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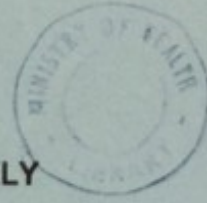
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CAMBRIDGESHIRE AND ISLE OF ELY
COUNTY COUNCIL



ANNUAL REPORTS
of the
County Medical Officer of Health
and
Principal School Medical Officer
for the year
1966

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

Principal School Medical Officer:
M. E. Hocken, M.B., Ch.B., D.P.H.

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VISITORS TO THE DEPARTMENT
VITAL STATISTICS

HEALTH COMMITTEE

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

Alderman T. W. Anthony
 Alderman E. W. Bullman
 Alderman L. Childs
 Alderman R. G. Curston
 Alderman E. Hepher
 Alderman F. H. Jeeps
 Alderman E. W. Parsons
 Alderman H. Payne
 Councillor A. B. Amey
 Councillor E. Briggs
 Councillor D. Q. Fuller

Councillor A. J. Goss
 Councillor K. S. Green
 Councillor H. Hartley
 Councillor B. M. Osborn
 Councillor I. M. Owen
 Councillor H. Palmer
 Councillor D. M. F. Parker-Rhodes
 Councillor H. Tash
 Councillor E. M. Vinith-Williams
 Councillor C. Webb
 Councillor L. Whittaker

Nominated by the Cambridgeshire and Isle of Ely Executive Council:

Councillor H. B. Andrews
 Councillor F. J. Tucker

Dr. H. E. Nourse

Nominated by the Isle of Ely Nursing Association:

H. Burn

Miss J. Tebbutt

GENERAL HEALTH SERVICES SUB-COMMITTEE

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

Alderman E. W. Bullman
 Alderman E. Hepher
 Alderman E. W. Parsons
 Alderman H. Payne
 Councillor A. B. Amey
 Councillor E. Briggs
 Councillor D. Q. Fuller
 Councillor A. J. Goss

Councillor H. Hartley
 Councillor B. M. Osborn
 Councillor I. M. Owen
 Councillor H. Palmer
 Councillor D. M. F. Parker-Rhodes
 Councillor H. Tash
 Councillor E. M. Vinith-Williams
 Councillor C. Webb

Nominated by the Cambridgeshire and Isle of Ely Executive Council:

Councillor F. J. Tucker

Dr. H. E. Nourse

Nominated by the Isle of Ely Nursing Association:

H. Burn

Miss J. Tebbutt

MENTAL HEALTH SUB-COMMITTEE

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

Alderman E. W. Bullman
 Alderman R. G. Curston

Alderman E. Hepher
 Alderman E. W. Parsons

Councillor A. B. Amey
 Councillor E. Briggs
 Councillor A. J. Goss
 Councillor K. S. Green
 Councillor H. Hartley

Councillor D. M. F. Parker-Rhodes
 Councillor H. Tash
 Councillor E. M. Vinith-Williams
 Councillor L. Whittaker

Nominated by the Cambridgeshire and Isle of Ely Executive Council:

Councillor H. B. Andrews

Co-opted Members:

The Lady Adrian, D. B. E. (Died 20th May 1966) Mrs. V. D. Hardy
 Mrs. P. R. Burnet Mrs. M. A. Sole
 Mrs. A. Finbow

GUARDIANSHIP SUB-COMMITTEE

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

Alderman E. W. Bullman
 Alderman E. Hepher

Councillor E. Briggs
 Councillor H. Tash

Matters concerned with the School Health Service are dealt with either by the Northern or Southern Area Management Sub-Committee of the Education Committee

STAFF

(As at 31st December, 1966)

County Medical Officer:

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

Associate County Medical Officer:

M. E. HOCKEN, M. B., Ch. B., D. P. H.

Deputy County Medical Officers:

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

J. C. BURNS, M. B., B. Ch., B. A. O., D. P. H.

Senior Medical Officer:

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

Assistant Medical Officers:

Full-time:

W. A. GARSON, L. M. S. S. A.
 S. JANJUA, M. B., Ch. B., D. P. H.

Part-time:

KATHERINE E. BARCLAY, M. B., B. S.
 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.
 MEHERBANOO H. MASINA, M. R. C. S., L. R. C. P.
 (from 15th September, 1966)

Consultant Chest Physicians

C. E. P. DOWNES, M. R. C. S., M. R. C. P.
 M. J. GREENBERG, M. A., M. B., M. R. C. P.

Joint Principal Dental Officers:	F. E. ADAMS, L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.C.S. (Ed.) J. R. TOLLER, M.S.D., L.D.S.
Area Dental Officers:	J. C. McINTYRE, L.D.S. MARGARET C. McINTYRE, B.D.S.
Dental Officers:	
Full-time:	ELEANOR W. HEWITT, B.D.S. ROSALIND RONAYNE, B.D.S. (Birm.) I. J. STEELE, L.D.S., R.F.P.S.
Part-time:	OLIVE FOULDS, L.D.S.
Dental Auxiliaries:	JUNE R. CAMPE (from 1st September, 1966) ELIZABETH OLDHAM (Resigned 11th March, 1966) GERALDINE L. J. TIBBS
Health Education Officer:	D. T. WILLIAMS, D.P.E., D.H.E.
Teachers of the Deaf:	MEGAN A. FENNER, Dip. Teacher of the Deaf, Cert. Welfare Officer of the Deaf. J. E. WILLIAMS, B.A., Cert. Teacher of the Deaf (from 1st September, 1966)
Lay Administrative Officer:	L. BLY, A.C.C.S., D.M.A.
Deputy Lay Administrative Officer:	I. HUTCHINSON, D.M.A.
Senior Administrative Assistants:	J. GIPSON (March Office) R. E. PARR, A.C.C.S. (Mental Health Service) H. J. SADLER (School Health Service) R. F. SUMMERFIELD (General Health Services)
Ambulance Superintendent:	A. D. PRIOR
Hospital Car Service Organiser:	W. C. SILVESTER
County Nursing Officers:	SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H. Admin. Cert. GWENDOLINE M. SANDERS, S.R.N., S.C.M., H.V., Q.N.
Home Help Organisers:	SUSAN J. L. FORSTER OLIVE B. GREENSLADE
Senior Mental Welfare Officers:	K. D. ARMITAGE R. A. M. REEVE, C.S.W.

Mental Welfare Officers:	HILARY A. CRAMER D. L. RENWICK G. G. WILLIAMS
Home Teacher for Mentally Subnormal:	EDNA M. JOHNSON
Senior Speech Therapist:	* HEATHER G. HRAMTSOV, L. C. S. T.
Speech Therapists:	
Full-time:	* JILL M. DALTRY, L. C. S. T. * P. HINDS, L. C. S. T. (resigned 20th September, 1966) * D. E. KIBBLEWHITE, L. C. S. T. (from 5th September, 1966) * E. B. LOMAX, L. C. S. T. (resigned 31st August, 1966) * ROSEMARY SCOTT, L. C. S. T. (resigned 22nd July, 1966)
Part-time:	M. M. BANYARD, L. C. S. T. (from 7th September, 1966) J. DOCKERTY, L. C. S. T. (from 26th January, 1966)
Educational Psychologists:	E. C. GRAY, M.A., M.Ed., A.B. Ps.S. H. A. W. HUGHES, M.A. (from 1st January to 31st August, 1966)

* Employed both in County 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. A. GAGE, M.B., Ch.B., D.P.M.
Senior Clinical Psychologist:	MRS. M. FARRELL, M.A. (part-time)
Clinical Psychologist:	MRS. A. CUMPSTY, B.A.
Social Worker:	MRS. S. YOUNG, B.A. Cert. Ed.

(Peterborough Memorial Hospital and East Anglian Regional Hospital Board)

Consultant Child Psychiatrist:	DR. B. F. WHITEHEAD, M.A., M.B., D.P.M.
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CITY OF CAMBRIDGE

Under the scheme of delegation which commenced on 1st October, 1960, the City of Cambridge are responsible for the administration of certain health and welfare services in their area. 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.

DISTRICT COUNCILSUrban AreasMedical Officer of Health

Cambridge City Municipal Borough, Kett House, Station Road, Cambridge.	C. G. Eastwood, M.D., B.Sc., D.P.H.
Chatteris Urban District Council, Grove House, Chatteris.	A. S. Watson, M.R.C.S., L.R.C.P.
Ely Urban District Council, Lynn Road, Ely.	K. S. Maurice Smith, M.R.C.S., L.R.C.P.
March Urban District Council, Town Hall, March.	J. C. Burns, M.B., B.Ch., B.A.O., D.P.H.
Whittlesey Urban District Council, Council Offices, Whittlesey.	D. C. Logan, M.B., Ch.B., D.P.H.
Wisbech Municipal Borough Council, Town Hall, Wisbech.	M. D. C. Martin, M.B., Ch.B., D.C.H.

Rural Areas

Chesterton Rural District Council, Gt. Eastern House, Tenison Road, Cambridge.	P. K. Sylvester, M.B., B.S., D.P.H., D. (OBST) R.C.O.G.
Ely Rural District Council, Lynn Road, Ely.	K. S. Maurice Smith, M.R.C.S., L.R.C.P.
Newmarket Rural District Council, Park Lane, Newmarket.	P. K. Sylvester, M.B., B.S., D.P.H., D. (OBST) R.C.O.G.
North Witchford Rural District Council, 74, High Street, Chatteris.	C. Thomas, M.R.C.S., L.R.C.P.
South Cambridgeshire Rural District Council, Council Offices, Hobson Street, Cambridge.	P. K. Sylvester, M.B., B.S., D.P.H., D. (OBST) R.C.O.G.
Wisbech Rural District Council, Council Offices, Alexandra Road, Wisbech.	M. D. C. Martin, M.B., Ch.B., D.C.H.

To the Chairman and Members of the County Council:

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for the year 1966 in accordance with Ministry of Health Circular 1/67.

A brief glance through the report establishes the year as one of vigorous activity ranging from the opening in February of a temporary adult training centre in March, the beginning also in that town of the County's first health centre, the introduction of a full time radio controlled ambulance service throughout the County, to the admission of the first patient to the new Ida Darwin Hospital, Fulbourn, to mention but a few of the outstanding events.

Local authorities and their services are under review and the National Health Service is under continued criticism in the light of social development and change. The findings of the Royal Commission on Local Government are awaited with interest. The Mallaby Committee on staff and the Maud Committee on management have reported at the time of writing; the Seeborn Committee's report on social services is yet to come. The years ahead obviously hold little stability until the effects of all these investigations have been considered and such changes as are necessary implemented. This situation should not, I believe, be used as means of putting off self criticism within authorities and opportunities arising for the improvement of services should not be lost because such and such a report has not yet been received, considered, or its finally agreed recommendations translated into Acts and Regulations. An active progressive organisation is surely one which is constantly reviewing its activities in the light of changing circumstances and grasping opportunities for improvement as and when they arise.

I am requested by the Ministry to comment upon certain facets of the health services and the first of these is the question of progress locally with regard to fluoridation of public piped water supplies. A perusal of the report on page 11 reveals the tangled situation arising when an area is served not only by a number of water undertakings but also where those undertakers obtain their water from a number of sources, and also serve other local authority areas. Not here is there one authority, one area, one source, requiring one set of fluoridation equipment. If fluoridation is to be proceeded with with any expedition, if the determination of successive governments reflects the public wish, then let there be general legislation as has been enacted in the Republic of Eire: only then will rapid progress be made in this vital field of prevention.

Despite criticism of the tripartite administration of the National Health Service, up and down the country varying degrees of co-operation, integration, co-ordination or whatever have occurred, largely dependent upon a community of interest amongst those in the three parts of the service who see the obvious advantages of economical use of personnel and services. In this county we enjoy a great measure of this community of interest in a number of fields and I consider that the report as a whole reveals this, particularly if taken in conjunction with that of last year. To talk in rural areas of attachments or liaison between local health authority staff and general practitioners is merely to comment upon that which has been common practice in rural areas for many a long year. Frequently attachment in the full sense, including a physical movement of

records into general practitioner accommodation as well as attendance there, is impossible owing to lack of facilities. The Local Medical Committee of the former Cambridgeshire County Council and the Local Medical Committee of the present authority have been clearly informed that on request every endeavour will be made to introduce whatever scheme of co-operation is thought most suitable - the response to this open offer has been small. The introduction of health centres should produce situations where the obvious advantages of close co-operation can be seen and reported upon and some of the doubts and prejudices dispelled. In the last report, both by diagram and in the text, the extent of co-operation and integration between services was clearly indicated.

The "At Risk" register, started some years ago, continues to operate satisfactorily and the department is grateful to hospitals, doctors and midwives for their help and co-operation in completing the questionnaires. The national survey of congenital abnormalities observable at birth is functioning adequately. Both these means of endeavouring to ascertain as early as possible deviations from the normal are commented upon on page 29.

The domiciliary midwifery service is seeing some important changes, notably an increase in institutional births. This year 76% of all births to residents in the County took place in hospitals or similar institutions. If this is a continuing trend then both general practitioners and midwives will be in the position of not being able to attend sufficient confinements to hold their place in the field. In the Wisbech area, the Consultant Obstetrician has been discussing with me this problem since 1965 and with the opening in 1967 of a general practitioner unit at the Bowthorpe Maternity Hospital, Wisbech, it is hoped that in the 1967 report a fuller account of these discussions and their outcome will provide interesting reading. The problem is not local and the need for a fresh look at the present design of the total maternity service is urgent. We do not have in the country as a whole such a sufficiency of staff that their skills can in any way afford to be wasted, be it by under employment in their speciality or in being involved in undertaking duties not meriting their skills.

P.p 53-56 present a vital picture of the activities in the field of Health Education which Mr. Williams, his assistant, and their colleagues in many disciplines have developed apace. An enormous field of work is covered and the enthusiasm of those involved is inspiring. The project being discussed with the Cancer Information Centre, Cardiff, should prove a valuable contribution to our knowledge of public attitudes towards cancer (page 55).

During the year, a letter was received from the Ministry of Health giving their latest estimate of the percentage of non-smokers in the community. At the time of writing this report the figure is now estimated to be 46% of the population, a proportion surely now substantial enough to command that the way of life of non-smokers be treated with respect and courtesy, and that ample amenities for the enjoyment of their freedom from addiction be provided. The scene which ranges from the inveterate smoker in a food shop puffing over all the wares and dropping ash, whilst the assistant behind the counter is debarred by law from a similar practice, to the only too frequent lack of non-smoking areas in public places and transport demands attention. How frequently in places of entertainment is the non-smoker's enjoyment marred by the habits of his addicted neighbour to the right, or left, behind or in front. The movement towards smoking being placed in

proper perspective has surely gone far enough for a much stronger lead to be taken by central government.

The opening in October of the Hawthorns, a hostel for maladjusted children marks the start of an interesting programme of treatment and education for this difficult but all too common complaint. It is too early to make any comment. One difficulty, however, has already become manifest, that of obtaining supporting staff for the warden and matron. Since this is a difficulty apparent in other forms of residential care, one is led to believe that the increasing movement towards a five day week makes residential posts unattractive and that the question is not entirely one of salaries, though for the responsibility undertaken and the demands made on the staff, these are often inadequate.

In the last report, the opening of the Ida Darwin Hospital, Fulbourn, for the severely mentally subnormal was envisaged and in May this year, the first patients were admitted. I have little to add to what is said on page 57 except to say that the service Dr. Roberts, the physician/superintendent and the Authority's honorary consultant in subnormality, is rendering to the community both for inpatients and outpatients is most tremendously appreciated.

For the rest of the many aspects of the work of the department, the report speaks for itself. As the months go by the need for centralization of the administration of the department becomes more strikingly apparent and as and when the opportunity arises steps to this end will be taken - the problem of accommodation, already in short supply, is one the surmounting of which is not going to be easily achieved. However, the fact is that a fine spirit runs through all parts of the department and the will to function as a team has enabled a steady growth and development of services to take place.

The staunch backing of the Chairman and his Committee, their sympathetic understanding of the problems and their support are all reflected in the record of these pages.

I am,

Your obedient Servant,

P. A. TYSER

County Medical Officer of Health.

July 1967.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	531,578 acres
Mid-year population (Registrar General's estimate)	294,010
Census population 1961	277,405
Birth rate	15.7
(corrected)	15.5
Death rate	10.4
(corrected)	10.0
Infant Mortality rate	14.9

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1966 at 531,578 acres. Proposals for boundary changes in the Wisbech area with Norfolk and the Newmarket area with West Suffolk have still not been resolved and the exact county boundary remains undetermined. The mid-year population was divided as to 99,830 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University. The population of the county area numbered 194,180. The tables which appear on pages 64 and 65 show that the population of Cambridge City has increased by 560 while the County area shows an increase of 2,420.

Water Supplies

In general a public piped water supply is available throughout the area of the administrative county.

The following three main water undertakers supply the area:-

Cambridge Water Company; Ely, Mildenhall and Newmarket Water Board; the Wisbech and District Water Board.

Whittlesey Urban District obtains its water supply from Peterborough.

Sewerage Schemes

In the area of the Chesterton Rural District sewerage schemes at Over, Swavesey, Willingham, Longstanton, Landbeach and Waterbeach were completed during the year, and a scheme at Coton is expected to be completed in June 1967. Work continued on schemes in Harston, Haslingfield, Hauxton and Harlton, and proposals were completed for the extension of the existing sewerage disposal works at Teversham programmed to start in 1967.

Work on the sewerage disposal works to serve the new village of Bar Hill together with Oakington and Dry Drayton was continued during the year.

In the Newmarket Rural District by the end of the year the Isleham sewerage scheme had commenced and the Swaffham Prior and Reach scheme followed early in 1967.

The Kirtling sewerage scheme proposals were submitted to the Ministry of Housing and Local Government and work was going ahead on the preparation of a scheme for the parishes of Ashley and Cheveley.

The Chippenham scheme was nearing completion and came into operation early in 1967.

During the year the Council agreed to go ahead with the preparation of a sewerage scheme for Wood Ditton and Wicken.

In the area of the South Cambridgeshire Rural District Council, sewer laying was started in the parishes of Foxton and Shepreth and these would eventually drain to a sewerage works which would also cater for the parishes of Barrington and Orwell, schemes for which were in plan stage.

Duxford and Whittlesford sewerage scheme was nearing completion and at the time of reporting the Whittlesford section was in use.

