		O	2	1	11	14	3
15	Psychological - a. Development	T	-	-	1	1	2
		O	25	3	11	39	6
	b. Stability	T	1	-	3	4	4
		O	51	11	48	110	6
16	Abdomen	T	1	-	2	2	-
		O	3	1	11	15	3
17	Other	T	1	10	15	26	4
		O	87	17	78	182	3

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	15
Errors of refraction (including squint)	480
Total	495
Number of pupils for whom spectacles were prescribed	329

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	32
(b) for adenoids and chronic tonsillitis	160
(c) for other nose and throat conditions	47
Received other forms of treatment	3
Total	242
Total number of pupils in schools who are known to have been provided with hearing aids-	
(a) in 1964	1
(b) in previous years	14

TABLE C.-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	11
(b) Pupils treated at school for postural defects	482
Total	493

TABLE D.-DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	9
Impetigo	-
Other skin diseases	5
Total	14

TABLE E.-CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics.	211

TABLE F.-SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	249

TABLE G.-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	380
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,009
(d) Other than (a), (b) and (c) above. Please specify: Hospital in-patients treatment not covered by above tables	225
Total (a)-(d)	1,614

APPENDIX VCITY OF CAMBRIDGEDENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY
DURING THE YEAR ENDED 31st DECEMBER, 1964

(a) Dental and Orthodontic work

I. Number of pupils inspected by the Authority's Dental
Officers:-

i	At Periodic Inspections	8,965)	Total I	10,368
ii	As Specials	1,403)		

II. Number found to require treatment 6,695

III. Number offered treatment 5,939

IV. Number actually treated 4,115

(b) Dental work (other than Orthodontics). (NOTE: Figures relating
to Orthodontics should not be included in Section (b))

I. Number of attendances made by pupils for treatment,
excluding those recorded at (c)i below 10,124

II. Half days devoted to:-

i	Periodic (School) Inspections	67)	Total II	2,221
ii	Treatment	2,154)		

III. Fillings:-

i	Permanent Teeth	5,177)	Total III	8,661
ii	Temporary Teeth	3,484)		

IV. Number of Teeth Filled:-

i	Permanent Teeth	4,546)	Total IV	7,594
ii	Temporary Teeth	3,048)		

V. Extractions:-

i	Permanent Teeth	558)	Total V	2,583
ii	Temporary Teeth	2,025)		

VI. i Number of general anaesthetics given
for extractions 528

ii Number of half days devoted to the
administration of general anaesthetics by:-

A.	Dentists	-)	Total VI	69
B.	Medical Practitioners	69)		

VII. Number of pupils supplied with artificial teeth	53
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VIII. Other operations:-

i	Crowns	12)	Total VIII	21
ii	Inlays	9)		
iii	Other Treatment	-)		

(c) Orthodontics:-

i	Number of attendances made by pupils for orthodontic treatment	286
ii	Half days devoted to orthodontic treatment	-
iii	Cases commenced during the year	39
iv	Cases brought forward from the previous year	26
v	Cases completed during the year	17
vi	Cases discontinued during the year	16
vii	Number of pupils treated by means of appliances	39
viii	Number of removable appliances fitted	64
ix	Number of fixed appliances fitted	2
x	Cases referred to and treated by Hospital Orthodontics	97