An investigation was held by the Ministry of Housing and Local Government into the proposal to extend the Linton sewerage works and sewer the parishes of Hildersham, Gt. Abington and Lt. Abington. Approvals were received but the sewerage of the three parishes was temporarily delayed pending an improvement in the general economic situation.

Tenders will be obtained for the Hinxton/Ickleton sewerage scheme, drainage from which will be treated along with drainage from adjacent parishes in Saffron Walden Rural District sewerage works to be constructed by that Authority.

Tenders were invited for sewerage the parishes of Steeple Morden and Guilden Morden and it was anticipated that work would start during the latter part of 1967.

A proposal to sewer an area of Bassingbourn which was outside the village envelope was held in abeyance by the Ministry during the present financial restrictions.

A scheme for sewerage the small village of Tadlow was awaiting Ministry approval.

Proposals for sewerage the adjacent parishes of Horseheath and West Wickham continued and the Council's Consulting Engineers were carrying out preliminary works for sewerage Castle Camps, Fowlmere, Thriplow, Gt. Eversden, Lt. Eversden and West Wrating.

In the northern part of the County, application was made to the Ministry for a small extension to the Coveney sewerage scheme by the Ely Rural District Council, and the Council also submitted proposals for schemes at Little Thetford and Aldreth.

In conjunction with the comprehensive regional sewerage scheme prepared by the Wisbech Borough Council and Marshland Rural District Council the Wisbech Rural District Council has prepared plans for serving the built-up parts of the Rural District. The estimated gross cost of this regional scheme is £1,724,940 and the intention is to carry out the work in sections proceeding outwards from the Borough of Wisbech.

In all areas the rate of Council house construction continued at a steady pace during the year and many of the completed projects included bungalows for old people. Re-housing of families from slum clearance properties continued to take place.

Fluoridation of Water Supplies

Circulars 28/62, 12/63 and 15/65 addressed by the Ministry of Health to local health authorities all deal with the question of fluoridation of public piped water supplies. The position in this County at the beginning of the year was that consideration of fluoridating water supplies had been previously deferred by both the former Cambridgeshire County Council and the former Isle of Ely County Council. Following the receipt of a letter and Press statement from the Minister of Health by the Chairman of the Council in November 1965, the matter was again discussed by the Council at the end of January 1966 and the following resolution was passed:-

"That the matter be referred back to the Committee for further consideration and that a factual report by the County Medical Officer and financial statement be made available to guide the Committee in their discussions."

The matter was further considered at a special meeting of the Health Committee in June, when the following resolution was passed:-

"That the matter be deferred until either the Minister of Health makes an Order or Parliament passes legislation on the subject."

This resolution was reported to the full Council at their July meeting and after considerable debate it was resolved:-

"That approval be given in principle to the level of fluoride in public piped water supplies in the area of the Cambridgeshire and Isle of Ely County Council being adjusted to one part per million for a period of five years in the first instance, subject to a scheme being prepared by the Health Committee and submitted to the next meeting of the Council together with a financial statement."

The three Water Boards mainly concerned were informed of the Council's resolution and asked to proceed with the preparation of schemes in detail for the areas covered by their undertakings. The Wisbech and District Water Board stated that it was impracticable to fluoridate supplies in this Council's area without its introduction in Norfolk and that Council had not agreed to the principle of fluoridation. The Cambridge Water Company suggested a joint meeting between certain chief officers of this Authority, those of Huntingdon and Peterborough County Council and themselves. This meeting took place in October and as a result certain technicalities in implementing the Council's wishes had been brought to light and it was felt that the matter should be discussed further with representatives of the Ministry of Health and Ministry of Housing and Local Government.

Such a meeting took place and, as a result, the Engineer of the Cambridge Water Company was considering alternative schemes for implementing the Council's policy. The original estimate of cost was based on a scheme to adjust fluoride levels throughout the whole area of the Company and because of the many sources of supply this presented a number of technical and administrative problems. The Engineer was now considering a programme, the first stage of which would involve the adjustment of the fluoride level of the water supply covering approximately 60% of the population of the Company's area including the City of Cambridge and certain parts of Chesterton and South Cambridgeshire Rural District Councils with further extensions of the scheme to follow.

The Newmarket, Mildenhall and Ely Joint Water Board, though anxious to help further the Council's wishes, indicated that their present engineering programme was such that they were unable at present to undertake the work involved in preparing a scheme.

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

The following is a summary of the progress made during the year in the various health centre projects in the County:-

Bar Hill

Difficulties arose over the provision of a site and discussions about this were still going on at the end of the year. This project is included in the capital estimates for 1967-68.

Fulbourn

Negotiations were still proceeding with the Chesterton Rural District Council for the acquisition of a site at Haggis Gap. This site is earmarked for building an infants' school and it is hoped to build the health centre or all purpose clinic on the same site.

March

Loan sanction for this project was received from the Ministry of Health in January 1967 and work actually commenced on 6th February, 1967. It is expected that the completion date will be October 1968.

Sawston

The Health Committee in March 1967 authorised negotiations to begin with the South Cambridgeshire Rural District Council for the acquisition of a site in Link Road, Sawston.

Littleport

The purchase of a site in Granby Street, Littleport, was approved in March and meetings were held with the general practitioners serving Littleport regarding the sketch plans. Meetings also took place with the Ministry's advisers during December and final plans were approved by the Health Committee in March 1967.

Whittlesey

A site has been obtained off Turners Lane, Whittlesey, for a health centre which is included in the programme for 1967-68.

Soham

This project is included in the programme for 1967-68. It is hoped that the centre may be built at the same time as the new school planned for Soham, but at present there are difficulties over access to the site.

Impington

An all-purpose clinic is planned in the Histon/Impington area and has been included in the ten year plan for 1969-70. The site has still to be determined.

Ely

An all-purpose clinic with two flats for public health nurses is scheduled for 1970-71. No site has yet been obtained.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Combined ante-natal and post-natal clinics were held as follows:

City of Cambridge	Monthly meetings at the Auckland Road Clinic attended by medical officer and midwives.
Ely	Monthly clinic held by general practitioners and attended by midwives.
March	Clinics held by general practitioners at the March Maternity Home, attended by domiciliary and Maternity Home Midwives. Weekly consultant's clinic held for both domiciliary and Maternity Home cases.
Littleport	Weekly combined general practitioner and midwives clinic.
Whittlesey	Weekly ante-natal clinic attended by one firm of general practitioners, and midwives. The midwives hold a clinic for their expectant mothers on the same day.
Wisbech	Weekly ante-natal clinic attended by midwives only.

In addition some of the midwives attended ante-natal clinics held by general practitioners at their surgeries.

The proportion of confinements taking place in hospitals continues to increase. In 1966 76% of the confinements of residents in the County area were in hospitals (74% in 1965). Of the remainder, 757 were booked with their general practitioner and 28 were not.

Attendances at organised mothercraft and relaxation classes in the County area continue to rise but there was a fall in attendances at such classes in the City of Cambridge. An additional class was started at Melbourn during the year.

The arrangements for pre-school clinics in the City of Cambridge were unchanged during 1966 apart from the holding of an additional session each week of the Chesterton Infant Welfare Centre. In the County area a clinic was started at Toft and two existing clinics were moved to premises offering better facilities. Owing to high attendance rates an additional session per week has been started at the Wisbech clinic, and a health visitor session fortnightly at Sawston. Accommodation for pre-school clinics is provided at eight village colleges and three primary schools, and to their Governors and Heads, and to the Chief Education Officer, I extend my gratitude.

Wherever possible it is arranged that the doctor attending a secondary school shall also attend the primary schools in the catchment area and act as medical officer for the pre-school clinics. This system is at present operating at six clinics.

In order to give doctors attending pre-school clinics more time for consultations, approval has been given for health visitors under the doctors' directions to undertake

immunisation and poliomyelitis vaccination of infants attending the clinics. This has proved particularly successful at the Wisbech clinic, which has a very high attendance rate. The scheme will be extended where facilities and staff are available.

Accommodation at the Wisbech Clinic has been made available to the Children's Officer for a weekly Family Advice Centre.

I should again like to record my appreciation of the valuable contribution made to the community services by the doctors and voluntary workers attending the clinics.

The following tables give the locations of clinics in the administrative county and furnish some details of the work done.

TABLE 1

CITY ANTE-NATAL AND POST-NATAL CLINIC

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)
44	2	12	-	-	-	12

TABLE 2

CITY ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	16
		(b)	Domiciliary booked	178
		(c)	Total	194
2	Total number of attendances during the year			668

TABLE 3

CITY INFANT WELFARE CENTRES

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	I.W.C.	Thursday	p.m.
Cherryhinton	Toddler	Friday (once monthly)	a.m.
Chesterton	I.W.C.	Thursday	a.m.
Chesterton	I.W.C.	Thursday	p.m.
Chesterton	Toddler	Friday (once monthly)	p.m.
East Barnwell	Toddler	Monday (once monthly)	p.m.
East Barnwell	I.W.C.	Tuesday	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 CHILD 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 1966	Born in 1965	Born in 1961 to 1964	Total	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)	(11)
1,225	1,097	1,608	3,930	504	227	-	-	731	107	505

TABLE 5COUNTY AREA ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	615
		(b)	Domiciliary booked	180
		(c)	Total	795
2	Total number of attendances during the year			3,096

TABLE 6COUNTY AREA ANTE-NATAL AND POST-NATAL CLINICS

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)
959	114	-	124	311	-	435

TABLE 7

COUNTY AREA INFANT WELFARE CENTRES

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st	Gt. Shelford	Comberton Harston Littleport Milton Whittlesey	Bassingbourn Cheveley Ely Fulbourn Parson Drove Wisbech	Castle Camps Coates Dullingham March Newton nr. Wisbech Swavesey	Chatteris Isleham Melbourn Wisbech
2nd	Gt. Shelford	Barrington Burwell Doddington Haddenham Leverington Littleport Manea Soham Whittlesey	Cottenham Ely Fulbourn Histon Prickwillow Toft Wisbech	March Waterbeach Willingham Wisbech St. Mary	Chatteris Wisbech
3rd	Gt. Shelford	Bottisham Comberton Haslingfield Littleport Milton Whittlesey	Bassingbourn Duxford Ely Fulbourn Wisbech	Balsham Coates Gamlingay Guyhirn March Wilbraham	Chatteris Fordham Linton Melbourn Wisbech
4th	Christchurch Gt. Shelford	Burwell Fowlmere (always last week) Haddenham Littleport Manea Soham Sutton Whittlesey	Black Horse Drove Bourn (always last week) Elm and Friday- bridge Ely Histon Little Downham Wisbech	Gt. Abington (always last week) March Swavesey	Chatteris Wisbech
5th	Gt. Shelford	Littleport Whittlesey	Ely Wisbech	March	Chatteris Wisbech
			Girton +	Sawston + a.m. H.V only + p.m. Doctor Steeple Morden + 1	

+ Alternate Wednesdays with effect from 11th January, 1967

+ Alternate Thursdays with effect from 12th January, 1967

TABLE 8

COUNTY AREA INFANT WELFARE CENTRE ATTENDANCES

CENTRES	Number of children who attended during the year			Number of sessions held during year
	Born in 1966	Born in 1965	Born in 1961-64	
Balsham	37	39	56	12
Barrington	16	29	51	12
Bassingbourn	45	42	42	24
Black Horse Drove	1	4	16	11
Bottisham	27	30	12	11
Bourn	20	25	23	12
Burwell	69	68	112	23
Castle Camps	5	14	22	12
Chatteris	52	61	83	51
Cheveley	14	22	18	12
Christchurch	7	12	12	12
Coates	9	32	11	24
Comberton	74	58	87	24
Cottenham	32	26	79	12
Doddington	14	14	29	12
Dullingham	23	29	53	12
Duxford	37	37	57	12
Elm	25	24	32	12
Ely	110	127	69	51
Fordham	25	14	11	12
Fowlmere	13	21	30	12
Fulbourn	67	80	91	24
Gamlingay	37	26	25	12
Girton	61	59	48	26
Gt. Abington	28	24	56	12
Gt. Shelford	88	100	171	48
Guyhirn	11	8	15	12
Haddenham	20	33	31	23
Harston	15	18	46	12
Haslingfield	22	28	41	12
Histon	54	49	143	24
Isleham	22	23	22	12
Leverington	21	17	21	12
Linton	35	50	49	12
Lt. Downham	10	6	10	11
Littleport	72	43	56	48
Manea	13	32	13	24
March	135	139	87	52
Melbourn	55	67	84	24
Milton	43	74	50	24
Newton, Nr. Wisbech	9	16	9	12
Parson Drove	10	12	23	12
Prickwillow	6	8	13	12
Sawston	117	110	204	34
Soham	65	47	24	21
Steeple Morden	47	65	103	26
Sutton	25	25	3	11
Swavesey	46	49	70	24
Toft	24	30	55	12
Waterbeach	69	46	33	11
Whittlesey	80	65	89	49
Wilbraham	7	7	29	11
Willingham	27	52	20	12
Wisbech	255	220	239	100
Wisbech St. Mary	17	54	21	12

Premature Infants

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

The total number of premature live-births, 231, represents a rate of 49·6 per 1,000 live-births as against a rate of 58·2 for 1965.

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						
	Total Births	Died			Total Births	Within 24 hours of birth	Died		Total Births	Within 24 hours of birth	Died		In Hospital		Born 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				
1. 2 lb 3 oz or less	(1)	(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	3												5		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	18	1	2	1									1		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	15	1							1				3		
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	18				6								4		
6. Total	54	2	2	1	6				1				14	1 not weighed	

TABLE 9A

Premature Infants - County Area

24

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					
					Nursed entirely at home or in a Nursing Home									
	Died				Died				Died				Born	
	Total Births (1)	Within 24 hours of birth (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	6	4	2	-	-	-	-	-	1	1	-	-	6	-
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	7	3	1	-	-	-	-	-	1	-	-	-	6	-
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	36	2	1	-	2	-	-	-	1	-	-	-	7	1
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	31	1	-	-	3	-	-	-	-	-	-	-	1	-
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	70	1	3	-	10	-	-	-	1	-	-	-	3	-
6. Total	151*	12*	7	-	15	-	-	-	4	1	-	-	23	1

* Includes 1 not weighed

Dental Treatment of Expectant and Nursing Mothers and Young Children

The following dental staff were employed in the County area at the end of 1966:-

	<u>Full-time</u>	<u>Part-time</u>
Principal Dental Officers	1	1 *
Area Dental Officers	2	-
Dental Officers	3	1
Dental Auxiliaries	2	-

* Full-time officer shared between Southern area and City of Cambridge.

The major part of the work for the priority groups is carried out at clinics in March, Wisbech, Ely, Chatteris, Whittlesey and Cambridge.

The amount of dental treatment carried out was approximately the same as for 1965. In the Northern area it was possible to offer a comprehensive service for pre-school children and expectant and nursing mothers, while in the Southern area the lack of centres of population in which to site clinics resulted in a reduced demand because of the need for patients to travel greater distances.

The appointment during 1966 of an Area Dental Officer at Ely will have a beneficial effect, as this is the first full-time dental officer appointment to this clinic for many years. It is hoped more mothers and pre-school children will be given treatment, as well as school children, as a result of this appointment. The dental auxiliary at the Wisbech clinic who also took up her duties in 1966, is gradually taking on more and more of the very young children.

The provision of a recovery room to the dental clinic at Cromwell School, Chatteris, has now made it possible to treat mothers at the general anaesthetic sessions at this clinic.

A letter was sent out to the local doctors advising them of the increased facilities for dental treatment of the priority groups that now exist at the Ely and Chatteris clinics. It is hoped that as many patients of this group who require dental treatment and who are not receiving it from the general dental practitioners, will be treated in the school clinics.

In addition to the dental appointments mentioned and following the approval by the Health Committee of the principle that dental anaesthetics should be given by a consultant in that speciality, it is gratifying to report that a consultant anaesthetist has been appointed on a sessional basis at the March and Wisbech clinics. All these appointments enhance the service that can be offered to the priority groups.

(The above appointments will be commented on in the report on the school dental service.)

The following tables give details of the dental treatment of expectant and nursing mothers and young children in 1966.

TABLE 10A

COUNTY AREAPart A. Attendances and Treatment

Number of Visits for Treatment During Year

First Visit

Subsequent Visits

Total Visits

Number of Additional Courses of Treatment other than the First Course
commenced during year

Treatment provided during the year - Number of Fillings

Teeth Filled

Teeth Extracted

General Anaesthetics given

Emergency Visits by Patients

Patients X-Rayed

Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)

Teeth Otherwise Conserved

Teeth Root Filled

Inlays

Crowns

Number of Courses of Treatment Completed during the Year

<u>Children</u> 0-4 (incl.)		<u>Expectant and</u> <u>Nursing Mothers</u>	
1.	211	13.	114
2.	227	14.	284
	438		398
3.	20	15	11
4.	206	16.	212
5.	191	17.	192
6.	121	18.	153
7.	52	19.	21
8.	28	20.	10
9.	8	21.	15
10.	19	22.	50
11.	13		
		23.	-
		24.	-
		25.	-
12.	83	26.	56

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)

Patients Supplied with Other Dentures

Number of Dentures Supplied

27.	20
28.	15
29.	42

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers

30. 29

Part D. Inspections

Number of Patients given First Inspections During Year

Number of Patients in A and D above who required Treatment

Number of Patients in B and E above who were offered Treatment

<u>Children</u> 0-4 (incl.)		<u>Expectant and</u> <u>Nursing Mothers</u>	
A.	218	D.	93
B.	147	E.	90
C.	139	F.	90

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and Child
Welfare Patients:

For Treatment

For Health Education

G. 125

H. 1

TABLE 10B

CITY OF CAMBRIDGE

Part A. Attendances and Treatment

Number of Visits for Treatment During Year

	<u>Children</u> 0-4 (incl.)	<u>Expectant and</u> <u>Nursing Mothers</u>
First Visit	1. 208	13. 32
Subsequent Visits	2. 217	14. 9
Total Visits	425	41
Number of Additional Courses of Treatment other than the First Course commenced during year	3. 20	15. -
Treatment provided during the year - Number of Fillings	4. 309	16. 12
Teeth Filled	5. 224	17. 12
Teeth Extracted	6. 72	18. 37
General Anaesthetics given	7. 26	19. 4
Emergency Visits by Patients	8. 15	20. 1
Patients X.Rayed	9. -	21. 1
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	10. 12	22. 2
Teeth Otherwise Conserved	11. 35	
Teeth Root Filled		23. -
Inlays		24. 1
Crowns		25. -
Number of Courses of Treatment Completed during the Year	12. 124	26. 12

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)

Patients Supplied with Other Dentures

Number of Dentures Supplied

27.	-
28.	3
29.	3

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers

30. -

Part D. Inspections

Number of Patients given First Inspections During Year

Number of Patients in A and D above who required Treatment

Number of Patients in B and E above who were Offered Treatment

<u>Children</u> 0-4 (incl.)	<u>Expectant and</u> <u>Nursing Mothers</u>
A. 53	D. 9
B. 47	E. 9
C. 47	F. 9

Part E. Sessions

Number of Dental Officer Sessions (i. e. Equivalent
Complete Half Days) Devoted to Maternity and Child
Welfare Patients:

For Treatment

G. 45

For Health Education

H. -

Distribution of Welfare Foods

The decline in the demand for welfare foods, which has been noted in previous Annual Reports, continued in 1966 and was particularly marked in relation to National Dried Milk.

The falling off in sales of the various Welfare Foods was a major factor in the closing down in May of the distribution centre for members of the public at the Old Post Office, Petty Cury, Cambridge.

Welfare foods continued to be available at most child welfare clinics and from other distribution points such as shops, private houses or premises hired for the purpose. Much of the work of distribution is undertaken by volunteers and it again gives me pleasure to express my appreciation of their valuable help.

TABLE 11

WELFARE FOODS

	Total issued	
	1966	1965
National Dried Milk (Tins)	18,806	25,130
Cod Liver Oil (Bottles)	3,983	4,511
A and D Tablets (Packets)	4,464	5,539
Orange Juice (Bottles)	69,554	73,428

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 12

DAY NURSERIES

Number of Approved Places		Average Daily Attendance during Year		Number of Children on register at end of year	
40	F.T.	33	F.T.	44	F.T.
3	P.T.	1	P.T.	1	P.T.

(F.T. = full-time; P.T. = part-time)

No financial assistance towards the operation of other nurseries or to daily minders has been given.

At a meeting of the Health Committee early in the year interest was shown in the growing number of registrations under the Nurseries and Child Minders Regulation Act, and a question was asked as to whether this was a national experience and whether it was connected with the lack of nursery school and class provision. In an endeavour to answer these questions a questionnaire was sent to all local health authorities in England and Wales, excluding the area of the Greater London Council. This survey showed that in the five year period ended 31st December, 1965, there had, in the country as a whole been an increase of 106.7% in the number of registered child minders and of 201.2% in the numbers of day nurseries. Of the 129 authorities replying to the questionnaire only six reported any increase in local authority day nursery provision and nine had increased nursery school or class provision during the period. The full results of the survey were published in the Medical Officer on 25th November, 1966.*

At the end of 1966, in this Administrative County, 29 day nurseries provided for 610 children and 24 daily minders were registered for a total of 174 children, an increase in registrations of 26% and 41% respectively over the figure for 1965.

Congenital Abnormalities

The scheme for the notification of congenital abnormalities observable at the time of birth was continued in 1966, malformations being reported to the Health Department on the notification of birth form.

Information on 46 notified cases, which included 9 stillbirths, was submitted to the General Register Office during 1966. The malformations can be summarised as follows:-

Affecting the central nervous system	21 (including 7 stillbirths)
Affecting the limbs	18 (including 3 stillbirths)
Affecting the alimentary system	9 (including 1 stillbirth)
Affecting the uro-genital system	3
Affecting the respiratory system	1
Affecting other systems	9
Other malformations	2

In some cases more than one malformation was observed.

- * DAY CARE OF PRE-SCHOOL AGE CHILDREN - A Survey of Provision made in England and Wales.
R. F. Summerfield and P. A. Tyser.

Hearing

The services for the ascertainment, treatment, training and education of the deaf, which were given in detail in the Annual Report for 1965, remained unchanged in 1966 except for the appointment of a second peripatetic teacher of the deaf.

During the year arrangements were made for Professor Ian Taylor of the Department of Audiology and Education of the Deaf, Manchester University, to hold, in Cambridge, a course of training for health visitors in screening tests of hearing. Six health visitors from the County attended, together with three from the City. The remaining places were taken by staff of neighbouring authorities. In addition, a further three health visitors from the County area were trained in the tests at a similar course held at Bedford in December.

At the end of 1966 there were 1,073 children on the at-risk register. These children, who are considered to be at risk so far as hearing is concerned, are selected from questionnaires completed by midwives and hospital authorities at the time of birth. The information sought in the questionnaire, though directed primarily at discovering children with impaired hearing, reveals children at risk to other abnormalities and at the end of the year consideration was being given to the addition of one or more questions aimed at ensuring the inclusion of wider categories of children who may be at risk to physical and mental handicaps. The existing questionnaire has formed the main source of information for the completion of the at risk register, other sources being, for example, reports from the routine visits to homes by public health nursing staff. I am indebted to Miss Fenner, Teacher of Children with Impaired Hearing, for the following report:-

"The pattern of routine testing and the peripatetic service seems now to be well established. The appointment of Mr. Edward Williams as an additional teacher has meant that the school age children are receiving more help and guidance.

Places at the infant unit are still desperately short, but we have been very fortunate in gaining the sympathy and help of the head teacher and staff of the Histon nursery school, and three of our pre-school children were admitted there in January 1967. They are integrating well, fitting into the normal routine. It is hoped that there will eventually be 'unit' provision for them. An additional unit has been scheduled within the city, and the county are hoping to establish one in the northern area in 1968.

The Cambridgeshire Branch of the National Deaf Children's Society has had a successful year, bringing together the parents to discuss their similar problems, and local staffs to help sort things out. Several visiting speakers have given invaluable and encouraging advice. There is certainly a greater awareness of the incidence and problems of deafness throughout the county generally, further prompted by continued talks and demonstrations to P.T.A. groups and other interested bodies.

I would like to welcome Mr. Holmes, who takes over as senior teacher in September, and offer my good wishes. We still need another teacher and perhaps it would be expedient to appoint a lady to work at nursery level and help with the parent guidance programme."

During the year health visitors carried out screening tests of hearing on 998 seven month old children considered to be at risk; of this number 5 appeared to have hearing defects and were referred for further investigation.

Care of the Unmarried Mother

The arrangements for the care of the unmarried mother were unchanged in 1966, the work being undertaken on an agency basis by the Ely Diocesan Association for Social Work, who maintain a mother and baby home in the City of Cambridge, the Cambridge Association for Social Welfare and the Wisbech Council for Moral Welfare.

The Authority pays to the Ely Diocesan Association a capitation fee in respect of each resident of the area assisted and makes annual grants to the Cambridge Association for Social Welfare and the Wisbech Council for Moral Welfare.

Grants towards the cost of maintenance in mother and baby homes were made in 41 cases.

Child Psychiatric Service

The arrangements mentioned in last year's report whereby Dr. R. Glennie and Dr. A. Gage, Consultant Child Psychiatrists, held clinics at Addenbrooke's Hospital and Chesterton continued to operate in the catchment area of Cambridge. Similarly, Dr. B. F. Whitehead, the Consultant Child Psychiatrist based at Peterborough Memorial Hospital, continued to see children referred to him from the northern part of the county. The weekly liaison meetings in the Cambridge area continued and were attended by medical officers from the City and County Health Departments. These meetings are considered invaluable in establishing the closest relationships between the various people in the many disciplines working with the children and their families. The general practitioners have, as in the past, been kept fully informed on all matters relating to their patients. The detailed statistics showing the number of children seen are set out in the report of the Principal School Medical Officer.

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

The nursing and health visiting services in the southern part of the county are directly administered by the Local Health Authority under the supervision of a County Nursing Officer based at Cambridge.

The health visitors in the northern part of the county are employed directly by the Authority, while the midwifery and home nursing services are provided on an agency basis by the Isle of Ely Nursing Association. The County Nursing Officer, employed by the Local Health Authority, is based at March. Two members of the Nursing Association are co-opted members of the Health Committee, and 13 members of the Health Committee represent the Authority on the Executive Committee of the Nursing Association.

The following staff were in post at 31st December, 1966.

	<u>Full-time</u>	<u>Part-time</u>
Health Visitors	27	3
District Nurse/Midwife/Health Visitors	9	-
District Nurse/Midwives	18	1
District Midwives	9	-
* District Nurses	19	9
Bath Attendant	1	-

* Include 3 male nurses.

At the end of the year there were vacancies for three district midwives, two district nurse/midwives and three district nurse/midwife/health visitors.

Home Nursing

The demand for this service has remained constant in 1966, but a greater proportion of the patients were aged over 65 than in the previous year (58% as against 41%). It is apparent that a greater awareness of the problems of the aged on the part of the general public is resulting in the provision of trained help at an earlier stage than was possible previously.

The continuing shortage of midwives made it necessary to re-organise the staffing of some districts, state registered nurses being employed to undertake the general district nursing duties in certain areas previously covered by district nurse/midwives.

An attendant has been appointed to undertake bathing of elderly persons in the Wisbech area, cases being referred to her by the geriatric health visitor and the district nurses.

Three S. R. N. district trained male nurses are employed in the Northern area of the County.

Close liaison has been maintained between hospitals, general practitioners and nurses.

Mechanical and nursing aids have been provided where necessary, the demand for incontinence pads, in particular, continuing to rise.

Midwifery

The difficulties experienced in the recruitment of midwives, which have been mentioned in previous Annual Reports, continued in 1966. The particular problem in the Wisbech area which existed at the end of 1965 was resolved, but vacancies existed in several parts of the County at the end of the year under review.

The trend towards hospital confinements and early discharge continued, some 76% of confinements of county area residents taking place in hospital. 1,182 mothers were discharged from hospital, including 48 hour discharges, during the puerperium.

The scheme for the use of radiotelephony in nurses' cars, described in the Annual Report for 1965, continued successfully in 1966. At the end of the year radiotelephones had been fitted in eleven cars.

Early in the year the Central Midwives Board approved the Maternity Hospital, Cambridge, as a second period midwifery training school. The first group of six pupils were admitted on March 1st. Following hospital training the pupils are accommodated in a hostel provided by the Local Health Authority for the period of their district training. Eleven students completed the course in 1966, and were all successful in their examinations.

The Part II Midwifery School at Bowthorpe Maternity Hospital, Wisbech, was unable to start owing to the difficulties experienced by the hospital in obtaining a qualified sister tutor.

One pupil from the Gables Maternity Hospital, Peterborough, successfully completed her Part II training in this county, and one did not complete the course.

The number of cases referred for hospital confinements on social grounds was 133.

Health Visiting

This service has in the main continued to run smoothly, with less staffing problems than in the nursing and midwifery services.

In common with the other domiciliary services the statistics for 1966 reflect the increasing emphasis on care of the aged. Total health visits were at about the same level as for the previous year but visits to persons aged over 65 increased by some 40%.

The number of emotional problems dealt with by health visitors continues to rise, particularly among young and inexperienced people separated by distance from their homes and environments.

These needs call for an even closer liaison between statutory and voluntary services. Wherever possible health visitors are encouraged to sit on voluntary committees, and where a need exists and is not met, to endeavour to organise such a group.

Six health visitors were attached to general practitioners, one was attached to a chest clinic and three to geriatric duties.

Phenistix tests for phenylketonuria were carried out twice during the first six weeks of life on all new babies in the area.

Educational

The health education activities of the health visiting and nursing staff have continued to expand. These activities are carried out in consultation with the Health Education Officer, whose report appears on page 53.

Student nurses undertaking general training and state enrolled nurse training have spent short periods seeing the work of public health nurses, as also have student Queen's Nurses.

The practice of holding meetings of the public health nursing staff for educational purposes and for the discussion of various policies was continued, two such meetings being held in 1966.

The Local Health Authority continues to make bursaries available for district and health visiting training.

TABLE 13

MIDWIFERY SERVICE

Notification of Intention to Practise

Under the rules of the Central Midwives Board, 167 midwives notified their intention to practise:-

	<u>City</u>	<u>County Area</u>
Domiciliary	10	56
Institutional	46	55

Domiciliary Midwives in Practice at 30th September, 1966

(a) Employed by the Authority

City		County Area		Total	
Whole-Time	Part-Time	Whole-Time	Part-Time	Whole-Time	Part-Time
7	1	9	28	16	29

(b) In private practice

<u>City</u>	<u>County Area</u>	<u>Total</u>
6	-	6

Number of Domiciliary Confinements attended by midwives under
N. H. S. arrangements

	<u>City</u>	<u>County Area</u>	<u>Total</u>
(i) Doctor not booked	-	28	28
(ii) Doctor booked	524	757	1,281

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

<u>City</u>	<u>County Area</u>	<u>Total</u>
258	1,182	1,440

TABLE 14

HEALTH VISITINGCases visited by Health Visitors

	<u>City</u>	<u>County Area</u>	<u>Total</u>
(i) Children born in 1966	1,515	3,458	4,973
(ii) Children born in 1965	1,131	3,865	4,996
(iii) Children born in 1961-64	1,909	8,940	10,849
(iv) Total number of children in lines (i) to (iii)	4,555	16,263	20,818
(v) Persons aged 65 or over	739	2,212	2,951
(vi) Number included in line (v) who were visited at the special request of a G.P. or hospital	398	743	1,141
(vii) Mentally disordered persons	72	53	125
(viii) Number included in line (vii) who were visited at the special request of a G.P. or hospital	28	23	51
(ix) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	95	33	128
(x) Number included in line (ix) who were visited at the special request of a G.P. or hospital	20	23	43
(xi) Number of tuberculous households visited	56	51	107
(xii) Number of households visited on account of other infectious diseases	979	124	1,103

Cases visited by tuberculosis visitors

(xiii) Number of tuberculous households visited by tuberculosis visitors	-	51	51
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TABLE 15HOME NURSING SERVICE

	<u>City</u>	<u>County Area</u>	<u>Total</u>
(i) Total number of persons nursed during the year	1,685	3,759	5,444
(ii) Number of persons who were aged under 5 at the first visit in 1966	49	185	234
(iii) Number of persons who were aged 65 or over at first visit in 1966	969	2,165	3,134

SECTION 26 - VACCINATION AND IMMUNISATION

Section 26 of the National Health Service Act, 1946, empowers the Council to provide a comprehensive vaccination and immunisation scheme for the protection of children against Smallpox, Whooping Cough, Tetanus, Diphtheria and Poliomyelitis. Generally speaking, these injections are carried out in conjunction with each other and the use of triple antigen and, in some cases, quadruple, is now fairly commonplace. Smallpox vaccination is, of course, done separately. The injections are usually given in a specified sequence and this, as in previous years, has been in accordance with Schedule P as recommended by the Ministry of Health. There were no major changes recommended during the year and most of the vaccination and immunisation work continued to be carried out by the General Medical Practitioners with a limited amount being done by the Authority's Medical Officers in clinics.

General Practitioners in the southern area received reminders during the year as to which of their patients required booster doses and consideration was being given at the end of the year to extending this service to doctors in the northern area. This practice has undoubtedly helped to keep the number of booster injections at a high level and must continue if we are to keep the immunity index as high as at present.

Diphtheria

The following table shows the numbers of children immunised during the year against Diphtheria. It was estimated that 76% of children in the area had been protected at the end of the year.

TABLE 16

RECORD OF DIPHTHERIA IMMUNISATION

Year of Birth	City		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1966	553	4	976	26	1,529	30
1965	663	364	1,460	490	2,123	854
1964	44	696	91	1,141	135	1,837
1963	21	118	43	178	64	296
1959-1962	45	1,200	130	1,702	175	2,902
Others under Age 16	16	78	53	203	69	281
Total	1,342	2,460	2,753	3,740	4,095	6,200

Poliomyelitis

The following tables show the number of primary and reinforcing doses given during the year. It was estimated that 74% of children born in 1966 had been vaccinated at the end of the year. The demand for salk vaccine was again almost negligible and at the end of the year the Ministry of Health were considering the introduction of a smaller one dose pack than the one at present in use in an effort to avoid wastage. Consideration was also being given to issuing a single dose gelatine capsule of oral vaccine which it was thought might be useful for the immunisation of older children and adults.

TABLE 17
Primary Vaccination

	City		County 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 1966	2	365	21	520	23	885
Children born in 1965	10	945	49	1,897	59	2,842
Children born in 1964	2	143	3	297	5	440
Children born in 1963	-	52	5	105	5	157
Children born in years 1959-1962	-	136	1	282	1	418
Others under age 16	-	31	-	104		135
Totals	14	1,672	79	3,205	93	4,877

TABLE 18

Re-inforcing Doses

	City	County	Total
Number of persons given booster injections of Salk vaccine or quadruple vaccine	-	35	35
Number of persons given a re-inforcing dose of oral vaccine	1,407	2,571	3,978

Smallpox

The following table shows the number of persons vaccinated or re-vaccinated during the year. At the end of the year it was estimated that 34% of the children under two years of age had been vaccinated against Smallpox.

TABLE 19

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

Age at Date of Vaccination	City		County Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
0-3 months	9	-	31	-	40	-
3-6 months	16	-	45	-	61	-
6-9 months	38	-	47	-	85	-
9-12 months	27	-	33	-	60	-
1 year	565	-	816	2	1,381	2
2-4 years	257	5	635	17	892	22
5-15 years	55	67	118	124	173	191
Total	967	72	1,725	143	2,692	215

Tetanus

The following table shows the number of persons immunised against Tetanus during the year, either by the use of tetanus-toxoid as a single antigen or more usually in combination with others. Following the trend of the figures for the previous year, the number of booster injections again showed an increase.

TABLE 20

NUMBER OF PERSONS IMMUNISED AGAINST TETANUS

Year of Birth	City		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1966	554	4	975	25	1,529	29
1965	665	364	1,455	489	2,120	853
1964	45	698	89	1,141	134	1,839
1963	22	118	43	178	65	296
1959-1962	47	1,207	146	1,597	193	2,804
Others under age 16	181	189	122	301	303	490
Total	1,514	2,580	2,830	3,731	4,344	6,311

Whooping Cough

The following table shows the number of children who have completed a primary course of Whooping Cough immunisation almost exclusively by the use of triple antigen. It is estimated that 75% of the children in the area had been protected against this disease at the end of the year.

TABLE 21

WHOOPING COUGH VACCINATION

Year of Birth	City	County Area	Total
1966	556	998	1,554
1965	1,023	1,910	2,933
1964	722	1,194	1,916
1963	121	210	331
1959-1962	619	1,049	1,668
Others under age 16	25	88	113
Total	3,066	5,449	8,515

SECTION 27 - AMBULANCE SERVICE

At the end of 1965 an establishment of staff and vehicles was agreed by the Council, and the full-time service began to operate over the whole of the administrative county with effect from the 28th February, 1966, with sub-stations operating from March, Ely and Wisbech. The following summarises the organisation of the service:-

CAMBRIDGE (Headquarters)

Housed in temporary premises at Ditton Walk, Cambridge.

Radio control for southern area.

24 hour service cover.

Serves population of approximately 200,000.

Use is also made of Red Cross Ambulance at Soham.

<u>Staff</u>	<u>Vehicles</u>
1 Superintendent	9 Large ambulances
1 Deputy Superintendent	1 Chair lift vehicle
2 Station Officers	5 Sitting case cars
4 Controllers	
36 Driver/attendants	
1 Handyman/cleaner (supernumerary)	

Hospital Car Service (located at Addenbrooke's Hospital)

1 Station Officer

1 Clerk

MARCH

Control located temporarily in 21 County Road, March. Radio control of northern area, including sub-stations at Wisbech and Ely, serves population of approximately 90,000.

24 hour service cover.

Use is made of St. John Ambulance Brigade ambulances at Littleport and Whittlesey.

<u>Staff</u>	<u>Vehicles</u>
1 Station Officer	2 Large ambulances
4 Controllers	1 Ambulance/sitting case car
10 Driver/attendants	

WISBECH

Staff temporarily housed in Horsefair Clinic; vehicles controlled through March Station.

On duty 8 a.m. to 4 p.m. daily, with system of on call from 4 p.m. to 8 a.m.

Staff

6 Driver/attendants

Vehicles

2 Large ambulances

1 Ambulance/sitting case car

ELY

Staff temporarily housed in Downham Road Clinic; vehicles controlled through March Station.

On duty 8.30 a.m. to 4.30 p.m. daily, with system of on call from 4.30 p.m. to 8.30 a.m.

Staff

5 Driver/attendants

Vehicles

2 Large ambulances

Provision has been made in the Council's ten year plan for the erection of an ambulance station in March during 1967-68 and the Health Committee were informed in June that discussions were taking place regarding the possibility of using the site of the Highways Depot at the rear of the County Hall, March, for this purpose.

During the year some difficulty was experienced in the northern part of the county in contacting ambulances when they are in so called "blind-spots" and this was mainly due to the transmitting aerial not being high enough. After consultation with Pye Telecommunications Limited it was agreed to provide a mast 100'-120' high.

The organisation of the service in the southern part of the county is basically that introduced in 1948, except that, now having a direct radio link with the control at March, greater and better use can be made of the vehicles and manpower available throughout the county.

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	23,499
	Utilecons	3,972
Patients carried by above:	Ambulances	31,507
	Utilecons	8,582
Accident and emergency patients included in above:	Ambulances	2,014
	Utilecons	207
Mileage run by above:	Ambulances	292,978
	Utilecons	104,202
Journeys by supplementary vehicles:	Ambulances	1,407
	Cars	34,648
Patients carried by supplementary vehicles:	Ambulances	1,845
	Cars	78,200

Accident and emergency journeys by
supplementary vehicles:

Ambulances 156

Mileage run by supplementary vehicles:

Ambulances 28,853

Cars 627,997

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTERCARE

Tuberculosis

The majority of cases of tuberculosis occurring in the southern part of 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. The chest clinics at Doddington Hospital and North Cambridgeshire Hospital, Wisbech, deal with the majority of cases from the northern part of the county.

I am much indebted to Dr. M. J. Greenberg, Consultant Chest Physician, for the following paragraphs relating to the work of the Cambridge Chest Clinic and of the After Care Association.

"With regard to tuberculosis there was a slight decrease in the incidence of the disease during 1966. 26 new cases were notified (21 pulmonary and 5 non-pulmonary) which was a decrease of 10 over the previous year. The number of cases on the Clinic register fell from 306 to 273. The actual number of tuberculosis cases seen at the Clinic during the year was 1,064 pulmonary and 36 non-pulmonary, the comparable figures for 1965 being 984 and 33.

These figures show that tuberculosis remains a significant and important disease, and although treatment is effective, there is no room for complacency about preventive measures. B.C.G. vaccination and a thorough search for contacts should continue.

Nevertheless tuberculosis plays a relatively small part of the work done at the Clinic, where the total number of patients seen during the year rose from 13,363 to 14,005. This includes 1,899 patients initially seen in the 'X-ray Only' clinic.

Although the number of cases of tuberculosis has decreased, the Health Visitors' work has probably increased in scope and importance because of their participation in the management of other respiratory diseases, particularly chronic bronchitis and lung cancer.

The present system whereby one Health Visitor undertakes all the visiting for the Chest Clinic is an improvement on the practice in which each Health Visitor undertook the Chest Clinic work in her area. However, a closer contact with the clinical work of the Chest Clinic, including nursing duties there, is a system at which we should aim."

"Tuberculosis Care and After-Care

The Cambridgeshire Tuberculosis and Chest Diseases After-Care Association continued its work much as in the previous year. Seventeen patients were receiving grants at the beginning of the year, and at the end of the year the same number were being helped. There were, however, two new cases, one of whom, on referral to the Ministry of Social Security, received an added allowance so that the grant could be cancelled, and one ceased to need help. There were 11 men and 6 women.

Most of the help took the form of grants for milk and groceries, the remainder being for the purchase and maintenance of portable oxygen sets.

The bulk of the Association's funds comes from a grant from the County Council, and it is now appreciated that convenient though this is for the Association, most of its requirements can now be obtained from other sources.

Consequently it is planned that the expenses of the oxygen cylinders will be met by Hospital Management Committees of the National Health Service, and that many of the grants will be met by the Ministry of Social Security.

This will markedly reduce the calls on the funds of the After-Care Association, and in the not too distant future there may be no real need for it to continue."

Dr. C. E. P. Downes, Consultant Chest Physician for the northern area has submitted the following information regarding the work in his area.

"During 1966 the numbers of new cases of respiratory tuberculosis notified in the area covered by the Wisbech and Doddington Chest Clinics totalled 12, making the total number of cases of tuberculosis on the clinic registers 917. For purposes of comparison the new notification figures for each year since 1959 are appended:-

<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
42	27	18	16	13	10	13	12

Contact surveys and surveys of Mantoux positive school children and their families have continued as indicated in the 1965 report. During the current year no new cases of tuberculosis have been discovered through the routine surveying of such school children.

There are still in this area no known cases of tuberculosis excreting tubercle bacilli resistant to the standard first line antituberculous drugs. To the local community this is a most important and desirable state of affairs, which is in no small measure due to the efforts and efficiency of

the Tuberculosis Health Visitor who supervises extremely closely all patients on antituberculous drugs."

B. C. G. Vaccination

The programme for B. C. G. vaccination of pupils aged 13 and over remained unchanged during the year and we were indebted to Dr. Greenberg and Dr. Downes who very kindly provided facilities for the vaccination of tuberculosis contacts as well as for the X-ray of those children found to be positive after skin tests in the schools. The following table sets out details of the work carried out in schools in Cambridge City and County areas.

	<u>City</u>	<u>County Area</u>	<u>Total</u>
Number skin tested	1,337	1,815	3,152
Number found positive	213	152	365
Number found negative	1,055	1,633	2,688
Number vaccinated	1,043	1,633	2,676

Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1966:-

Number skin tested	428
Number found positive	174
Number found negative	254
Number vaccinated	236

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

TABLE 22

CITY TUBERCULOSIS REGISTER 1966

	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	118	65	18	26	136	91
2. Number of Cases notified for first time during year under Regulations	14	2	2	1	16	3
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	8	-	-	-	8	-
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	25	12	-	1	25	13
6. Number of Cases remaining on Register at end of year	115	55	20	26	135	81

TABLE 23

COUNTY TUBERCULOSIS REGISTER 1966
(excluding City)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	236	147	22	23	258	170
2. Number of Cases notified for first time during year under Regulations	13	4	1	4	14	8
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other District	3	3	1	-	4	3
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	51	37	8	8	59	45
6. Number of Cases remaining on Register at end of year	201	117	16	19	217	136

Chiropody

There is a national shortage of state registered chiropodists who are prepared to work full-time for Local Health Authorities, and bearing this in mind, we were most fortunate in obtaining the services of Mr. E. McKenzie-Davie on a full-time basis with effect from 1st April, 1966. Prior to this date, he had been employed part-time, and it was thus possible, from April onwards, to open additional clinics at Toft, Comberton, South Park Hostel, Papworth and St. Raphael Club, Cambridge. In addition, Mr. McKenzie-Davie commenced a monthly session at the Horsefair clinic, Wisbech, in conjunction with the geriatric clinic. This has proved to be very worth while, with good attendances each month and a valuable supplement to the existing chiropody clinic organised by the Wisbech District Nursing Association.

In July Miss E. Duff, one of the part-time chiropodists who had been working in Cambridge and the surrounding area, retired, but very kindly offered to continue sessions at some of the old people's clubs. This gesture was much appreciated, and helped a great deal in providing a continuing service in areas where it might have been difficult to carry on the chiropody sessions, owing to the other chiropodists being already fully committed.

Efforts have continued during the year to standardise the chiropody scheme throughout the whole of the county wherever possible, and in the northern area this has been achieved at Stretham, Ely, Parson Drove, Wisbech St. Mary, Outwell and Elm and Friday Bridge. The basic scheme continued on the same lines as previously, with treatment being available to men over 65 years of age, women over 60 years of age, all expectant mothers and handicapped persons whose particular disability would be ameliorated by chiropody. The chiropodists hold regular sessions at premises provided by voluntary organisations and also treat patients at their own surgeries. Domiciliary visits are also made when they are deemed necessary, on the advice of the medical practitioner or nurse. These visits are usually carried out by the chiropodists in a particular area on the same date, with the object of keeping mileage charges to a minimum.

TABLE 24

NUMBER OF PERSONS TREATED DURING YEAR

	By Local Authorities		By Voluntary Organisations		TOTAL	
	City	County	City	County	City	County
Men over 65	307	496	-	81	307	577
Women over 60	1,907	1,765	-	297	1,907	2,062
Expectant Mothers	-	-	-	-	-	-
Children under 5	-	-	-	-	-	-
Others (including Handicapped Persons)	17	64	-	4	17	68
TOTAL	2,231	2,325	-	382	2,231	2,707

NUMBER OF TREATMENTS GIVEN DURING YEAR

	By Local Authorities		By Voluntary Organisations		TOTAL	
	City	County	City	County	City	County
In Clinics	165	2,142	-	1,471	165	3,613
In Patients' Homes	1,790	3,387	-	512	1,790	3,899
In Old People's Homes	499	774	-	-	499	774
In Chiropodists' Surgeries	11,234	6,788	-	-	11,234	6,788
TOTAL	13,688	13,091	-	1,983	13,688	15,074

Number of Clinics Operating:

<u>City</u>	<u>County Area</u>	<u>Total</u>
8	55	63

Cervical Cytology

In October the Ministry of Health issued Circular 18/66 on Population Screening for Cancer of the Cervix, and at the same time a memorandum was sent to hospital authorities asking them to review with executive councils and local health authorities the provision of screening in their areas and to plan its introduction and expansion, the object being to provide a national service.

I mentioned in last year's report that a cervical cytology scheme has been in operation in this area for the past two years and the majority of the recommendations contained in the Ministry's memorandum are already in practice, but with some modifications to the national scheme now proposed. The first of these is that the local scheme aims at examining virtually all women over the age of 20 whereas the official scheme is limited to those women aged 35 and over. Secondly, a follow-up examination at three-yearly intervals is offered locally, whereas nationally this interval would be extended to five years. After local consultation as requested in the Circular between the doctors representing the three administrations involved it was decided to point out that there were as many positive smears in the age group 35 and over as there were in the age group 35 and below. Meanwhile it was agreed that local arrangements should be made to ensure that the service remained available to women in all age groups.

In addition to the clinic at Gt. Shelford a further clinic was started at Girton in May. At the end of the year consideration was being given to the establishment of further cervical cytology clinics at Swavesey and Sawston in the Spring of 1967.

Centres for the examination of cervical smears continued to operate at the University Department of Pathology, Cambridge, the North Cambridgeshire Hospital at Wisbech and

Newmarket General Hospital. The approximate number of smears examined during the year at these three centres was as follows:-

Cambridge	8,400	(7,400)
Wisbech	2,500	(3,206)
Newmarket	3,100	(4,000)
	<hr/>	
TOTAL	14,000	(14,606)
	<hr/>	

The figures for 1965 are shown in parentheses for comparison.

Discussions also took place during the year with the Cancer Information Centre, Cardiff, about the possibility of obtaining a mobile cervical cytology clinic for use in the rural areas of the County.

Family Planning

Ministry of Health Circular 5/66 was received in February urging local health authorities to review their present arrangements for family planning immediately and bearing in mind certain considerations and suggestions put forward by the Minister. In November a short report from the Council was requested on any steps which had been taken to extend family planning arrangements, and the following details were submitted:-

"..... In Cambridge a Women's Welfare Clinic run by the Cambridge Women's Welfare Association is held twice a week. This is the only family planning clinic in the area of the Administrative County at present, and it is considered adequate to meet the needs of Cambridge City residents and the surrounding rural area. Previously, a charge had been made for renting and cleaning the room used for the clinic, but the Health Committee have now agreed to waive this charge.

There are also family planning clinics in adjoining counties, for example at Hitchin, Bishops Stortford, Stevenage, Newmarket, St. Neots, Huntingdon, Peterborough, Thetford and King's Lynn.

The County Medical Officer is at present discussing the possibility of providing a clinic at Sawston.

In the north of the county the nearest family planning clinic is situated at King's Lynn, Norfolk, but prior to the receipt of Circular 5/66 requests had been received from both the Wisbech Borough and Wisbech Rural District Councils for the inauguration of a family planning clinic in Wisbech. Consultations have recently taken place with a representative of the Family Planning Association with this object in mind. There is a County Council clinic in the centre of the town which would be an ideal centre from which to operate. The Medical Officer of Health and the general practitioners support the concept of a family planning clinic, but there have been the usual difficulties in recruiting trained medical staff. It is hoped that one of the local doctors will begin training in January 1967, and it is planned to hold a meeting of all interested parties in the Spring with a view to establishing the clinic as soon as possible.

In accordance with the Minister's wishes as set out in paragraph 4 of Circular 5/66, it is not intended to charge the Family Planning Association for the use of the clinic, and the Authority will also bear the costs of heating, lighting and cleaning. The nursing staff in the Wisbech area will be encouraged to publicise the activities of the clinic so that mothers are aware of the facilities available. The Cambridge clinic is already well known and an advertisement giving the dates and times of the clinic appears regularly in the local press

Since the submission of this report there have been further developments at Wisbech. The Family Planning Association have appointed an Organising Secretary and a Medical Officer to run the clinic, and the first session will be held there on 28th March, 1967. Thereafter clinics will be held twice a month. In the southern area, talks have been held with the Cambridge Women's Welfare Association with a view to establishing a clinic at Sawston, and this clinic will start to operate in April 1967.

Medical Loan

Once again we are indebted to the British Red Cross Society who have continued to act as agent for the local health authority throughout its area for the issue of medical loan equipment which is supplied free of charge to the patient to facilitate domiciliary care. The local authority contributes towards the expense of the service and during the year approximately 5,100 items were issued to 2,406 patients.

In addition, the health department purchased and loaned out the following items which are not normally provided by the Red Cross Society:-

Hoists	4
Bath seat	1
Amesbury Chair	1
3 section toilet bed mattress	1
Geriatric chair	1
Commode chair	1

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>1966</u>	<u>1965</u>	<u>1964</u>	<u>1963</u>
Syphilis	8	9	10	13
Gonorrhoea	69	103	60	104
Other conditions	361	497	330	279

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 1966 thirteen new cases of syphilis were treated in the Clinic. Of these, only four were early infections. Only one case was apparently acquired in the locality of the Clinic.

The cases of gonorrhoea showed a slight fall, a total of 97 patients being seen - 62 men and 35 women. Seven of the female infections occurred between the ages of sixteen and seventeen and a further eleven between the ages of eighteen and nineteen. Eighty-one of the total of cases were acquired in the locality of Cambridge.

One hundred and fifty-two men were seen with non-gonococcal urethritis and four of these were complicated by the development of arthritis.

The total number of patients attending for the treatment of other non-venereal infections was 470."

Facilities for treatment of patients from the northern part of the county are provided at the clinic at Peterborough Memorial Hospital and in the King's Lynn and West Norfolk Hospital.

The following are details of cases treated at Peterborough:-

	<u>1966</u>	<u>1965</u>	<u>1964</u>	<u>1963</u>
Syphilis	1	-	-	-
Gonorrhoea	5	3	5	2
Other conditions	26	12	13	17

Yellow Fever Vaccination

Twice weekly sessions continue to be held for giving yellow fever vaccinations to persons going abroad - these are held in the Health Department on Monday mornings at 9.30 a.m. and Thursday afternoons at 4.30 p.m. by appointment. In all, 690 persons were vaccinated, a slight decrease on the figure for 1965.

Recuperative Holidays

During the year, a total of 16 persons spent a recuperative holiday of one or two weeks either at a convalescent home or one of the holiday camps organised by the British Red Cross Society. Sometimes it is possible to arrange a suitable holiday at a guest house on the coast and tribute should be paid to the Welfare Officer of the British Red Cross Society who makes all the necessary travelling arrangements, often at short notice, and ensures that the patients have an enjoyable holiday. The Isle of Ely Blind Society allow us the use of their holiday home at Hunstanton at off-peak periods, a welcome and much appreciated gesture.

Health Education 1966-67

It is a pleasure to be able to report an expansion and development of health education as follows:-

Schools

It has long been accepted that health education teaching in the schools must depend largely upon the head teachers and their staffs - the role of the health department is that of encouraging, supporting and fostering such efforts. To this end much work has been accomplished. There is a growing realisation for the need of team effort in the furtherance of health education in the schools and it is pleasing to record the ever growing number of medical and nursing staff who are becoming involved in this work such as that undertaken at the Cromwell School, Chatteris, Comberton and Gamlingay Village Colleges and the Sir Harry Smith School, Whittlesey - to mention a few.

During the autumn term 1966 a small teaching project concerning the dangers of smoking was carried out in 49 primary schools in order to ascertain the need for such work. Head teachers of the schools involved were invited to comment on the impact which the teaching had upon the children, together with any other observations. The results were reported more fully in the February (1967) issues of the Information Bulletin but briefly these were that head teachers were unanimous in their views that the teaching had considerable immediate impact but this diminished quite markedly with the passing of time - thus establishing a need for follow-up and supporting work. Several Heads were dubious of the value of isolated talks and suggested that health education should be integrated more closely with the normal teaching programme or that some of the normal work could, with planning, be orientated towards health teaching. Indeed it is hoped that preliminary work in this direction will be completed before the end of the current year. Perhaps it would be opportune at this time to form a working party to look more closely at the question of health education in the primary schools.

A member of the health department's staff has visited secondary schools in the county and in the city to talk to girls in their last year at school about "making the best of themselves". Subjects covered include personal health and hygiene, diet, poise and posture, care of hair, teeth, hands and feet. Advice on skin care is followed by a simple make-up demonstration.

Requests for similar sessions are now being received from various youth groups, Young Wives' Clubs, Mothers' Clubs, Women's Institutes and the Over '60s'.

Teachers and health visitors have found it useful to follow up these sessions with up to date films and film strips where these are available.

With this in mind the Health and Education Departments are co-operating with Camera Talks - an educational film company, to produce film strips and loop films where suitable visual aids do not exist.

The very natural interest people have in their personal appearance provides a wonderful opportunity for Health Education since good looks must basically depend on physical and mental health.

Education on diet is more readily acceptable to adolescents for example when related to appearance and establishing good eating habits at this time is particularly important.

Child Minding Establishments (Play Groups)

Following the successful day conference held last year for those concerned with the day care of children, a further and more comprehensive course has been planned for this year. This course comprises four weekly sessions during which the problems and needs of the pre-school child can be studied and examined more closely under the guidance of persons experienced in this field.

In-Service Training for Health Visitors

Health Education seminars were arranged for health visitors on seven afternoons during the early part of the year in co-operation with Mrs. Mee, the Nursing Officer for the southern area. A feature of the seminars was the teaching undertaken by each health visitor in turn and which stimulated much fruitful discussion.

Cancer Education

Reference was made in last year's report to the need for research in the field of public attitude and behaviour towards current health problems. It is therefore pleasing to report that the Cancer Information Centre, Cardiff, has agreed to finance an important research project in Cambridgeshire as follows:-

1. A detailed research project concerned with public knowledge about, and attitudes to, cancer.
2. The use for a mobile cervical cytology clinic in the rural areas of the County. The aims of the project may be summarised as follows:-
 - (a) To examine and contrast the extent of knowledge and the nature of attitudes towards cancer present in selected contrasting communities with special reference to such variables as sex, education, family background and socio-economic grouping.
 - (b) To measure the impact of a variety of educational media upon this knowledge and attitude.
 - (c) To evaluate the role, utility and effectiveness of a mobile cytology clinic in rural areas as both an educational medium as well as a preventive agency.

The project is to have a research officer who will be supported by auxiliary help and is expected to take three years to complete.

The initial planning of the scheme owes much to Mr. Graham Howes, Staff Tutor in Sociology at the Board of Extra Mural Studies, University of Cambridge, who will, it is hoped, continue to act in the role of consultant to the project.

Over 60's Club

Sessions on "Keeping Fit and Happy Over 60" continue to be popular with club members and requests for return visits by Health Department staff are received with pleasure.

Miss Brooks, Superintendent Physiotherapist at Addenbrooke's Hospital, maintains her interest in this project and arranged for two members of her staff to conduct a very enjoyable mobility afternoon at one club in the area. Advice on "making the best of themselves" is sought and appreciated by the "Over 60s" and "keeping up appearances" has been encouraged by one interested hairdresser at least who dresses their hair for a very nominal fee.

Safety in the Home has been the subject of discussion in a number of clubs, and films and other visual aids on accident prevention used. Talks on nutrition and on foot care have been requested.

Fulbourn Hospital

1. Liaison between Miss Huggins, Head Occupational Therapist at the hospital, and a member of the Health Department staff resulted in a series of discussions and demonstrations on Parentcraft in its fullest sense which attracted interested groups in a wide age range.
2. This co-operation has also resulted in a number of short plays, dealing with personal problems in home and work, being written and recorded at the hospital. These sessions are much enjoyed and the recordings of 'real life' situations have proved effective in promoting discussion in schools and youth groups in the county.

General Work

Work amongst a multitude of groups continues to be undertaken by members of the Health Department and which during the past year has included:-

1. Oral resuscitation for young wives, mothers' clubs, staff of schools etc.
2. Films for nursery schools, general practitioners etc.
3. Talks to Women's Institutes on a wide variety of subjects.
4. Forming and encouraging parent groups in the county.
5. Assisting with pre-retirement courses run by the Board of Extra Mural Studies, University of Cambridge.
6. Instruction and assessment of sections of the Duke of Edinburgh Award.
7. Help, lectures, etc. to the Girl Guides Association and to the British Red Cross Society.

MENTAL HEALTH

During the year there has continued the development of the facilities for the care and treatment of the mentally disordered. The Ida Darwin Hospital for the mentally subnormal began to receive its first patients in May and, as the statistics set out below indicate, there has been admitted to it the patients most urgently in need of permanent hospital care. As mentioned in the last report, Dr. Roberts has accepted an appointment as honorary consultant in mental subnormality to the Council and his services in examining patients and advising on their future needs has been of inestimable value. The Ida Darwin Hospital is providing, also, more short term care than hitherto has been available to give periods of relief to families caring for a mentally subnormal relative. Additionally, Dr. Roberts is providing a counselling service to relatives at his out patient clinic at Addenbrooke's Hospital. Co-ordination of the services provided by the hospital and the out patient clinic with those provided by the local health authority has been achieved by periodic meetings of Dr. Roberts and his staff with Dr. Sylvester, Deputy County Medical Officer of Health, mental welfare officers, home teacher and administrative assistant. Flexible and imaginative use of the hospital and community facilities will arise from this excellent co-ordination as the hospital service develops and the local health authority's own provisions expand.

At its meeting in June the Health Committee registered as a mental nursing home the 120 place Spastics Society's establishment at Meldreth for the training of severely subnormal cerebral palsied children.

Dr. A. K. R. Mitchell, consultant psychiatrist, Fulbourn and Addenbrooke's Hospitals, is using the mental welfare officers based on the March office to staff clinics at March and Wisbech thus providing every opportunity for a practical integration of the hospital and the domiciliary services for the care and after care of the mentally ill in the county served from these clinics.

The Council itself has opened two additional premises during the year. At March, in temporary premises, there was opened an Adult Training Centre for 30 mentally sub-normal persons. We were fortunate in obtaining the services of Mr. C. Mack as Supervisor, a local man who rapidly enlisted help and understanding from all parts of the town with the result that the centre is now busily engaged in manufacturing wooden trays for the local agricultural industries, making fencing, panels and toys, and trimming lingerie. Plans for a permanent centre in March progressed and in March 1967 Ministry approval and loan sanction was obtained for a 65 place centre and work has started.

The Hawthorns Hostel, Cambridge, for maladjusted children, opened in October. The success of this 15 bed hostel depends on the staff who run it and the co-ordination of the services aiming to help the child. Mr. and Mrs. W. G. Lasson, an experienced couple in this field of work, were appointed Warden and Matron and quickly established a relaxed and permissive atmosphere. Periodic meetings are held with the Chief Education Officer, the Education Officer of Cambridge City Council, Dr. R. E. Glennie, Director of the Child Psychiatric Service, and the County Medical Officer, thus providing opportunity for full co-ordination of the psychiatric and educational services. I am much indebted to Dr. Glennie and to the teaching staff of the local schools the children attend for their great help in this venture of care and treatment for the young

disturbed and maladjusted.

The field staff began to settle down during the year to the pattern laid down following amalgamation. This was assisted by the return from training courses of one senior mental welfare officer and one mental welfare officer. The most effective domiciliary service can be achieved only by an officer working in his area for some considerable time so that he will become well known by general practitioners, health visitors and other health and welfare agencies. To improve communications, the car used by the senior mental welfare officer working from the March office was equipped with a radio-telephone and I am of the opinion that this has proved sufficiently valuable to justify an extension of its use in other parts of the County. To improve and simplify the service offered to general practitioners, arrangements were made for Ambulance Control at Cambridge and March to contact on request by general practitioners the mental welfare officer on duty outside normal working hours.

In concluding this section of my report, I have once again the pleasure of recording deep appreciation of the assistance given by the local voluntary organisations. The Cambridgeshire Mental Welfare Association, with considerable help from the Cambridge Council of Churches, purchased a second home for conversion to a home of bed-sitting rooms for former psychiatric patients. The Association also opened a shop for the sale of nearly new clothing to raise funds for its work; the Committee responsible for the shop is chaired by Lady Butler. At Ely there was formed a Society for Mentally Handicapped Children; the Society in Cambridge continues to do most valuable work. The Blue Bird Clubs in Ely, March, Whittlesey and Wisbech continue to provide a once a week social and handicraft session for mentally subnormal adults. The Relatives of the Mentally Ill (Cambridge Group) provide mutual support for those faced with problems arising from a mentally ill relative in the family. The local organisations co-ordinated their efforts to produce a useful programme of activities during Mental Health Week to increase public awareness of the problems covered by mental disorder and the facilities available for care and treatment.

Statistics

1. Mentally Subnormal Persons

(a) Admissions to hospital:

(i) for permanent care - Informally	23
Under order	3
Transfers to Ida Darwin from other hospitals	23

(ii) for temporary care - 26

(b) Awaiting permanent admission to hospital 57

(c) Discharged from hospital 2
Died 2

(d) Attending the three Junior Training Centres at 31.12.66 97

(e)	Weekly boarders at Junior Hostel at 31. 12. 66	7
(f)	Attending the two Adult Training Centres at 31. 12. 66	136
(g)	Progressed from Training Centres to normal employment	Nil
(h)	Resident at Edmund House	8
(i)	Under County Council Guardianship	6
(j)	Under Guardianship to some other person	1
(k)	Receiving home teaching	49
(l)	Total number receiving home visits, including those in the above categories	306
(m)	Temporary care arranged elsewhere and with financial assistance by the Council	26

2. Mentally Ill Persons

(a)	Hospital admissions during 1966 with assistance from mental welfare officers:	
	Under Section 25 of the Mental Health Act, 1959	14
	Under Section 26 of the Mental Health Act, 1959	3
	Under Section 29 of the Mental Health Act, 1959	97
	Informal admissions	176
(b)	Receiving visits by mental welfare officers	339
(c)	Resident in Cambridgeshire Mental Welfare Association's homes	7
(d)	Financial assistance to residents in Winston House and other psychiatric hostels during the year	10

3. Resident at The Hawthorns Hostel for maladjusted children 8

SECTION 29 - HOME HELP SERVICE

The organisation of this service remained unchanged in 1966, there being an assistant organiser and clerk in both the City of Cambridge and the southern part of the county area, and an organiser with clerical assistance in the northern part of the county.

The number of cases assisted in both the City of Cambridge and the County area is slightly higher than for the previous year; in the county area the whole of the increase was in the northern part. The proportion of patients aged over 65 continues to rise, comprising some 67% of cases helped in 1966 as against 62% in 1965. The number of chronic sick and tuberculous patients showed a marked reduction.

TABLE 25

HOME HELP SERVICE

	<u>City</u>	<u>County Area</u>	<u>Total</u>
<u>Number of helps employed at 30th</u> <u>September, 1966</u>			
(a) Whole-Time	29	4	33
(b) Part-Time	89	337	426
(c) Whole-Time equivalent of (b)	45	149.5	194.5
<u>Number of cases where help provided</u> <u>during 1966</u>			
(a) Aged 65 or over on first visit in 1966	612 (592)	1,001 (846)	1,613 (1,438)
(b) Aged under 65 on first visit in 1966:			
Chronic sick and tuberculous	21 (63)	78 (100)	99 (163)
Mentally disordered	2 (1)	8 (11)	10 (12)
Maternity	215 (194)	178 (218)	393 (412)
Others	188 (134)	100 (142)	288 (276)
Total	1,038 (984)	1,365 (1,317)	2,403 (2,301)

(1965 figures in parentheses for comparison)

Home helps from both County and City areas attended the Eastern Area Rally for Home Helps, which was held at Cambridge in June. In September, both County Area Organisers attended the Annual Week-end School and Conference of the Institute of Home Help Organisers.

Neighbourly Help Scheme

The neighbourly help scheme was continued throughout the County. At the end of the year 36 women were enrolled as neighbourly helps, and a further 14 had provided help during the year.

TABLE 26

REGISTERED NURSING HOMES

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

Two of these nursing homes no longer admit patients, but have asked to retain their registration.

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 Clinics and the help of the Consultant Chest Physicians in this connection is gratefully acknowledged. During 1966, 701 candidates were examined clinically and the majority also had a chest X-ray. This figure is 96 more than that for 1965.

Visitors to the Department

The arrangement whereby administrative trainees of the East Anglian Regional Hospital Board are shown something of the local authority's health and welfare services continued, and one trainee attended for a fortnight during June. Once more, an appropriate programme was arranged and the trainee, as well as spending time in the Health Department visited the Children Department, the Ambulance Station, the Welfare Department and the South Cambridgeshire Rural District Council.

We were also pleased to welcome to the department Dr. Ismail Sendilek, Deputy Director General of Public Health in the Ministry of Health at Ankara, Turkey, who was visiting this country on a World Health Organisation Fellowship.

Finally, two students from the London School of Hygiene and Tropical Medicine, Drs. Starr and Gbajumo studying for the Diploma in Public Health, spent a week seeing something of our work.

Food and Drugs Act, 1955

The County Council is responsible for the administration of the Food and Drugs Act, 1955. As regards Milk Supplies, 28 samples of raw milk were taken in the county during the year, apart from Chesterton Rural District Council, from 14 sellers. All samples were satisfactory. The public health inspectors are responsible for the taking of milk samples in the area of Chesterton Rural District Council.

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 D and O.

Population

The Registrar General's mid-1966 estimate showed an increase of 2,980 on the figure for mid-1965, an increase of 560 in the City and 2,420 in the county area.

General

The statistics given for the years 1962-65 have been calculated from the annual reports of the Old Cambridgeshire County Council and Isle of Ely County Council and this has been done to serve as a base line for comparison purposes.

Births

The comparable birth rate of 15.5 per thousand population for the Administrative County is 2.2 lower than the average for England and Wales (17.7) which has shown a decrease of 0.3 on last year's figure.

The number of illegitimate live births fell from 309 to 276 in 1966. Shown as a percentage of the total live births occurring in the Administrative County this is 5.9% (6.4% in 1965). The percentage of illegitimate live births in the urban area is 7.7% (7.3% in 1965); in the rural area 4.8% (5.5% in 1965).

Stillbirths

The number of still births occurring in the Administrative County increased from 52 to 72 giving the rate per thousand total births as 15.3 (10.7 in 1965). The rates for the urban area and rural area were 15.6 (10.7 in 1965) and 14.9 (10.6 in 1965) respectively. The rate for England and Wales was 15.3.

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 14.9, compared with 15.6 in 1965. The ratios for the urban and rural areas are 15.9 (18.3 in 1965) and 13.9 (12.8 in 1965) respectively. The rate for England and Wales was 18.9.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year per 1,000 illegitimate live births) fell to 7.2 from 25.8 in 1965, but this rate is liable to wide fluctuations 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) fell slightly in the Administrative County from 11.8 in 1965 to 10.6 in 1966. The rate for the urban area was 10.2 (13.3 in 1965) whilst the rate for the rural area was 10.9 (10.3 in 1965). This compares with a figure of 12.9 for England and Wales.

Since the main loss of young life to-day occurs either prenatally or in the first week of life it is customary to express the loss as a perinatal mortality rate (still births and deaths in the first week of life per 1,000 live and still births). The rates for the Administrative County are 24.2 (20.9 in 1965); urban area 22.6 (22.2 in 1965), rural area 25.7 (19.7 in 1965). The rate for England and Wales was 26.3.

Deaths

The comparable death rate for the Administrative County is 10.0 per thousand population; that for England and Wales is 11.7.

It will be noted that once more the greatest causes of deaths were heart disease (921), cancer (614) and vascular lesions of the nervous system (449).

The number of deaths from cancer of the lung and bronchus fell by 13 to 132, a decrease of 11 in males and 2 in females. The number of deaths from cancer of all sites rose by 9 to 614, the figure for males rose by 12 but females fell by 3.

Deaths of persons over the age of 65 amounted to 73.9% of the total deaths, an increase of 1.6% 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

Administrative County	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
	268,610	269,990	271,000	273,050	277,900	280,640	282,950	287,870	291,030	294,010

TABLE B

URBAN DISTRICTS

Area	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Cambridge M.B.	91,980	92,500	93,140	93,840	94,810	95,380	96,020	98,390	99,270	99,883
Chatteris	5,590	5,570	5,570	5,580	5,520	5,520	5,500	5,470	5,490	5,520
Ely	9,860	10,090	9,760	9,790	9,810	9,800	9,920	10,010	10,040	10,030
March	13,130	13,210	13,200	13,280	13,140	13,230	13,240	13,240	13,180	13,200
Whittlesey	8,840	8,940	8,980	9,030	9,390	9,460	9,540	9,630	9,710	9,820
Wisbech M.B.	17,180	17,130	17,090	17,170	17,460	17,550	17,520	17,520	17,500	17,410
TOTAL	146,580	147,440	147,740	148,710	150,130	150,940	151,740	154,260	155,190	155,810

TABLE C

RURAL DISTRICTS

Area	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Chesterton	41,850	42,450	42,450	43,970	45,380	46,970	47,540	49,000	49,430	50,080
Ely	14,520	14,500	14,500	14,500	14,340	14,370	14,520	14,540	14,560	14,630
Newmarket	20,230	19,790	19,790	20,060	20,930	21,100	21,150	21,360	21,720	22,040
North Witchford	4,790	4,800	4,790	4,770	4,650	4,650	4,620	4,620	4,580	4,570
South Cambs.	28,140	28,460	28,500	28,390	29,880	29,940	30,630	31,260	32,650	33,810
Wisbech	12,500	12,550	12,600	12,650	12,590	12,670	12,750	12,830	12,900	13,070
TOTAL	122,030	122,550	123,260	124,340	127,770	129,700	131,210	133,610	135,840	138,200

TABLE D

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1966 17.7

AREA	1962			1963			1964			1965			1966		
	No.	Rate	Com- para- bility factor	No.	Rate	Com- para- bility factor	No.	Rate	Com- para- bility factor	No.	Rate	Com- para- bility factor	No.	Rate	Com- para- bility factor
Administrative County	4629	16.4	N/A	4757	16.8	N/A	5076	17.6	N/A	4815	16.5	0.99	4638	15.7	0.99
URBAN DISTRICTS															
Cambridge M.B.	1442	15.1	1.03	1478	15.4	0.96	1588	16.1	0.96	1494	15.0	0.96	1421	14.2	0.96
Chatteris	78	14.1	1.00	84	15.3	1.06	85	15.5	1.06	87	15.8	1.06	61	11.0	1.06
Ely	151	15.4	0.99	154	15.5	0.97	157	15.7	0.97	143	14.2	0.97	146	14.5	0.97
March	203	15.3	1.02	206	15.6	1.05	219	16.5	1.05	202	15.3	1.05	196	14.8	1.05
Whittlesey	164	17.3	1.00	160	16.8	1.01	177	18.4	1.01	191	19.7	1.01	149	15.2	1.01
Wisbech M.B.	290	16.5	0.99	286	16.3	1.03	328	18.7	1.03	282	16.1	1.03	292	16.8	1.03
AGGREGATE	2328	15.4	N/A	2368	15.6	N/A	2554	16.5	N/A	2399	15.5	0.98	2265	14.5	0.98
RURAL DISTRICTS															
Chesterton	856	18.2	1.03	957	20.1	0.94	915	18.7	0.94	899	18.2	0.94	849	16.9	0.94
Ely	236	16.4	1.03	248	17.1	1.07	261	17.9	1.07	226	15.5	1.07	209	14.3	1.07
Newmarket	376	17.8	1.09	372	17.6	1.02	394	18.4	1.02	376	17.3	1.02	384	17.4	1.02
North Witchford	78	16.8	1.03	52	11.3	1.02	68	14.7	1.02	50	10.9	1.02	57	12.5	1.02
South Cambs.	534	17.8	1.07	549	17.9	1.02	644	20.6	1.02	657	20.1	1.01	639	18.9	1.01
Wisbech	221	17.4	1.00	211	16.6	1.01	240	18.7	1.01	208	16.1	1.01	235	18.0	1.01
AGGREGATE	2301	17.7	N/A	2389	18.2	N/A	2522	18.9	N/A	2416	17.8	0.99	2373	17.2	0.99

TABLE E

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	251	5.0	152	6.5	99	4.3
1963	229	4.8	143	6.0	86	3.6
1964	290	5.6	167	6.5	123	4.9
1965	309	6.4	175	7.3	134	5.5
1966	276	5.9	174	7.7	102	4.3

TABLE F

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	60	12.8	32	13.5	28	12.0
1963	72	14.9	37	15.4	35	14.4
1964	72	14.0	30	11.6	42	16.4
1965	52	10.7	26	10.7	26	10.6
1966	72	15.3	36	15.6	36	14.9

England and Wales 1966 - 15.3

TABLE G

TOTAL LIVE AND STILL BIRTHS

Area	1962	1963	1964	1965	1966
Administrative County	4,689	4,829	5,148	4,867	4,710
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,465	1,501	1,605	1,508	1,446
Chatteris	79	86	87	88	61
Ely	152	157	159	144	147
March	204	207	222	205	201
Whittlesey	166	166	178	194	151
Wisbech M.B.	294	288	333	286	295
Aggregate	2,360	2,405	2,584	2,425	2,301
<u>RURAL DISTRICTS</u>					
Chesterton	868	968	930	910	862
Ely	242	255	265	227	215
Newmarket	380	378	401	383	388
North Witchford	80	52	71	51	59
South Cambs.	537	554	652	661	645
Wisbech	222	217	245	210	240
Aggregate	2,329	2,424	2,564	2,442	2,409

TABLE H

INFANT MORTALITY (Deaths under one year per thousand live births)
England and Wales 1966 - 18.9

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	58	12.5	31	13.3	27	11.7
1963	92	19.3	43	18.1	49	20.5
1964	65	12.8	37	14.4	28	11.1
1965	75	15.6	44	18.3	31	12.8
1966	69	14.9	36	15.9	33	13.9

TABLE I

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	54	12.5	29	13.3	25	11.3
1963	84	18.5	39	17.5	45	19.5
1964	61	12.6	33	13.8	28	11.7
1965	67	14.9	39	17.5	28	12.3
1966	67	15.6	36	17.2	31	13.6

TABLE J

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	4	15.9	2	13.1	2	20.2
1963	8	34.9	4	28.0	4	46.5
1964	4	13.8	4	24.0	-	-
1965	8	25.8	5	28.6	3	22.4
1966	2	7.2	-	-	2	19.6

TABLE KNEO NATAL DEATH RATE(Deaths in first 4 weeks of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	56	12.1	35	15.0	21	9.1
1963	59	12.4	29	12.2	30	12.6
1964	51	10.0	26	10.2	25	9.9
1965	57	11.8	32	13.3	25	10.3
1966	49	10.6	23	10.2	26	10.9

TABLE LEARLY NEO NATAL DEATH RATE(Deaths in first week of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	50	10.8	31	13.3	19	8.2
1963	51	10.7	25	10.5	26	10.9
1964	44	8.6	23	9.0	21	8.3
1965	50	10.4	28	11.6	22	9.1
1966	42	9.1	16	7.5	26	10.9

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	109	23.2	63	26.7	46	19.7
1963	123	25.4	62	25.7	61	25.1
1964	125	24.3	57	22.1	68	26.5
1965	102	20.9	54	22.2	48	19.7
1966	114	24.2	52	22.6	62	25.7

TABLE N

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	-	-	-	-	-	-
1963	3	0.62	-	-	3	1.24
1964	-	-	-	-	-	-
1965	2	0.41	-	-	2	0.82
1966	-	-	-	-	-	-

TABLE O

DEATH RATES PER THOUSAND POPULATION

England and Wales 1966 - 11.7

	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor
1962	3071	10.9	N/A	1661	11.0	N/A	1410	10.9	N/A
1963	3228	11.4	N/A	1737	11.4	N/A	1491	11.4	N/A
1964	3015	10.4	N/A	1632	10.5	N/A	1383	10.3	N/A
1965	3017	10.4	0.94	1587	10.2	0.95	1430	10.5	0.93
1966	3056	10.4	0.96	1670	10.7	0.98	1386	10.0	0.93

TABLE P

TUBERCULOSIS DEATHS (all forms)(Rate per 1,000 population)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1962	10	0.03	7	0.04	3	0.02
1963	7	0.02	4	0.02	3	0.02
1964	11	0.04	6	0.03	5	0.04
1965	12	0.04	3	0.02	9	0.06
1966	7	0.02	4	0.02	3	0.02

TABLE Q
CANCER DEATHS

	County				Urban Area Aggregate				Rural Area Aggregate			
	Male		Female		Male		Female		Male		Female	
	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus
1962	350	140	252	13	202	78	153	8	148	62	99	5
1963	288	101	274	21	158	57	151	11	130	44	123	10
1964	279	100	296	22	161	60	164	14	118	40	132	8
1965	335	118	270	27	175	62	151	18	160	56	119	9
1966	347	107	267	25	188	67	138	14	159	40	129	11

TABLE R
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
AGGREGATE OF URBAN DISTRICTS

	Under 4 weeks		4 weeks and under 1 year		1-		5-		15-		25-		35-		45-		55-		65-		75 and over		All ages	
	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	-	-	-	2	-	-	-	-	-	3	-
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	2
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	1	1	5	9	7	25	15
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	-	-	-	1	-	5	2	30	6	24	3	7	3	67	14
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	6	-	11	-	8	-	29
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	4	-	5	-	13
14. Other malignant and lymphatic neoplasms	-	-	-	-	-	-	-	-	-	-	2	1	2	1	2	4	19	17	56	27	35	16	96	67
15. Leukaemia, aleukaemia	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	5	1	1	2	16	10	18	45	43	99	84	157
18. Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	-	-	5	-	25	-	51	9	62	37	46	89	190	135
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	5	5	5	9	8	15
20. Other heart disease	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	11	2	14	12	49	86	78	101
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	2	8	6	22	23	36	32
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	6	11	45	52	56	68
24. Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	14	4	22	6	44	12
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	2	7	10	10
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	6	1	9	2
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	3	3	8
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	1	7	2
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformation	3	2	2	3	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	6
32. Other defined and ill-defined diseases	7	9	2	3	3	-	1	1	-	8	3	1	1	-	4	4	5	7	9	20	15	35	49	79
33. Motor vehicle accidents	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	2	5	2	3	17	13
34. All other accidents	-	-	-	-	-	-	-	-	-	-	1	1	1	-	3	-	5	4	4	4	4	14	21	23
35. Suicide	-	-	-	-	-	-	-	-	-	-	-	2	-	-	4	1	2	1	-	5	1	2	12	10
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	10	13	6	7	5	6	5	4	15	5	10	6	24	4	52	23	164	78	226	211	321	475	838	832

TABLE S

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Aggregate of Rural Districts

	Under 4 weeks M F	4 weeks and under 1 year M F	1- M F	5- M F	15- M F	25- M F	35- M F	45- M F	55- M F	65- M F	75 and over M F	All ages M F	
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	1	-	-	2	2	1
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	1	-	-	-	-	1	-	-	2	-
10. Malignant neoplasm, stomach	-	-	-	-	-	-	1	2	6	12	11	32	14
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	1	2	14	13	11	40	11
12. Malignant neoplasm, breast	-	-	-	-	-	1	4	5	-	1	3	1	24
13. Malignant neoplasm, uterus	-	-	-	-	-	-	1	-	-	3	4	-	12
14. Other malignant and lymphatic neoplasms	1	-	1	1	1	2	2	8	17	17	35	86	68
15. Leukaemia, aleukaemia	-	-	1	-	-	-	-	1	3	1	-	5	3
16. Diabetes	-	-	-	-	-	-	-	1	1	1	-	3	7
17. Vascular lesions of nervous system	-	-	-	-	-	1	-	1	7	31	18	90	118
18. Coronary disease, angina	-	-	-	-	-	-	3	8	32	59	23	175	98
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	3	1	2	14	7
20. Other heart disease	-	-	-	1	-	1	-	2	3	12	29	48	52
21. Other circulatory disease	-	-	-	-	-	-	-	1	4	8	17	30	23
22. Influenza	-	-	-	-	-	-	-	-	-	1	-	3	4
23. Pneumonia	-	2	-	-	-	1	-	1	2	11	22	48	76
24. Bronchitis	-	-	1	-	-	-	-	1	11	10	6	33	16
25. Other diseases of respiratory system	-	-	-	-	-	-	-	2	2	1	3	8	6
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	1	1	-	2	5
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	1	1	-	1	4
28. Nephritis and nephrosis	-	-	-	1	-	-	1	1	1	2	4	2	4
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	1	-	4	7	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformation	6	2	1	1	3	1	-	2	7	11	13	10	5
32. Other defined and ill-defined diseases	8	-	-	-	-	1	-	1	6	1	4	46	65
33. Motor vehicle accidents	-	-	2	-	3	1	3	1	3	5	6	19	23
34. All other accidents	-	1	-	-	1	-	3	1	1	1	-	7	4
35. Suicide	-	-	-	-	-	-	-	-	1	2	-	1	-
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	14	6	4	3	2	8	14	33	126	201	312	732	654

TABLE T

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	
	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	-	-	1	2	-	-	-	2	-	5	1
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	2
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	1	1	1	-	-	-	-	3	6
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	-	-	-	-	1	1	4	1	8	2	24	9	20	16	57	29
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	-	-	-	1	1	7	2	44	8	37	9	18	5	107	25
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	9	-	11	1	14	-	14	1	53
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	6	-	8	-	9	-	25
14. Other malignant and lymphatic neoplasms	1	-	-	-	-	-	-	1	-	1	4	1	4	3	10	8	36	34	57	44	70	41	182	135
15. Leukaemia, aleukaemia	-	-	-	-	1	1	1	-	-	-	-	-	-	-	1	1	3	1	1	2	1	3	8	9
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	3	-	1	7	6	14
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	2	5	3	2	10	23	17	49	63	93	182	174	275
18. Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	1	-	8	1	33	2	83	21	121	60	119	149	365	233
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	3	1	2	7	15	13	22	22
20. Other heart disease	-	-	-	-	-	-	-	-	1	-	1	-	2	-	4	-	14	6	26	24	78	122	126	153
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	9	5	16	10	39	39	66	55
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	4
23. Pneumonia	1	-	-	-	-	1	1	1	-	-	-	-	1	-	1	-	5	6	17	33	77	100	104	144
24. Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	16	1	24	10	34	15	77	28
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-	6	4	5	10	18	16
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	6	6	11	7
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	4	1	3	1	5	4	12
28. Nephritis and nephrosis	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	1	1	2	2	4	2	9	6
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	-	6	-	12	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformation	9	5	-	-	-	1	2	1	-	-	-	-	1	-	-	-	1	-	-	-	1	-	18	11
32. Other defined and ill-defined diseases	15	17	4	3	4	-	2	3	1	3	3	2	2	-	6	8	12	12	20	33	26	65	95	144
33. Motor vehicle accidents	-	-	-	-	-	1	1	-	13	3	2	1	4	1	-	1	8	1	3	5	6	4	37	17
34. All other accidents	-	-	-	-	2	1	-	-	4	1	2	1	3	-	4	-	8	5	7	7	10	30	40	46
35. Suicide	-	-	-	-	-	-	-	-	-	1	3	-	3	-	5	2	2	2	1	7	1	2	19	14
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
ALL CAUSES	24	25	12	8	9	9	8	6	26	7	18	10	38	18	85	51	291	151	427,358	633	843	1570	1486	

TABLE 27

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1966

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection
			Paralytic	Non-paralytic				
Under 1 year	-	-	-	-	13	-	10	-
1-4	-	1	-	-	38	-	34	-
5-9	2	2	-	-	79	-	36	-
10-14	2	1	-	-	76	-	54	-
15-24	3	-	-	-	78	-	69	-
25 and over	13	1	-	-	105	-	276	-
Age unknown	-	-	-	-	6	-	31	-
	-	-	-	-	4	-	33	-
	1	-	-	-	3	-	103	-
					9	-	25	-
Totals	21	5	-	-	411	-	671	-
1965 Totals #	35	16	-	-	1,298	-	99	-

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum
			Infective	Post-Infectious						
Under 5 years	-	-	-	-	1	-	-	-	-	1
5-14	1	-	-	-	-	-	-	-	-	-
15-44	-	-	-	-	1	-	-	-	1	-
45-64	-	-	-	-	-	-	1	-	-	-
65 and over	1	-	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-
Totals	2	-	-	-	1	1	1	-	1	1
1965 Totals	3	-	-	-	-	-	5	-	2	-

TABLE 27A

NOTIFICATION OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1966

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection
			Paralytic	Non-paralytic				
Under 1 year	-	10	-	-	75	-	1	-
1-	4	21	-	-	208	-	4	-
2-	3	20	-	-	283	-	6	-
3-	7	19	-	-	270	-	7	-
4-	6	27	-	-	276	-	5	-
5-9	53	67	-	-	1,018	-	33	-
10-14	7	9	-	-	72	-	10	-
15-24	5	1	-	-	14	-	8	-
25 and over	1	1	-	-	9	-	13	-
Age unknown	1	1	-	-	4	-	-	-
Totals	87	176	-	-	2,229	-	87	-
1965 Totals	152	61	-	-	2,058	-	149	-

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum
			Infective	Post-Infectious						
Under 5 years	3	-	-	-	-	-	-	4	-	-
5-14	3	-	-	-	-	-	-	-	-	-
15-44	2	-	-	-	-	-	2	8	-	-
45-64	3	-	-	-	-	-	2	2	-	-
65 and over	2	-	-	-	-	-	2	-	-	-
Age unknown	-	-	-	-	-	-	-	1	-	-
Totals	13	-	-	-	-	-	6	15	-	-
1965 Totals	24	-	-	-	-	-	5	20	4	-

CAMBRIDGESHIRE AND ISLE OF ELY
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
Year ending 31st December 1966

FOREWORD

This, the second annual report on the school health service in the county of Cambridgeshire and Isle of Ely, records further steady progress in the by no means simple task of welding together the comprehensive and coherent service which is so necessary and which was foreshadowed in last year's report. As an example, the system of frequent visits by doctors to all schools, coupled with the grouping into catchment areas based on village colleges, allocated to specific medical officers, with a resultant continuity of medical supervision throughout school life, was extended during 1966 to the Ely and Witchford areas as a first step, with the ultimate objective of further extension north until the whole county is so covered. A further alteration to previously existing practice was introduced; namely, a trial revision of the school medical inspection schedule whereby, while continuing the normal inspection of entrants and leavers, the intermediate examination at age 7+ was arranged on a selective basis. This method, taken in conjunction with the frequent school visits of the doctors, it was hoped would be at least as satisfactory as the previous practice of examining all intermediates and might well lead to some elimination of time wastage by all concerned, so leaving more leeway to concentrate on those children most in need of attention. The rationale behind this selection is to inspect only those known to the office by whatever means to warrant it, together with any specifically referred by head teachers or parents, all the latter being given written opportunity to ask for a consultation. To cover eyesight where defects may well develop at any time during school life without arousing suspicion by parents or teachers, screening of visual acuity is carried out by school nurses every second year with, in addition, a colour vision test at age 11+, a practice not hitherto invariably carried out in all parts of the county. As regards hearing, routine audiometric sweep testing continued as before, and here an increase in the number of children referred for hospital investigation is quite definitely now becoming apparent.

These projects were materially assisted by a welcome addition to the medical staff with the advent of Dr. Masina but, as so often happens, an improvement in one direction is immediately counterbalanced by a setback elsewhere. The complement of speech therapists, at best hardly sufficient for full coverage, was seriously depleted by the resignation for various reasons of all but the senior officer. One newly qualified therapist was appointed and a little part-time help was acquired, but by the end of the year the service had been reduced to such inadequate proportions as to be little more than a stop-gap advisory affair, a sad state when one considers the importance to a child's future of good verbal communication. One wonders if sufficient students are being trained for this important, interesting, and rewarding profession. Admittedly there is an alarming rate of wastage but, when such an ostensibly attractive centre as Cambridge cannot recruit sufficient staff, one wonders if perhaps the cause might not be the appallingly low rate of salary in comparison with other callings and having regard not only to the length and technicality of the training but also to the standard of education required of intending students - indeed, one can only wonder.

Another essential part of the service to suffer from staff shortage was the school psychological service. Throughout the year there was understaffing in this field. It is doubtful if the establishment is really sufficient having regard to the multifarious duties expected of educational psychologists, ranging from the general duty of advising school staffs in the mass to the particular duty, in which the school health service is vitally interested, of assisting in the correct diagnosis of the educational backwardness and behaviour difficulties of individual children. Some years ago, in what is now the northern area of this county, the completion of form 2 H.P., for the ascertainment of the educationally subnormal and mal-adjusted, became the joint responsibility of the school nurse, educational psychologist, and school medical officer, part I being completed by the school nurse whose knowledge of the home meant that this part of the form would be completed in the light of her overall knowledge of all the family circumstances rather than as the result of a cursory visit by the medical officer. The educational psychologist then completed part II which relates specifically to psychological testing, and the medical officer with special training in ascertainment finally examined the child and completed part III, making the requisite recommendations after, if necessary, discussion with the nurse and psychologist. This arrangement has the distinct advantage of ensuring liaison with the professional staff of the education department at a most important stage in the educational career of the pupil. It also has the most desirable result of reducing the time spent by medical officers on procedures which some may consider to be not of an essentially medical character. The staff shortage, although it did not in fact interfere with the continuance of this scheme in that part of the county where it was already in operation, effectively prevented any consideration being given to the desirability of its further extension.

To offset these somewhat gloomy remarks, it is indeed a pleasure to be able to report the improvement slowly being made in the provision for dealing with those unfortunate children handicapped by impaired hearing. During the year a second peripatetic specialist teacher took office. This is still not enough, but it is a start towards the badly needed build-up of a comprehensive service which must, of necessity, cover the whole age range from first discovery of the handicap, which should be long before school age is reached, and which must include not only parent guidance in the case of very young children and satisfactory educational provision both by the peripatetic staff and where possible in special units, but also the diagnostic and advisory service provided by an audiology clinic housed in suitable premises. It is hoped, and confidently expected, that future reports will be able to record further steady progress in this field. The facilities which are provided by the city and which are available to county children are much appreciated, but in those parts of the county remote from the city additional unit provision is urgently required.

Another facet of the work showing improvement during the year was in the field of the school dental service. Here for the first time for many years, at least in the northern area, the possibility of a really comprehensive service became a practical proposition with the appointment of a consultant anaesthetist and, in the Ely district, an area dental officer, together with the filling of the vacancy at Wisbech for a dental auxiliary.

A full-time service was thereby made possible in the Ely area and for the first time the service was enabled to expand to cover Littleport, to which district the part-time dental officer previously serving at Ely was transferred. This extension was made possible by the acquisition of a dental caravan which for the present is permanently stationed at Littleport, so providing a reasonably satisfactory base until such time as the proposed health centre materialises. This is particularly fortunate in view of the total absence of any alternative provision for dental treatment in Littleport. The increase in dental staff did lead to certain difficulties in clinic allocation between the various services provided by the school health and the county health department. Such difficulties are, of course, inherent in our present condition of shortage of both man-power and money. It is always a moot point whether one should build premises for staff one has not got and may have great difficulty in getting, or attempt to recruit staff first knowing one has ^{not} got, and will be unable quickly to provide, suitable and adequate premises in which they can work. In such a predicament it does not really seem that one has much hope of winning.

School swimming pools continued to proliferate to an extent which made it imperative to consider hygienic standards and procedure. It became evident in fact that some standard procedure would be necessary and during the year preliminary discussions took place as to what this should be and how it should be introduced. The outcome, however, is a matter for future report.

I am happy to report that on the whole the health of our school population was excellent. The details of the actual work of the school health service are set out in the body of the report, together with the interesting comments of those particularly responsible for the various facets of the service. In conclusion I must accord the customary, but none the less sincere, expression of my thanks to all concerned for their forbearance, encouragement, and willing help at all times so readily given to me in administering a service, the importance of which to the future well being of the nation cannot be over estimated.

M. E. HOCKEN,

Principal School Medical Officer.

July, 1967

This Report is prepared in accordance with Section 92 of the Education Act 1944. The City of Cambridge is an Excepted District under this Act, and the figures and comment in this Report relate to the service in the rural area. Those relating to the City are given as part of the Annual Report of the City Medical Officer of Health.

NUMBER OF CHILDREN ON ROLL

Primary Schools	17,478
Secondary Modern Schools	8,034
Secondary Grammar Schools	2,146
Nursery Schools	59
Special Schools	59
Total	<u>27,776</u>

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

The pattern of routine school medical inspection based on the system of "frequent visits" to schools, in use for a number of years in the southern part of the county, was further extended and modified during the year and, by the end of the coming year, will be in use throughout the county as a whole. The "frequent visit" system tends to produce more re-inspections, presumably because the medical officer, operating under the old annual or sometimes two-yearly medical inspections, found little value in referring for re-examination children with conditions which would not again be seen in time to be of use. It is envisaged that ultimately all children requiring re-examination will in fact be seen at intervals of not more than six months, a very obvious advantage.

The modification mentioned above relates to the cessation of the routine examination at the age of $7\frac{1}{2}$ years and the introduction of a system of "selective examinations" for this age group whereby parents are approached and asked whether they have any problem relating to the child they would like to discuss with the school medical officer who then considers what examination, if any, is called for. Since it follows that in all these cases the parent attends, and has problems for discussion, the procedure is time consuming, but it is felt that the time and effort is directed to a more useful end than routine examination simply on the basis of age.

Mention should be made of the fact that Dr. M. H. Masina joined the staff as part time school medical officer during the year.

MEDICAL INSPECTION AND TREATMENT

Numbers Inspected

Periodic Inspections	8,321
Special Inspections	959
Re-inspections	7,358
Total	<u>16,638</u>

Proportion of Children Found to Require Treatment

The proportion of children found at periodic inspection to require treatment for defects other than dental diseases and infestation of heads was 11.9% as compared with 8.5% last year. The proportion of children of unsatisfactory physical condition fell from 0.36% to 0.26%, and defective vision was found in 285 of the 989 individual children found to require treatment as compared with 199 of the 635 individual children in 1965.

Minor Ailment Clinics

The following table gives details of the minor ailment clinics and the work undertaken:-

<u>Clinic</u>	<u>Address</u>	<u>Doctor present</u>
Wisbech	County Clinic, Horsefair, Wisbech	1st and 3rd Friday mornings
March	County Clinic, County Hall, March	4th Thursday morning
Ely	County Clinic, Downham Road, Ely	When required
Whittlesey	Sir Harry Smith School	4th Thursday afternoon
Outwell	Beaupre School	3rd Monday afternoon
Chatteris	Cromwell School	3rd Friday morning

Individual numbers of children treated

	Wisbech	March	Ely	Chatteris	Outwell	Whittlesey	Total
Ringworm (head)	-	-	-	-	-	-	-
Ringworm (body)	-	1	-	-	-	-	1
Scabies	-	3	-	-	-	-	3
Impetigo	-	25	-	-	1	4	30
Other skin diseases	-	11	-	2	-	2	15
Minor eye defects	7	189	-	2	4	8	210
Minor ear defects	-	14	-	2	1	-	17
Miscellaneous	163	131	-	12	223	19	548
Totals	170	374	-	18	229	33	824

Grand Total: 824

Total attendances made by children: 850

These sessions, so-called minor ailment clinics, have been used in the northern part of the county over a number of years for various purposes including immunisation, vaccination, and examination of staff. Consideration is now being given to their elimination and the substitution of clinics, possibly to be known as medical officers' clinics, at which staff and other special medical examinations will be carried out at a reduced number of centres. Minor ailment clinics, as the name suggests, were instituted many years ago to cope with precisely these conditions, and their value has gradually decreased since the advent of the National Health Service.

Recuperative Holidays

As a result of medical inspection, six children were recommended for recuperative holidays and each spent two weeks in the summer at a children's home in Devon.

SCHOOL DENTAL SERVICE

I am indebted to Dr. F. E. Adams and Mr. J. R. Toller for reports on the school dental service in their respective areas.

Dr. Adams has submitted the following report appertaining to the northern area:-

"I am pleased to report that there was an increase in dental staff during the year. Mrs. M. C. McIntyre, B.D.S. took up her appointment as area dental officer at the Ely clinic and Miss J. R. Campe, dental auxiliary, took up her duties at the Wisbech clinic. The area dental officer appointment is the first full time dental appointment in the Ely area for many years, and it means a more comprehensive service can now be offered.

Dr. F. Alberts, F.F.A., R.C.S. consultant anaesthetist, has been appointed on a sessional basis. He administers general dental anaesthetics at the March and Wisbech clinics. The appointment of a consultant anaesthetist for dental anaesthesia is becoming increasingly widespread and is the modern trend; not only does it provide a high standard of anaesthesia, it relieves a dental officer of this duty, thereby allowing one dental officer to devote an extra session to the treatment of dental patients.

School inspections were carried out as in previous years; 7741 children received at least one dental inspection during the year; 5765 were inspected in the schools. The increase in staff enabled us to inspect more schools this year.

As regards clinics, the provision of a recovery room adjoining the dental surgery at Cromwell School, Chatteris, has increased the usefulness of this clinic. General anaesthetic sessions can now be held without inconvenience to patients or staff. An x-ray apparatus has been installed in this clinic and this saves children having to come all the way to March to have a dental x-ray taken. With these improvements and the better staffing situation, it has been found possible to offer a better dental service at this clinic.

Dental treatment followed the pattern established over the last few years. Conservation of the teeth was the main objective; more fillings were inserted and more crowns were made for school children than in the previous year. A good deal of time was spent on orthodontic treatment and the dental officers of the northern area administered 824 general anaesthetics.

One disquieting finding is that twice as many deciduous teeth were extracted as were filled. This means that many baby teeth were beyond filling when the children were first seen. To help to remedy this state of affairs, I feel we should direct our dental health propaganda in the first place to the parents of these young children. We should try and see more of these very young children in our everyday work and this means we shall require more dentists, more auxiliaries and, of course, more clinics for them to work in. Fluoridation of public water supplies is an urgent necessity in the fight against dental decay in young children, and the approval in principle of this measure by the county council is one step in the right direction.

In the northern area of this authority we are hoping to acquire a mobile dental clinic in 1967. It will first go to Littleport where there has been no dental service of any kind for many years. The part time dental surgeon, who has given such good service at the Ely clinic, will work in the dental caravan at Littleport.

In areas where there is a shortage of general dental practitioners, and this applies to the rural areas of East Anglia, I feel the school service should expand to fill these gaps in the dental services."

As regards the southern area, Mr. Toller writes:-

"The staff at the end of 1966 consisted of the joint principal, Mrs. Hewitt and Mrs. Ronayne, which is the largest staff we have had since 1939. However, two members of the staff are anchored by the location of their husbands' work and it would be unwise to plan the service on the assumption that this plenitude is permanent or, indeed, may last very long.

The joint principal and Mrs. Hewitt devote their time to the rural area and work in mobile dental surgeries of which we now have two, the delivery of the second having been made in August. Mrs. Ronayne divides her time between the clinics at Shelford and Shire Hall.

What is needed is the reasonable assurance of staff in order that regular periodical visits to the remote rural schools could be planned, the provision of a service upon which parents could rely. This is our purpose and obligation - to bring dentistry to children whose parents cannot, for various reasons, attend central points periodically for regular dental treatment and in any case to save the enormous waste of parents' and childrens' time keeping appointments at central points. A whole day of several individuals' time is too often devoted to the keeping of a single appointment with a dentist of a quarter of an hour's

duration. If we school dentists in rural areas locate at fixed central points to which our patients have to travel, we might as well be in the National Health Service."

SCHOOL OPHTHALMIC SERVICE

Apart from the fact that during the year Miss Perrers Taylor took over the fortnightly clinics hitherto undertaken by Dr. D. W. Taylor at the clinic at Downham Road, Ely, there was no change in the arrangements for the specialist examination of children's eyes and the prescription of glasses, where necessary.

The following table summarises the work carried out directly on behalf of the authority, but many children are examined at hospital or elsewhere as result of reference by the school medical staff as well as other agencies:-

	Number of examinations	Number of new patients	Number of prescriptions
Doddington Hospital	357	93	237
Wisbech Clarkson Hospital	235	62	112
Ely School Clinic	496	85	134
Dr. A. R. Wade, Cambridge	801	232	351
Total	1,889	472	834

I am very pleased to include reports by Miss Perrers Taylor and Dr. A. R. Wade, two of the consultants concerned:-

Miss Perrers Taylor writes:-

"Thirty-five clinics were held in 1966 with a total attendance of 305 (55 new cases). The clinic has run very smoothly and pleasantly with the help of Miss Lewry, and of Nurse Gudgeon who knows many of the families so well. This is very helpful in dealing with difficult cases. Nearly all parents are very co-operative and attend well. There are very few cases which are not easy to deal with, and in cases of poor attendance, Dr. Hocken arranges for a visit to the home; this usually produces results."

Dr. Wade writes:-

"The work of this clinic has been helped materially by the arrangement begun in April, 1966, for us to have our own orthoptic treatment times at Addenbrooke's Hospital. Boys and girls with a squint and lazy eye are referred there for individual treatment for these conditions for as long as is needed.

The general trend has been for a relative rise in the number of cases of myopia to be seen. Myopia used to be much less wide-spread amongst the school population. There is also, regrettably, in all varieties of defect, an increasing number of parents who do not take enough interest in their children's eyesight, who do not encourage and supervise the wearing of the glasses which are prescribed when necessary, and who do not even bring their children to the clinic to keep appointments for sight testing. There is a trend amongst children to refuse to wear their glasses unless their parents have paid for expensive frames (keeping up with the Joneses), although the free frames, provided by the National Health Service, are individually fitted for each child. It seems a great pity, with the modern vogue for all children to attend school wearing school uniform, that there cannot also be uniformity in the spectacle frames. As it is, some children can and do damage to other children by jeering at them for having less expensive or free frames, to the extent of making the poorer children ashamed to wear their glasses. Disgraceful though this is, it is happening. The extremely thorough and efficient co-operation by all the school medical officers is of very great help, and I do appreciate all that they do. We also owe most sincere thanks to the untiring and devoted help of the health visitors and the staff of the health department."

As has been implied, Dr. D. W. Taylor discontinued ophthalmic clinics at Ely in August 1966 but during the period January to August, he held 14 clinics at which there were 173 attendances of school children. A number of pre-school children also attended. The total number of school children seen was 117 of whom 30 were new cases.

Miss Lewry, orthoptist, continued her activities in the northern area and we were fortunate in being able to arrange for a weekly session of orthoptic work for children in the southern part of the county to commence early in the year. The clinic is based on Addenbrooke's Hospital and the orthoptist, Mrs. F. Barnet, works under the direction of one of the consultant ophthalmic surgeons there. This is a very valuable addition to our service.

It is appropriate to mention here that school nurses undertake the vision testing of all children at age 7+, 9+, 11+ and 15+, including colour vision testing at age 11+. Thus, with the automatic vision testing at routine medical inspection soon after school entry and again at 13+, good cover for this most important health matter is given at a most vital period in the child's development.

CHILDREN WITH IMPAIRED HEARING

Routine Audiometric Testing

Routine "sweep" testing of children - entrants in the northern area; 7/8 year olds in the southern area - continued throughout the year, two specially trained members of the nursing staff operating in the northern area and a trained audiometrician in the southern area. At this point it should be emphasised that audiometric testing is also undertaken in respect of children of all ages where a need for it is made known.

Referrals to hospital ear, nose and throat departments and to general practitioners are made as the circumstances dictate, and the co-operation of both hospital and general practitioner services is much appreciated. Copies of audiograms of children referred are provided where possible and it is felt that this is particularly useful to the family doctor.

Routine testing was carried out on 3,629 children of whom 305 were found to require retest. By the end of the year 614 children had been specially examined or retested, of whom 408 required some further investigation or retest.

Children in Special Classes

Seven children from the rural area were in special classes at units for children with impaired hearing attached to ordinary schools in the City of Cambridge.

With the extension to the northern part of the county of the services of the peripatetic teachers, it is evident that some special provision for the partially hearing, possibly in the way of a day unit, will be required there, perhaps centrally at March. In the southern area too, there is need for increased provision and early in 1967, an experimental unit attached to Histon Nursery School was opened and three children have so far been admitted.

Audiology Clinic

The special audiology clinic at Addenbrooke's Hospital, attended by hospital and school medical staffs together with the teachers of children with impaired hearing, continued to be held from time to time.

Peripatetic Teachers of Children with Impaired Hearing

A second peripatetic teacher, Mr. J. E. Williams, was appointed during the year and a start was made with the extension and improvement of the service for children with impaired hearing, the teachers dealing with children requiring special tuition and use being made of their special skills in audiometric testing where it is considered advisable. Unfortunately at the time of writing Miss Fenner has taken a post elsewhere. A successor has been appointed but will not take up his duties until later in the year. In the meantime Miss Fenner has submitted a

report on various aspects of her work and this appears in that part of the report prepared by the county medical officer of health, on page 30.

SPECIAL EDUCATIONAL TREATMENT

The following table gives details of the handicapped children in special schools as at 19th January 1967 and also shows the numbers of children newly placed in special schools during the year under review. It will be noted that by far the largest category requiring placement is the educationally subnormal followed by the physically handicapped, and we are fortunate in that we have been able to place the majority in day special schools in the City of Cambridge, and at Wilburton Manor and Littleton House, both within the county area.

Special Educational Treatment

Handicapped Pupils

In Special Schools as at 19th January 1967

Category	In maintained special schools			In non-maintained special schools				In independent schools		Boarded in homes		Totals		Newly placed in special schools in 1966
	Day		Boarding		Day		Boarding		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. Blind							2					2		1
2. Partially Sighted			3	2			1					4	2	
3. Deaf			5	1			1					6	1	
4. Partially Hearing		1	3	1			2	1				4	4	
5. Physically Handicapped	12	11	1		2		6	4	1			20	17	2
6. Delicate	1	2	3					1	4	1		8	4	3
7. Maladjusted			1					2	8	1		9	3	4
8. Educationally Sub-normal	59	27	24	31			34		1	3		116	63	10
9. Epileptic	1						1					2		1
10. Speech Defect														
Total	73	41	42	35	2		47	8	14	5		171	94	12

In addition, 27 boys and 16 girls were in attendance at special classes for educationally sub-normal children attached to primary schools in the southern part of the county.

CHILD PSYCHIATRIC SERVICE

Dr. R. E. Glennie and Dr. A. Gage are the consultant child psychiatrists responsible for this service in the area of the county south of March. They work from Addenbrooke's Hospital and the child psychiatric clinic in Chesterton. Children living in March and the area north of the town are referred to Dr. B. F. Whitehead who is consultant child psychiatrist for the Peterborough area and is based at Peterborough Memorial Hospital. These consultants are employed by the regional hospital board, who provide the child psychiatric service in the area.

The majority of the children seen who are emotionally disturbed or are having educational difficulties are of school age, but the service is also available for pre-school children. In the Cambridge area, the practice of holding a weekly meeting in the clinic of local authority medical officers from the city and the county with the clinic staff was continued during the year and this has ensured the closest liaison between the various personnel concerned with the welfare of the children. The general practitioners are also kept fully in the picture and aware of the progress of their patients, and copies of all reports on the children are sent to them for information.

I am indebted to Dr. Glennie for the following note on the activities of the clinics under his control:-

"Throughout the year the child psychiatric service has continued to be under pressure both in respect of new cases referred and allocating sufficient time for children under treatment. The need for a senior registrar in child psychiatry is now more acute than formerly particularly as extra commitments have been taken on in the more comprehensive care of children and their parents. The responsible authorities have been frequently acquainted with our difficulties, but so far extra staff has not been forthcoming.

Our waiting list continues to cause us great concern because the steadily increasing demand for psychiatric support is maintained. Apart from children of school age who are referred with their parents, it is gratifying to note that the referral of children younger than school age continues, as well as adolescents; this is bringing about a much more comprehensive coverage of child and adolescent psychiatric difficulties. The close liaison with school medical officers, speech therapists, and remedial teachers has been maintained but some difficulties were experienced in the field of educational psychology related to the departure of Mr. Hughes after only a short time in post, and the fact that it was impossible immediately to appoint a suitable candidate as his successor.

The outstanding improvement in the service has been brought about by the opening in October 1966 of the Hawthorns Hostel for maladjusted children in Hawkins Way, Cambridge. This project is greatly in advance of anything we have had in this area before and indeed is unique in the country in that it allows for medical, social, educational, and psychiatric support of patients and their families, and enables the admission of children and adolescents who are temporarily unable to progress within the

family setting. This naturally has involved the child psychiatric service in quite a large additional commitment, but I feel sure that it will bring about a more satisfactory way of treating such children. We are fortunate in having Mr. and Mrs. Lasson as warden and matron of the hostel, who work in close co-operation both with the service here and with the school health service. The local authority is to be congratulated in realising the advantages of this system and in their co-operation in extending school facilities to cover the varying needs of these patients.

The need for additional specialist inpatient treatment for severely disturbed children has been brought to the attention of the hospital authorities and it is hoped that in the future adequate provision may be made; this will afford help in the comprehensive treatment of children and adolescents.

Lectures and discussion groups have been given throughout the year to nurses and school teachers, particularly those taking specialist training courses at the department, and at the Institute of Education. On many occasions individual teachers involved with particular cases have been seen, either in their own schools or at the clinic, to help them support these children more effectively.

The school health and education departments have been most helpful in supporting us in our work, and we would like to acknowledge this. Dr. Tyser is to be congratulated on carrying through from its inception the difficult project leading up to the opening of the Hawthorns Hostel which undoubtedly now fills a need never adequately met in this area before."

Dr. Whitehead writes:-

"Patients from Cambridgeshire and the Isle of Ely are seen at Peterborough Memorial Hospital and the North Cambridgeshire Hospital, Wisbech, once a fortnight.

In September, Mrs. Firnigl, social worker, resigned and to date the post of psychiatric social worker has remained vacant.

Psychological testing has continued to be provided by the educational psychologist, Mrs. E. Gray, whose help is very much appreciated. She has visited schools and homes on my behalf.

I am grateful for the support from the school medical service, in particular the school medical officers, mental welfare officers, and also the health visitors and moral welfare workers."

The following statistics relating to Dr. Whitehead's activities have been extracted:-

New patients referred	30
Number brought forward from preceding year	21
Total	<u>51</u>

Of this total, 35 patients were discharged during the year. The 30 new patients were referred by:-

School Medical Officers	4
General Practitioners	14
Consultants	5
Children's Officer	4
Through the Courts	3
Total	<u>30</u>

They were dealt with as follows:-

Put on treatment	18
Seen only once	4
Followed up from time to time for observation	8
Total	<u>30</u>

Apart from a very short period, there was no educational psychologist in post to cover the southern part of the county but Mrs. Gray continued to carry out psychological testing of patients in the northern part of the area, including parts of old Cambridgeshire, and has provided a valuable link between the child psychiatric service and schools in the area.

SPEECH THERAPY

The most significant development under this head has been the serious reduction in the number of speech therapists and at the time of writing it is unfortunate that little progress has been made towards improving the position. A part time appointment for one term only has been made and a post as speech therapist offered to one young woman at present undergoing training, subject to the successful completion of her course.

Mrs. Hramtsov, senior speech therapist, has drawn attention to the position in the following note on the activities of the speech therapists, for which I am much indebted to her:-

"This year has been a serious disruption of the work of the speech therapy service. For the first half of the year the staff numbered four out of an establishment of six speech therapists, but Miss Daltry, Miss Lomax and Miss Scott left at the end of July, and Mrs. Hinds at the beginning of September. Miss D. Kibblewhite took up her appointment on 5th September, and we were left with four vacancies which we have not been able to fill. Two part-time speech therapists (Mrs. M. Banyard and Mrs. J. Dockerty) have each worked one session a week for the last four months of the year, one in Comberton and one in Wisbech.

Since September a very much smaller number of children has received regular treatment (weekly or fortnightly); some children have been kept under observation only (this means occasional attendance for advice or check-up), and many have had to be left altogether. As many as possible of the large number of new children referred between September and December have been seen, and advice has been given to parents and/or teachers regarding the best ways of helping them; for the more severe cases an attempt

will be made to see the child approximately every three months for further advice to parents (these children have been counted as "under treatment"), and the others have been added to the waiting list.

Owing to this break in the normal speech therapy service, a clearer picture of the work done during the year, and of the present situation, will be obtained by dividing the annual figures into two parts, the first dealing with January to August, and the second with September to December. The figures given relate to the whole area covered by this service, i.e. both the county and the city of Cambridge. Of the number given as "on treatment register" at the end of August some would have been attending occasionally for advice, and some for check-up only, their speech being nearly normal, but the majority would have been having regular treatment. Also included in this number are 49 children in the Whittlesey and Chatteris areas who were previously having speech therapy, but for whom we were unable to provide any regular treatment during this year. Two children from this area were discharged.

It will be noted that at the end of 1966 the total number of children known to require speech therapy is 729, and there may well be others who have not yet been referred for treatment owing to the lack of facilities available at the moment. When one considers that the recommended case load for a speech therapist is 70 children when some are treated in small groups, or 45 children when all are seen individually and some given treatment twice a week, it can be seen that the situation is serious indeed.

We have been very grateful for the interest and co-operation of the teachers, who have spent much time in discussing ways and means of helping the children, and have gone to a great deal of trouble in arranging sessions for interviews with parents at the schools. We have also been grateful for the opportunities of discussion with the school medical officers and the staff of the child psychiatric clinic, and of attendance at a speech therapy conference and several meetings throughout the year."

Statistics

January - December

Total number of children referred	372
Number of children examined and found to need treatment	336
Number of children not yet examined	36
Number of new admissions for treatment during year	229
Total number of children treated during year	698
Number of children discharged during year	240
Number on the books at the end of December	729

Number on treatment list	515
Number on waiting list	178
Number referred, not yet examined	36

January - August

Number of children referred, examined and found to need treatment	229
Number of children treated	642
Number of children discharged	195
Number of children on treatment register at the end of August	498
Number of children on waiting list at end of August	133
Number of school visits (excluding regular visits for treatment)	69
Number of home visits	206

September - December

Number of children referred:	143
Examined and found to need treatment	107
Not yet examined	36
Number of children treated:	214
Regular treatment	117
Occasional attendance	95
Referred to Addenbrooke's Hospital	2
Number of children on treatment register not yet seen	318
Number of children discharged	45
Number on waiting list at end of December	178
Number of school visits	104
Number of home visits	56

HEALTH EDUCATION IN SCHOOLS

The close relations with teaching staff established by medical and nursing staff over the years afford continuing opportunities for offering advice and services on a wide variety of topics which may loosely be termed health education. The "frequent visit" system of medical inspection means that medical officers in particular form part of the school

team and they, as well as nursing staff, address groups of children on matters of hygiene, personal relationships, and other appropriate subjects.

The health education officer on the staff of the county medical officer devotes much of his time to work within the schools and a report on his activities appears in that part of the report prepared by the county medical officer on page 53.

IMMUNISATION AND VACCINATION OF SCHOOL CHILDREN

The following table shows the number of school children who received protection against diphtheria, tetanus, whooping cough, and poliomyelitis during 1966:-

	<u>Primary course</u>	<u>Booster</u>
Diphtheria	183	1,905
Whooping Cough	89	1,048
Tetanus	268	1,898
Poliomyelitis:		
Sabin vaccine	386	2,356
Salk vaccine	-	3

BCG VACCINATION

The following figures relate to BCG vaccination in the area during 1966:-

Number skin tested	1,815
Number found positive	152
Number found negative	1,633
Number vaccinated	1,633

X-ray examination of children found positive was undertaken at the Cambridge Chest Clinic through the courtesy of Dr. M. J. Greenburgh and at the North Cambridgeshire Hospital, Wisbech, and at Doddington Hospital, through the courtesy of Dr. C. E. P. Downes, consultant chest physicians.

INFECTIOUS DISEASES

The following table sets out the incidence of notifiable infectious diseases in school children:-

<u>Diphtheria</u>	<u>Scarlet Fever</u>	<u>Whooping Cough</u>	<u>Measles (excluding rubella)</u>	<u>Dysentery</u>	<u>Acute Pneumonia</u>	<u>Food Poisoning</u>
-	60	76	1,090	43	3	-

SCHOOL SWIMMING POOLS

With the increasing number of swimming pools being provided in the county, towards the end of the year consideration was being given to standardising inspection and testing procedures and defining areas of responsibility in this connection. At the time of writing (May 1967) there are no less than 60 pools in the rural part of the county.

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk in schools have continued as before, and in September 1966 there were 19,431 children receiving it, 75.52% of the total in attendance. Of those in attendance at the nursery school, 94.55% received it; at primary schools, 89.28%; and at secondary schools, 52.56%.

Pasteurised milk was supplied to all schools in the area.

Cooked mid-day meals were available for all schools, and a total of 18,535 children, 72.04%, received them. At the nursery school, 30.91% took meals; at primary schools, 76.88%; and at secondary schools, 71.32%.

The number of children receiving free meals, on a scale of means approved by the education committee, was 880.

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 1966:-

Entrants to teacher training colleges	118
Appointees to the council's staff	<u>168</u>
	<u>286</u>

MEDICAL INSPECTION AND TREATMENT

Statistics for the year ended 31st December 1966:

Numbers of pupils on the registers of maintained primary, secondary, special and nursery schools in January 1966:-

(i) Form 7 Schools	27,658
(ii) Form 7M Schools	59
(iii) Form 11 Schools	59
	<hr/>
Total	27,776
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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
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1962 and later	258	253	5	7	35	42
1961	2,001	1,995	6	39	126	158
1960	1,153	1,151	2	38	141	169
1959	622	622	-	14	42	56
1958	978	973	5	29	85	103
1957	222	220	2	9	18	27
1956	137	137	-	6	12	18
1955	125	125	-	14	24	37
1954	132	131	1	10	12	22
1953	987	987	-	9	65	70
1952	576	575	1	31	67	98
1951 and earlier	1,130	1,130	-	79	112	189
Total	8,321	8,299	22	285	739	989

Col. (3) total as a percentage of Col. (2) total 99.74% Col. (4) total as a percentage of Col. (2) total 0.26%

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	959
Number of Re-inspections	7,358
	<hr/>
Total	8,317
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TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	48,132
(b) Total number of individual pupils found to be infested	269
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(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 26	34	38	98	3
		O 86	48	75	209	5
5	Eyes - a. Vision	T 83	113	89	285	5
		O 548	152	258	958	74
	b. Squint	T 23	10	21	54	3
		O 74	24	37	135	2
	c. Other	T 7	5	8	20	2
		O 20	2	13	35	5
6	Ears - a. Hearing	T 2	4	7	13	-
		O 151	20	108	279	13
	b. Otitis Media	T 9	1	3	13	-
		O 34	2	23	59	1
	c. Other	T 9	5	1	15	-
		O 14	2	4	20	-
7	Nose and Throat	T 64	41	45	150	5
		O 245	21	106	372	5
8	Speech	T 38	4	14	56	1
		O 79	4	25	108	2
9	Lymphatic Glands	T 4	6	1	11	1
		O 83	4	19	106	1
10	Heart	T 7	5	8	20	1
		O 32	12	29	73	2
11	Lungs	T 28	14	22	64	-
		O 97	17	43	157	-
12	Developmental - a. Hernia	T 6	-	1	7	-
		O 9	1	6	16	-
	b. Other	T 12	20	14	46	-
		O 142	22	65	229	-
13	Orthopaedic - a. Posture	T -	4	3	7	-
		O 14	15	24	53	1
	b. Feet	T 30	10	26	66	4
		O 98	40	82	220	5
	c. Other	T 15	11	10	36	2
		O 75	31	48	154	-
14	Nervous System - a. Epilepsy	T 5	2	-	7	-
		O 5	6	6	17	-
	b. Other	T 2	1	-	3	-
		O 12	3	9	24	3
15	Psychological - a. Development	T 6	-	1	7	-
		O 35	9	43	87	21
	b. Stability	T 4	3	4	11	2
		O 180	31	72	283	24
16	Abdomen	T 2	3	2	7	1
		O 20	3	9	32	5
17	Other	T 3	12	13	28	-
		O 23	19	30	72	4

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	250
Errors of refraction (including squint)	1,776
Total	2,026
Number of pupils for whom spectacles were prescribed	1,035

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

	Number of cases known to have been dealt with
Received operative treatment	13
(a) for diseases of the ear	
(b) for adenoids and chronic tonsillitis	276
(c) for other nose and throat conditions	55
Received other forms of treatment	98
Total	442
Total number of pupils in schools who are known to have been provided with hearing aids-	
(a) in 1966	4
(b) in previous years	11

TABLE C.-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	80
(b) Pupils treated at school for postural defects	-
Total	80

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	2
Scabies	4
Impetigo	44
Other skin diseases	73
Total	123

TABLE E.-CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at child guidance clinics	260

TABLE F.-SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	438

TABLE G.-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	639
(b) Pupils who received convalescent treatment under school health service arrangements	6
(c) Pupils who received BCG vaccination	1,633
(d) Other than (a) (b) (c) above	
Hospital in-patient	156
Other	230
	2,664

DENTAL INSPECTION AND TREATMENT1. Inspections

(a) First inspection at school. Number of pupils	6,622
(b) First inspection at clinic. Number of pupils	2,331
Number of (a) + (b) found to require treatment	6,456
Number of (a) + (b) offered treatment	5,706
(c) Pupils re-inspected at school clinic	6,040
Number of (c) found to require treatment	3,473

2. Sessions

Sessions devoted to treatment	3,161
Sessions devoted to inspection	106
Sessions devoted to dental health education	17

3. Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	2,751	2,609	526	5,886
Subsequent visits	4,774	6,092	1,425	12,291
Total visits	7,525	8,701	1,951	18,177
Additional courses of treatment commenced	470	371	95	936
Fillings in permanent teeth	2,520	6,656	1,817	10,993
Fillings in deciduous teeth	3,247	179	-	3,426
Permanent teeth filled	1,919	5,506	1,556	8,981
Deciduous teeth filled	2,944	149	-	3,093
Permanent teeth extracted	139	1,012	212	1,363
Deciduous teeth extracted	3,397	961	-	4,358
General anaesthetics	1,062	456	53	1,571
Emergencies	438	232	50	720

Number of pupils x-rayed	385
Prophylaxis	1,035
Teeth otherwise conserved	424
Number of teeth root filled	11
Inlays	7
Crowns	56
Courses of treatment completed	4,818

4. Orthodontics

Cases remaining from previous year	49
New cases commenced during year	140
Cases completed during year	104
Cases discontinued during year	15
No. of removable appliances fitted	219
No. of fixed appliances fitted	1
Pupils referred to hospital consultant	108

5. Prosthetics

	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 and over</u>	<u>Total</u>
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	28	12	40
Number of dentures supplied	1	36	24	61

6. Anaesthetics

General anaesthetics administered by dental officers 848

SCREENING TESTS OF VISION AND HEARING

In addition to the statistics published on the foregoing pages, the Department of Education and Science request the completion of a questionnaire on the subject of screening tests of vision and hearing, and a summary is appended:-

	<u>Northern Area</u>	<u>Southern Area</u>
Is the vision of entrants tested as a routine within their first year at school?	Yes	
At what age(s) is vision testing repeated during a child's school life?	7+, 9+, 11+, 13+, 15+.	
Is colour vision testing undertaken?	Yes	
If so, at what age?	11+	
Are both boys and girls tested?	Yes	
By whom is vision testing carried out?	School nurses (or school medical officers at routine inspection)	
By whom is colour vision testing carried out?	ditto	
Is routine audiometric testing of entrants carried out within their first year at school?	Yes	No
If not, at what age is the first routine audiometric test carried out?	-	7
By whom is audiometric testing carried out?	Health visitors trained in audiometric testing	Trained audiometrician

At the time of writing, certain revisions are being introduced; colour vision testing at age 11+ is to be carried out throughout the whole area and vision testing will be undertaken as soon as possible after entry to school, at 7+, 9+, 11+, and 13+.

